

**Administrative Policy Number:** 9.05

**TITLE:** LANGUAGE ACCESS SERVICES

**PURPOSE**

To outline the resources and procedures to ensure meaningful access to quality and culturally appropriate care for patients with limited English proficiency and patients who are deaf and hard of hearing.

**DEFINITIONS**

**Limited English Proficiency (LEP):** Inability to speak, read, write or understand the English language at a level that permits an individual to interact effectively with health care providers, or understand and participate in one's medical care.

**Certified Bilingual Clinician:** A UCSF provider, resident or staff employee in specific direct patient classifications who has obtained a passing score on the ALTA Clinician Cultural & Linguistic Assessment.

**Designated Bilingual Staff:** Bilingual staff and providers who have successfully passed the bilingual proficiency test administered by the Department of Public Health (DPH) Human Resources Merit Division.

**Non-Approved Bilingual Staff:** Bilingual staff, providers, students, volunteers and medical residents who have not obtained a passing score on one of the sanctioned language assessments above.

**Interpretation:** The oral rendering of one language into a second language and vice versa to facilitate the exchange of communication between two or more persons speaking different languages.

**Qualified Interpreters:** An individual who has been tested for their fluency in the language(s) in which they interpret, trained in healthcare interpreting, adheres to the professional code of ethics and standards of practice for health care interpreting, and is competent in medical terminology. A Qualified Interpreter is either a Staff Interpreter or a contracted vendor interpreter.

**Staff Interpreter:** Department of Public Health Interpreter Services Department staff interpreters who are trained, professional medical interpreters.

**Critical Encounters:** A subset of interactions that require the use of a Qualified Interpreter or Certified Bilingual Clinician for language concordant patients.

**STATEMENT OF POLICY**

Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG) provides culturally appropriate care and communication between limited English-proficient (LEP) patients and patients who are deaf and hard of hearing, and their health care team through the designation of Certified Bilingual Clinicians and Designated Bilingual Staff and the provision of in-person, video and telephone interpreter services from Qualified Interpreters 24 hours per day, seven days a week, at no charge.

The ideal situation is direct communication between an LEP patient and language concordant members of the healthcare team. However, this is not feasible for all languages and all interactions. In addition, there is significant variation in team member non-English language proficiency/fluency as well as a range of sensitivity and clinical importance in healthcare encounters.

### PROCEDURES FOR BILINGUAL PROVIDERS AND STAFF

- A. Communication with a Certified Bilingual Clinician, Designated Bilingual Staff, or using a Qualified Interpreter is the standard of care for patients with LEP.
- B. Certified Bilingual Clinicians and Designated Bilingual Staff may use their tested non-English language skills in their direct communication with patients.
- C. Qualified Interpreters or Certified Bilingual Clinicians must be used for communication involving critical encounters:
  - i. Informed consent for any invasive procedure;
  - ii. Significant mental health or substance abuse disorders;
  - iii. Sensitive diagnoses, particularly a life threatening or terminal diagnosis;
  - iv. Advanced directives or end of life issues;
  - v. Legal issues, e.g. probate or conservatorship;
  - vi. Abuse situations, e.g. Intimate partner violence, child or elder abuse; and
  - vii. Complex care and treatment plans.
- D. Designated Bilingual Staff and Non-Approved Bilingual Staff should use judgment in deciding whether to use non-tested language skills in direct patient interactions. As with all patient communication, staff should be attuned to verbal and nonverbal cues indicating patient comprehension.
  - 1. Designated Bilingual Staff and Non-Approved Bilingual Staff must use a Qualified Interpreter for communication involving critical encounters.

Type of Resource	Qualified Interpreter	Interpreter Training	Language Assessment	Appropriate Encounters		
				Critical encounters	Non-critical encounters	Emergency situations
Staff Interpreter (Interpreter Services Dept. staff)	X	X Completion of a medical interpreter certification program	X Inclusive of medical terminology	X	X	X
Agency Interpreter	X	X Completion of a medical interpreter certification program	X Inclusive of medical terminology	X	X	X
Certified Bilingual Clinician			X Inclusive of medical terminology	X	X	X
Designated Bilingual Staff			X		X	X
Non-Approved Bilingual Staff						X

