



1. Obtain VRI portable monitor and turn on.
 - a. Obtain patient consent for use.
 - b. Select correct tab for sign language and initiate as in 2. B. above.
2. Alternative options
 - a. Determine if there is an employee on duty in the department that can provide needed language skills.
 - b. Consult interpreter list for those who can sign in-house and contact available skilled staff.
 - c. Determine if patient has brought a competent person who they would prefer to have act as interpreter for communication.
 1. Employee or physician shall speak with person designated by the patient as their preferred interpreter and shall determine, to the healthcare providers comfort, that the person designated to be an interpreter is competent to convey the message or questions in order to carry out the required medical activity.
 2. The healthcare provider staff is obligated to decline to use the designated person as an interpreter if they are not comfortable in this designated person's abilities.
3. If the patient does not have an established source for interpreter services and none of the above communication methods are deemed appropriate, contact the House Supervisor. The House Supervisor or hospital representative will contact the service for deaf interpreters. This service is called Communiqué located in Santa Rosa. For immediate needs or after office hours contact Communiqué. (See Section H below).
4. Scheduled services-Patient should be encouraged to bring with them the person they ordinarily use for interpreter services. If the patient does not have a regular resource for interpreter services, Communiqué should be contacted to arrange for an interpreter.
5. The hospital will guarantee payment of the interpreter's customary charges in cases where an interpreter may be required to ensure effective communication for crucial medical communication. The interpreter should submit a statement directly to Administration. The statement must include the patient's name, date and time of service, and signature of the hospital representative verifying services. The hospital will not pay for interpreter services provided by the patient's usual interpreter, if any, or for interpreter services provided by friends or family members of the patient if such persons do not ordinarily charge for services they provide to the patient.
6. Hearing Impaired patients admitted to the hospital-contact the House Supervisor to arrange for the T.D.D. telephone equipment.
7. Use of the Telecommunication Device for the Deaf or T.D.D.-see policy Receiving Calls on the T.D.D.

D. Language Identification:

1. The "face sheet" and Patient Data Profile will contain:
 - a. Patient language is printed on the "face sheet" for English, Spanish, or other.
 - b. A notation on the Patient Data Profile of the patient's language of fluent communication if other than verbal English.

E. Documentation :

1. Interpreters or interpreter's service is documented in the medical record.

- a. Patients consent to use interpreter or VRI.
- b. Patient's decision to decline interpreter services and use an adult family member or friend instead.
- c. Information read to or translated to the sight impaired.
- d. The service, phone or video, functioned properly.
- e. Interpreters should sign and date forms or consents that were translated.
- f. Obtain and document interpreter ID when using VRI system.
- g. Document name and or ID of interpreter used in the medical record.

F. Interpreter Related Complaints:

See policy-Complaint and Grievance

G. Interpreter/Communications Services Policy review required annually:

This policy is to be reviewed and sent to CDPH annually. <http://www.cdph.ca.gov/certific/facilities/Pages/LCDistrictOffices.aspx> to get fax number for Redwood Coast/Santa Rosa office

H. To contact Communiqué for American Sign Language Interpreting

Monday-Friday 8:00am – 4:00pm

707-546-6869

Paging Communiqué: Urgent requests after-hours only

707-546-6869 Press #2 or email CQER@att.blackberry.net

Faxing a request: For the form, call the Communiqué office or go to website

www.communiqueinterpreting.com

Fax# 707-546-1770

Making a request on-line:

www.communiqueinterpreting.com/request_an_interpreter.shtml

To arrange for interpreting, please provide the following information:

A. Your name, phone number, and company name

B. Date of interpreting assignment

C. Start and end times

D. Address and room name or number where the interpreter will be working

E. Type of assignment (medical appointment etc)

F. Name of client needing interpreting services

Communiqué will call to confirm when an interpreter is scheduled.

HAWAII: Not applicable
OREGON: Not applicable
WASHINGTON: Not applicable

CORPORATE AUTHOR: Not applicable
SITE SPECIFIC POLICY OWNER: VP - Patient Care Srvs
COLLABORATION: Risk Manager AssIP/Accrediat/Risk

APPROVED_BY:
CORPORATE: Not applicable
HOSPITAL: (04/18/2016) Policy & Procedure Committee , (06/08/2016) Executive Committee , (Not yet approved) Governing Board,

INDIVIDUAL:
REVIEW DATE: 11/25/2014, 11/25/2014,
REVISION DATE: 02/04/2014,
NEXT REVIEW DATE:

ATTACHMENTS:
(REFERENCED BY THIS DOCUMENT) <http://www.cdph.ca.gov/certlic/facilities/Pages/LCDistrictOffices.aspx>
www.communiqueinterpreting.com
www.communiqueinterpreting.com/request_an_interpreter.shtml

OTHER DOCUMENTS:
(WHICH REFERENCE THIS DOCUMENT)

DISTRIBUTED TO: Refer to AFFECTED DEPARTMENTS/SERVICES above

Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at
[https://www.lucidoc.com/cgi/doc-gw.pl?ref=uvmc:10245\\$1](https://www.lucidoc.com/cgi/doc-gw.pl?ref=uvmc:10245$1).

