



LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER

SUBJECT: INTERPRETER SERVICES FOR LIMITED ENGLISH PROFICIENT (LEP) AND NON-ENGLISH-SPEAKING PATIENTS **POLICY NO.** 128A

CATEGORY: Administration	EFFECTIVE DATE: 7/91
POLICY CONTACT: Vanesa Garcia	UPDATE/REVISION DATE: 7/21
REVIEWED BY COMMITTEE(S):	

PURPOSE:

To ensure linguistic access for limited English proficient (LEP) and non-English speaking patients.

POLICY:

Harbor-UCLA shall ensure the availability of interpreter services, free of charge for LEP and non-English speaking patients. LEP and non-English speaking patients may request a certified interpreter or shall be offered a certified interpreter at any time that the need exists.

Patients have the right to a certified interpreter at any point of care. A patient is not required or expected to use family members or friends as interpreters. The use of a family member or friend may result in breach of confidentiality and/or reluctance of the patient to reveal personal information critical to the services being provided. It is the responsibility of the Medical Center to provide interpreter services. A family member or friend may be used only in emergency circumstances, when if after clearly informing the patient that free interpreting services are available, the patient insists or requests that a relative interprets for him or her. The use of a family member or friend as an interpreter shall be documented in the patient's medical record. Minors (18 years or younger) may not be used as interpreters.

Human Resources Department and Medical Center departments will make efforts to employ bilingual staff in the respective target languages for direct communication with patients as indicated by the Medical Center's patient language assessment.

DEFINITIONS

Limited English Proficient (LEP): An LEP individual is a person who is unable to speak, read, write or understand the English language at a level that permits him/her to interact effectively with health and social service agencies and providers.

Interpreting: Conveying both the literal meaning and connotations of spoken communication from one language to another.

REVISED: 10/92, 7/94, 2/96, 11/97, 2/02, 2/05, 3/09, 3/10, 5/12, 7/15, 9/16, 2/17, 6/18, 7/21

REVIEWED: 10/92, 7/94, 2/96, 5/98, 2/02, 3/10, 5/12, 7/15, 9/16, 2/17, 6/18, 7/21

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Translation: The rendering, in writing, of a written text from one language to another.

Linguistic Access: Immediate responsiveness to individual linguistic needs so that an LEP or hearing/speech impaired person can effectively communicate with healthcare providers.

PROCEDURE:

I. IDENTIFICATION OF LEP AND NON-ENGLISH-SPEAKING PATIENTS

- A. When patients are registered, they are asked "What language do you prefer to speak while receiving medical care here?" The patient's preferred language is captured in the Electronic Health Record (EHR), printed on the General Consent form and placed in the medical record.
- B. "Point to" Cards are available at reception areas for staff to use when an LEP patient presents and staff cannot ascertain what language he or she is speaking. The "Point to" card has 24 different languages and it instructs the patient/visitor to point to his/her language, and an interpreter will be called. After the LEP patient/visitor points to his/her language, the staff member is able to ascertain which language the patient/visitor speaks. If the language needed is not listed in the "Point to" Card, we can also provide a map for the LEP patient/visitor to point to their country of origin for further accuracy when requesting an interpreter. These materials are also available on the Language Center SharePoint page on the Harbor intranet.

II. NOTIFICATION TO PATIENTS

- A. Multilingual signs are posted in the hospital lobbies, and in other waiting areas throughout the Medical Center informing patients of:
 1. The availability of interpreting services.
 2. That interpreter services are available, free of charge.
 3. How to access interpreter services.
 4. How to register a complaint about interpreter services.

III. LANGUAGE ASSESSMENT OF PATIENTS

- A. The LEP administrator shall assess the bilingual needs of patients at least annually. The assessment is based on the information collected in EHR by Registration staff related to the linguistic needs of patients.
- B. Based upon the assessment, the LEP Administrator will identify the linguistic needs, develop a plan, and facilitate the establishment of appropriate services to ensure linguistic access for all patients.

