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Owner Kendria McKnight: Disability Access Consultant
Policy Area Disability Access (ADA)
Applicability Sutter Davis Hospital

Patients/Visitors with Disabilities: Communication Assistance 200-3

POLICY

It is the policy of Sutter Davis Hospital (SDH) to provide **communication assistance** through Auxiliary Aids and Services such as Alternative Formats for print materials, where necessary for effective communication between SDH employees, health care providers, and persons with disabilities, particularly those who are deaf, hard-of-hearing, blind or visually, cognitively or speech impaired. This includes any communication including, but not limited to, those concerning patient care, privacy rights, confidential information, conferences, and health education/training sessions provided to the public. After consultation with the patient or visitor with a disability, SDH will be responsible for identifying the format, aid or service that will provide effective communication for that person, and will use that method in communications with the patient or visitor. The term "Auxiliary Aids and Services" is defined in the Policy entitled "Patients with Disabilities: Responsibility for Accessible Facilities and Services." SDH shall not impose any fees or charges on patients or visitors with disabilities for providing any Auxiliary Aids or Services.

PURPOSE

To identify and provide Auxiliary Aids and Services to meet the communication needs of patients and visitors with disabilities. This policy provides guidance to assure SDH's compliance with the relevant and applicable standards set forth in California Civil Code §§ 51, et seq. ("the Unruh Act"), and/or 54, et seq. ("the Disabled Persons Act"), California Government Code § 11135, et seq., Title III of the Americans with Disabilities Act, 42 U.S.C. § 12181, et seq., and/or Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. §§ 701, et seq. and/or the regulations promulgated under these statutes.

PROCEDURE

SDH is responsible for working with a patient/visitor to determine the method of communication Accommodations/assistance needed by doing the following.

1. Consult with the patient or visitor:

- a. Determine the communication method(s) that will best provide effective communication with the care team.
- b. Disabilities may affect the ability to communicate, access written materials, and require an Auxiliary Aid or Service.
- c. Staff must engage the method, format, aids or services necessary to provide the patient or visitor with effective communication for the particular situation.
- d. Where more than one method is effective, SDH staff should consider the method preferred by the patient or visitor; however, where more than one method is equally effective staff may choose from among the methods.
- e. Where the most effective communication method is the use of a patient or visitor's personal resource and the patient or visitor advocates use of the personal resource, SDH may use the resource and reimburse accordingly. For example, a paid caregiver may routinely voice for a person with a severe speech impairment and outside interpreters (if in existence) are not likely to be as effective as the person who routinely works with the patient.
- f. Effective communication requires the communication Accommodation be available at the appropriate point in time - e.g. interpreters need to be there during important care discussions, discharge instructions should be provided in a format the person can use upon discharge, etc.
- g. To be effective the Auxiliary Aid or Service must be designed for the type of communication involved. Some methods are Accommodations for telephone communication such as the relay service or speech to speech, others are for in-person visits or hospitalization such as sign language interpretation.

2. Consider the type of communication and the disability involved:

a. Simple Communications:

Simple communication methods may be used where limited interaction is involved or the communication is less significant (e.g., short in duration; simple concepts; information does not need to be referenced in the future, etc.). Examples of interactions where simple communication methods might be appropriate would include situations that do not involve substantial communication (such as when blood is drawn), and when regular allergy shots are administered. Examples of methods for simple communication may include pencil and paper, lip reading, or pictures. Regardless of the complexity of the communication, however, the method chosen must be effective for the patient or visitor with the disability.

b. Complicated and/or interactive communications:

Where communication between the healthcare staff and the patient or visitor is more

involved, the most effective method of communication for that person shall be used. It may be necessary for SDH to provide Auxiliary Aids and Services, such as a qualified sign language interpreter, a qualified oral interpreter, an assistive listening device, computer-assisted real time transcription, or Alternative Formats such as Braille, Large Print, audio recordings, or electric documents to ensure effective communication.

c. Examples of circumstances when the communication may be sufficiently lengthy and/or complex to require consideration of these or other Auxiliary Aids or Services include the following:

- Discussing a patient's symptoms and medical condition, medications, and medical history.
- Discussing or providing medication/prescription information, such as the name of the prescription, dosage, and side effects.
- Explaining medical conditions, treatment options, tests, medications, surgery and/or other procedures.
- Admissions instructions and paperwork.
- Obtaining informed consent for treatment.
- Advising about Patient's Rights.
- Discharge, after-care, and other follow-up instructions.
- Providing mental health services, including group or individual counseling for patients and family members.
- Discussing powers of attorney, living wills and/or complex billing and insurance matters.
- During educational presentations, such as birthing or new parent classes, nutrition and weight management programs, and CPR and first-aid training.

