

Supersedes: 2/11 **Scope:** Hospital Wide**Revised/Effective: 2/14**

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PURPOSE:

Community Hospital of Huntington Park, strive to provide patient care and medical information in a manner that will meet the communication needs of that patient, family and/or surrogate decision-maker, and respects the patient's right to and need for effective communication.

POLICY:

To supply the staff of Community Hospital of Huntington Park a policy and procedure on how to handle situations when we are unable to communicate with our patients or visitors because of a language barrier.

1. The hospital or medical staff who has the initial contact with the patient will assess the language and communication needs of each patient or surrogate decision-maker.
2. Information regarding the patient's or surrogate decision-makers language or communication needs shall be documented on the patient's medical record.
3. If the hospital or medical staff involved in the care of the patient is not able to meet the patient's or surrogate decision-makers language or communication needs, it is the staff's responsibility to arrange for appropriate services.
4. Patients and surrogate decision-makers have the right to expect unrestricted access to any form of communication, including mail and telephone calls.
5. When restrictions in communication are recommended as a component of patient's care, patient, surrogate decision-maker and multidisciplinary team should discuss such decision.

PROCEDURE:**HEARING IMPAIRED**

1. The unit to which a deaf patient is admitted should make special notations on the nursing assessment and notify the nurse supervisor.
2. The nursing office should be called if an interpreter is needed. Patient should be consulted as the preferred method of communication, which may include;
 - a. Use of qualified sign language and/or interpreter
 - b. Lip-reading
 - c. Handwritten notes
3. The interpreter should give the patient notice of his/her right to a qualified sign language and/or oral interpreter to be provided by the hospital without charge to the patient, and to his/her right to different interpreter if he/she is unable to communicate effectively with the interpreter provided.
4. Should no interpreter be available within the hospital, the patient should be given notice of these rights in written form (at a reading level no greater than 5th grade level) and be given the option of choosing one of the above methods of communications.
5. When an interpreter is the preferred method of communication, the interpreter assists in communications between the patient and hospital staff in all situations where effective communication is necessary to insure that the deaf patient is receiving equal services and

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equal opportunity to participate in and to benefit from hospital services. These situations include, but are not limited to:

- a. Obtaining the patient's medical history.
 - b. Obtaining informed consent or permission for treatment.
 - c. Diagnosis of the ailment or injury.
 - d. Explanation of the medical procedures to be used.
 - e. Treatment of surgery if the patient is conscious, or to determine if the patient is conscious.
 - f. Those times the patient is in intensive care or in the recovery room after surgery.
 - g. Emergency situations that arise.
 - h. Explanations of the medications prescribed, how and when they are to be taken and possible side effects.
 - i. Assisting at the request of the doctor or other hospital staff.
 - j. Discharge of the patient.
6. Friends or relative of a deaf patient should not be used as interpreters unless the deaf patient specifically requests that they interpret. Deaf patients, their friends, and their families should be told that a professional interpreter will be engaged where needed for effective communications.
 7. The following guidelines on working with deaf patients will help compensate for the absence of an interpreter when one is not present and will generally improve the quality of care provided.
 - a. Make an added effort in communication to ensure the patient understands conversation/information.
 - i. Allow more time for every communication. Don't rush through what you want to say. Repeat yourself using different phrases and be sure you have been understood.
 - ii. Don't exaggerate your lip movement. Speak at a normal rate of speed and separate your words.
 - iii. Don't restrict both arms of the patient unless absolutely necessary. Leave the writing arm free to write and sign.
 - iv. Make cards or posters of usual questions and response that can be pointed to quickly.
 - v. Keep paper and pen handy, but be aware of the wide range of English language fluency and writing skills.
 - b. Be sensitive to the visual environment of deaf patients by adjusting lighting and using visual rather than auditory cues and reassurances.
 - i. Use charts, pictures or three-dimensional models when explaining information and procedures to the deaf patients.
 - ii. Don't take a deaf patient's glasses away or leave a deaf patient in total darkness.
 - iii. Avoid having your back to a bright light when communicating, as a glare makes it difficult to read signs or lips.
 - iv. Face the patient when speaking and don't cover your face or mouth.
 - v. Keep your facial expression pleasant and unworried.
 - c. Alert all staff to the presence and needs of the deaf patient and be sensitive to those needs.
 - i. FLAG the intercom button so that workers will know the patient is deaf and requires a personal visit rather than a response over the intercom.
 - ii. FLAG the patient's chart, room and bed to alert staff to use the appropriate means of communication.
 - d. Sensitivity to the special needs of people with hearing aids requires that:
 - i. Always allow the patient to wear the hearing aid unless his/her safety conditions would be adversely affected by doing so.
 - ii. Do not shout at the patient.

