

Children’s Hospital and Health System Patient Care Policy and Procedure

This policy applies to the following entity(s):

Children’s Hospital and Health System

SUBJECT: Language Services

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DEFINITIONS

Consumer

Patients, parents, clients, participants or legal guardians who receive care or services from our hospital and health system.

Interpreter

A person with formal training and/or experience who renders a message (oral or sign) from one language into another language. Interpretation can be done in several modes: in-person, phone or video. An interpreter is more than someone who speaks another language.

Language Speaker

- **Heritage Language Speaker** – Someone who was born in another country, spoke a language other than English at home but was educated in this country. A language assessment is required before using that language skill without the assistance of an interpreter.
- **Native Language Speaker** – Someone who was born, raised and educated in a language other than English. Native speakers do not require language assessment and can use their language skill without the assistance of an interpreter.

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- **Second Language Speaker** – Someone who was born, raised and educated in this country but studied language and/or lived abroad using a language other than English. A language assessment is required before using that language skill without the assistance of an interpreter.

Languages of Lesser Diffusion (LLD)

Any language in a geographic area in the US where the population of speakers is relatively small. Often LLD has only a small population in its country of origin, and do not have a rich history of writing or available resources (dictionaries, grammar, medical books). LLD are also known to have low levels of literacy and education for the speakers.

Limited English Proficient (“LEP”)

Consumers “who cannot speak, read, write or understand the English language at a level that permits them to access program services and benefits in a meaningful way.” LEP is a self-rated difficulty in understanding and speaking English.

Meaningful Access

The consumer can effectively communicate (through an interpreter) the relevant circumstances of their situation and is able to understand the services and benefits available. The consumer is then able to receive those services and benefits for which he/she is eligible in a timely manner.

Organizational Standard

CHHS determination of qualification of language skill. Either a native speaker or someone who has met the CHHS standard score on the language assessment.

Qualified Medical Interpreter

A specially trained professional who is fluent in English and another language, renders a message (orally or in sign) from one language into another language, abides by a code of ethics (ATTACHMENT B), has in-depth knowledge of medical terminology and is deemed qualified by CHHS standards.

Record

The electronic health record, case or client record or progress note.

TTY/TDD

A text telephone or telecommunication device for the deaf. This device lets people who are deaf, hard of hearing or speech-impaired use the telephone to communicate, by allowing them to type messages back and forth to one another instead of talking and listening. A TTY is required on both ends of the conversation to communicate. This is old technology and seldom used today.

Translation

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The replacement of a written text from one language (source language) into an equivalent written text in another language (target language).

Translator

A person who translates (written) messages from one language to another.

Video Remote Interpreter (“VRI”)

Language interpretation done visually with sound over the computer.

POLICY

This policy and procedure serves as the Language Access Plan for Children’s Hospital and Health System (Children’s).

Children’s provides language support to consumers at no cost. Language support consist of interpretation (the spoken or signed word) and translation (the written word). These services are provided to LEP consumers or who are deaf and hard of hearing, have limited speech, or are visually impaired. State of Wisconsin “Your Right to an Interpreter” regulatory postings are displayed throughout Children’s facilities informing consumers of their rights. The electronic health record should include the preferred language of the consumer and guardian(s). If the preferred language is something other than English, an interpreter should be used.

Children’s only uses qualified medical interpreters. Staff with skills in languages other than English must meet the organization’s standards by proving their competency in order to use that language skill with consumers without the assistance of a qualified interpreter. An interpreter may still be necessary for others who are involved in the encounter who only speak English.

Children, family or friends should never be used to interpret. It is against both State and Federal law to use a minor to interpret. Interpretation done by someone who is not qualified may result in omissions, additions, substitutions, and/or errors that could adversely affect care. If a consumer insists upon having a friend or family member interpret, or refuses to use an interpreter, staff must document the refusal using the form “Documentation – Language Services Support” (C7937N) (ATTACHMENT A). The consumer must sign the form and the form should be placed in the consumer’s record. An interpreter can only be dismissed if the consumer and staff agree that an interpreter is not necessary to facilitate communication. The family may rescind the declination at any time.

Children’s does not allow interpreters to sign consent forms or act as a witness. The interpreter must remain neutral at all times.

