

It is the policy of Providence Medical Center and Saint John Hospital to comply with the requirements of the Americans with Disabilities Act (ADA) to provide effective means of communication for patients, family members and hospital visitors. The hospitals goal is to effectively communicate with patients when providing care, treatment, and services.

Policy elements include:

1. Providence and Saint John recognize the special needs and concerns of individuals who are hearing impaired or of linguistic and cultural minority groups who are limited English proficient (LEP), who are deaf, hard-of hearing, or have physical and/or cognitive limitations. The hospital will provide special communication devices to deaf and hard –of – hearing patients along with qualified interpreters and translation services to patients in accordance with applicable State and Federal Laws. Providence and Saint John understand that LEP and hearing impaired individuals may require interpreter services in clinical and administrative settings to obtain equal access to health care. Interpreter services are available for patients twenty-four hour a day, seven days a week.
2. Signage is posted in all patient care areas and ancillary service areas communicating the availability of interpreter services.
3. Bilingual staff should not participate in any interpretation circumstance other than that which is considered a part of common courtesy, i.e., greeting a patient or visitor, providing basic directions around the hospital, etc., unless they are hospital approved. Further, they are not required to participate in any interpretation circumstance which they believe to be disruptive to their normal job assignment, contrary to their own beliefs and values, or which may require special/technical understanding beyond their scope of practice.
4. To ensure access to health care information and services for limited-English-speaking or non-English-speaking residents and deaf residents Providence and Saint John shall:
 - 4.1 Adopt and review annually a policy for providing language assistance services to patients with language or communication barriers.
 - 4.2 The policy shall include procedures for providing, to the extent possible, as determined by the hospital, the use of an interpreter whenever a language or communication barrier exists, except where the patient, after being informed of the availability of the interpreter service, chooses to use a family member or friend who volunteers to interpret.
 - 4.3 Develop, and post in conspicuous locations, notices that advise patients and their families of the availability of interpreters, the procedure for obtaining an interpreter and the telephone numbers where complaints may be filed concerning interpreter service problems, including, but not limited to, a Telecommunication Device for the Deaf (T.D.D).number for the hearing impaired.
 - a. The notices shall be posted, at a minimum, in the emergency room, the admitting area, the entrance, and in outpatient areas.
 - b. Notices shall inform patients that interpreter services are available upon request, shall list the languages for which interpreter services are available, shall instruct patients to direct complaints regarding interpreter services to the state department, and shall provide the local address and telephone number of the state department, including, but not limited to, a T.D.D. number for the hearing impaired.
 - 4.4 The hospital shall make a copy of the policy and a notice of the availability of language assistance services available to the public on its Internet Web site. The notice will be in English and in other languages commonly spoken in the hospital's service area.

PROCEDURE

1. Notification of Rights to LEP patients/families. Informs LEP patient/family of the following:
 - 1.1 A qualified interpreter at no cost to them for discussion of information necessary for healthcare or financial decisions
 - 1.2 Not to rely on their friends or family members as interpreters.
2. Identification of patients who require interpreter services or assistive devices for physical or cognitive impairments
 - 2.1 Upon admission, identify and record a patient's primary language and dialect on the patients' medical record.

Note: If the patient is a minor, is incapacitated, or has a designated advocate, the communication needs of the parent or legal guardian, surrogate decision-maker, or legally authorized representative is documented in the medical record.

3. Use of Interpreters
 - 3.1 Interpreters shall be used in any situation where clear and effective communication is necessary.
 - 3.2 All interpreter services provided should be documented in the medical record.
 - 3.3 In emergency situations, treatment will be provided in accordance with standard medical practice. Emergency care will not be delayed pending the arrival of an interpreter. All reasonable efforts will be made promptly to locate an interpreter – this includes the use of over-the-phone interpreter services.
 - 3.4 Minor children are not to be used as interpreters
 - 3.5 Family and friends, with the exception of Activities of Daily Living should not be asked or required to interpret for LEP or deaf/hard-of-hearing patients.
 - a. Even with the refusal of interpreter by a patient or family member is made, the hospital reserves the right to have a qualified medical interpreter present during any encounter
 - b. Document in the medical record that the interpreter or aids were offered and declined by the patient or patient's family member/surrogate decision maker.
4. Written Translations
 - 4.1 Any foreign language document given to patients and families by or on behalf of Providence and Saint John must be organizationally approved. Free auto translation sites (i.e.: Google translate) should not be used.
5. Approval of Interpreters
 - 5.1 The Human Resources Department is responsible for the evaluation of a prospective interpreter's qualifications. Individuals interested in interpreting, including bilingual staff, must be approved by the Human Resources Department as deemed qualified.
 - 5.2 The Human Resources Department is responsible to prepare and maintain as needed a list of interpreters who have been identified as proficient in sign language and in the languages of the population of the geographical area serviced who have the ability to translate the names of body parts, injuries, and symptoms.
6. Staff Training and Resources
 - 6.1 The hospitals shall assure that staff, physicians, and other appropriate personnel are trained in the following
 - a. Communication needs of the deaf, hard-of-hearing, and patients with LEP
 - b. When and how to use interpreters

- c. How to use a TDD, over - the - phone interpreter services, other communication aids or other independent contracted medical interpreters
 - d. All new employees will receive information about interpreter services and communication aids during New Employee Orientation and annually thereafter.
- 6.2 For additional assistance, contact the nursing office or social services

WORKING EFFECTIVELY WITH A MEDICAL INTERPRETER

1. Allow the interpreter to greet you and to provide an interpreter ID number.
2. Write the interpreter ID number in the patient's file or progress notes for documentation.
3. Provide the interpreter with a brief explanation of the call.
4. Allow the interpreter to introduce him/herself to the patient.
5. Speak directly to your patient and make eye contact.
6. Speak in the first person.
7. Use short but complete phrases.
8. Avoid slang, jargon or metaphors.
9. Allow the interpreter to clarify linguistic and cultural issues.
10. Remember that everything is repeated and kept confidential.

