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Mee Memorial Hospital

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Owner: *Denise Miller: Risk
 Manager / Quality
 Assurance Director*
Area: *Hospital Wide Patient
 Rights Organizational
 Ethics*

Standards & Regulations:

Sub Areas:

Language Access for LEP Patients

PURPOSE

To establish guidelines consistent with Federal and State laws for personnel in hospital and outpatient areas to follow when providing services to, or interacting with, individuals who have limited English proficiency.

DEFINITION

An individual with limited English proficiency is defined as an individual whose primary language for communication is not English and/or who has a limited ability to read, write, speak or understand English.

POLICY

George L. Mee Memorial Healthcare System (MMHS) will not discriminate on the basis of race, color, national origin, age, disability, or sex. MMHS will not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Mee Memorial Healthcare System will:

- Designate at least one employee to coordinate efforts to comply with and carry out its responsibilities under Section 1557 of the Patient Protection and Affordable Care Act (ACA) including the investigation of any grievance communicated to it alleging noncompliance with Section 1557 of the ACA.
- Make every attempt to provide timely language assistance services to Limited English Proficient (LEP) persons in their preferred language for all healthcare services. Interpreter and translation services, including communication auxiliary aids such as VRI (Video Remote Interpreting), are available within a reasonable time and at no cost to patients and/or patient care representatives.
- Provide qualified interpreters and translators with documentation of validated competencies to ensure that the interpreting and/or translation provided for healthcare services is accurate.
- Assure that necessary emergency care not be withheld pending the arrival of interpreter or translator services.
- Have necessary contact numbers and access codes for the direct contact of contracted interpreter services which are readily available to all hospital personnel during all hours of operation.
- Train all employees in the procedure for the acquisition of interpreter or translator services including the use of auxiliary aids for communication.
- Conduct an annual review of language access needs of the patient population of MMHS and outpatient

areas.

- Make every reasonable attempt to comply with federal and state laws by periodically monitoring, evaluating and updating the Language Access Program policies and procedures.

PROCEDURE

A. Determination of LEP Status:

1. Determination of preferred spoken and written language needs is incorporated into the intake process at the first access point in which a patient acquires services at Mee Memorial Healthcare System. This includes but is not limited to the Emergency Department, Admissions, Clinic Appointments and Registration for Outpatient Services.
2. The patient should be asked, "In what language do you prefer to receive your medical services?" If the patient answers with a language other than English, he or she should be informed of their right to have language support services provided free of charge. This includes use of in-person interpreting or use of auxiliary aids (i.e., Video Remote Interpreting, TTY) for those who are deaf or hard of hearing and use sign language as preferred form of communication. Preferred spoken/written language needs, use of in-person interpreters or use of auxiliary aids, should be documented in the medical record at intake and the information will be readily accessible by all members of the healthcare team.

B. Tracking of LEP Patients in Hospital Data Sets:

1. The language needs of patients are recorded and tracked. This critical information is captured and recorded in MMHS health information systems.
2. Preferred language documentation is stored in the area containing other patient demographic information.

C. Inclusion of Patient Primary Language and Documentation of the Provision of Interpreter or Translation Services in Patient Medical Records:

1. Each medical record should show the patient's or caretaker's preferred spoken and written language.
2. The documentation of the provision of interpreter services should be recorded in the patient medical record including:
 - a. the name and title of the MMHS staff member utilized as an interpreter or translator; or
 - b. the name of the language service company utilized (if applicable); and
 - c. the name or ID code of the interpreter used from the language service company.

D. Procedure to Inform Patients of their Right to Language Support Services

1. MMHS's goal is to provide meaningful access for LEP patients in all patient care areas, including access to information, signage, appointments, financial services and ancillary services. MMHS will provide these services through the most effective utilization of qualified bilingual hospital personnel and/or access to qualified interpreter/translator services including those who use American Sign Language.
2. During the interview as the patient first acquires services at MMHS, LEP patients or the patient's legal representative should be informed of their right to have a healthcare interpreter in their preferred language, free of charge, within a reasonable time.
3. A patient has the right, after being informed of the availability of language support services, to use a family member or friend of choice to provide language assistance; however, under no circumstances

is the LEP person required to provide his or her own interpreter. Additionally, extra caution should be exercised when the LEP person chooses a family member, minor or friend as an interpreter/ translator and such practice is discouraged except in an emergency involving an imminent threat to the safety or welfare of an individual or the public where there is no qualified interpreter for the LEP individual immediately available. Staff should take reasonable steps to determine whether the individual providing the language support is competent enough to provide this service or whether conflict of interest, confidentiality, or other concerns make use of the family member or friend inappropriate. If unable to determine the competence or appropriateness of the family member or friend to be used, staff should provide language assistance services in place of or, if appropriate, in addition to the person selected by the LEP individual. Staff should inform an LEP individual who has declined the offer for a MMHS interpreter/translator that the individual may reconsider and request assistive language services at any time during the inpatient or outpatient visit.

