CONTRA COSTA HEALTH SERVICES

Access to Services for Limited English Proficient (LEP), Deaf and Hearing-Impaired Persons

PURPOSE
To provide quality health care and to comply with federal and state law, Contra Costa Health Services provides interpretation and translation services to patients/clients, including those who are limited English proficient (LEP), deaf or hearing impaired, thus ensuring access to services and to effective, accurate and timely two-way communication.

POLICY
Effective communication is the key to meaningful access for all patients/clients, including those who are limited English proficient (LEP), deaf or hearing impaired. To ensure meaningful access to Contra Costa Health Services, all limited English proficient (LEP) patients/clients as well as those who are deaf or hearing impaired will be provided language assistance services at no cost to them. Language assistance services include:

- health care delivery or health information by certified bilingual clinical providers and staff or non-medical directions/assistance by certified bilingual employees
- interpretation by qualified medical interpreters and
- translation of written materials.

REFERENCES
- Title VI of the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, et. seq.)
- Executive Order 13166, August 2000
- 45 CFR, Parts 80, 84, 86, 90, 91
- Office of Civil Rights Section 1550

DEFINITIONS
Interpretation – The process of understanding and analyzing a spoken
or signed message and re-expressing that message faithfully, accurately and objectively in another language while taking the cultural and social context into account.

The purpose of interpreting is to enable communication between two or more individuals who do not share the same language.

**Translation** – The conversion of written text in one language into written text in a different language, which is corresponding to and equivalent in meaning to the text in the first language.

**Qualified** – Qualifications for language interpreters and translators will be met through language proficiency assessment, education, training and experience.

**Certified Bilingual** – an employee or healthcare provider, who has successfully passed a language proficiency test that allows them to adequately communicate with patients/clients in 2 languages.

**Limited English Proficiency (LEP)** – A limited ability or an inability to speak, read, write or understand the English language at a level that permits the person to interact effectively with health care providers or social service agencies.

**PROCEDURE**

A. **Notify Patients/ Clients of Right to Free Language Assistance Services**

1. Display posters at all points of patient/client access that inform them of their right to free language assistance services and invite them to identify themselves as persons needing or requesting such services. These posters include all commonly encountered languages.

2. Posters are available from the Health Services Language Access unit (Contact 925-313-6242)

B. **Identify the Language of the Person You Are Assisting**

1. Ask the person what language they prefer or feel most comfortable using and request that they point to that language on the poster if you are not sure which language they are referring to. The instructions on the poster read: “You have the right to a medical interpreter at no cost to you. Please point to your language. A medical interpreter will be called. Please wait.”

2. If available, use “I Speak” Cards to identify the language spoken by the patient/client during face-to-face encounters. Model “I Speak” cards are available from Health Services Language Access Unit (Contact 925-313-6242)

3. If the encounter is by telephone or if staff is unable to identify the language of the patient/client using the poster or the “I Speak” card, use the video or telephone interpretation service for your division to identify the
language and connect you with the appropriate interpreter.

4. Document the patient/client’s communication needs, including preferred language for discussing health care in the medical file along with their race and ethnicity. If the patient/client is a minor, is incapacitated or has a designated advocate, the communication needs of the parent or legal guardian, surrogate decision-maker or legally authorized representative is documented in the medical record.

C. Use Appropriate Interpretation Services for Limited English Proficient (LEP) Patients/ Clients, those Patients and Clients who Prefer a Language Other than English and Those Who are Deaf or Hearing Impaired.

1. Access the Health Care Interpreter Network (HCIN) via video or telephone.

a. When interpreter services are required for limited English proficient (LEP) or deaf or hearing impaired patients/clients, or when the patient or client has chosen a language preference other than English and you are not certified bilingual in that language, utilize the Health Care Interpreter Network (HCIN), either by video or by phone or contract interpreters either in-person or over the phone, based on your Division procedures.

b. Qualified healthcare interpreters on HCIN include medical interpreters who have received at least 40 hours of interpreter training, medical terminology training and HCIN training and have passed bilingual proficiency testing and a standardized healthcare interpreter skill test.

2. Role of the Qualified Bilingual Staff/Provider.

a. Qualified bilingual staff/providers within Contra Costa Health Services shall include:

1) Clinical staff/providers who have been tested for language proficiency via a Health Services Personnel Division and Human Resources approved testing process and have received documented proof of a passing score, which is currently an ‘advanced’ or ‘superior’ rating, and a corresponding badge designation (Certified Bilingual). These providers and staff are permitted to speak with
patients/clients directly about their health care in the language assessed and carry out their duties in that particular language. These individuals are not, however, qualified to interpret for the patient/client and another provider or staff member unless they have been specifically trained and tested for their ability to provide medical interpretation.

2) Non-clinical staff/providers that have been tested for language proficiency via a Health Services Personnel, Human Resources approved testing process and have received documented proof of a passing score. These providers/staff are permitted to provide non-medical directions/assistance in the language assessed.