Hearing Impaired Patient

1. The hearing impaired person must be able to choose the mode of communication that services his/her needs; sign language through an interpreter, written notes, lip-reading, Telecommunication Device for the Deaf (TDDs) / Teletypewriter (TTYs), Video Remote Interpretation (VRI), or other assistive devices.
2. All aids needed are provided without cost to the person being served.
3. Interpreters are called at the patient's request and when the need is identified.
4. Assessment of a patient's hearing impairment is documented in the record to alert all caregivers so that special needs can be addressed when delivering care.
5. All patient care areas and ancillary service areas have signage posted regarding the interpreter services available

Visually Impaired Patient

1. The staff or interpreter will read fully, upon request, and provide assistance, if necessary, in completing consent forms, financial responsibility forms, advance directive forms and other documents.

2. The staff will orient the patient to the physical layout of the room (including the location and operation of call light) keeping the environment free of obstacles, bearing in mind the patient's safety at all times.
3. Service Animals: Providence Medical Center and Saint John Hospital can make the necessary accommodations for a vision impaired/blind patient who uses a service animal. Room assignments will be made as appropriate to allow the service animal to remain with the patient during the hospital stay. (see separate policy)

Providence and Saint John understand that LEP and hearing-impaired individuals may require interpreter services in clinical and administrative settings to obtain equal access to health care. Interpreter services are available for Providence and Saint John patients twenty-four hours a day, seven days a week as follows:

•Cyracom:

- Video remote interpretation
- Choose the Cyracom icon on any computer with a web cam
- Login VRIPMC@providence-health.org
- Password: VRlpmc1
- Choose the language that you require (including American Sign Language)
- Select "Start Session"
- Interpreter – the hospital may utilize the services of Deaf Expressions Inc. (913-268-3323) if in-person sign language interpretation is required. Coordinate thru Supervisors.
- Communicator – A type of hearing aid (one unit is in the Emergency Room and one in the Nursing Supervisors office on 2nd floor). - DOES NOT APPLY TO SAINT JOHN HOSPITAL.
- Communicator Cards – obtain from nursing supervisors' office on 2nd floor or the Speech Pathology Department. - DOES NOT APPLY TO SAINT JOHN HOSPITAL.
- TTY Telecommunication – a portable machine used for deaf, hearing impaired and speech impaired persons to provide telephone communication. Obtain from Telecommunications Office through the nursing supervisor. For Saint John Hospital obtain thru the nursing supervisor. State Relay provides an operator who acts as an interpreter for you and the person you are calling.
- Volume Control Telephone – obtain from Telecommunications Office. - DOES NOT APPLY TO SAINT JOHN HOSPITAL.
- Amplified Telephone Attachment – obtain from Telecommunications Office through the supervisor. - DOES NOT APPLY TO SAINT JOHN HOSPITAL.
- Closed caption device for the hearing impaired to be able to watch television – Plant Operations is to be notified to activate and/or deactivate.

Language List

Acholi	Farsi	Krio	Serbian
Afrikaans	Finnish	Kurdish	Serbo - Croatian
Albanian	French	Lao	Shandhainese
Amharic	French Creole	Lithuanian	Slovak
Arabic	Fukienese	Maav Somali	Somali
Armenian	Fulani	Macedonian	Spanish
Assvrian	Georgian	Malav	Swahili
Azerbaiiani	German	Malavalam	Taaaloo
Bambara	Greek	Mandarin	Taiwanese
Bengali	Guiarati	Mandingo	Tamil
Bosnian	Haitian Creole	Marshallese	Teluuu
Bulgarian	Hausa	Mien	Thai
Burmese	Hebrew	Mixteco	Tibetan
Cambodian	Hindi	Mongolian	Tiariana
Cantonese	Hmong	Navaio	Tohono O'odham
Cebuano	Hungarian	Nepali	Toishanese
Chaldean	Ibo	Nuer	Tongan
Chinese	Ilocano	Oromo	Turkish
Chuukese	Indonesian	Pashto	Twi
Croatian	Italian	Polish	Ukrainian
Czech	Japanese	Portuquese	Urdu
Dari	Kaniobal	Puniabi	Vietnamese
Dinka	Karen	Romanian	Wolof
Dutch	Korean	Russian	Yiddish
Ewe	Krahn	Samoan	Yoruba

References:

Americans Disability Act (Title III)

Interpreter Services: Non English-Speaking Patients/ Hearing Impaired Patient/Visually Impaired

Americans with Disabilities Act (1990)

American Disabilities Act Requirements: Effective Communication. (2014, January). Retrieved from <https://www.ada.gov/effective-comm.htm>

Civil Rights Act (1964; HHS; Title VI 1964)

Rehabilitation Act (1973)

TJC 2012 Standards, current edition