4. For each LEP individual who declines an offer from MMHS to provide language assistance, MMHS staff shall document in the individual's record:
 - a. that an offer was made for MMHS to provide language support services free of cost;
 - b. that the offer was declined; and
 - c. the name of the family member or friend who provided language assistance at the LEP individual's request.
5. MMHS has developed, and posted in conspicuous locations, "notices" that informs beneficiaries, applicants and members of the public about the following:
 - MMHS complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age or disability, or exclude people or treat them differently because of race, color, national origin, age, disability, or sex.
 - MMHS provides free language assistance in a timely manner including translated documents and qualified interpreters.
 - MMHS provides free and appropriate aids and services without charge in a timely matter including qualified sign language interpreters for people with hearing disabilities.
 - MMHS provides information on how to obtain the above services.
 - The notice includes information on how to contact the person responsible for compliance at MMH and how to file a complaint or grievance procedure within the organization.
 - The notice includes information on how to contact the Office of Civil Rights to file a complaint about discrimination.

The notices are also to be posted on MMHS's homepage of its website and in significant communications. Refer to Appendix A to view both English and Spanish notices.

6. Significant MMHS publications and communications will also have "taglines" in the top fifteen (15) non- English languages represented in the state or geographic area of MMH. "Taglines" are short statements written in non-English languages that indicate the availability of language assistance services free of charge. Examples include, but are not limited to, patient handbooks, outreach publications, benefit notices, and patient rights. The taglines informing patients of their rights to interpreter services and auxiliary aids is translated into all threshold and frequently encountered languages of MMHS along with other mandated signage. Refer to Appendix B for MMHS's taglines in top 15 languages of the geographical area served by MMHS.
7. Smaller notices and publications will contain a shorter statement of non-discrimination and taglines in

the top two languages of the state or geographic area of MMH which is Spanish and English. Examples include, but are not limited to, post cards or tri-fold brochures. The statement should include:

- Mee Memorial Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. If you speak a language other than English, language assistance services are available to you free of charge. Please inform our staff, nurse or doctor if you need any of these services.
- Mee Memorial Hospital cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Por favor informe nuestro staff, enfermera(o) o doctor(a) si necesita cualquiera de estos servicios.

E. Acquisition of Interpreter Services:

1. All personnel seeking the utilization of interpreter services for patients or patient representatives requiring language assistance should contact the hospital and clinics language service providers or use a qualified MMHS interpreter. A video-conferencing monitor, used for communicating with the hearing impaired who utilize American Sign Language, is available for the hospital and clinics as well as in-person interpreters who can be scheduled with advance notice.
2. A list of bilingual staff that passed MMHS's interpreter training and competency is located on the hospital wide intranet as a resource for hospital staff and providers. Medical interpreters at MMHS are employees who have either passed a national interpreter training program or completed the in-house interpreter training program at MMHS.
 - Red badge = medical interpreters. Medical interpreters at MMHS are identified by a red badge labeled "Medical Interpreter." Only MMHS medical interpreters or a contracted language service provider should be used to interpret vital documents or discussions relating to advanced medical conditions/procedures including, but not limited to, obtaining health history, consent for surgery or procedure, medication reconciliation or education, and discharge instructions.
 - Yellow badge = bilingual interpreter. Employees identified as bilingual and have passed an in-house training program that does not include medical terminology will be identified as "Interpreters." These employees will have a yellow badge labeled "Interpreter and can be used for basic communication needs.
3. MMHS's Language Services Quick Reference Guide, which outlines these procedures and provides contact information, is distributed and posted on the home page of the MMH Intranet site, nursing stations, clinics and other points of patient contact throughout MMHS.

F. Provision of Written Translations:

1. It is the policy of MMHS to translate and make available all vital documents in threshold languages. The translation of other hospital written materials in frequently encountered or other languages shall be at the discretion of the issuing staff.
2. Vital documents include, but are not limited to, those documents that contain information for accessing hospital or outpatient services and/or benefits.

Examples of vital documents include but are not limited to:

- Informed Consent
- Advance Directives

- Consent forms
 - Intake forms with potential for important health consequences
 - Discharge and Medication instructions
 - AMA forms (leaving against medical advice)
 - Notices pertaining to the denial, reduction, modification or termination of services and benefits
 - The right to file a grievance or appeal
3. Vital Documents that are not produced in a written translation, or if the patient's primary language does not exist in written form, should be verbally translated to the patient, or the patient's legal representative, and the interpreter should ask the patient to sign the English form if the patient agrees to the terms and conditions that the interpreter orally stated. If the patient or the legal representative agrees, the interpreter should write on the form the statement that:
 - I have accurately and completely read the forgoing document to [***patient's or legal representative's name***] in [*identify language*], the patient's or legal representative's primary language. (He/she) understood all of the terms and conditions and acknowledged (his/her) agreement thereto by signing the document in my presence.
 - This statement should be dated, timed and signed by the interpreter.
 4. The provision of oral translation of all vital documents to patients should be documented in the medical record. If the interpreter is not present (such as when telephonic interpreters are used), the health care provider should enter a note in the patient's record indicating who provided the interpretation and enter the date and time.
 5. If professional interpreter services are used, the health care provider should document the service name and operator number on the vital document and/or medical record.
 6. A list of bilingual staff that passed MMHS's translator training and competency is located on the MMHS intranet as a resource for staff and providers. Employees who completed the in-house translator training program at MMHS will have a red badge that states Medical Interpreter/Translator. Only red badge medical interpreters will be allowed to translate. MMHS translations are limited to on-demand situations where additional instructions are needed to ensure patient/family understanding such as discharge or after care instructions.
 7. Additionally, MMHS utilizes translated educational or instructive websites to provide written materials to patients.

