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Owner: Professional Development	Authorized by: Larry Mullins
Communicating Effectively With Persons Who Have Limited English Proficiency or Impaired Hearing or Speech	

## APPLICATION

All Samaritan Health Services employees.

## POLICY

Samaritan Health Services will provide a means of effective communication with all persons presenting to the hospital and clinics for medical care, including persons with limited English proficiency, hearing or speech impairment.

The following resources are available to assist individuals with communication barriers who present to the hospital for medical care:

- A. Sign language and foreign language interpreters available through contracted agencies through telephone interpretation or on-site interpretation
- B. TTY telephones and printed materials for individuals who are hearing impaired. Packets include printed resource information and availability of hearing resource technology for inpatients.
- C. Reference materials to facilitate communication during medical emergencies.

## PROCEDURE

### 1. DEFINITIONS:

None.

### 2. IMPLEMENTATION:

The department manager, hospital supervisor, or clinic manager can be contacted to facilitate translation resource or address any concerns.

#### Limited English Proficiency

Upon determining that a person presenting for care has a limited English proficiency, the hospital staff or clinics will:

- A. Identify the need for an interpreter,
- B. Identify the language spoken by the patient; utilize copies of the language ID card in the unit to identify language spoken,
- C. Determine the appropriate method of providing interpretation,
- D. Contact the interpreter service for the appropriate level of service required.
  - 1) Telephone Interpretation Services (7 days a week / 24 hours a day)
  - 2) On Site Interpreter Services:

3) **Written Interpretation Services**

- a. Contact your department manager or direct supervisor for authorization.
- b. Send required documents to the (Document Center)Materials Management Department.
- c. The (Document Center) Materials Management Department will arrange for the translation.
- d. Include with your request the language needed, the name and the department of the person requesting translation services, and a due date.

**Speech or Hearing Impaired**

Upon determining that a person who is presenting for care is hearing or speech impaired:

- 4) Identify the means of communication.
  - A) Use of a note pad
  - B) Lip reading by the patient
  - C) American Sign Language (ASL)
- 5) Identify the need for a sign language interpreter.

Sign language services are available to valley campuses on a twenty-four hour per day, seven-day per week basis. Contact the department manager or hospital supervisor to authorize and schedule this service.

Document on the patient's chart the method of communication.
- 6) Oregon Telecommunications Relay Service is a communications service that links deaf and hard of hearing people via telephone. To use this service, dial the appropriate number listed below. Give the agent the number to be called and he or she will stay on-line to relay the conversation. Talk directly with the person being called. All calls and information are confidential. This twenty-four-hour relay service is provided at no cost to callers. Long distance calls will be billed accordingly.
  - TDD/Voice 1-800-735-2900
  - AT&T operator service for TDD (24 hours) 1-800-855-1155
- 7) For hard of hearing patients there is a resource information kit available. Provide access to this resource and assist with set-up of devices if appropriate for individual needs.

**Note: Medical Interpretation by Family and Friends**

- The use of family, friends or minor children as interpreters is discouraged.
- Document in the patient record patient's refusal of medical interpretive services or request for use of an uncertified interpreter.

**REFERENCES**

- SHS Intranet - <http://shsinsider/Departments/Interpreting/default.aspx>

- Title 45 Code of Federal Regulations, Part 80

**REVIEW/REVISION HISTORY**

Dates Reviewed	11/93, 3/95
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Rev #	Date	Changed By	Revision Description
0	3/1991		
1	4/1991		
2	1/1992		
3	3/1992		
4	5/1993		
5	8/1997		
6	11/1999		
7	1/2000		
8	3/2000		
9	2/2002		
10	2/2004		
11	3/2004		
12	10/2004		
13	7/2005		
14	3/2006		
15	11/2006		
16	7/2007		
17	9/2007		
18	10/2007		
19	1/2008		
20	3/2009		
21	3/1/2010	N. Klinsky	