B. Methods for various disabilities (Full list of specific auxiliary aids & services, are found in Appendix A of this policy):

1. Some examples for a deaf or hard of hearing patient or visitor:

- SDH personnel should offer pen/pencil and paper to individuals who are deaf or hard of hearing for the purpose of communicating messages, instructions and for answering questions when appropriate,
- Written forms or information sheets may provide effective communication in situations where there is limited need for interactive communications (*i.e.*, simple communication) such as filling out admission forms and medical history inquiries, providing billing information, etc. Pictures may also be useful where an individual has a speech disability or cognitive impairment.
- Lip reading may be useful for a short, limited period of time. Staff must confirm this method will work for a particular patient since most people do not lip read. When using this form of communication, personnel should be directly facing the patient and should provide clear, simple instructions. It may be less effective for any complex, lengthy and/or complicated conversation.

- Live sign language interpreters should be used for any significant communications about medical care, if effective for the patient or visitor.

2. Some examples for a visually impaired or blind patient or visitor:

- SDH staff should provide specific oral cues for simple instructions and for answering questions when appropriate. Where written communication or signage is relied upon, oral information may need to be provided. Staff should provide this in a way that allows for patient privacy.
- Instructions may need to be provided in large print (for persons with some vision) which may be a Sans Serif or Arial font of 18 points or larger, verbally by staff or through audio recording, Braille, or electronic document formats, such as accessible PDF or Word files when appropriate.
- Consents, forms, and other information must be read to the patient consistent with the patient's privacy rights. If the patient cannot act on his or her own behalf and has a legal guardian or other authorized representative, such information should be read to the representative, as appropriate, in a private place. However, staff may not require that the patient bring a representative to the hospital with him/her, and may not rely on any adult accompanying the patient with a disability to interpret or facilitate communication, unless it is an emergency situation or the patient has specifically requested that the accompanying adult interpret or facilitate communication, the accompanying adult agrees to provide such assistance, and reliance on that adult for such assistance is appropriate under the circumstances.
- Any written information must be read to the person with a visual impairment completely, effectively, accurately, and impartially. However, the information should also be offered in an Alternative Format for the patient's personal record keeping. Staff should request that the patient sign the form if the patient agrees to the terms and conditions. The staff member shall document the agreement by including the phrase, "I have accurately and completely read the foregoing document to (insert patient's name). He/she orally stated that he/she understood all of the terms and conditions and acknowledged his/her agreement by signing the document in my presence.".]

3. Some examples for a patient or visitor with a speech or cognitive disability:

- In addition to the options for written communication described above, pictures may be useful where an individual has a speech disability or cognitive impairment.
- Allow extra time during the appointment for communication between the provider and patient.

C. Time Frame:

1. Alternative Formats for persons with visual impairments:

Alternative Formats for persons with visual impairments will be made available within a reasonable time frame to ensure effective communication. Requests for Alternative Formats that cannot be provided by SDH at the time the request

is made, to the extent possible, will be transmitted to SDH's Alternative Format vendor by the close of business on the day of the request, and SDH will request that the vendor produce and send the materials to the patient within seven (7) days of transmittal of the request to the vendor.

2. **Auxiliary Aids and Services for persons with hearing impairments:**

- **For a scheduled appointment:** when an individual requests an interpreter at *least 2* hours* in advance of the time when the services of the interpreter are required, SDH will make an interpreter available at the time of the scheduled appointment or need.
- **For an emergency:** In the event of an **emergency**, SDH will use reasonable efforts to assure communication assistance is available as soon as practicable given the circumstances.
- Absent events outside the control of SDH, such as severe weather problems, unanticipated illness or injury of the interpreter while en route, and unanticipated transportation problems the time within which the interpreter is provided will be no more than the following:
- **For video interpreting (N/A) or on-site interpreter:** 30 minutes from the time the request is made if the service is provided through video remote interpreting services or a qualified interpreter who is on site at the time of the request or need for an interpreter; or
- **For contract interpreting services or off-site interpreter:** 4 hours for non-emergency requests, if the service is provided through a contract interpreting service or a qualified interpreter who is located off-site at the time the need arises.

