

HARBOR-UCLA MEDICAL CENTER

SUBJECT: DOCUMENTING USE OF INTERPRETATION SERVICES DURING INFORMED CONSENT DISCUSSIONS

POLICY NO. 604C

PURPOSE

To inform all workforce members on the importance of documenting the use of a certified interpreter during informed consent discussions and to ensure that an interpreter understands his/her role in the interpretation process during informed consent discussions.

POLICY

At Harbor-UCLA Medical Center, all workforce members must utilize a certified interpreter to interpret the discussion between a patient and/or his/her legal representative and physician/health care provider 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 minor, younger than 18 years of age, should not be used to interpret during the informed consent process.

PROCEDURE

All workforce members must always document the use of a certified interpreter by completing the "Patient Language and Interpreter Needs" section in the Electronic Health Record (EHR). (See Attachments IIa, IIb Screen Shots).

If a physician/health care provider does not speak the patient's/representative's preferred language, he or she must utilize a certified interpreter to interpret the exchange of each interaction between the patient/representative and physician as it is related to the signing of the informed consent. The "Interpreter Attestation Form" (Attachment I) will be generated through IMed Consent for providers to complete (Attachment III).

A certified staff interpreter, a telephone interpreter, designated certified bilingual employee, over-the-phone contracted interpreter, or designated certified bilingual volunteer, should be used to interpret the medical information/the informed consent for the physician, if he/she does not speak the patient's preferred language.

If a patient insists on choosing a non-facility affiliated interpreter, family member or a friend to interpret the required medical information/the informed consent, all workforce members must document that there

EFFECTIVE DATE: 9/1/03

SUPERSEDES:

REVISED: 04/10, 05/12, 10/15, 04/17

REVIEWED: 02/05, 04/10, 05/12, 09/13, 10/15, 04/17

REVIEWED COMMITTEE:

APPROVED BY:

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was an offer of a facility affiliated certified interpreter that was rejected, stating the reason and the name of the person serving as interpreter.

All certified interpreters are required to interpret completely and accurately the interaction between the patient/ representative and physician/health care provider. This may include the informed consent discussion between the physician/health care provider and patient/representative and/or the oral interpretation of information contained on the informed consent.

There are several ways to access the "Patient Language and Interpreter Needs" form when to document the use of an interpreter. (See Attachment IIa, IIb & III). All workforce member must click all the following sections:

- Preferred Language
- Interpreter Offered
 - Accepted or denied
- Method Used
 - In-person, video, telephone, written or other*
- Interpreter Name
 - For in-person
- Interpreter's Identification Number
 - For phone/video
- Additional Information

Document any reason why the offer of a certified interpreter was denied under the "Additional Information" section. If the patients' representative or family needs a certified interpreter this information related to this person must be inputted as well in the additional information section.

Note: the person's title and relationship to the patient.

For Providers Only: Interpreter Attestation Form can be generated through IMed Consent (Attachment III).

All workforce member must complete the "**Interpreter Attestation Form**" during an inform consent. The "Interpreter Attestation Form" can be obtained through IMedConsent by going to the Harbor's Intranet and clicking the following;

- Clinical Application
 - IMedConsent
 - Login
- LADHS Forms
 - LADHS
 - Interpreter Attestation Form

Or, by clicking any listed procedure, the "Interpreter Attestation Form" will also be generated.

How to complete the "Interpreter Attestation Form"

1. **Section I:** Completed by the certified interpreter-indicating the interpreter's name, name of patient/representative, name of physician/health care provider, signature and title of certified interpreter, and date. If someone other than a hospital certified interpreter or facility-affiliated representative provides an oral interpretation of the information related to informed consent, he/she

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MUST sign the "Interpreter Attestation During Informed Consent" form (Attachment I -HS-1001). If he/she refuses to sign the Interpreter Attestation During Informed Consent form, this *MUST* be noted in the space below the signature line, indicating the name of the person, title and relationship to the patient.

