

OREGON STATE HOSPITAL

PORTLAND – SALEM

POLICIES AND PROCEDURES

SECTION 6: Patient Care

POLICY: 6.020

SUBJECT: Language Services for Patients

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APPROVED: 
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INTERIM SUPERINTENDENT

DATE: SEPTEMBER 3, 2010

I. POLICY

Oregon State Hospital (OSH) patients, family members, and significant others with Limited English Proficiency (LEP) shall have meaningful access to services, treatment, and programs in their primary language at all points of contact and during all hours of operation through provision of language services by one or more of the following methods:

- A. Direct provision of services by authorized bilingual OSH employees;
- B. Interpreter services provided by contracted interpreters (in person, over the telephone or video phone); and
- C. Document translation services provided through authorized Department of Human Services (DHS) contracted translators.
- D. If a LEP patient or family member currently does not access interpreter services, and OSH staff want to ensure they understand the clinical process, then OSH staff may schedule an interpreter when meeting with the patient or family.

II. DEFINITIONS

- A. "Authorized Translator" - A contractor who is approved through the DHS contracting process to provide translation services for DHS written materials.
- B. "Bilingual Employee" - An OSH staff member who is proficient in one or more languages, including signing for the deaf and hard of hearing, in addition to English. Bilingual employees shall be provided for those usual

day-to-day activities such as treatment mall groups, community meetings, daily activity discussions, social events, outings, etc.

- C. "Bilingual Skills" means translation to and from English, interpretation of another language, or the use of sign language.
- D. "Interpretation" - As used in this policy, the transfer of an oral communication from one language to another, including sign language for the deaf and hard of hearing.
- E. "Certified or Qualified Interpreter" - A person certified or qualified in the State of Oregon as either a court interpreter or health care interpreter OR a person certified by the National Registry of the Interpreters of the Deaf who is under contract with OSH to provide interpreter services. Certified or qualified interpreters shall be provided for those legal and complex medical discussions that are documented for court purposes such as Psychiatric Security Review Board (PSRB) hearings, ORS 161.370 evaluations, civil commitment proceedings, informed consent hearings, and medication consent hearings.
- F. "Conversational Interpreter" – A person that can provide three professional references from within the last year and is under contract with OSH to provide services. Conversational interpreters shall be provided for those usual day-to-day activities such as treatment mall groups, community meetings, daily activity discussions, social events, outings, etc., when bilingual staff are not available.

III. PROCEDURES

Patient Care Area Duties Regarding Language Services:

Patient Care staff shall ensure the patients with LEP have meaningful access to services, treatment, and programs by using telephone interpreter services, onsite contracted interpreters, and/or the use of bilingual employees during the patient's stay at OSH. Additionally, translated materials shall be made available as needed. In most cases, the use of contracted translators is preferable to the use of bilingual OSH staff.

A. Admission Staff Duties Regarding Language Services

1. When receiving pre-admission information about a prospective patient, or participating in an admission screening, OSH staff shall gather information on the prospective patient's primary language. If the patient, significant other, or family member is LEP, it must be

documented in the written pre-screening notes and/or on the Oregon State Hospital Patient Language Proficiency Screening Form (OSH-STK 76026). Whenever the need for language services is determined in advance of a screening or admission, this need shall be conveyed to the unit Mental Health Supervising RN and MD by the Admission Coordinator.

2. If, at admission, the OSH clinician wants to have an interpreter present to ensure the patient understands the admission process, one shall be scheduled.
3. The Admission Coordinator shall arrange for either a bilingual employee or for an interpreter for the patient's initial entry into OSH. Language services shall be provided at the earliest point of a patient's hospitalization, ideally at the point of admission.
4. The need for language services shall be acknowledged on the Treatment Care Plan (TCP). The intervention section of the TCP shall also identify any other cultural services required for the patient.
5. The TCP shall identify the treatment activities for which an interpreter is to be present.
6. The TCP shall identify if an interpreter is needed during medication education and dispensing.
7. If a patient refuses to have an interpreter involved in their treatment:
 - a. The Interdisciplinary Treatment Team (IDT) shall review this refusal. Staff shall attempt to engage the patient's willingness to use interpreter services in order to facilitate treatment, treatment planning, and communication.
 - b. The MD shall assess patient's capacity to refuse interpreter services. If the patient has capacity, the MD shall document in the chart that the patient has capacity to refuse interpreter services.
 - c. If the patient has capacity to refuse to use the interpreter and is competent to do so, the patient's MD shall notify the Chief Medical Officer (CMO) and request permission to no longer use interpreter services at the patient's request.

- d. If the patient lacks capacity to refuse interpreter services, an interpreter shall continue to be scheduled and used for clinical purposes.
8. If a family member is in need of an interpreter in order to communicate to staff, one shall be provided by OSH. The TCP shall reflect the need for an interpreter to be present for the family and staff to communicate. The TCP shall also identify when the interpreter shall be used for this purpose.
9. The IDT can schedule an interpreter to be used during clinical meetings with the patient to help ensure effective communication and understanding of treatment planning by all members of the treatment team, including the patient. This can occur even if the patient has been deemed competent to refuse interpreter services.

