

SUNY DOWNSTATE MEDICAL CENTER

UNIVERSITY HOSPITAL OF BROOKLYN POLICY AND PROCEDURE

Subject: LANGUAGE SERVICES TO PATIENTS WITH LIMITED ENGLISH PROFICIENCY

Prepared by: Agatha George

Reviewed by: Adeola Dabiri

Committee Approval: Provision of Care

Approved by: Margaret Jackson, MA, RN

Mathew Foley, MD

Michael Lucchesi, MD

Patricia Winston, MS, RN

William P. Walsh, MBA, MSW

No. PTBR-5

Page : 1 of 9

Original Issue Date: 6/2010

Supersedes: 3/2012

Effective Date: 3/2016

TJC Standards: RI.01.01.03: The hospital respects the patient's right to receive information in a manner he or she understands.

PC.02.01.21: The hospital effectively communicates with patients when providing care, treatment, and services.

RI.01.01.01: The hospital respects, protects, and promote patient rights.

Issued by: **Regulatory Affairs**

I. PURPOSE

SUNY Downstate Medical Center University Hospital of Brooklyn is committed to providing quality care to all patients. It serves an extremely diverse community and encounters many patients with Limited English Proficiency (LEP). SUNY Downstate therefore makes it a priority to provide LEP patients with meaningful access to care.

II. POLICY

SUNY Downstate has developed these policies and procedures to ensure full compliance with Title VI of the 1964 Civil Rights Act and the regulations promulgated there under: NY Public Health Law 2801-c, 2803 and the regulations promulgated there under; 10 NYCRR 405.7; and NYC Admin. Code 17-174.

The law allows health care providers considerable flexibility in implementing programs to provide language assistance to LEP patients. Some features of SUNY Downstate language assistance program, therefore, are not required by law. In implementing these policies and procedures, SUNY Downstate strives to exceed minimum legal requirements while balancing its limited resources with the complex demands of its

LANGUAGE SERVICES TO PATIENTS WITH LIMITED ENGLISH PROFICIENCY

patient population. Because the demographics of SUNY Downstate's patient population and the resources available to SUNY Downstate are always in flux, these policies and procedures are reviewed and revised to reflect those changes. Updates will be provided as appropriate. In order to facilitate patient care SUNY Downstate will provide language interpretation to all patients who require it. It is important for staff to be aware of all of the services SUNY Downstate provides to LEP patients so that we can work together to ensure access to the full range of these services.

At UHB, the Director of Patient Relation Services as the Language Assistant Coordinator

III. DEFINITIONS

Interpreter: A bi-lingual employee

Language Assistance Coordinator: The Language Assistance Coordinator is responsible for carrying out, overseeing, and ensuring the full implementation of these policies and procedures, deploying such staff, as he or she deems appropriate. The Director of Patient Relations has been designated the Language Assistance Coordinator for SUNY Downstate Medical Center University Hospital of Brooklyn.

LEP Patient: Patients whose primary language is not English and who cannot speak, read, write or understand the English language at a level sufficient to permit such patient to interact effectively with health care providers.

Medical Information: Any communication about a patient's medical condition, medical ailments, medical history or any course of medical treatment proposed, followed or discussed with a patient.

Patient's Primary Language: The language primarily spoken by an LEP patient and in which such patient requires language assistance.

SUNY Downstate Primary Languages: Any languages spoken by five percent or more of SUNY Downstate patient population, as calculated by SUNY Downstate at the end of each calendar year. As of the date of this policy, the primary languages are English, Spanish, and Haitian Creole.

IV. RESPONSIBILITIES

It is the responsibility of the Language Assistance Coordinator/Patient Relations Department to monitor this policy and procedure. It is the responsibility of all Department Heads, Director of Services and Nursing Supervisors to ensure that staff is competent in recognizing LEP Patients and using available resources.

