



Rancho Los Amigos National Rehabilitation Center

ADMINISTRATIVE POLICY AND PROCEDURE

**SUBJECT: LANGUAGE SERVICES FOR INDIVIDUALS
WHO ARE LIMITED ENGLISH PROFICIENT
(LEP)**

**Policy No.: B831
Supersedes: May 12, 2016
Revision Date: February 8, 2018
Page: 1 of 4**

PURPOSE:

To establish a policy regarding the provision of interpreting/translation services. This policy will address language barriers and facilitate access to medical center programs and services for Limited English proficient (LEP) and non-English speaking patients.

POLICY:

It is the policy of Rancho Los Amigos National Rehabilitation Center (RLANRC) to provide interpreter services, free of charge, to any person who has LEP to ensure that language is not a barrier to services and programs. Interpreter services will be available during clinical interactions, appointment scheduling, social services, financial services and any other services that RLANRC provides at its facility or by telephone. Notices are posted informing patients of language interpreter service and indicate that questions or concerns regarding interpreter/translation services should be directed to the Language and Culture Resource Center (LCRC) at extension 57428.

PROCEDURES:

1. Staff shall identify the patient's preferred language. When patients are registered at Registration, they are asked "What language do you prefer to speak?" "Point to" cards are available at reception areas for staff to identify patient's language. If the language needed is not included in the "Point to" cards, staff can call the LCRC at extension 57428 to assist with language identification.
2. The patient's preferred language is captured in hospital medical record. Individuals who have LEP or whose preferred language is non-English, shall be offered an interpreter at any point requested during the provision of service at no cost
3. RLANRC shall provide qualified healthcare interpreters for significant medical communication with LEP patients and surrogate decision makers. Significant medical communication includes the informed consent process, taking the medical history, providing medication instructions, explaining any diagnosis and plan for medical treatment, etc.
4. Friends or family members may act as interpreters at the request of the patient, especially in rehabilitation settings, which typically call for the involvement of patient support structures such as family members and friends. If patient requests the participation of family members or friends in the interpretation process during significant medical communication (such as those listed in Procedure #2), the hospital shall additionally provide qualified interpreters to assure accurate communication between the clinician and patient. Minors (under the age of 18 years old) may not be used as interpreters, except in emergency situations when a qualified interpreter is not available.

EFFECTIVE DATE: June 1994

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

APPROVED BY:

Signature(s) on File.

5. When an in-person interpreter is used during informed consent discussion and/or oral interpreting of information contained in the informed consent, the interpreter must complete the Interpreter Attestation Form. If a remote interpreter (telephone or video) is used, staff must document the interpreter's ID number noting the date and time of this transaction provided on the Interpreter Attestation form (see DHS policy #314.2 and RLANRC policy# B514.6).
6. The use and source of interpreting services shall be documented in the patient's chart. Documentation should indicate the name or the identification number of the hospital provided qualified healthcare interpreter.
7. Qualified healthcare interpretation for LEP patients and surrogate decision makers at RLANRC include the following resources:
 - a. In -House Interpreters: RLANRC interpreters includes full time healthcare interpreters, and trained volunteers/ identified bilingual employees, who complete interpreter skills training and rate themselves with speaking, reading, or writing capabilities as level 3 or above in the Employee Language Skills Self-Assessment Tool (see Attachment 1). These interpreters can be requested by calling the LCRC at extension 57428.
 - b. Qualified Employees on Bilingual Bonus: These employees are certified by LA County Department of Health Services as fluent in a foreign language and currently meet the requirements of County Code Section 6.10.140, including fluency in both English and at least one foreign language, and knowledge and sensitivity toward the culture and needs of the patient. Interpreting services can be provided by these employees who have completed interpreter skills training, or have documented knowledge of medical terminology or interpreting experience in health care setting.
 - c. Remote Access Interpreting Systems (telephone, video, etc.): RLANRC staff may utilize the remote access interpreter system and reach a qualified interpreter through any video device provided for healthcare interpretation. The remote access may also be reached through hospital provided telephone devices by calling extension 58154. If no interpreter is available in the language requested on the healthcare interpreter network, the call will be automatically transferred to RLANRC contracted commercial language service provider. Over 200 languages, including American Sign Language, are available from the provider 24 hours per day, 7 days per week. The operators of this service will request staff name and access code (201146).
 - d. Contract Interpreting Services: For languages not available or not appropriate in above a-c, staff can contact the LCRC at extension 57428 to request the scheduling of in-person interpreter from contracted language agency.
 - e. Services for Speech and/or Hearing Impaired:
 - i. When contacting speech and/or hearing impaired patients who will be using a Teletype or Text Telephone (TTY), or Telecommunication Device for the Deaf (TDD), contact the California Relay Service at 1-800-735-2922.
 - ii. Staff can access the TTY or TDD for patients through the Telephone Operators Office. The TTY/TDD phone is accessible 24 hours per day, 7 days per week.
 - iii. Speech and/or hearing impaired individuals who use a TTY/TDD to call RLANRC should call on Rancho's TTY/TDD at (562) 385-8450.