G. Adjustment of Hospital Equipment Requirements to Assure Language Access

1. Clinical areas are equipped with devices necessary for the routine delivery of remote interpreter services through telephone or videoconferencing. Service areas requiring devices for the delivery of remote interpreter services include (but are not limited to) the following:
 - a. All stations of patient registration, financial counseling, and admission
 - b. Designated exam rooms, in-patient and long term care beds appropriate to the proportion of LEP patients seen
 - c. All nursing stations
2. Devices to allow effective access to remote interpreter services may include the following:
 - a. Dual handset and/or headset telephones

- b. Speaker phones
 - c. Telephones equipped with three-way call capability for telephone-based services
 - d. Videoconferencing stations
3. MMHS offers free auxiliary aids and services to people with communication disabilities which may include the following:
- On-site or telephonic qualified interpreters
 - On-site interpreters for American Sign Language
 - Video remote interpreting (including sign language interpretation)
 - Exchange of written notes or video text displays
 - Assistive listening devices
 - Audio recordings
 - Large print materials

H. Complaint/Grievance Procedure

1. MMHS has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the ACA.
2. Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a complaint or grievance to:
MMH Title VI Coordinator
300 Canal Street
King City, CA 93930
Phone: 831-385-7189
Fax: 831-385-3750
Email: ahayes@meememorial.com
3. Grievances must be submitted to the Title VI Coordinator within 60 days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
4. A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
5. The Title VI Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Title VI Coordinator will maintain the files and records of MMH relating to such grievances. To the extent possible, and in accordance with applicable law, the Title VI Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
6. The Title VI Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
7. The person filing the grievance may appeal the decision of the Title VI Coordinator by writing to the Chief Executive Officer (CEO) within 15 days of receiving the Title VI Coordinator's decision.
8. The CEO shall issue a written decision in response to the appeal no later than 15 days after its filing.

9. The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office of Civil Rights. A person can file a complaint electronically through the Office for Civil Rights Portal, which is available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

Office for Civil Rights

200 Independence Avenue, SW

Room 509F, HHH Building

Washington D.C., 20201

1-800-368-1019 or 1-800-537-7697 (TDD)

<http://www.hhs.gov/ocr/office/file/index.html>

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination.

10. MMHS will make appropriate arrangements to ensure that individuals with disabilities and LEP individuals are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. The Title VI Coordinator (or his/her designee) will be responsible for such arrangements.

I. Language Access Needs Monitoring and Annual Assessment

1. The Community Advisory Board is an appointed committee that meets quarterly and is tasked with the monitoring of language access needs of MMHS. The committee consists of the Title VI Coordinator, MMHS management, staff and community members.
2. The language access needs of the patient population of MMHS and Clinics will be conducted annually by the Community Advisory Board. This includes a statistical survey of the language needs of the users of MMHS and its service areas. The review will annually update the list of threshold languages and frequently utilized oral and written languages of MMHS.
3. Other elements to be included in this annual review shall be:
 - the requirements of training and qualification of healthcare interpreters and translators to incorporate improvements in industry standards
 - the quality of data collection of LEP designation and primary language interpretation
4. The results of the Annual Review of Language Access Needs will be presented to the MMHS governing body.

REFERENCES:

Hospital wide policies "Language Access Plan" and "Non-discrimination"

Section 1557 of the Patient Protection and Affordable Care Act (ACA) (42 U.S.C. 18116)

Title VI of the 1964 U.S. Civil Rights Act, 42 U.S.C. § 2000d.

Office of Civil Rights, U.S. Department of Health and Human Services, *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*, 68 Fed. Reg. 47311 (Aug. 8, 2003).

California Government Code §§ 11135-11139.

California Health and Safety Code § 1259 (Kopp Act 1983).

Office of Minority Health, U.S. Department of Health and Human Services, *National Standards On Culturally and Linguistically Appropriate Services (CLAS) in Health Care*, 65 Fed.

Reg. 80865 (Dec. 22, 2000).

California Health Care Safety Net Institute, *Straight talk: Model Hospital Policies and Procedures for Language Access*, website accessed June 2012: www.safetynetinstitute.org/content/upload/AssetMgmt/Site/StraightTalkFinal.pdf

California Hospital Association 2020 Consent Manual.

Attachments

[Appendix A -Discrimination](#)

[Appendix B- Language Access](#)

Approval Signatures

Approver	Date
Rena Salamacha: Chief Executive Officer	10/2020
Denise Miller: Risk Manager / Quality Assurance Director	10/2020