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PROCEDURE

A. Language Need Identification

1. Staff interacting with the consumer and/or his/her guardian(s) will assess for barriers to learning and communication such as visual/auditory impairment, or the need to use an interpreter.
2. Language preference of the consumer and/or his/her guardian(s) is documented in the electronic health record. If the preferred language is not English for either the consumer or the guardian(s), an interpreter must be provided at each encounter. Spoken language support is mandated by Civil Rights law and further supported by ACA Section 1557. Sign Language support is also covered under ADA law.
3. If a staff member is uncertain about a consumer's language, he/she may identify which language is spoken by:
 - a. Asking the consumer what language they prefer to speak.
 - b. Using the "Language identification brochure" found on the Language Services Resources page on Children's Connect.
 - c. Using the phone interpreter 1-800-264-1552 (x63000 at Milwaukee campus) and your (site specific) access code.

B. Interpreter Modes or Assistive Devices

1. In-person interpreter

- a. In-person interpreters are available in many languages throughout Children's.
- b. Spanish interpreters are in-house 24/7 on the Milwaukee campus.
- c. There is no in-person interpreter available to us in several languages. See a list of these languages on the Language Services Resources page on Connect.

2. Phone interpreter

- a. Available 24/7 in over 200 languages and through 2 vendors.
- b. The phone interpreter can be accessed from any phone, through Voalte or with dual handset interpreter phones (both corded and cordless).
 - i. Dual handset interpreter phones are bedside in every patient room on the Milwaukee campus.
 - ii. Dual handset interpreter phones are located throughout all other Children's hospitals, clinics and facilities.
 - iii. When using Voalte the two (2) phone interpreter agencies (Pacific Interpreters or CyraCom) are listed under "Contacts".
- c. Site specific access codes are needed:
 - i. Refer to your ID badge card for each vendor to obtain your access code/PIN. Additional site specific access code ID badge cards can be requested from the Language Services Manager 414-266-2256.
 - ii. Access code/PIN lists can be found on the Language Services page under Get and interpreter/Over the phone on Connect.
- d. When do I use the phone interpreter?

- i. For all phone calls (example: to schedule an appointment, confirm arrival, provide an update, etc.).
- ii. For brief needs of 20 minutes or less.
- iii. For registration/scheduling.
- iv. Until an in-person interpreter arrives to prevent delay in care/services.
- v. If a qualified in-person interpreter is not available.

3. Video remote interpreter (VRI)

- a. Locations
 - i. VRI devices are available at all Regional, Dental, Primary Care and CAC locations throughout Children’s, Surgicenter, Sojourner and some Community Services locations.
 - ii. Milwaukee Campus has dedicated VRIs in Surgery, HHI, Imaging, TRU, EDTC and each of the Clinics Building 1 floors. Language Services also has three (3) additional units. Staff not in one of the areas listed should simply request an interpreter. The VRI will be delivered to you by a Language Services representative if that is our selected mode of interpreting.
 - iii. Fox Valley Neenah campus has dedicated units in Ambulatory, Peds, and NICU.
- b. VRI software can also be downloaded to Children’s computers with cameras and to Children’s issued smartphones.
- c. 40+ languages are available over video and through two different applications (InSight and AMN Interpreting).
- d. Hours of support over video vary by language and are listed in the apps. Spanish and American Sign Language are available 24/7 as are several other languages. Languages of lesser diffusion are not available via video over night or on weekends.
- e. If the video interpreter is unavailable an audio interpreter can be accessed through the VRI device.
- f. Use the VRI provider calendars in the electronic health record to reserve the VRI. Use the appropriate “Interpreter – [site] VRI” schedule to eliminate overbooking the device.
- g. Billing is separated by site and paid for by Language Services.
- h. Video interpreting is recommended:
 - i. When visual interaction would benefit the encounter.
 - ii. For needs of less than 1 hour.
 - iii. For critical issues while an in-person interpreter is being obtained.

4. Assistive Devices - Text Telephone (“TTY”)

- a. Access a TDD/TTY device
 - i. Milwaukee Campus - Hospital operator, Language Services C1A114 or the Poison Center CCC660.
 - ii. Fox Valley Campus – ThedaCare Regional Medical Center first floor Emergency waiting area, Central Registration across from the first floor Gift Shop, Lower Level Communication Center for parents and family members.

