



PURPOSE:

Adventist Medical Center is committed to providing all of our patients with medical information relating to their care in a language/medium that they can understand. We consistently strive to remain in accordance with Federal Regulation 94, chapter 45, implementing Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, Title VI of the Civil Rights Act of 1964, and the policy guideline from the Office of Civil Rights issued August 30, 2000.

DEFINITIONS:

Limited English Proficiency (LEP): Individuals who do not speak English as their primary language and/or have a limited ability to read, write, speak or understand English.

Qualified Healthcare Interpreters: Interpreters trained in healthcare interpreting and certified as proficient and well qualified by their contracting agency. Qualified interpreters are agents of the interpreting companies with which Adventist Medical Center is contracted and are subject to all requirements of business associates.

AFFECTED DEPARTMENTS/SERVICES:

All departments with direct patient access.

POLICY COMPLIANCE - KEY ELEMENTS:

Adventist Medical Center (AMC) will provide, at no cost to the patient, equal access to medical information for persons who are hearing impaired or who have Limited English Proficiency (LEP). For patients who choose to use his or her own interpreter, see Section V. Payment for such personal interpreters will not be reimbursed by the medical center.

AMC will only utilize qualified healthcare interpreters. Except in an emergent situation, staff will not ask, suggest or encourage a patient's friend or family member or AMC employee to interpret for a patient.

Insurers or other entities who bring interpreters on site for purposes other than the provision of patient care will be expected to pay the interpreter service costs.

I. **Qualifications of Interpreters and Documentation/Interpreter Records**

- A. **Qualified Interpreters**: AMC provides Qualified Interpreters for medical communication only through our contracted services. All other individuals are classified as non-qualified interpreters. Qualified Interpreters, who receive protected health information while performing their duties, shall be considered a business associate, (See [Corporate Policy, Compliance with Business Associate Requirements](#)).

1. Documentation Records for Face-to-Face Interpretation:

All interpretation (sign language & foreign language interpreters) is required to be documented in the patient chart. AMC Qualified Interpreters will complete an Interpreter Log Sheet. One (1) copy will be left with the patient care department and scanned to the patient's chart as documentation.

- a. Inpatient Units: Use of interpreters on inpatient units will be documented under *Clinical Note IView - Nursing* in Project Intellicare.
- b. Patient Education: When interpreters are used for patient education (in Short Stay, for example), usage should be documented in *Patient Education IView*.
- c. Outpatient: Interpreter usage in clinics or other outpatient settings should be documented in provider notes in the patient's medical chart.

2. Documentation Records for Phone Interpretation:

If interpretation is provided over the phone, the AMC staff placing the call must document in the patient's chart his/her name, the language provided and date & time of interpretation.

- *Example: D. Brown, RN - Russian 110410 13:00*

- a. Inpatient Units: Use of interpreters on inpatient units will be documented under *Clinical Note IView - Nursing* in Project Intellicare.
- b. Patient Education: When interpreters are used for patient education (in Short Stay, for example), usage should be documented in *Patient Education IView*.
- c. Outpatient: Interpreter usage in clinics or other outpatient settings should be documented in provider notes in the patient's medical chart.

3. Documentation Records for Consents:

For both procedure and anesthesia discussions, Qualified Interpreters are to document their interpretation by signing on the "interpreter line" of the consent form. If the interpreter fails to sign the consent, a medical center professional will attest to the interpretation by listing the name of the interpreter, language used, date & time of interpretation and sign his/her own name on the "interpreter line" of the consent form.

- *Example: J. Smith - Spanish 110410 13:00 - D. Brown, RN*

B. Non-Qualified Interpreters: Using a non-contract interpreter is acceptable only in the event of an emergency or when a waiver has been signed (see section V. below). When a non-qualified interpreter (such as a patient's friend or family member, or medical center employee) is used in an emergency situation, the AMC staff present will document the interpretation in the patient's chart by listing the non-qualified interpreter's name, language used, the date & time of the interpretation and his/her own name.

- *Example: J. Smith - Spanish 110410 13:00 - D. Brown, RN*

- a. Inpatient Units: Use of interpreters on inpatient units will be documented under *Clinical Note IView - Nursing* in Project Intellicare.
- b. Outpatient: Interpreter usage in clinics or other outpatient settings should be documented in provider notes in the patient's medical chart.
- c. Patient Education: When interpreters are used for patient education (in Short Stay, for example), usage should be documented in *Patient Education IView*.