Between the time when an interpreter is requested and when an interpreter is made available, personnel shall continue to try to communicate with a person with a disability for such purposes and to the same extent as they would have communicated with the person but for the disability, using the most effective means of communication available, particularly written notes and/or sign language pictographs. During this time, personnel should also keep individuals with disabilities apprised of the status of the expected arrival of an interpreter or the delivery of other requested or anticipated auxiliary aids and services.

D. Use of family members, companions or minors:

Use of family members or companions as interpreters is discouraged, except for the most extraordinary circumstances, such as medical emergencies. Use of any of these individuals may violate patient confidentiality or may compromise care. Further, staff may not rely on a minor child to interpret or facilitate communication, except in an emergency where there is an imminent threat to the safety or welfare of the patient or the public and no interpreter is available. However, patients may request such services and give permission to the health care team to share information with any of those individuals. Staff should record such permission in the patient's records.

E. Patient's Request for specific service:

SDH does not charge a fee for Auxiliary Aids and Services that it provides. However, patients may elect to provide their own communication aids and/or interpreters at their own cost to assist them while obtaining services from Sutter Davis Hospital.

F. Education and Training

All patient care staff are required to be trained on this policy upon initial hire, and annually.

G. MORE INFORMATION AND RESOURCES

For more information about this policy, contact SDH's Disability Access Consultant or through Nurse Supervisor.

For **American Sign Language Interpreter Services**, call Eaton Interpreting Service - 916-721-3636.

For Video Remote Interpreting Service, call devices connect directly to services, information call 800-752-6096

For **Assistive Listening Systems** (Pocket Talkers), contact Department Manager or Nurse Supervisor.

For the **Relay Service**, call 711.

For **Speech to Speech**, call 711 and ask for Speech to Speech.

For an **Amplified Telephone Handset**, contact Department Manager or Nurse Supervisor.

For a **Braille, Large Print or audio format** provider, contact Department Manager or Nurse Supervisor.

Refer to Appendix A "Use of Specific Auxiliary Aids and Services" for information on the use of specific Auxiliary Aids and Services. For persons with Sensory Disabilities Refer to Appendix B for Guidance on the Use of Video Relay.

All Revision Dates

9/7/2022, 6/10/2019, 11/29/2016

Attachments

[APPENDIX A 200-3 4.12.19.docx](#)

[APPENDIX B 200-3.docx](#)

Approval Signatures

Step Description	Approver	Date
Board	Brandon Auch: Clinical Effectiveness Consultant III	9/7/2022

MEC	Brandon Auch: Clinical Effectiveness Consultant III	8/25/2022
Quality and Patient Safety Committee	Brandon Auch: Clinical Effectiveness Consultant III	8/23/2022
Owner	Kendria McKnight: Disability Access Consultant	7/13/2022

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Owner Vincenza Ryan:
Manager,
Inpatient Nursing
Policy Area Patient Care
Applicability Sutter Davis
Hospital

Interpreter Services

POLICY:

Sutter Davis Hospital (SDH) will provide interpreter services at no cost to patients, family member or representative with Limited English Proficiency (LEP) or who are deaf or hard of hearing. In order to enhance communication and ensure access to health care information and services/treatment rendered.

Contracted Vendor Medical Interpreters shall be available by telephone 24/7. Staff will respond in a timely manner to requests for interpreter services from the patient or their legal representative by utilizing the facility's vendor approved interpreter services.

Employees are educated on the availability of interpreters and the hospital's commitment to offer interpreters to all patients.

PURPOSE:

To ensure effective communication and interpretation to patients and their representatives who are unable to communicate in English or who are deaf or are hearing impaired.

To provide guidelines and to ensure proper procedures when communicating with persons who are non-English speaking, limited English speaking, or deaf or hearing impaired.