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- iii. Make sure that the patient has fully understood what has been said.
8. Employees will be notified of the hospital's commitment to providing interpreters to patients needing services.

VISION IMPAIRED

1. Hospital or medical staff will evaluate the severity to patient's visual impairment, upon admission.
2. Admitting staff and/or nursing personnel shall document the information on the patient's level of visual impairment and communication needs in the patient's medical record.
3. Upon patient or surrogate decision-makers request, hospital staff will assist them in obtaining educational materials or consent documents in Braille, big print/font, on audiocassette or other assistive devices available.
4. Patients' guide dog/seeing eye dogs are permitted in the hospital, so long as family/friends of the patient are present to care for the dog while the patient is incapacitated.
5. If the patient has limited vision and request's larger fonts, documents may be enlarged on most any copy machine in the facility.

NON-ENGLISH SPEAKING PATIENTS

To provide patient's with limited English proficiency, access to translation services in order to obtain basic health care services. To provide in-house interpretations services to individuals with a language barrier and who comprise at least five percent of the actual patient population of the hospital.

An interpreter is defined as: a person fluent in English and in the necessary second language, who can accurately speak, read, and readily interpret the necessary second language, or a person who can accurately sign and read sign language. Interpreters shall have the ability to translate the names of body parts and to describe competently symptoms and injuries in both languages.

It is preferred, but not always possible, that staff use a qualified translator and when necessary and with the permission of the patient, family, friends and hospital staff that have undergone translation competencies, to translate may be used.

1. Employees will be notified of the hospital's commitment to provide interpreters to patients needing services at the time of new hire orientation.
2. The hospital, through Case Mix reports, will determine within non-English-speaking populations comprise at least five percent. The hospital will post notices to these populations, in their respective languages, informing them of the availability of interpreters and how to direct complaints regarding the translation services to the local Licensing and Certification Department. Notice will be posted in all public areas throughout the facility.
3. Employees that speak and can translate English and a secondary language are encouraged to sign up with Human Resource as an interpreter. Human Resource will provide the nursing supervisor a list of employees and their respective second language.
4. The Language line will be used for all interpretation needed when employees are not available to assist.
5. If the hospital has a large (greater than 40%) Spanish speaking patient population and whenever possible forms that contain request for patient consent, signature and educational information are to be available in Spanish as well as English.
6. The primary language of the patient will be identified at the point of admission for hospital inpatient or outpatient services and such information will be recorded on the face sheet of the chart.
7. Consent forms and other hospital documents which will be signed by the patient and/pr used to inform the patient regarding his/her care or treatment plan, including patient education

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material will be provided in the primary language of the patients who comprise more than 5% of the patient populations. Documents and/or explanations for patients whose primary language is other than English and who comprise less than 5% of the patient population will be explained/translated for the patient and such translation shall be described in the patient record.

8. When a patient is identified as needing interpretation services, the nursing supervisor or delegate must check with the nursing office first to see if a translator in the desired language is in-house. If so, arrangements will be made for the staff member to assist with translation.

LANGUAGE LINE

1. Accessing the Optimal Phone Interpreters (OPI).
 - a. Know what information you are trying to get before you dial the OPI Language Line (877)746-4674. Code # 5572.
2. If unable to determine what specific language the patient speaks, attempt to determine the general geographic area that the patient is from. Give the operator as much information as you can before you put the patient on the line.
3. Conference your patient and/or family member by phone.
4. The nurse responsible for the patient is accountable to document the Language Line translation in the medical record. I.e., issues discussed, persons present (including the patient) and the translator's ID code.
5. The entry must be dated and timed.
6. Suggestions for a successful interpretation:
 - a. Have an organized plan of what you want to ask.
 - b. Write down your questions so you don't forget what you want to ask.
 - c. Control the call. Tell the interpreter what you want to accomplish on the call. Stay focused on the business you want to complete. Be thorough and concise.
 - d. Document the Language Line translators ID number on the patient's chart along with the time. Every interpreter has his/her own personal lifetime ID number.
 - e. When you have completed your business state: End of Call.