- b. If you need to speak with someone who has a TTY phone in their home you may use the TTY/Relay operator 1-800-947-6644.

Note: TTY/TDD devices are outdated technology and seldom used; however, availability within Children's is still required by law.

5. D-I-A-L Services

Some entities in our system have DIAL services that enable a consumer to call Children's using a 1-800 number for that entity that actually provides the caller with an interpreter at the start of the call. This service is available through business cards with the appropriate information that can be handed to families who need to call us.

DIAL numbers call into the main operator at the site.

DIAL information will auto populate on the last page of the AVS for languages where the service is available. DIAL is available in 27 languages. See the Language Services page on Connect.

C. Access to Interpreter Support

Children's reserves the right to choose the mode of interpretation provided (phone, video or in-person). Consumers do not select the mode. The mode will be determined based upon language, amount of time needed, and volume of interpreter encounters at that time and location. Note that Children's does prefer an in-person ASL interpreter whenever possible. Language support is free for consumers, but comes at a cost to Children's. It is not reimbursable. Interpreter charges may include travel time, premium shift charges and minimum hour requirements. For that reason we ask that staff are considerate with coordinating interpreter use to minimize interpreter downtime. Language Services should be notified of any cancellations. Last minute changes in appointments should be avoided whenever possible.

Interpreter support is required for phone calls, in-person interactions and telehealth visits.

1. Milwaukee Area – Regional Clinics, Primary Care, Surgery/SGM, Dental and Fox Valley Ambulatory

- a. When scheduling services for a consumer, interpreter support should be requested/scheduled by the individual doing the scheduling.
- b. The interpreter provider availability should be matched to the clinical provider's availability when scheduling within the electronic health record.
- c. To provide the best experience and reduce possible clinic flow issues, do not overbook the interpreter provider.
- d. For same day requests (or after 2:00 pm for the next day), call the Language Services office 414-266-3336 (Monday – Friday 8-4:30).

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- e. Language Services will assign the interpreter. If the phone or video interpreter has been assigned, that provider will be linked to the encounter in the electronic health record.
- f. Language Services will only contact you if there is a problem with your request.
- g. If an in-person interpreter is not available, the interpreter assigned may be “Phone” or “VRI”.

2. Milwaukee Hospital

- a. Enter an interpreter consult in the electronic health record for language support for a hospitalized consumer. This will also generate a page to the interpreter(s) covering the hospital.
- b. The interpreter may negotiate the time with you if they are unable to make the time requested.
- c. There is a Spanish interpreter in-house 24/7.
- d. The in-house interpreter can help coordinate interpreter needs for all languages.
- e. For URGENT needs during off hours see “Spanish Interpreter” found in the On Call Schedules on Connect.
- f. Language Services will round daily on each patient with a language other than English (often on first and second shift). This is an opportunity for the nurse to discuss with the family what is expected during the next shift. The interpreter also clarifies if it is ok to do hourly cares without an interpreter present. The interpreter will document this rounding.

3. Fox Valley Hospital and Clinics

- a. Hospital
 - i. Staff are made aware of the interpreter need through the demographic information in the electronic health record.
 - ii. Staff place a call to an approved local agency to request an interpreter.
 - iii. Provide the following information to the interpreter agency:
 - Language needed (eg: Spanish, Hmong, Russian, Sign, etc.).
 - Name, DOB, room number or location of the consumer (eg: Clinics, NICU, Pediatrics, etc.)
 - Date and time needed.
 - Approximate length of time needed.
 - Nature of the interpretation (eg: illness, discharge instructions, etc.)
 - Contact person name and phone number.
 - Upon the interpreter’s arrival, the contact person should explain the nature of the interpretation needs (give the interpreter information that may be helpful for them to prepare).
 - iv. If an in-person interpreter is not available, the next option will be to use the VRI or the phone interpreter.
- b. Clinics
 - i. Fox Valley Ambulatory will follow the same process outlined above in C.1. Milwaukee Area – Regional Clinics, Primary Care, Surgery/SGM

4. **Community Services (“CHWCS”) – all locations**
 - a. For staff using the electronic health record for appointments
 - i. Follow the same process outlined above in C.1. Milwaukee Area – Regional Clinics, Primary Care, Surgery/SGM
 - b. For staff who do not use the electronic health record for appointments
 - i. Schedule a meeting in Outlook inviting the “Spanish Interpreter-offsite: Language Services”
 - ii. For language needs that are not Spanish, call Language Services 414-266-2256
5. **Children’s Community Health Plan (CCHP)** has a separate policy but does use Children’s approved agencies. At times CCHP may ask the Language Services office for assistance with scheduling an interpreter.