3) Clinical staff/providers who have been tested for their written language proficiency and have received an ‘advanced’ or ‘superior’ score may communicate in writing in the language tested with their patients directly. All other clinical staff/providers must have their messages, letters or materials appropriately translated. A passing score for the written language proficiency test allows creation of written material but does not allow translation of other’s documents or messages. This applies to use of MyccLink in Spanish for messaging between clinical staff/providers and patients.

3. Access the Contra Costa Health Services Contracted Interpreter Services
   a. The contracted interpreter services have met the qualifications of healthcare interpreting determined by Contra Costa Health Services.

4. Access Interpreter Services for Deaf or Hearing-Impaired Patients/Clients
   a. Qualified American Sign Language interpreters are available as above via HCIN or in-person through a contracted interpreter service.
   b. TDD (Telecommunications Device for the Deaf) telephone services may be used, as available, for patients/clients during in-person or over the phone conversations.
c. The California Relay Service (CRS) provides toll free telephone accessibility for people who are deaf, hard of hearing or speech impaired and is available at all times. For this service, please call either of the following numbers for assistance in relaying a message: (800) 735-2922 or (888) 877-5379. 711 is also available to employees of Contra Costa Health Services.

5. Contra Costa Health Services does not use family members or friends or other non-qualified individuals as interpreters for patient/clients who are limited English proficient (LEP), deaf or hearing impaired during the provision of care, treatment and/or health care services. However, Contra Costa Regional Medical Center also recognizes the patient’s right, after being informed of the availability of the interpreter service and encouraged to use a qualified interpreter, to choose to use a family member or friend who volunteers to interpret.

a. Contra Costa Health Services allows for the presence of a support individual of the patient’s choice, unless that individual’s presence infringes on other’s rights, safety or is medically or therapeutically contraindicated. The individual may or may not be the patient’s surrogate decision maker or legally authorized representative.

b. Qualified Health Care Interpreters are always used during the provision of care and to discuss the limited English proficient (LEP), deaf or hearing-impaired patient/client’s health care. However, in the event of urgent, emergent, or unscheduled care at Contra Costa Regional Medical Center, when an interpreter for a language of lesser diffusion is requested, but not found to be available without delaying care, a family member or an uncertified bilingual provider or staff member may be used until a qualified interpreter becomes available. The attempt to procure a qualified interpreter and the outcome should be documented.

c. LEP patients have the right to refuse formal interpretation services even though they will be discouraged to do so. If LEP patient refuses the use of a medical interpreter or insists on relying on interpretation by a family member or friend, the patient must be offered and encouraged to use a qualified medical interpreter, in addition to the family member or friend to assist with the accuracy of the interaction and ensure effective communication. This discussion
must take place with the patient directly, in the patient’s preferred language and documented in the medical record along with the name, relationship and age of the family member or friend used.

D. Document the use of an interpreter by noting the interpreter ID in the record. This can be done using the SmartPhrase “.int”. Also note if care has been provided by a certified bilingual health care provider or staff member.

E. Provide Appropriate Translation of Written Materials

1. Whenever possible, provide patients/clients with written materials in their preferred written language and in a manner that best meets the patient’s/client’s needs. If the material is not immediately available, provide spoken interpretation of the material or arrange for the information to be translated and mailed in a timely manner.

   a. Materials may be sent for translation via email to “Translation” along with the language(s) needed and a cost center to charge against. Word or Publisher format is preferred for these documents.

2. Contra Costa County’s threshold language is Spanish. Appropriate written materials for patients/clients are to be made available in Spanish. Other languages also might be prominent in our patient/client population and each division must identify ‘vital documents’ that should be made available in these languages in addition to Spanish.

3. All translations done by contracted vendors will be reviewed internally by division, or department identified contacts for accuracy, appropriate literacy level and cultural sensitivity, specific to that particular division, department or unit.

4. No CCHS staff that has not been vetted for their ability as translators will be utilized to translate vital documents. Contracted translation vendors will be utilized for all vital document translation.

F. Grievance and Complaints Procedure

1. All patients/clients have the right to file a complaint about the provision of language assistance. Complaints will be processed and resolved through the Divisions’ established grievance and complaint procedures.

2. These complaints should also be communicated to the Language Access Committee so as to assist in the resolution of same. Complaint and patient and staff feedback will be considered for policy and procedure
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G. Division Specific Procedures

1. Each division will identify the available language assistance resources and provide staff with appropriate materials and information on how to gain access to these resources. This includes clearly identifying the language access contact person(s) for each Division or site and providing their contact information.

2. Each division will develop procedures in a timely manner on how to access language assistance services as described above.

RESPONSIBLE Division Directors

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<tr>
<th>Departmental Review</th>
<th>Date</th>
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<tr>
<td>Health Services Director</td>
<td>12/28/2021</td>
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