Translation and Interpretation Resources:

SUNY Downstate has a range of interpretation and translation resources that include:

- A. Staff Interpreters- the Patient Relations Department utilizes bi-lingual staff to interpret for LEP patients and visitors.
 1. Assessment and Training: Forty (40) bi-lingual staff members were assessed by the New York University Center for Immigrant Health to ensure that they

LANGUAGE SERVICES TO PATIENTS WITH LIMITED ENGLISH PROFICIENCY

were sufficiently fluent to interpret effectively to and from the foreign language(s) and English. Currently fifteen (15) bi-lingual staff members graduated a 40 hour medical interpreting course taught by Hunter College.

2. *Documenting Interactions:* Bi-lingual staff members (interpreters) when called upon by the Language Assistance Coordinator/Patient Relations Department are asked to return a call with all pertinent information such as: length of interpretation, department/unit, time of arrival and completion and language spoken. This information is then recorded in the interpreter database.
- B. Language Bank- SUNY Downstate Medical Center's bi-lingual staff is an important resource in providing access to care for LEP patients. SUNY Downstate encourages all bi-lingual staff members to communicate with LEP patients who speak a language in which the staff member is fluent. However, only staff members who have agreed to be members of SUNY Downstate volunteer roster are called upon to interpret for an LEP patient in the non-English language. The list of staff that has agreed to participate in the Language Bank is updated quarterly, but individuals may join at any time.
- C. Telephonic Interpretation Services- SUNY Downstate employs a telephonic interpretation service for use when the Language Bank is not available. SUNY Downstate currently uses Cyacom, a service that provides telephonic interpretation in over 150 languages employing a dual handset. It is available to employees at all times. Cyacom telephones are located in all patient care areas. All staff members with direct patient contact are trained in the use of the Cyacom as part of annual in-service training. Cyacom also has conferencing capabilities that can be used when contacting an LEP patient over the telephone.
- D. Deaf Interpretation Services –The agency Language Associates Services should be called, 1-866-827-7028 for sign language interpreters.

During the time waiting for an interpreter to arrive SUNY Downstate employs DT Interpreting, Inc., "**Deaf Talk**," the video relay service to accommodate the needs of the deaf community while an interpreter is in transit.

The unit is currently located in the Patient Relations Department. Anyone using this service will sign a log sheet (hanging behind the unit); stating their name, department and time the unit was taken. Instructions are attached to the unit and if there are any problems with the unit one should call DT's technical hotline 877-229-8119.

This service will not take a place of a live interpreter. This service will be used to abide by the LEP mandated rules and regulations, especially in the Emergency Department and Labor and Delivery.

Deaf patients will be classified as an LEP patient and will follow the same procedures as those patients that speak a non-English language.

For assistance after 5:00 p.m., weekends and holidays with the above, reach the Administrator on Duty.

LANGUAGE SERVICES TO PATIENTS WITH LIMITED ENGLISH PROFICIENCY

- E. Services for the Visually Impaired Patient – **Services** for the visually impaired patients will depend upon their guardian and their ability to advise SUNY Downstate what language the patient speaks, if patient is LEP. Procedures in obtaining an interpreter will be the same with any LEP patient. The interpreter will read all forms in full such as general consent, HIPAA, etc. to the patient.

OTHER RESOURCES TO SERVE LEP PATIENTS

In addition to the interpretation and translation services described above, staff members should help LEP patients make use of the following resources in order to obtain the services they need.

- A. Translated Directional Information- Downstate has directional signage in its Primary Languages to assist patients in navigating in the Hospital. When and if Downstate's Primary Languages change, Downstate will either modify its signage, or will make available directional information in the Primary Language in pamphlets. Signs posted at all Hospital entrances will notify patients of the availability of this additional directional information.
- B. Translated Patient's Bill of Rights- Downstate posts and maintains the Patient's Bill of Rights in its Primary Languages, in a conspicuous manner, at all points of entry into the Hospital, at the patient information desk, in all waiting rooms, in each emergency department waiting room, in the patient registration and admission areas, at each nursing station, in each main hallway, in the financial and billing office, and the elevators. (Refer to PTBR-1)
- C. Translated Signs Informing Patients of Complaint Procedure- The procedure for filing complaints about hospital services, including language assistance services, is posted conspicuously at the bottom of each Patient's Bill of Rights poster.