D. Working with an Interpreter

1. How do I work with an interpreter?

- a. Explain the nature of the interpretation need to the interpreter prior to meeting with the consumer. (Example: specifics of the illness and what news you plan to deliver in this session). This will help to prepare the interpreter before you start.
- b. Speak directly to the consumer.
- c. Interpreters will say everything that is being said.
- d. Interpreters are to leave the room when you do. They should not stay with a consumer when you are not present.
- e. Interpreters should never work independent of you. They are your voice.
- f. If a consumer is visually impaired, cannot read or has difficulty reading a document they are required to sign, the staff member involved should offer to read the printed information to the consumer and direct them to the appropriate place on the form to sign their name, which may involve guiding their hand to that place on the form.
- g. Interpreters may ask you to slow down, explain something in a different way, take notes or look up terminology in resources they carry, including smartphones.
- h. See “Partnering with an Interpreter” on the Language Services Resources page on Connect. (ATTACHMENT C).

2. Documentation

- a. Always document when you are using an interpreter. Record interpreter identification information when possible. In-person interpreters will also complete documentation. The electronic health record has an interpreter tab, flowsheet or navigator rows that make this documentation easier.

3. Problems or Complaints

- a. Informal Consumer - staff should take the contact information from the consumer and share the information and situation with the Patient Amenities and Family Services Manager – Language Services at 414-266-2256.
- b. Formal Consumer – Contact Patient Relations 414-266-7848.
- c. Internal – Contact Patient Amenities and Family Services Manager – Language Services at 414-266-2256.

E. Interpreter Qualifications and Conduct

1. Qualifications

- a. Children’s entities only allow qualified interpreters to provide support to consumers.
 - i. All staff and in-house contract interpreters must obtain national certification within two years of hire.
 - ii. Agency interpreters must comply with all contractor certification elements and meet the language qualifications determined by their agency.
 - iii. Only those interpreters deemed qualified by Children’s Language Services can be used to interpret at Children’s entities. Interpreters must comply with all Contractor Checklist requirements.
- b. Staff with language skill other than English must meet the organizational standard to allow them to work without an interpreter.
 - i. Staff with a language skill may not interpret for others. Meeting the organizational standard qualifies the staff person to use their language skill in the course of their own work. Staff fall into 3 categories: Native Language Speaker, Heritage Language Speakers and Second Language Speakers. An interpreter may still be needed for others present that are only English speaking.
 - ii. Documentation of the use of language skill is required.
 - iii. We do not assess students. They must work with an interpreter. The only exception would be students in an internship with Language Services.
 - iv. Contact the Language Services manager to qualify your language skill.

2. Conduct

- a. Interpreters will follow the National Code of Ethics for Interpreters in Health Care (ATTACHMENT B).
- b. Interpreters will maintain all information learned in the performance of their professional duties as confidential.
- c. Interpreters do not interpret for law enforcement.
- d. Interpreters will not sign consent forms or act as a witness.

F. Translation of Documents

Children’s requires that translation of all materials go through formal translation. We translate most documents into Spanish. No other language meets the threshold for required translation. Language Services works to ensure accuracy of the translation as well as consistency with other material used throughout the system. Children’s does not endorse the use of Google translate.

In-house interpreters are only authorized to translate short documents (100 words), such as discharge instructions. Agency interpreters will not translate any documents.

Translation requests should be directed to Language Services via the intranet: Service Requests\Document Translation.

To ensure understanding for families who speak languages other than English or Spanish, best practice is for the nurse/provider to talk through critical information. Provide the family with pen and paper so they can take notes. Use teach/teach back methods to ensure understanding.