2. **Section II:** Completed by certified interpreter if the informed consent document is in a language other than the patient's/representative's preferred language. Indicate the certified interpreter's name and the fact that he/she either read or interpreted the provider's explanation of informed consent document to the patient/representative. The certified interpreter must also include on the form the patient's/representative's preferred language, signature and title of the interpreter, and date.
3. **Section III:** Completed by the physician/health care provider if telephone interpretation is utilized. The physician/health care provider *MUST* complete **Section III** of the "**Interpreter Attestation During Informed Consent**" form (Attachment I-HS-1001) indicating the patient's/representative's preferred language, the telephone certified interpreter operator identification number, date and time.
4. Imprint patient's Harbor identification card on bottom right side of form.
 - o Place the completed "**Interpreter Attestation During Informed Consent**" form in the medical records.

If the patients' representative or family needs a certified interpreter this information related to this person must be inputted as well including the person's title and relationship to the patient.

Note: During a downtime disaster / drill, the "**Interpreter Attestation During Informed Consent**" forms must be available in the area and completed manually or documented manually in the progress notes.

Cross Reference:

Harbor Policy 128, Interpreter Services for Limited English Proficient (LEP) and Non-English Speaking Patients

Harbor Policy 128B, Translation of Written Materials

DHS Policy 314 Informed Consent

DHS Policy 314.2 Documenting Use of Interpretation Services During Informed Consent Discussions

DHS Policy 318 Non-English and Limited English Proficiency

INTERPRETER ATTESTATION DURING INFORMED CONSENT

Complete one or more of the sections(s) below:

I. ORAL COMMUNICATION

This is to certify that I, _____, have completely and accurately orally interpreted, in the patient's or patient's legal representatives language, all of the information told to _____ by _____, and have completely and accurately orally interpreted all communication between the patient and/or legal representative with the above name health care provider. I have asked the patient and/or legal representative if he/she understood all the terms and conditions and he/she acknowledge consent to the procedure by signing the consent form in my presence.

Signature of Interpreter *Title or State Relationship to Patient* *Date*

II. ORAL INTERPRETATION OF CONSENTS/DOCUMENTS

The document(s) for the signature of the patient is (are) in a language other than the native/spoken language of the patient.

I, _____, certify that I have accurately and completely

Check one: READ INTERPRETED THE PROVIDER'S EXPLANATION OF _____ to the patient and/or Legal representative in _____, which is the native/spoken language of the patient and/or legal representative. He/she understood all of the terms and conditions and acknowledged his/her agreement thereto by signing the document(s) in my presence.

Signature of Interpreter *Title or State Relationship to Patient* *Date*

III. TELEPHONE INTERPRETATION SERVICE

Interpretation of information and/or consent documents was provided in _____ by Telephone Operator ID # _____; _____ and _____.

Name
MRUN
DOB



Performed on: 09/22/2015 16:30 PDT

By: MURRAY, JENIFER

- General Information
- Language/Communication Needs**
- Appearance/Affect/Mood/Behavior
- Attention, Insight, and Judgment
- Contact List
- Living and Resources
- Financial Situation
- Legal Status and History
- CM Conservatorship
- Presenting Problem/Symptoms
- Partner Medical/Health History
- Psychosocial Stressors & Spiritual
- Trauma/Abuse History
- Substance Use
- Substance Abuse Assessment
- Child Abuse Screening
- Elder Abuse Screening
- Domestic Violence Screen
- Childhood Developmental Hx/Mile
- Family History
- Employment and Military History
- Family Involvement
- BH Anticipated Discharge
- BH Final Discharge
- Education and Referrals
- Mental Health Treatment History
- Depression Screening
- Depression Screening
- Assault and Homicide Risk Assess
- Suicide Risk Screen
- Substance Assessment
- Educ Needs
- CCS
- SW Assessment Summary
- Dialysis
- Renal Transplant

Patient Language and Interpreter Needs

Preferred Language

<input type="checkbox"/> English	<input type="checkbox"/> Cambodian (Khmer)	<input type="checkbox"/> Japanese	<input type="checkbox"/> Samoan	<input type="checkbox"/> Urdu
<input type="checkbox"/> Spanish	<input type="checkbox"/> Cantonese	<input type="checkbox"/> Korean	<input type="checkbox"/> Somali	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> American Sign Language	<input type="checkbox"/> Farsi (Persian)	<input type="checkbox"/> Lao	<input type="checkbox"/> Swahili	<input type="checkbox"/> Other
<input type="checkbox"/> Amharic	<input type="checkbox"/> French	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Tagalog	
<input type="checkbox"/> Arabic	<input type="checkbox"/> Hindi	<input type="checkbox"/> Nigerian	<input type="checkbox"/> Thai	
<input type="checkbox"/> Armenian	<input type="checkbox"/> Italian	<input type="checkbox"/> Russian	<input type="checkbox"/> Tongan	