PROVIDING LANGUAGE ASSISTANCE SERVICES TO LEP PATIENTS

V. PROCEDURES AND GUIDELINES

1. Informing Patients of Their Right to Free Language Assistance Services: If a staff member encounters an LEP Patient requiring language assistance, the staff member should inform the LEP Patient in a language that the LEP Patient can understand using available interpretation and translation resources that, Downstate will provide an interpreter free of charge. Staff need not do this where previously during the same hospital visit a staff member has recorded the LEP Patient's refusal of Downstate's language assistance services.
2. Identifying an LEP Patient's Language: If a staff member encounters an LEP Patient who requires language assistance and cannot identify the LEP Patient's Primary language, the staff member should use the following resources: the telephonic interpretation service. If necessary, the staff member should contact the Language Assistance Coordinator, Patient Relations Office or Administrator on Duty for assistance.
3. Steps for Proving or Securing Language Assistance: After identifying the LEP Patient's Primary Language, staff should take the following steps to provide or secure language assistance services for the LEP Patient:
 - a. If a staff member is fluent in the Patient's Primary Language, he or she may communicate with the LEP Patients in that language.

LANGUAGE SERVICES TO PATIENTS WITH LIMITED ENGLISH PROFICIENCY

- b. If the staff member is not able to communicate directly with the LEP Patient (because the staff member does not speak the Patient's Primary Language or has not been deemed qualified to communicate medical Information in that language), the staff member should contact the Language Assistance Coordinator/ Patient Relations Department, who will then secure an Interpreter.
 - c. If no interpreter is available who can provide the necessary language assistance within a reasonable time, the staff member should use the telephonic interpretation service (Cyracom) to assist the patient. The staff member should document the use of Cyracom interpreter's ID number in the patient's chart.
4. Time Limit on Security Language Assistance Services: New York State Department of Health Regulations require that language assistance services be available to LEP Patients in the emergency room within ten (10) minutes and the inpatient and non-emergency outpatient settings within twenty (20) minutes and the request for such services by the patient or the patient's representative.
- a. Assisting LEP Patients while awaiting an Interpreter: While waiting for a Downstate interpreter resource, employees may use non-verbal communication tools, such as language and/or pictorial boards or telephonic interpretation services, to determine whether the LEP Patient has any immediate needs.
 - b. Documenting the Provision of Language Assistance: Treating personnel should record in the patient's chart every instance in which Medical Information is provided to an LEP Patient in a non-English language by any means (an Interpreter and/or Cyracom.) The clinician should note in the patient's chart how and by whom language assistance services were provided and the interpreter's name or Cyracom's interpreter's ID number, language, time and date that such services were provided.

Documentation is important because it allows the Hospital to monitor how well its language assistance services are working. Documentation is particularly important when bi-lingual clinical staff or Language Bank members provide Medical Interpretation to LEP Patients' Primary Languages, because there is no independent method of tracking the provision of these services.

A. Procedures for Documenting Patients' LEP Status

1. SUNY Downstate staff responsible for opening outpatient visits should ask all patients whether they require an interpreter and if so, in what language.
 - a. If staff has a difficulty determining the Patient's Primary Language, they should use the resources described in Section IV-A (Other Resources to serve LEP Patients.) Staff should document this information on the patient's progress notes.
2. In inpatient departments, nurses who conduct inpatient assessments should indicate in the designated field on the assessment form whether a patient is a LEP Patient and the Patient's Primary Language.

B. Emergency Department Procedures

1. Time Limits on Securing Language Assistance Services for Emergency Department Visits: New York State Department of Health Regulations requires

LANGUAGE SERVICES TO PATIENTS WITH LIMITED ENGLISH PROFICIENCY

that language assistance services be available to LEP Patients in the Emergency Department within ten (10) minutes of a request for such services.