1. If a non-qualified interpreter is used for a procedural/anesthesia discussion, he/she will document the interpretation by signing on the "interpreter line" of the consent form, listing his/her name, language used and the date & time of the interpretation.

▪ *Example: J. Smith - Spanish 110410 13:00*

2. For both the procedure and anesthesia discussions, if the non-qualified interpreter fails to sign the consent form, a medical center professional will attest to the interpretation by listing the name of the interpreter, language used, date & time of interpretation and sign his/her own name on the "interpreter line" of the consent form.

▪ *Example: J. Smith - Spanish 110410 13:00 - D. Brown, RN*

II. Interpreter Required







- A. When medical center staff determine a patient has LEP or is deaf or when a patient or the patient's representative requests an interpreter, staff either request via fax or call a foreign language interpreter (see [Section III. below](#)) or sign language interpreter (see [Section IV. below](#)). Interpretation will be provided at necessary times during the patient's appointment, follow-up care, hospital stay and for phone calls regarding the patient's care.
- B. Only telephonic interpreters will be used for LEP patients who are in contact isolation precaution to reduce the risk of the spread of disease to contracted personnel; face-to-face interpreters will be used only if the manager for Interpretive Services and the Infection Preventionist are notified and grant exception, based on specific patient needs. When available, Video Remote Interpreting (VRI) will be used for deaf or hard-of-hearing patients in contact isolation precaution. If VRI is not available, onsite sign language interpreters will be used, following proper infection control procedures (proper Personal Protective Equipment (PPE), as defined by medical center [PPE policies](#)).

III. Foreign Language Interpreters

- A. When expected interpretation time is less than 30 minutes or if the interpreter will be needed for multiple short periods throughout one long appointment, telephonic interpreters should be utilized. In some situations face-to-face interpreting may be necessary for patient's safety. See [Administrative Reference, Interpreter Services Face-to-Face Interpretation Criteria](#) for a complete list of situations in which face-to-face interpreting is recommended.
 - 1. **Phone interpreting is available for same day/immediate needs and after hours (after 5 p.m./before 8 a.m. & weekends).**
 - 2. **When face-to-face interpretation is necessary, appointments must be scheduled in advance.**
 - a. Departments who schedule their own patients will contact the interpreter service directly to schedule and cancel interpreters.
 - Use [Interpreter Request Form](#) located on Connect (Departments/Interpreter Services).


NOTE: Please be sure to include the insurance information on the form.
 - b. Departments who rely on Patient Scheduling for regular patient appointments will contact Patient Scheduling (ext. 6137, or 503-251-6137 ☎, Monday through Friday, 8 a.m. - 5 p.m.) to request an interpreter.

	Telephonic Interpreters	Face-to-Face Interpreters
Medicaid (Care Oregon, Family Care, OHP Open Card, etc.,)	<p>Primary Option: Passport to Languages (503) 297-2707 ☎ Available 24/7</p> <ul style="list-style-type: none"> • Provide caller name and location (Adventist Medical Center) • Patient first and last name, date of birth, OHP number (obtained upon admission, can be retrieved by 	<p>Primary Option: Passport to Languages (503) 297-2707 ☎ Available 24/7</p> <ul style="list-style-type: none"> • Provide caller name and location (Adventist Medical Center) • Patient first and last name, date of birth, OHP number (obtained upon admission, can be retrieved by


	Admitting staff) <ul style="list-style-type: none"> • Language desired An interpreter will be provided within 30 - 45 seconds.	Admitting staff) <ul style="list-style-type: none"> • Language desired
WorkComp (WC)	Primary Option: Certified Languages International (CLI) 1-800-225-5254  <ul style="list-style-type: none"> • Provide customer code "ADVEN" • Give your name, phone number, department code (cost center), patient's name and language needed An interpreter will be provided within 30 - 45 seconds. Secondary Option: Passport to Languages (503) 297-2707 	Primary Option: A&R (503) 644-5575  ; between 6 am - 6 pm
Motor Vehicle Accident (MVA)	Primary Option: Certified Languages International (CLI) 1-800-225-5254  <ul style="list-style-type: none"> • Provide customer code "ADVEN" • Give your name, phone number, department code (cost center), patient's name and language needed An interpreter will be provided within 30 - 45 seconds. Secondary Option: Passport to Languages (503) 297-2707 	Primary Option: A&R (503) 644-5575  ; between 6 am - 6 pm