- iv. For speech and/or hearing impaired patients, RLANRC may contract for sign language interpreters to provide services if in-house interpreters are not available.
- v. American Sign Language (ASL) is available using video devices on the remote access system. If video interpretation not be appropriate for specific patient needs, contact the LCRC at extension 57428 to request the scheduling of in-person ASL interpreters.
- vi. If employees are having problems effectively communicating with a speech and/or hearing impaired individual, contact the Communication Disorders Department at extension 57687.

f. Services for Vision Impaired: Staff can contact the LCRC at extension 57428 for braille or other appropriate communication services.

g. Translation or written communication: Translated documents, such as informed consents, are posted on Rancho intranet in Rancho's top languages, including Spanish, Armenian, Chinese, Korean. For any translation requests, contact the LCRC at extension 57428.

For any interpreting/translation services that are required and not covered in a-g above, contact the LCRC at extension 57428. See Attachment II for services provided by the LCRC.

8. Department Heads are responsible for ensuring that employees and patients/families are aware of interpreting services and resources at Rancho. The following ways shall be used to notify patients about the availability of bilingual resources:

a. Posting: Multi-lingual notices are posted throughout the facility informing patients of available interpreter services and how to access them. These notices contain the telephone numbers where patients can file complaints about interpreting services. Notices shall be posted in conspicuous areas around the facility, including, but not limited to major entrances, admitting areas and lobbies.

Notices of non-discrimination and Taglines in 15 threshold languages, advising patients that language services are available free of charge, are posted at major entrances. RLANRC language services policy and availability of language services are also posted on its public website.

b. Advising patient: Departmental employees shall verbally advise the patient of their right to interpreting services available at no cost. A description of interpreting service and TTY/TDD availability are also included in the patient's handbook.

c. Response to request: Interpreting services shall be readily available to patients upon request. Interpreting options may be provided in-person or via telephone or video.

9. Any complaints concerning language or interpreting services should be directed to Rancho's Patient Advocate at extension 57036 or TTY/TDD number (562) 385-8450. Patients and families will be notified of their right to file a complaint with the Patient Advocate (see Administrative Policy B 514) and/or with the Office for Civil Rights, through written notices and signs provided in most commonly used languages including English, Spanish, Armenian, Chinese (Mandarin), Korean, and Vietnamese.

10. Rancho shall annually assess the bilingual needs of the patient population and develop plans to ensure that identified needs are addressed (see RLANRC Administrative Policy A223).

11. The information about language services for LEP shall be included in the new employee orientation, and annual employees' re-orientation handbook.
12. Rancho shall provide annual in-service training to staff volunteer interpreters regarding the role of the interpreter.

DEFINITIONS:

Limited English Proficiency (LEP): A legal concept referring to a level of English proficiency that is insufficient to ensure equal access to public services without an interpreter; the inability to speak, read, writes, or understands English at a level that permits an individual to interact effectively with health care providers or social service agencies.

Interpreting: Rendering a message spoken in one language into one or more languages.

Translating: Converting written text in one language into another language.