2. *Procedures for Assessing the Language Needs of Patients Arriving in the Emergency Room:* When a patient arrives in the Emergency Room and is conscious, the triage nurse is responsible for determining whether the patient requires LEP services. The nurse can make this determination either through information from the emergency medical technician (if the patient arrives by ambulance) or through other available assessment tools such as the Language Identification Card [see Section IV (A)]. If the nurse is not fluent in the Patient's Primary Language, the nurse should follow the general procedures for interacting with LEP Patients outlined in Section V – Procedures and Guidelines. The nurse should then advise the treating clinician of the patient's LEP needs, and document any interpretation services provided in the patient's emergency record. Securing further LEP services for the patient is the responsibility of the treating personnel.
 - (a) The triage nurse should also indicate in the designated field on the triage form whether a patient is an LEP Patient (if known) and, if so, the Patient's Primary Language.

C. Clinics Procedures

1. *New Patients:* When the LEP patient arrives in the clinic, a staff member will determine patient's language the native language identification card and add to the computer system.
2. *Scheduled Appointments:* When an LEP Patient schedules an appointment, Downstate's personnel should (if needed,) call the Language Assistance Coordinator to schedule an interpreter for the scheduled appointment. Clinic staff should update the designated field of the LEP Patient and the Patient's Primary Language.
3. *Walk-ins:* When patients arrive at clinics without scheduled appointments, employees of the clinic should then follow the steps outlined in Section V (3) to locate and secure translation services.
4. *Off-Site Clinics:* When an LEP patient arrives for appointment Downstate's personnel will seek out bi-lingual employees or use the CyraCom phone for interpretation purposes.

D. Telephone Contact with LEP Patients

The employee who answers the call should use the conferencing capabilities of Downstate's telephonic interpretation service (CyraCom) to assist in communicating with an LEP caller.

1. *Calls to Clinics and Departments:* When LEP Patients call clinics and departments directly, employees answering those calls should either find an Interpreter who speaks the Patient's Primary Language, or if there is no such employee who can assist, conference in Downstate's telephonic interpretation service (CyraCom).

LANGUAGE SERVICES TO PATIENTS WITH LIMITED ENGLISH PROFICIENCY

2. *Calling LEP Patients:* If staff needs to reach an LEP Patient by phone and require assistance, staff should seek the assistance of an Interpreter or Downstate's telephonic interpretation service (Cyracom).
3. *Operator Calls:* When LEP Patients call the main number of SUNY Downstate Medical Center the operator will call the Cyracom interpreter and address the call. Once the destination of the call is determined, SUNY's operator will transfer the call with the Cyracom interpreter to the designated department.

E. Refusal of Language Assistance Services and the Use of Family Members

1. *Inform the Patient of the Right to Free Services:* If an LEP Patient wishes to use a family member, friend or other non-Downstate interpreter resource to provide language assistance (an "Outside Interpreter"), the LEP Patient should be informed, through one of the Downstate interpretation or translation resources, that Downstate will provide an interpreter at no cost to the patient.
2. *If Using the Outside Interpreter is Unsuccessful:* If, at any time during the visit, a staff member concludes that the Outside Interpreter is frustrating effective communication with the LEP Patient, the staff member should secure one of Downstate's interpretation resources.
3. *The Use of Individuals Less Than 16 Years of Age:* Absent extraordinary circumstances, staff should not use a person less than 16 years of age as an interpreter, even at the LEP Patient's request. If a patient insists on using a person under 16 years of age as an interpreter, staff should strongly discourage such use.
4. *Documentation:* Staff should document in the patient's chart the patient's refusal of language assistance services and the Outside Interpreter's name and relationship to the patient.

VI. TRANSLATED DOCUMENTS AND WRITTEN MATERIALS

A. Translated Documents – Downstate has translated or is in the process of translating these documents into Downstate's Primary Languages:

1. "Your Rights as a Hospital Patient" Booklet;
2. General Consent Forms;
3. Health Care Proxies;
4. HIPAA Agreement Forms;
5. Patient Agreement Forms;
6. Select Patient Education Materials; and
7. SUNY Downstate's Patient Information Guide (available in English, Spanish and Haitian Creole)

B. Translated or Interpretation of Written Documents

1. *In the Hospital:* If an LEP Patient notifies staff that he or she requires assistance with document interpretation while in the hospital, staff should secure interpretation services for the patient. This may be achieved either through an Interpreter or the telephonic interpretation service.
2. *Over the Telephone:* LEP Patients who require assistance understanding documents may contact with questions regarding any issues, including

medication or billing. Downstate employees who answer these calls should either secure an Interpreter or conference in Downstate's telephonic interpretation service (Cyracom). If necessary, the employee will arrange for the patient to bring the relevant document to the hospital for further language assistance.