IV. Sign Language Interpreters and Communication Devices

A. To schedule an interpreter for a future appointment:

- Departments who schedule their own patients will contact the interpreter service directly to schedule and cancel interpreters.
 - Use [Interpreter Request Form](#) located on Connect (Departments/Interpreter Services).
NOTE: Please be sure to include the insurance information on the form.
- Departments who rely on Patient Scheduling for regular patient appointments will contact Patient Scheduling (ext. 6137, or 503-251-6137 , Monday through Friday, 8 a.m. - 5 p.m.) to request an interpreter.

B. For same day/immediate or after hours scheduling for Deaf Interpreter Services:

- Contact "CODAs Plus" directly at 503-241-2220 . This service is provided for deaf patients 24 hours a day, 7 days a week.

C. VRI - Video Remote Interpreting: Is available in select medical center departments (call Interpretive Services manager for information).

D. TTY -- Text Telephone Yoke for the Deaf: Is available through Telecommunications (dial 0 for the operator).

V. Right to Denial of Interpreter

- A. Patients have the right to decline the use of an interpreter in most cases. The patient who chooses to use his or her own interpreter must sign a waiver form, *Request or Deny Language Interpreter (#46084)*, in the appropriate language prior to medical or nursing care. (If the form is not available in the patient's language, a telephone interpreter must be utilized to interpret the agreement for the patient prior to the patient signing.) Payment for such personal interpreters will not be reimbursed by the medical center. If a patient denies the use of an interpreter after an interpreter has already been requested, the interpreter appointment will be canceled; if the interpreter has already arrived, he/she will be dismissed.
- B. AMC will require and provide an interpreter for LEP or hard-of-hearing patients for inpatient surgical procedures due to the high risk and need for informed consent. Friends or family members are allowed to be present for interpreting; in addition to the qualified interpreter; at the patient's request, but may not be used in place of qualified interpreters. If the patient refuses the interpreter, AMC may elect to not perform the procedure, except in emergency situations. For the comfort of the patient and/or family, the interpreter provided by AMC will become involved only to ensure informed consent to treatment, in the event of an emergency, and at any time the care giver or provider feels a qualified interpreter's involvement is necessary for safe and quality patient care. At other times during the procedure, the qualified interpreter may be asked to wait in an adjacent room, to be available as needed.

VI. Face-to-Face Interpretation Criteria

- A. A face-to-face (onsite) interpreter may be preferred in some situations, due to specific cognitive challenges for the patient, circumstances that are highly sensitive or life-threatening, the patient's hearing challenges, or other specific needs. A list of circumstances in which a face-to-face interpreter may be preferred is available, see *Administrative Reference, Interpreter Services Face-to-Face Interpretation Criteria*. This list is not comprehensive, and each situation listed does not always require the use of a face-to-face interpreter. The use of onsite interpreters should be limited to circumstances deemed absolutely necessary by the care provider.

Referenced Documents

Reference Type	Title	Notes
Documents referenced by this document		
Referenced Documents	Administrative Reference, Interpreter Services Face-to-Face Interpretation Criteria	
Referenced Documents	Corporate Policy, Compliance with Business Associate Requirements	
Referenced Documents	Interpreter Request Form	""
Referenced Documents	PPE	
Documents which reference this document		
Referenced Documents	Patient Learning Needs Assessment	
Source Documents	Interpreter Services Face-to-Face Interpretation Criteria	
Referenced Documents	Patient Rights and Responsibilities	
Referenced Documents	Consent/Informed Consent	
Signed by	(08/25/2015 08:15AM PST) David M Russell, Executive	
Effective	08/25/2015	Document Owner Cassagneres, Leslie S
Revised	[02/01/2004 Rev. 1], [05/04/2006 Rev. 2], [10/30/2008 Rev. 3], [12/09/2010 Rev. 4], [10/18/2012 Rev. 5], [08/22/2013 Rev. 6], [09/08/2014 Rev. 7], [08/25/2015 Rev. 8]	

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