To comply with Federal, State and Local regulations, including but not limited to Title VI of the Civil Rights Act of 1964, CLAS Standards of DHHS, California Health and Safety Code 1259, SB 1840, and Joint Commission accreditation standards.

SCOPE:

All hospital staff, physicians, Licensed Independent Practitioners (LIPs), patients, families, and significant others.

DEFINITIONS:

- A. **Translation:** Conversion of written text from one language to another.
- B. **Interpretation:** Conversion of words and meanings between spoken languages or between a spoken language and a sign language.
- C. **LEP - Limited English Proficiency:** Individuals who are "Limited English Proficient" cannot speak, read, write or understand the English language at a level that permits them to effectively communicate with health care professionals.
- D. **Language or communication barriers:** Spoken language barriers are those experienced by individuals who are limited English-speaking or non-English Communicating. Barriers are impediments experienced by individuals who are deaf and whose primary language is sign language, or those persons who have sight impairment limiting their ability to read typed information.

PROCEDURE

- A. At minimum, notices and signs are posted in intake areas and other points of entry including, but not limited to, the Emergency Department, and outpatient areas regarding availability of the interpreter services described in this document. These signs indicate that interpreter services are available. Patients/visitors have a right to file a complaint regarding the provision of language assistance services. These complaints can be filed with SDH Patient Relations 530-750-5252.
- B. Identifying the patient who needs interpreter services: when a patient is admitted, the patient's preferred communication language, including English, will be recorded in the Electronic Health Record (EHR) by a Patient Access Representative.
- C. Staff will communicate to the patient or responsible party that bilingual interpreter and/or Sign Language interpretation will be provided at no cost to the patient. For the hearing impaired patient, communication with the patient or responsible party should be done in the most effective manner until an interpreter arrives which may include written notes and/or language pictographs and/or Video Remote interpretation.
- D. Interpreter services are available either by vendor approved phone or video interpretive services or through vendor approved in person translation services. See available Interpreter Services below.
- E. Staff must document the interpreter's ID number, date, and time of interpretation in the Electronic Health Record (EHR).
- F. A contracted interpreter is the facility method of communication with patients with Limited English Proficiency (LEP), or who are hearing impaired. Contracted interpreter services assists the patient, patient caregiver and/or designated healthcare decision maker, hospital staff, and physicians in any situation in which effective communication is necessary to include:
 - 1. Obtaining the patient's medical history
 - 2. Explaining diagnosis, treatment, and prognosis of any illness
 - 3. Explaining the need for "Advance Directive" information
 - 4. Obtaining an informed consent for surgery or any invasive procedure (except for a medical emergency or the patient is unable to give consent)
 - 5. Communication during preparation for surgery and recovery after surgery
 - 6. Explaining prescribed medication, how and when they are to be taken and possible side effects

7. Obtaining permission for treatment decisions
 8. Explaining patient follow up care upon discharge from the facility
 9. Patient complaints
- G. **The signing of Informed Consent and Advanced Directives requires a certified interpreter for all patients requiring interpreter services.** Vital documents, including consent forms, presented by hospital staff to a patient will be written in a language that the patient can understand or translated into such a language. Certain documents are also available in frequently encountered languages within the EHR.
- H. **Certified Interpreter Services available at SDH:**
1. Telephone and Video Interpreter Services – for spoken languages:
 - a. Primary Method - In most situations, once a patient has been identified as needing language interpreter services, telephone interpreter services should be used. This service specializes in medical terminology and is available 24 hours a day and seven days a week.
 2. Sign Language (in person and Video Remote) – for the deaf or hearing impaired
 - a. The facility approved vendor for hearing impaired patients will be contacted and a Sign Language Interpreter will be requested for the patient and persons who are decision makers and/or participating in the care of the patient.
 3. Face to Face (In Person) Interpretation
 - a. Situations in which an In-person interpretation should be arranged include, but are not limited to: Patient Care Conferences, physician request, patient request, or staff recommendation. The vendor will provide an in person translator for the scheduled time.
- I. **Requests by patients to use their family member or friend as an interpreter:**
1. This method of interpretation is NOT recommended, but can be utilized, only when the patient, after being informed of the availability of free interpreter services at the hospital, declines the use of the interpreter services and chooses to use a family member or friend who volunteers to interpret. This option should be used in rare instances and should not be encouraged except for the most extraordinary circumstances, such as medical emergencies.
NOTE: Interpretive services by minors under the age of 18 should not be used. At any time a hospital staff member/physician/LIP can supersede the patient's request and obtain a certified interpreter for patient interpretation when in the best interest of patient safety.
 2. The following reasons this method of interpretation is discouraged are: may result in omissions, substitutions and semantic errors that distort care, may upset familial relationships and hierarchies that are deeply rooted in culture, may be particularly problematic when dealing with sensitive issues, such as reproductive health, sexually transmitted diseases and mental health, minors may not have the vocabulary or knowledge to interpret medical terminology, and potentially puts Sutter Davis Hospital at undue and unnecessary risk and liability if an adverse event were to take place as a result of inaccurate interpretation.
 3. **The refusal of the patient to use the free interpreter services offered by the hospital, must be documented clearly in the medical record. Documentation should include the reason (if offered), the name and relationship of who provided interpretation, date and**