3. Updating the List of Translated Documents- On an ongoing basis, Downstate reviews its patient-related documents and determines which material should be translated into Downstate's Primary Languages. While it is impossible to translate all materials, staff is encouraged to inform the Language Assistance Coordinator/Patient Relations Department of additional documents that they believe should be translated. Downstate will inform staff of all newly available translated documents.

VII. COMPLAINTS

Procedures for Taking Complaints-

The Patient Relations Department receives complaints about Downstate's language assistance program orally, and records the substance of the complaint and the time and date the complaint is made.

1. **Providing Information to Individuals with Complaints**: The staff member recording the complaint should provide the complainant with a copy of the Patient's Bill of Rights.
2. **Investigating Complaints**: The Language Assistance Coordinator/Patient Relations Director is responsible for reviewing, investigating and responding to complaints about language assistance services. The office investigates and resolves complaints immediately. However if the complaint is a grievance the issues/s should be resolved within 7 days you receive of grievance and in accordance to the Hospitals' " Patient Complaint Mechanism" policy (PTBR-3)

ENSURING COMPLIANCE AND QUALITY OF LANGUAGE ASSISTANCE SERVICES

VIII. MONITORING-

In keeping with Downstate's commitment to providing effective, high-quality language assistance services to all LEP patients, the Hospital periodically monitors both staff compliance with the above policies and procedures and the overall effectiveness of the language assistance program through a variety of measures. Such measures include:

1. **Review of Census Data**: The Hospital uses United States Census Bureau data on English language ability for the population residing in the zip codes, and bilingual education data for the Relevant Zip Codes to evaluate the language needs of the population in the geographic area Downstate serves. The Hospital works with community groups to identify the linguistic profiles of, and LEP population trends in, the Relevant Zip Codes. The Language Assistance Coordinator/Patient Relations Department uses this information to ensure that no group is deterred from seeking care at Downstate because of a deficiency in SUNY Downstate's language assistance services.
2. **Reports Review**: On a monthly basis, the Language Assistance Coordinator/Patient Relations Department reviews data collected from

LANGUAGE SERVICES TO PATIENTS WITH LIMITED ENGLISH PROFICIENCY

interpreter database and CyraCom data which record the interpretation services provided by the date, language and department. Reports determine the amount of languages used and if the community's demographics have changed.

3. **Spot Checks:** The Language Assistance Coordinator conducts spot checks of staff in various departments to ensure compliance with the Policies and Procedures.

IX. MODIFICATIONS.

The Language Assistance Coordinator/Patient Relations Department will take appropriate corrective action to remedy any deficiencies or problems identified through its monitoring efforts. In addition, the Language Assistance Coordinator/Patient Relations Department will make appropriate adjustments to the language assistance program to reflect changing needs of SUNY Downstate LEP patient population or more effective means of serving this population, considering available resources.

Modification of Primary Languages- If, through its monitoring efforts [using the records listed in Section VIII, the Language Assistance Coordinator/Patient Relations Department determines that any additional languages should be designated SUNY Downstate Primary Languages, within six months of this determination, the Hospital will reallocate or add language assistance resources. This process may include the hiring, assignment and training of Interpreters, and the translation of signs, forms, consents and other materials to correspond with the standards set forth in these Policies and Procedures.

XI. ATTACHMENTS

None

XII. REFERENCES

TJC Standards

Date Reviewed	Revision Required (Circle one)		Responsible Staff Name and Title
12/08			Mary Ann Randazzo /Director
6/10	(Yes)		Mary Ann Randazzo Adeola Dabiri, MPA
3/2012	(Yes)	No	Adeola Dabiri, MPA
3/2016	(Yes)		Agatha George/Adeola Dabiri