Interpreter Offered

Accepted
 Declined

Method Used to Provide Language Services

In-person Written
 Telephone Other
 Video

Interpreter Name (For In-Person)

Interpreter ID# (For Phone/Video)

Additional Information

In Progress

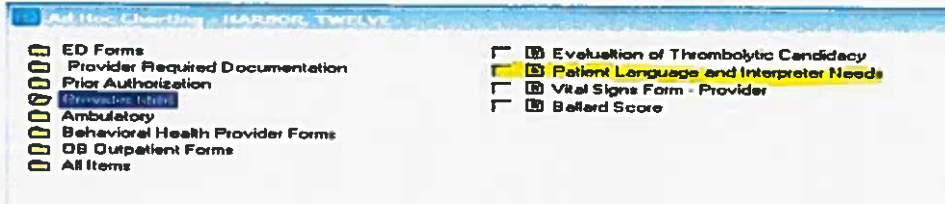
POL/8 2946791 22-September 2015 16:30:17

4:38 PM
9/22/2015

This is the form located in ADHOC titled: 'Patient Language and Interpreter Needs'

From a Provider log-in they would go to:

ADHOC > Provider Misc > Patient Language and Interpreter Needs



For other:

A screenshot of the 'Patient Language and Interpreter Needs' form. The form is titled 'Patient Language and Interpreter Needs' and is displayed in a web browser window. The form includes the following sections:

- Performed on:** 10/06/2015 1342 POT
- By:** TEST, Physician - Internist Corner
- Preferred Language:** A grid of checkboxes for various languages including English, Spanish, American Sign Language, Amharic, Arabic, Armenian, Cambodian (Khmer), Cantonese, Farsi (Persian), French, Hindi, Italian, Japanese, Korean, Lao, Mandarin, Nigerian, Russian, Samoan, Somali, Swahili, Tagalog, Thai, Tongan, Urdu, Vietnamese, and Other.
- Interpreter Offered:** Radio buttons for 'Accepted' and 'Declined'.
- Method Used to Provide Language Services:** Radio buttons for 'In-person', 'Written', 'Telephone', and 'Video'.
- Interpreter Name (For In-Person):** A text input field.
- Interpreter ID# (For Phone/Video):** A text input field.
- Additional Information:** A large text area for notes.

At the bottom of the form, there is a status indicator 'In Progress' and a link 'Add new as This Visit'.

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***LADHS Forms**

***LADHS Forms**

Consent not in Library

- Education
- Allergy
- Anesthesia
- Bariatric
- Cardiac Surgery
- Cardiology
- Colon & Rectal Surgery
- Dentistry
- Dermatology
- Drug Information
- Emergency Medicine
- Family Medicine
 - Consents - Basic
 - Education
 - Disease (#-B)
 - Disease (C-D)
 - Disease (E-F)
 - Disease (G-I)

***LADHS Forms: *LADHS Forms**

Document Title

- **Consent for Treatment/Procedure Not In Library
- LADHS Anesthesia Consent
- LADHS Anesthesia Consent (Spanish)
- LADHS Blood Refusal/Special Instructions
- LADHS Blood Refusal/Special Instructions (Spanish)
- LADHS Blood Transfusion Consent
- LADHS Blood Transfusion Consent (Spanish)
- LADHS Blood Transfusion Patient Guide
- LADHS Blood Transfusion Patient Guide (Spanish)
- LADHS Electroconvulsive Treatment Consent
- LADHS Electroconvulsive Treatment Consent (Spanish)
- LADHS ICU Common Procedures Consent
- LADHS ICU Procedures (Spanish)
- LADHS Interpreter Attestation**

MedConsent
Informed Consent Solution

Logout

- About
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English-US

Blank Patient

Select Patient...