REFERENCE:

DHS Policy #318: Non-English and Limited English Proficiency

DHS Policy# 314.2 & RLANRC Policy #B514.6: Documenting Use of Interpretation Services During Informed Consent Discussions

RLANRC Policy# Administrative Policy B 514: Patient Complaints

RLANRC Administrative Policy A223: Bilingual Pay Compensation

AUTHORITY:

Title VI of the U.S. Civil Rights Act (1964)

Executive Order 13166

Title III of the Americans with Disability Act (1990)

Government Code Section 7290-7299.8 (Dymally-Aiattore Bilingual Services Act)

California Health and Safety Code Section 1259

The Joint Commission Standards

County Code Section 6.10.140

L.A. County Cultural and Linguistic Competency Standards

Section 1557 of the Affordable Care Act (ACA), Department of Health and Human Services

ATTACHMENTS

I: Employee Language Skills Self-Assessment Tool

II: Services of Language & Culture Resource Center

LW2-8-18

Employee Language Skills Self Assessment Key

The attached language self-assessment form is a tool to document the language capability of practitioners and their staff. It is important that a signed copy be kept on file for each bilingual employee. Thank you.

Key	Spoken language
(1)	Satisfies elementary needs and minimum courtesy requirements. Able to understand and respond to 2-3 word entry-level questions. May require slow speech and repetition.
(2)	Meets basic conversational needs. Able to understand and respond to simple questions. Can handle casual conversation about work, school, and family. Has difficulty with vocabulary and grammar.
(3)	Able to speak the language with sufficient accuracy and vocabulary to have effective formal and informal conversations on most familiar topics related to health care.
(4)	Able to use the language fluently and accurately on all levels related to health care work needs. Can understand and participate in any conversation within the range of his/her experience with a high degree of fluency and precision of vocabulary. Unaffected by rate of speech.
(5)	Speaks proficiently equivalent to that of an educated native speaker. Has complete fluency in the language, including health care topics, such that speech in all levels is fully accepted by educated native speakers in all its features, including breadth of vocabulary and idioms, colloquialisms, and pertinent cultural preferences. Usually has received formal education in target language.

Key	Reading
(1)	No functional ability to read. Able to understand and read only a few key words.
(2)	Limited to simple vocabulary and sentence structure.
(3)	Understands conventional topics non-technical terms and health care terms.
(4)	Understands materials that contain idioms and specialized health care terminology; understands a broad range of literature.
(5)	Understands sophisticated materials including those related to academic, medical and technical vocabulary.

Key	Writing.
(1)	No functional ability to write the language and is only able to write single elementary words.
(2)	Able to write simple sentences. Requires major editing.
(3)	Writes on conventional and simple health care topics with few errors in spelling and structure. Requires minor editing.
(4)	Writes on academic technical and most health care and medical topics with few errors in structure and spelling.
(5)	Writes proficiently equivalent to that of an educated native speaker/writer. Writes with idiomatic ease of expression and feeling for style of language. Proficient in medical, healthcare, academic and technical vocabulary.

Interpretation vs. Translation	<p>Interpretation: Involves spoken communication between two parties, such as between a patient and a pharmacist, or between a family member and doctor.</p> <p>Translation: Involves very different skills from interpretation. A translator takes a written document in one language and changes it into a document in another language, preserving the tone and meaning of the original.</p> <p><i>Source: University of Washington Medical Center</i></p>
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(Modifications from the approved I.C.E. Collaborative document were made for this page only).

EMPLOYEE LANGUAGE SKILLS SELF-ASSESSMENT TOOL
(For Clinical and Non-Clinical Employees)



This self assessment is intended for clinical and non-clinical employees who are bilingual and communicate with a patient in a language other than English.

Employee's Name: _____ Department/Job Title : _____

Work Days: Mon/ Toes/ Wed/ Thurs/ Fri/ Sat/ Sun Work Hours (Please Specify): P_____

Directions: (1) Write any/all language(s) or dialects you know.
(2) Indicate how fluently you speak, read and/or write each language (See attached key).