time.

4. When the patient refuses interpreter services and chooses to communicate with a medical provider or Licensed Independent Practitioner or professional clinical staff member who is fluent in the same language, such request shall be documented in the medical record. The communicator in these situations should be a member of the medical or professional staff that is fluent in the same language/dialect as the patient and has the ability to communicate the names of body parts and to describe competently symptoms and injuries in both languages.

Documentation:


- A. SDH will conduct a nursing admission assessment of the communication needs of each patient served and record the patient's needs in the medical record
 1. The assessment will include:
 - a. **Preferred** language
 - b. Need for interpreter services
- B. Any subsequent use of any interpreter services will be documented in the medical record with the following:
 1. Reason for service (i.e., consent for surgery, etc.)
 2. Agency used
 3. Name and/or ID number of the interpreter

Interpreter Services available at Sutter Davis Hospital:

Language Line Interpreter Phones (cordless and landline) – interpreters are available 24/7. See attachment for specific instructions

Video Remote Interpreting for Sign Language - is available in designated clinical areas for patients and visitors who are deaf and hard of hearing. See Video Remote Interpreting for Sign Language Policy.

Interlingua contact Number (916) 273-6799.  Interlingua provides in person translations services.

Eaton Interpreters for the hearing impaired or deaf. To schedule an in person Sign Language interpreter call 916-721-3636. .

TTY - is a free nationwide relay network for the deaf and hearing impaired. **For outgoing calls to a TTY user**, dial 711 to reach a relay operator. This process may be used for preoperative and postoperative phone calls or other clinical information that needs to be relayed to a hearing impaired patient.

A TTY phone is available on site should a patient or guest need to utilize the TTY services. This phone is located in the Emergency Department and is transferable to areas with TTY capability. This phone can ONLY be connected to a TTY phone line. See attached TIP Sheet for TTY phone lines.

References:

- A. The Joint Commission. (2022). Rights and Responsibilities. In Comprehensive accreditation manual for hospitals: the official handbook. Oakbrook Terrace, IL: Joint Commission Resources, Inc
- B. California Hospital Association (2022). "Patients' Rights and Interpreter Services." CHA Consent

Manual.

- C. Americans with Disabilities Act of 1990 and Title III. Retrieved on 11/1/21 from https://www.ada.gov/2010_regs.htm
- D. Health and Safety Code Section 1259; Title 22; California Code of Regulations, Section 70721
- E. California Department of Public Health. (2012). "Language Assistance Services." All Facilities Letter (AFL) 12-16.
- F. Policy: Video Remote Interpreting for Sign Language

All Revision Dates

3/7/2022, 3/11/2021, 3/12/2019, 11/6/2017, 6/6/2016

Attachments

[Staff TTY Tip Sheet.pdf](#)

[Sutter Davis Hospital-Phone Interpreting Access Guide.pdf](#)

Approval Signatures

Step Description	Approver	Date
Board	Ricardo Amil: Coord, Medical Staff	3/7/2022
MEC	Ricardo Amil: Coord, Medical Staff	3/7/2022
Quality & Patient Safety Committee	Brandon Auch: Clinical Effectiveness Consult	2/18/2022
Admin Supervisor	Vinnie Ryan: Mgr, Admin House Supv Nursing	2/4/2022