IV. ACCESSING INTERPRETER SERVICES FOR LEP AND NON-ENGLISH-SPEAKING PATIENTS

To access interpreter services for LEP and non-English speaking patients, the following steps should be taken in the following order:

- A. If you are bilingual and speak the patient's preferred language, communicate directly with the patient in the patient's preferred language.
- B. DHS Qualified Bilingual staff in your department/area can be used to interpret for non-sensitive situations, information/operator calls, appointment scheduling, reminder calls, billing or financial counseling.
- C. DHS Certified Healthcare Interpreters who have received interpreting training and assessment are certified to provide interpreter services for all diverse medical and psychiatric encounters in



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inpatient, outpatient and emergency settings, from intake to discharge instructions. Also used for social work assessments, palliative care and family meetings.

- D. Call extension 66000 for a Healthcare Interpreter.
- E. If a qualified or certified interpreter is not available to provide interpreter services, depending on the needs seen in B or C above, use area **interpreting devices**, including your speaker phone. Call extension 66000 to access a language interpreter, then enter the language code from the menu. Harbor-UCLA utilizes remote access interpreter systems as the primary means for facilitating interpreter services. The remote access interpreter system allows you to reach a certified healthcare interpreter at Harbor-UCLA via videoconferencing VMI devices or telephonic devices depending on which devices are available to the requestor. Harbor-UCLA participates in the Health Care Interpreters Network (HCIN) which allows us access 24 hours/day, seven days/week to other healthcare interpreters when our interpreters are not available or do not speak the target language. Calls are routed immediately to interpreters seated at other medical centers participating in the HCIN Network.
- F. If no interpreters are available within the Network, calls are automatically routed to a telephonic interpreter service outside agency. The telephonic interpreter service will ask for the language requested, name of the facility, and the staff member name or staff ID.
- G. In a power outage or in a failure to reach interpreter services when calling extension 66000, call the (outside agency) telephonic interpreter directly at 1-(855)-828-6080 and request the language you need.
Note: All efforts should be made to have the patient available to minimize interpreter wait time. Additionally, when a provider on an outpatient visit is about to step out for a few minutes it is recommended to dismiss the interpreter and call back upon his/her return.
- H. Use the VMI device (video medical interpreter) to access an Interpreter.
- I. For American Sign Language use the VMI device and select option #2.
- J. Harbor is implementing in-person interpretation for situations where sensitive information is being communicated with patients. Priority will be based on a higher to lower complexity scale. Please call the Language Center at extension 68440 to request an in-house interpreter during normal business hours or visit the Language Center SharePoint page to fill-in the In-person Spanish interpreter request card. Currently, only Spanish interpreters are available at Harbor. Every effort will be made to grant your request. As a last alternative, telephonic or video interpreter services will be used.

V. MEDICAL RECORD DOCUMENTATION

- A. When an interpreter is used, the patient care provider shall document in the patient's medical record the following information:
 - 1. Name of interpreter
 - 2. Target Language
 - 3. His/her title and department (as applicable)
 - 4. Relation to patient (as applicable)
- B. When an interpreter is used during the informed consent discussion and/or oral interpretation of information contained in the informed consent, the interpreter name and ID must be used to complete the Interpreter Attestation Form - See Hospital Policy # 604C.



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C. If a telephone interpretation service is necessary, staff must document the interpreter's ID number noting the date and time of this transaction provided on the Interpreter Attestation Form - See LADHS Policy # 314.2.

VI. COMPLAINTS/CONCERNS REGARDING INTERPRETER SERVICES

Any complaints concerning language or interpreter services shall be directed to Harbor-UCLA Medical Center's Patient Relations Office at extension 66400 or you may contact the LEP Administrator at extension 66351. Patients will be notified of their right to file a complaint with the California Department of Public Health Licensing Division through posted signs.

VII. HOSPITAL POLICY REFERENCES

Hospital Policy #128B, Interpreter Services for Deaf/Hearing Impaired
Hospital Policy #128C, Translation of Written Materials
Hospital Policy # 604C, Documenting Use of Interpretation Services During Informed Consent Discussions

VIII. AUTHORITY

DHS Policy #318, Non-English and Limited English Proficiency
Title VI of the Civil Rights Act of 1964
Dymally-Alatorre Bilingual Services Act
California Health and Safety Code Section 1259
L.A. County Cultural and Linguistic Competency Standards
Hospital Policy # 604C