Language	Dialect, region, or country	Fluency: see attached key (Circle)			As part of your job, do you use this language to speak with patients? (Circle)	As part of your job, do you read this language? (Circle)	As part of your job, do you write this language? (Circle)
		Speaking	Reading	Writing	Yes No	Yes No	Yes No
1.		12345	12345	12345	Yes No	Yes No	Yes No
2.		12345	12345	12345	Yes No	Yes No	Yes No
3.		12345	12345	12345	Yes No	Yes No	Yes No
4.		12345	12345	12345	Yes No	Yes No	Yes No

Please check off additional qualifications/credentials that support language proficiency level, and attach them to this form.

Note: Per state guideline, bilingual providers and staff who communicate with patients in a language other than English must identify and maintain qualifications of their bilingual capabilities on file.

- Formal language assessment by qualified agency
- Native speaker with a higher education in language, which demonstrates sufficient accuracy and vocabulary in health care setting.
- Documentation of successful completion of a specific type of interpreter training
- Documentation of years employed as an interpreter and/or translator
- Other (Please specify) : _____

Individuals who rate themselves with speaking, reading, or writing capabilities below level 3 as defined on the Employee Skills Self Assessment Key, attached to this document, should utilize professional interpreters and/or translators. For assistance, please contact the Language & Culture Resource Center at ext57428.

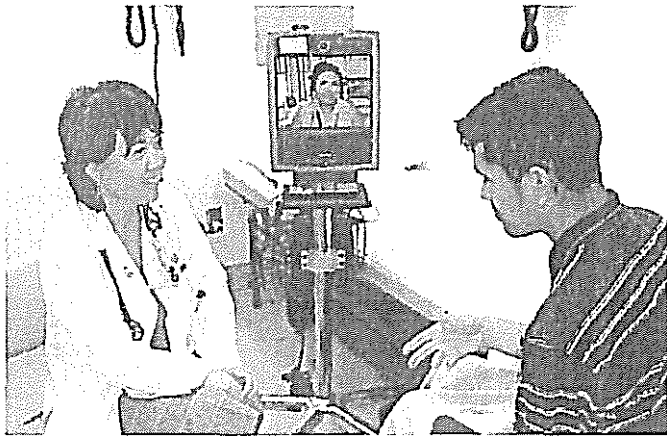
TO BE SIGNED BY THE PERSON COMPLETING THIS FORM

I, _____, attest that the information provided above is accurate. Date: _____

Rancho Los Amigos National Rehabilitation Center Language & Culture Resource Center

GOALS:

- ☞ To provide translations, interpreting services and diversity training to ensure provision of linguistically and culturally sensitive healthcare.
- ◁▷ To help maximize positive patient outcomes.



SERVICES:

INTERPRETING & TRANSLATIONS:

- ☞ Coordinates interpreter services for patients at no cost.
- ☞ Provides written translation services.
- + Establishes contracts for interpreters services.
- ☞ Manages Video Medical Interpretation and wireless telephone systems to improve access to interpreters.
- + Provides devices such as hearing helper system to facilitate communication.

CULTURAL SERVICES:

- ☞ Maintains a clearing house of culturally-related materials/publications in multiple languages.
- ◁▷ Develops formal links with community organizations.
- ◁▷ Establishes directory of cultural resources.

TRAINING:

- ◁▷ Coordinates diversity lectures and interpreter skills training.
- ☞ Monitors competency of staff interpreters.

AWARDS:

- + 2001 Spirit of Diversity Award-- County of Los Angeles, Department of Health Services
- + 2002 Management Excellence Award-- California Association of Public Hospitals & Health Systems and Safety Net Institute (CAPH/SNI)
- + 2004 Multicultural Diversity Special Achievement Award-- County of Los Angeles
- + 2004 Productivity and Quality Award --County of Los Angeles
- + 2006-Language Access Technology Leadership Award --California Association of Public Hospitals & Health Systems and Safety Net Institute (CAPH/ SNI)
- + 2007-Sylvia Lawry Founders Award-National Multiple Sclerosis Society
- + 2008-Los Angeles County Productivity and Quality Award (Top Ten Winner)

CONTACT:

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