

UCDMC POLICIES AND PROCEDURES

Medical Interpreting Services
Hospital Policies and Procedures
Policy ID: 2881
Revised: 2018

I. PURPOSE

This section outlines the policy and procedures for providing oral and sign language interpreting services, written translation and Bilingual Provider Certification services at the University of California, Davis Medical Center (UCDMC).

II. SETTING

Medical Center

III. POLICY

- A. Trained medical interpreters are available in person, via telephone and/or video to all Limited English Proficient (LEP) and hearing impaired/deaf patients to facilitate care between the patient and provider, including follow up with patients at home after procedures.
- B. In accordance with current legislative and regulatory requirements, UCDMC patients who seek and receive medical care, will have access to qualified medical interpreters and are not required to bring or provide an interpreter. The patient's preferred language will be listed in the electronic medical record (EMR).
- C. Signs in multiple languages alerting LEP patients and all hearing impaired/deaf patients that medical interpreting services are provided at "no cost" to them are posted throughout the hospital outpatient clinics, and ambulatory settings. In addition, information on where to file a complaint including a phone number will be placed on the sign.
- D. Medical interpreters are trained in medical vocabulary, comprehension, retention, and note taking. They are trained to respect patient confidentiality, pursuant to the Health Insurance Portability and Accountability Act (HIPAA), to honor their own neutral role and work ethic, and to maintain the integrity of the patient/provider relationship. Therefore, the use of family members as medical interpreters is strongly discouraged.
- E. Some patients may prefer to bring or provide their own interpreter such as a family member or friend. In such cases, UCDMC will permit patients to do so as long as it does not compromise the quality of patient care services. UCDMC does not reimburse for interpreting services provided by non UCDMC interpreters at the patient's request. Declination of staff or vendor interpreter services will be recorded in EMR.
- F. Minors (persons under 18 years of age) should not serve as interpreters.
- G. When scheduling patient appointments, language information shall be captured in the demographics screen in EPIC.
- H. Staff medical interpreters capture detailed information about onsite, video, and telephone interpreting sessions via the Customer Relationship Management module in EPIC. Requestors provide staff interpreters with the following information at the beginning of each interpreting session: patient Medical Record Number (MRN), provider/requestor name, location (clinic/floor), and contact number.

IV. PROCEDURE/RESPONSIBILITY

A. Requests for medical interpreters

1. Staff may request an interpreter by accessing the Medical Interpreting requests module in EPIC or by calling the Medical Interpreting Services (MIS) Department. Routine office hours are: Monday through Friday from 8:00 a.m. to 5:00 p.m.
2. During routine office hours, staff medical interpreters are on campus for commonly requested languages such as: American Sign Language, Arabic, Cambodian, Cantonese, Dari, Farsi, Hindi, Hmong, Korean, Lao, Mandarin, Mien, Pashto, Punjabi, Russian, Spanish, Thai, Ukrainian, Urdu, and Vietnamese. A Spanish interpreter is available at the main hospital and can be reached by calling Vocera line and asking for "Spanish interpreter".
3. Spanish interpreters are available on Vocera and pager as follows:
Monday – Friday 6:30am to 7:00pm and via pager during on-call shift of 7:00pm-10:00pm; weekends and Holidays from 8:00am to 7:00pm and via pager during on-call shift of 7:00pm-10:00pm.
4. Other languages can be arranged after business hours by looking up the on-call interpreter information in the On-Call Schedule or by calling MIS main line. The Hospital Operator will contact the on-call staff interpreter first. Vendor telephone service is available 24/7 when no staff interpreters are available.

B. Physicians, Nurses, and Other Hospital Staff

1. When the need for an interpreter is identified, UCDCM staff should determine the appropriate mode of service: for onsite and video requests, please use the EPIC Medical Interpreting Module; to be connected to an over-the-phone interpreter, please call MIS main line. The EPIC Medical Interpreting module is limited to in-house languages only. For all other languages, please call MIS dispatch.
2. Document the use of a UCDCM medical interpreter, including the interpreter's first and last name in the progress notes of the patient's EMR. If a vendor interpreter is utilized, document the vendor interpreter's identification (ID) number in the progress notes of the patient's EMR.
3. Document in the patient's EMR when using a UCDCM staff Medical Interpreter or vendor interpreter when obtaining consent for one of the following: Consent to Operation, Procedures, Blood Transfusion and Administration of Anesthetics form.
4. Document in the patient's EMR when a patient refuses to utilize a UCDCM Medical Interpreter, state the reason for the refusal, any additional options that were provided to the patient (if applicable), and who interpreted.

C. Written Translations

1. Translation services are available to support and facilitate translation of vital and non-vital documents related to patient care.
2. The Translation Services Unit works closely with other UCDCM departments to support and assist with:
 - a. Reviewing translation needs;
 - b. Reviewing existing documents for translatability, literacy considerations, and cultural appropriateness;

- c. Budgeting and planning for cost effective translation;
- d. Adapting existing documents for translation;
- e. Creating documents appropriate for the target audience.

3. For written translation services call the written translations unit coordinator.

D. Bilingual Provider Certification Program

The program's goal is to offer oral assessments of language proficiency in non-English languages to UCDMC clinicians. This program is recommended by the Joint Commission as a method to measure effective communication between clinicians and patients in the patient's preferred language. The program is offered to Physicians, Nurse Practitioners, Physician Assistants, and Clinical Pharmacists and consists of an oral assessment administered over the phone. The program is limited to 24 languages, and the cost of the assessment will be recharged to the provider's department/cost center. Once certification is attained, clinicians can deliver care to patients in non-English languages during the course of their work. A certificate and a badge sticker will be issued to clinicians who pass the Bilingual Provider Certification assessment. Certification does not allow clinicians to interpret for patients. Clinicians can request an assessment by calling MIS main line.

E. Human Resources

Policies on the provision and utilization of medical interpreter services for communication with LEP and hearing impaired/deaf patients are included as part of UCDMC's "New Employee Orientation" and "Mandatory Annual Training" programs.

F. In keeping with Health & Safety Code Section 1259 (c) (2), this policy outlines delivery of language services to patients with language or communication barriers. MIS shall submit to the California Department of Public Health (CDPH) a copy of this policy and a summary of MIS efforts will be reported on an annual basis to ensure adequate and speedy communication between patients with language or communication barriers and UCDMC staff. Submission of the CDPH report will occur every November on an annual basis. In accordance with current legislative and regulatory requirements, current Policy 2881 is available to the general public in six languages on the Medical Interpreting Services website: http://www.ucdmc.ucdavis.edu/interpreting_services/.