Note: The IRB uses external translation resources listed on the IRB site. A translation certification is required.

1. Required Documents

Children's entities must provide written translation of certain documents routinely provided to children/families in Spanish. These documents include the following:

- a. Rights and Responsibilities
- b. Health history questionnaires
- c. Consent forms
- d. Notice pertaining to a reduction or termination of services ("No Show Letters")
- e. Teaching sheets

2. After Visit Summary (AVS)

- a. Milwaukee Hospital, EDTC, Surgery, Ambulatory (MKE and FV), Surgicenter, Urgent Care, Diagnostics with Anesthesia (including Regional locations)
 - i. The AVS must be provided to the consumer in dual language English/Spanish for Spanish speaking consumers. The after visit summary (AVS) in the electronic health record will use smart text phrases and discharge order sets that have been pre-translated. Care providers and the Language Services team have access to these phrases to ensure accuracy and to assist with the speed of translating the critical elements of the AVS.
 - ii. It can take up to 2.5 hours to translate an AVS if pre-translated information is not used.
- b. Fox Valley
 - i. Staff will go over the AVS information with the family with an interpreter.
 - ii. Staff will provide a phone number for the family to call back with any questions.
 - iii. Teaching sheets are available in Spanish and are provided when relevant.

3. Records

- i. Entire copies of records are not translated.
- ii. All material translated outside of the record must be included in the record or scanned in.

G. References

1. Title VI of the Civil Rights Act of 1964
<https://www.justice.gov/crt/fcs/TitleVI>
2. Section 1557 of the Patient Protection and Affordable Care Act (ACA) of 2010
<https://www.hhs.gov/civil-rights/for-individuals/section-1557/index.html>
3. DHFS (see 92.201 and 92.202)
<https://www.law.cornell.edu/cfr/text/45/part-92/subpart-C>
4. The National CLAS Standards
<https://www.thinkculturalhealth.hhs.gov/clas/standards>
5. Americans with Disabilities Act of 1990
<https://www.ada.gov/effective-comm.htm>
6. The CMS Strategic Language Access Plan (LAP) established under the authority of Executive Order 13166
<https://www.cms.gov/About-CMS/Agency-Information/OEOCRInfo/Downloads/StrategicLanguageAccessPlan.pdf>
7. The Joint Commission [RI.01.01.01 EP5, EP6, EP29; RI.01.01.03 EP1, EP2, EP3]
https://www.jointcommission.org/assets/1/6/Crosswalk-_CLAS_-20140718.pdf
8. Council on Accreditation (COA) Clients Rights Standard
http://coanet.org/search-results/?tx_solr%5Bfilter%5D%5B0%5D=type%253Atx_idcoastandards_domain_model_standard&q=client%20rights
9. National Council on Interpreting in Health Care
<https://www.ncihc.org/languages-of-limited-diffusion>

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Language Services /Process Owner: Family Services Manager – Language Services

ATTACHMENT A – Documentation – Language Services Support (C7939N)