B. Interpreters

Interpreters should be selected on the basis of compatibility with the patient's preferences and clinical needs, and the patient's social, cultural, and economic background.

In utilizing an interpreter, OSH staff duties are as follows:

1. Communication Center or Portland Reception Desk staff duties regarding interpreters:
 - a. Ensure that all interpreters have successfully passed the background check, current within the last year, through the Office of Human Resources.
 - b. Provide each interpreter with an Oregon State Hospital Outside Vendor Services Report form and an OSH interpreter pass.
 - c. Contact the requesting staff member/department/living unit that the interpreter is on campus and ready for escort to the LEP patient.
2. Each unit must assign a staff member responsible for the following duties regarding interpreters:
 - a. After confirming patient's schedule, arrange for interpreters by contacting the appropriate contract agency.

- b. Greet the interpreter upon arrival.
- c. Ensure the interpreter understands and agrees to the *OSH Interpreter Guidelines*.
- d. Ensure that she or he has obtained the Oregon State Hospital Outside Vendor Services Report form.
 - 1) Enter the "start" and "end" times and the appropriate unit or treatment mall on the Oregon State Hospital Outside Vendor Services Report form.
 - 2) Sign it affirming that the described services were rendered.
- e. Accompany the interpreter at all times in patient areas and ensure the interpreter is not left alone with a patient.
- f. Ensure that interpreters are at no time loaned or issued Oregon State Hospital keys.
- g. Keep an up-to-date record of interpreters' schedules (in person and telephone) to allow time for proper notice of cancellation due to change in patient's schedule.
- h. Ensure cancellations are given to contract agency with 24 hours advance notice, or as soon as it is known the service shall not be needed, even if on the same day.
- i. Ensure each time interpretive services are used it is documented in the medical record. This includes assessments, progress notes, medical exam forms, etc. The documentation shall include the name of the interpreter and the nature and purpose of services rendered.

C. Assignment of Bilingual OSH Employees

Bilingual employees who work on an ongoing basis with patients with Limited English Proficiency should be selected considering the patient's preferences and clinical needs, and the patient's social, cultural, and economic background.

In utilizing a bilingual employee, supervisors' duties are as follows:

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1. Ensure the employee is proficient in the language(s) other than English utilizing the criteria and procedures established by DHS;
 2. Contact the Office of Human Resources regarding pay differential that may apply. The supervisor documents the assignment in the employee's position description.
- D. Oregon State Hospital patients and their relatives and friends should not be used as interpreters or authorized translators.

IV. ATTACHMENTS

Patient Language Proficiency Screening Form (OSH-STK 76026)

V. REFERENCES

The American Disabilities Act, 1990 Public Law 101-336, as amended 2008
DAS 20.005.10 (2)(b), Bilingual Skills Differential
The Joint Commission 2010 Requirements Related to the Provision of Cultural and Linguistically Appropriate Health Care
OAR 333-002-0000, Standards for Registry Enrollment, Qualification and Certification of Health Care Interpreters
OSH Policy and Procedure 2.009, Forms Management
OSH Interpreter Guidelines (April 2009)

Replaces Oregon State Hospital Policy and Procedure 6.020, *Language Services for Patients*, dated 7/29/2010.

**Oregon State Hospital
Patient Language Proficiency Screening Form**

This form is to be completed by a qualified interpreter at the admission screening and periodically as requested during the patient's hospital stay to determine which language(s) the patient can use to communicate.

1. Language proficiency screening for _____ (patient name)

List below what language(s) this patient can use to communicate and the proficiency of identified language(s). If written and verbal are different, specify under comments:

Patient's languages	Proficiency					Comments
	Uncertain	None	Poor	Good	Best	
a. English						
b.						
c.						

2. This patient needs a _____ language interpreter for (circle all needed):
 Daily living (on ward) Treatment mall Legal and medical

3. Which language does the patient prefer to use with OSH staff? If different than above, explain:

4. Please check off below if language proficiency is uncertain or not determined:

I am unable to make a determination of language proficiency at this time due to:

- a. Inability to communicate that may not be related to the language of national origin
- b. Other (please explain): _____

5. Interpreter

a. List all interpreter's languages: _____

b. Interpreter's name (print): _____

Signature: _____ Date: _____

c. Interpreter service agency name: _____

Telephone number: _____

6. OSH staff member name (print): _____

Signature: _____ Date: _____

CONFIDENTIAL. The information has been disclosed to you from records where confidentiality is protected by State (ORS 179.505) and Federal law (45CFR Part 164). You are prohibited from making further disclosure without specific written consent of the persons or as otherwise permitted by law.

File: Other Assessment
Thin: Retain most current
Form #: OSH-STK 76026 06/2010

ADDRESSOGRAPH