

Annual Training

Interpreter Services

Interpreter Services: WHAT, WHO, WHY?



- WHAT it is: Provision of a mechanism to interpret the caregiver's language (English) into understandable language of our non-English speaking (or deaf) patients and/or patient's decision makers.
- WHO it is for: Patients and surrogate decision-makers who are Limited English Proficient ("LEP").
- **WHY** it is used: To ensure patients understand their health conditions and treatment options.

NO CHARGE SERVICE



- Joint Commission and CMS both state this is to be provided at no cost to the patient as part of patient rights.
- As of October 2016 it is now the LAW under Sect 1557 of the Affordable Care Act.
- Because our organization highly values patient rights and the provision of safe care; interpretation supports both.

HOW to Access Interpreter Services





VIDEO REMOTE (similar to FaceTime)

- Video adds a visual dimension for the patient and the interpreter.
- Languages are more limited with VRI than phone but many of the most common languages are available.

PHONE

- Any hospital phone or Ascom can be connected to Cyracom, our phone interpretation vendor.
- Throughout the hospital also are "special" blue phones with dual handsets.
- Some areas may also have wireless VOIP phones when analog lines are not available, which can also be borrowed from Performance Improvement or the DCO upon request.



Video Remote Interpretation (VRI)



- 40+ languages available by video, will roll to audio through iPad if video interpreter is unavailable
- Video interpreter will attempt to call back if disconnected
- Can request a different gender and interpreter will transfer the video call
- Can turn off the video/mute microphone so patient still sees/hears interpreter but interpreter doesn't see/hear the patient
- Interpreter name and ID display on the screen for staff to record in EMR and on consent forms
- Can request interpreter to bring up digital whiteboard to type/clarify instructions given to the patient
- Can schedule calls in advance (especially for the rarer languages)



Phone Interpretation

ASCOM phones used by clinical staff are programmed with a "hot key." When you hold the "4" key down for two seconds it will automatically dial the interpreter services phone line and you can then use your ASCOM as a speaker phone to facilitate on demand interpretation.

This process will change when the hospital switches to CareAware devices.



Think "I" for <u>I</u>nterpreter – "I" is the #4 key

You may also use the blue dual handset or Cisco wireless phones depending on the availability in your department. See the Interpreter/Low Vision Services page on the intranet for more detailed instructions.

You will need a PIN number to access the service, which is the cost center for your department (see list on intranet under Interpreter/Low Vision Services). Then simply say the language you need, or push 1 for Spanish, or 2 for Vietnamese.





North

Kansas City

Face-to-Face Interpreters



In certain, infrequent situations there may be a need for a face-to-face interpreter.

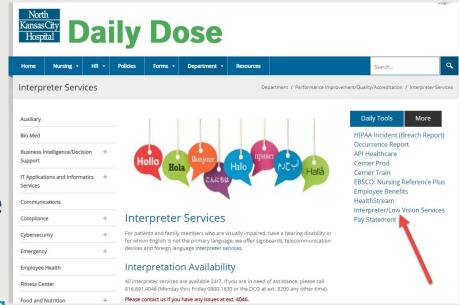
ALL face-to-face sessions MUST BE scheduled through Performance Improvement or the DCO Office.



ASSISTANCE with Obtaining Interpreter Services



- NKCH Intranet (click "Interpreter/Low Vision Services")
- 2. NKCH Performance Improvement
 - Interpreter Services help line816.691.4046
 - Interpreter Services email interpreterservices@nkch.org
- 3. Director of Clinical Operations or IT Help Desk (after hours/weekends)



Step 1 – How to Identify the Need?



Identify LEP Persons and their Language

- **A. All NKCH personnel**, particularly at points of entry into NKCH shall be attentive and sensitive to patients who are having difficulty communicating in English.
- **B.** Some NKCH personnel have special responsibilities to determine and document the patient's preferred language.

Examples:

 Admitting and Emergency Department personnel should complete fields in the registration system to document the patient's preferred language and whether an Interpreter is needed.

If necessary, NKCH personnel shall utilize a "Language Identification" ("I Speak) flashcard to identify the preferred language of the LEP patient. "**I Speak" flashcards** and other communication resources should be available in each department or may be accessed on the Interpreter/Low Vision Services page of the Intranet.

Step 1 (Cont.)



Nursing personnel should complete fields in nursing assessments to document the patient's **language** and whether a **language barrier exists**, and the **offer** of an Interpreter. When an interpreter is accepted, document the interpreter ID number given during the session when using phone or VRI services.



Step 2 – Providing Services



When Interpreting Services Should Be Provided:

- 1. NKCH personnel involved in a LEP patient's care shall offer an interpreter at **NO COST** to the patient.
- 2. Interpreting services shall be available to a LEP patient during "Critical points" of the patient's hospital visit.
- 3. Family should NOT be asked to provide this service. Family is to be used ONLY at the patient's request and is to be documented as such.

What are "Critical Points"?



"Critical points" are points during which critical medical information is communicated. This includes, but is not limited to:

- ✓ Admission
- ✓ Accepting/Refusing Medical treatment (informed consent)
- ✓ Formulating Advanced Directive
- √ Emergency Services
- ✓ Obtaining a patient's medical history
- Explaining any diagnosis and plan for medical treatment

- ✓ Explaining medical procedures to be performed during treatment or surgery, including recovery room care
- ✓ Informing the patient of drug or treatment regimens
- ✓ Discussing end-of life decisions
- ✓ Providing discharge instructions

SUMMARY



- We are mandated to provide Interpreter Services for Limited English Proficient & deaf patients at no charge.
- Many video remote interpreters (VRI) are available 24/7, including those for American Sign Language.
- Our Cyracom phone line for interpretation is accessible 24/7.
- Family should never be asked first to interpret for critical points.