



COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES

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Los Angeles County Department of Health Services

Policy & Procedure Title:		Documenting Use of Interpretation Services During Informed Consent Discussions	
Category:	300-399 Operation Policy	Policy No.:	314.2
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DHS Division/Unit of Origin:	Quality Improvement and Patient Safety (QIPS)		
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PURPOSE:

The purpose of this policy is to ensure that an interpreter understands his/her role in the interpretation process during informed consent discussions and to document the exchange of information.

The Health and Safety Code of California requires licensed general acute care hospitals to provide language assistance services to patients with "language or communication barriers". Title VI of the Civil Rights Act of 1964 requires federal fund recipients to ensure that eligible Limited English Proficiency (LEP) persons have "meaningful access" to health services. Staff is required to obtain interpreter services which comply with DHS Policy # 318.

POLICY:

The Interpreter Attestation Form, available through iMed consent, must be completed when an interpreter is required to document the discussion between a patient and/or legal representative, and physician as it relates to a medical procedure for the purpose of obtaining an informed consent and/or the oral interpretation of information contained on the informed consent.

A designated bilingual employee or staff interpreter, contracted interpreter, designated qualified and competent bilingual volunteer, or telephone interpreter service is required to interpret the medical information/the informed consent at no cost to the patient. If a patient insists on choosing a non-facility affiliated interpreter, or a family member or a friend to interpret the required medical information and the informed consent, the medical record must document that there was an offer of a facility affiliated interpreter which was rejected, stating

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Department Head/Designee Approval: Signature on File

the reason and the name of the person serving as interpreter. This interpreter will also be required to sign the Interpreter Attestation Form. Under no circumstances shall a minor (<18 years of age), be recruited to interpret during this process

PROCEDURE:

1. All interpreters are required to document the exchange of each interaction between the patient and physician as it relates to the signing of the informed consent. This may include the oral interpretation of the information on the consent form/documents if it is not printed in the patient's native language and time does not permit such a printing.
2. The Interpreter Attestation Form is used to document the interpretation process, including the name of the patient, name of the healthcare provider and consent form/information about the medical procedure and the language read to the patient.

If the consent is in the patient's native language, the interpreter is not required to document "reading" the form to the patient.

3. All interpreters must sign the Interpreter Attestation Form upon completion of any translation as indicated in number 1 and 2 above.
4. Interpretation services may be provided by one of the following:
 - a. Certified bilingual employees or staff interpreters
 - b. Contracted interpreters from outside agencies
 - c. Qualified and competent bilingual volunteers
 - d. Telephone interpretation service
5. The interpreter must also document the oral interpretation of the informed consent by signing the Interpreter Attestation Form. The signed original is filed in the medical record in front of the consent form(s).
6. If someone other than a hospital employee or facility affiliated representative provides an oral interpretation of the information related to informed consent, he/she must sign the Interpreter Attestation Form, indicating his/her title or relationship to the patient in the space provided. If he/she refuses to sign the form, this must be noted in the space below the signature line, indicating the name of the person, title, and relationship to the patient.
7. If a telephone interpretation service is necessary, staff must document the operator's ID number noting the date and time of this transaction provided on the Interpreter Attestation Form.

REFERENCES/AUTHORITY:

DHS Policy # 318, Non-English and Limited English Proficiency

DHS Policy # 314, Informed Consents

California Healthcare Association Consent Manual 2001

Health and Safety Code 1259

Title VI Civil Rights Act of 1964

The Joint Commission Standards: HR.01.02.01, PC.02.01.21, RI.01.01.03, RC.02.01.01