## **PROCEDURES FOR LANGUAGE DISCORDANT ENCOUNTERS**

- A. Recognizing that language fluency is necessary but not sufficient for effective medical interpretation, communication utilizing Qualified Interpreters is the standard of care for language discordant encounters.
- B. The Interpreter Services Department (415-206-5133) is responsible for providing centralized coordination of language access services provided by Qualified Interpreters. Modalities include:
  - 1. In-person Interpreters: Staff Interpreters are available daily 8:00AM – 8:30PM. Generally in person interpreters should be reserved for more complex patient interactions, e.g. family meetings, psychiatric evaluations, end of life discussions, etc.
  - 2. Video Interpreters: For areas serviced by video interpreting units, Staff Interpreters are available daily 8:00AM – 8:30PM.
  - 3. Telephonic Interpreters: Telephonic interpretation services are available from our contracted vendor Language Line Solutions 24 hours a day, seven days a week for approximately 200 languages. The vendor has provided assurance that its interpreters have been tested for language fluency and trained in healthcare interpreting. To facilitate telephonic interpretation, use of a dual handset or Polycom speaker phone is recommended. When available, Staff Interpreters also provide telephone interpreting services.
  - 4. Sign Language: ASL Interpreters are available through Bay Area Communication Access (BACA) and Language Line Solutions. Services include oral interpreting, relay interpreting, and tactile interpreting for blind/deaf patients. For more information, refer to Attachment A: Guidelines for the Care of the Hearing Impaired/Deaf Patient.
- C. Certified Bilingual Clinicians and Designated Bilingual Staff should be used judiciously as medical interpreters, as they have not received formal training in the skills, standards of practice, and code of ethics for professional medical interpreters.
- D. Non-Approved Bilingual Staff should generally not be used as medical interpreters because of both their untested language proficiency and lack of training in medical interpreting.
- E. Family members, friends, and minors should not be used as medical interpreters.
  - 1. It is the responsibility of the individual/department to schedule the interpreter for patient encounters. Patients should not be asked or encouraged to bring their relatives or friends to serve as interpreters.

2. If patients request the use of a family member or friend as a medical interpreter: a) they should be informed they have the right to a Qualified Interpreter at no charge; b) staff should ensure that there is no coercion or interpersonal violence involved; and c) if technical or sensitive information is being conveyed, a Qualified Interpreter should also be available to verify accuracy of interpretation.
3. Minors are prohibited to act as interpreters in medical settings and may only be used as interpreters in an emergency involving an imminent threat to the safety or welfare of an individual or the public.

### **PROCEDURES FOR COMPETENCY ASSESSMENT AND TRAINING**

- A. Interpreter Service Department Staff Interpreters must pass a language proficiency test provided by DPH Human Resources Merit Division and successfully complete an Interpreter Training Program approved by the Department within one year from the hiring date. New Staff Interpreters train with a current interpreter until they are deemed competent to practice alone. Completion of the Interpreter Training Program will be documented in that Staff Interpreter's personnel record. Staff Interpreters wear employee identification badges that indicate they are Staff Interpreters.
- B. UCSF providers, residents or staff employees in specific direct patient classifications (e.g. Nurse Practitioner, Physician's Assistant, Nurse Midwives, Respiratory Therapist, Social Worker, Psychologist, Occupational Therapist, and Speech Pathologist) have the option of taking a language proficiency exam (ALTA) administered by UCSF Interpreting Services Department. The assessment examines the individual's proficiency in another language and medical terminology. Record of exam will be kept by the UCSF Dean's Office for residents and the Department of Education and Training will upload it into the physician and other providers' online learning record. The designation as a Certified Bilingual Clinician is included on the employees' identification badge.
- C. A bilingual proficiency test is administered by the DPH Human Resources Merit Division and offered to DPH staff and providers (UCSF employees are offered the ALTA exam) in a variety of major languages spoken in San Francisco. Passing the bilingual proficiency test is documented in the human resources record for that employee or medical resident. The designation as a Bilingual Staff is included in the employee or resident's identification badge.

### **PROCEDURES FOR DOCUMENTATION OF USE OF INTERPRETER SERVICES**

- A. Data collected by DPH Interpreter Services Department:
  1. Patient's medical record number
  2. Patient language requested

3. Location of the requesting department
  4. Interpreter conducts positive patient ID for informed consent
- B. Documentation of Interpreter Use
1. For patients using interpreter services, the use of an interpreter and signature or ID number of the interpreter must be documented on all vital forms, e.g. informed consents.
  2. Providers and staff should document the patient language and use of medical interpreter in the clinical record.

[Language Access FAQs](#)

**CROSS REFERENCES**

ZSFG Administrative Policy & Procedures:

- [3.09 Consent to Medical and Surgical Procedures](#)
- [16.04 Patient Rights and Responsibilities](#)

**APPROVAL**

Nursing Executive Committee	11/15/17
Medical Executive Committee	11/16/17
PIPS	12/20/17
Exec Committees B-25 Readiness	12/17/15

**Date Adopted:** 06/08/88

**Reviewed:**

**Revised:** 10/92, 3/95, 6/95, 10/97, 06/00, 07/01, 03/02, 04/2003, 07/06, 03/08, 06/11, 11/1, 12/2017

**APPENDIX A**

**ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER GUIDELINES FOR THE CARE OF THE HEARING IMPAIRED/DEAF PATIENT**

ZSFG provides sign language services through Bay Area Communication Access (BACA). Services include American Sign Language interpreters, oral interpreting, relay interpreting, and interpreting for deaf/blind patients.

The service is available 24 hours, seven days a week:

- Mon – Fri 8:00am to 5:00pm call 415-206-5133

- All other times call the hospital operator at 415-206-8000 who will page the Sign Interpreter for an urgent or immediate need

Telecommunications Devices for the Deaf (TDD) information sheet- Please ask the patient if he/she would like a TDD telephone, if so, call the operator to request a TDD for your deaf/hearing impaired inpatient at 206-8000. The telephone operators have 3 to 4 working TDD phones for inpatient use.