 <p style="text-align: center; margin-top: 20px;">Language Services Support</p>	Patient Name: _____ MRN: _____ CSN: _____ DOB: _____ <p style="text-align: center; margin-top: 10px;">Patient Label</p>												
<p>Language</p> <p> <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> Burmese <input type="checkbox"/> Hmong <input type="checkbox"/> Other: _____ </p> <p> <input type="checkbox"/> Mandarin <input type="checkbox"/> Sign Language <input type="checkbox"/> Somali <input type="checkbox"/> Karen </p>													
<p>Service Provided</p> <p> <input type="checkbox"/> In-person Interpreter <input type="checkbox"/> Written Translation <input type="checkbox"/> Phone Interpretation </p>													
<p>Interpreter / Translator Use</p> <p>Present for (check all that apply):</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Admission</td> <td><input type="checkbox"/> Discharge Instructions</td> <td><input type="checkbox"/> Clinic Visit</td> </tr> <tr> <td><input type="checkbox"/> Care and Treatment</td> <td><input type="checkbox"/> Patient Teaching</td> <td><input type="checkbox"/> Condition Update</td> </tr> <tr> <td><input type="checkbox"/> Care Conference</td> <td><input type="checkbox"/> Consent</td> <td><input type="checkbox"/> Procedure/Surgery</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other: _____</td> </tr> </table> <p>Comments: _____</p> <p>Interpreter Name (print): _____ Date: _____</p> <p>Interpreter Signature: _____ Time: _____</p> <p>Agency: _____</p>		<input type="checkbox"/> Admission	<input type="checkbox"/> Discharge Instructions	<input type="checkbox"/> Clinic Visit	<input type="checkbox"/> Care and Treatment	<input type="checkbox"/> Patient Teaching	<input type="checkbox"/> Condition Update	<input type="checkbox"/> Care Conference	<input type="checkbox"/> Consent	<input type="checkbox"/> Procedure/Surgery	<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Admission	<input type="checkbox"/> Discharge Instructions	<input type="checkbox"/> Clinic Visit											
<input type="checkbox"/> Care and Treatment	<input type="checkbox"/> Patient Teaching	<input type="checkbox"/> Condition Update											
<input type="checkbox"/> Care Conference	<input type="checkbox"/> Consent	<input type="checkbox"/> Procedure/Surgery											
<input type="checkbox"/> Other: _____													
<p>Declination</p> <p>I was offered a qualified medical interpreter at no cost to me. I prefer not to use language support at this time.</p> <p>Name (print): _____ Date: _____</p> <p>Signature: _____</p> <p> <input type="checkbox"/> Patient <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: _____ </p>													
													
C7939N (01/21) DT570													

ATTACHMENT B – NCIHC Code of Ethics for Interpreters in Health Care



Code of Ethics for Interpreters in Health Care

- The interpreter treats as confidential, within the treating team, all information learned in the performance of their professional duties, while observing relevant requirements regarding disclosure.**
- The interpreter strives to render the message accurately, conveying the content and spirit of the original message, taking into consideration its cultural context.**
- The interpreter strives to maintain impartiality and refrains from counseling, advising or projecting personal biases or beliefs.**
- The interpreter maintains the boundaries of the professional role, refraining from personal involvement.**
- The interpreter continuously strives to develop awareness of his/her own and other (including biomedical) cultures encountered in the performance of their professional duties.**
- The interpreter treats all parties with respect.**
- When the patient's health, well-being, or dignity is at risk, the interpreter may be justified in acting as an advocate. Advocacy is understood as an action taken on behalf of an individual that goes beyond facilitating communication, with the intention of supporting good health outcomes. Advocacy must only be undertaken after careful and thoughtful analysis of the situation and if other less intrusive actions have not resolved the problem.**
- The interpreter strives to continually further his/her knowledge and skills.**
- The interpreter must at all times act in a professional and ethical manner.**

Reference National Code of Ethics for Interpreters in Health Care, 2004, from the National Council on Interpreting in Health Care (NCIHC).

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Partnering with Your LanguageLine Solutions® Interpreter to Ensure Effective Communication

1

STARTING THE SESSION

- Allow the interpreter to start the session by giving you their name and Interpreter ID. Document this information for reference.
- Introduce yourself to the interpreter.
- Brief the interpreter and state the goal of the session and provide any specific instructions.
- Introduce yourself and the interpreter to the limited English proficient, Deaf, or Hard-of-Hearing individual.

2

DURING THE SESSION

- Address the limited English proficient, Deaf, or Hard-of-Hearing individual, not the interpreter. The interpreter will be your voice. Keep in mind that everything stated will be interpreted.
- State information in short, concise sentences. When stating complicated or detailed information, speak at a slow pace and pause often. This allows the interpreter to note, retain, and relay the information. The interpreter may sometimes ask for repetitions or clarification.
- Avoid technical jargon and try to explain specialized terms or concepts.
- Avoid interrupting the interpreter or talking at the same time.
- Do not ask interpreters for their opinion.

3

ENDING THE SESSION

- Ask the limited English proficient, Deaf or Hard-of-Hearing individual if they understood, or if they have any questions or concerns.
- Allow the interpreter to interpret everything before ending the session.

FOR MORE INFORMATION

www.LanguageLine.com / 1-800-752-6096



Onsite Interpreters



Phone Interpreters



Video Interpreters

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