INTERPRETER SERVICE POLICY

PURPOSE
To outline the procedures to request Interpreter Services for individuals with Limited English Proficiency (LEP) or for an American Sign Language (ASL) Interpreter.

SCOPE
This policy is applicable to the Ronald Reagan UCLA Medical Center, the Resnick Neuropsychiatric Hospital and the Santa Monica-UCLA Medical Center and all other licensed areas, clinics and facilities (The UCLA Hospital System).

POLICY
Interpreter Services
UCLA Hospital System provides Interpreter services to all inpatients, outpatients, and their visitors. Every attempt is made to provide services in any language via on-site, video, or telephone (24/7) interpreters. For ASL, on-site and video interpreters are usually available during normal office hours. After hours, video ASL interpreters are available whenever possible. When an on-site and video ASL interpreter is not available, every attempt will be made to obtain a vendor interpreter.

Written translations of certain medical documents, correspondence and patient education materials are available. Depending on in-house availability of translation services, some requests will be referred to outside agencies and independent translators.

PROCEDURE
I. Provision of Services

Every attempt is made to provide interpreter services upon patient request or staff identification of such need. If difficulty is encountered in identifying the primary language, resources such as “I Speak” cards and multi-identification flashcards may be used to assist in identification of the patient’s primary language (Att. A).

It is recommended that an interpreter be used in the following circumstances:
A. During the informed consent process
B. Taking a medical history
C. Family meetings, which include discussions and decision-making processes, surrounding the plan of care
D. Discharge education
E. Discharge planning discussions
F. Any time it is noted there is difficulty in communicating where vital information is being exchanged

II. To request an Interpreter

If a unit or department does not have a qualified staff member present to interpret, they should request a foreign language interpreter per grid below. If possible, for on-site interpreter requests, advance notice is preferred. (Qualification of staff is described below in Section V).

A. To request a foreign-language interpreter

RR UCLA MC & R-NPH

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday – Friday (Daytime Business Hours)</td>
<td>Call Interpreter Services 310-267-8001</td>
</tr>
<tr>
<td>After hours, Weekends &amp; Holidays</td>
<td>Call the Evening Nursing Supervisor 310-825-6301</td>
</tr>
</tbody>
</table>

All requests for on-site interpreting services must be made through the Interpreting Services Department, with the exception of requests arising after hours, on weekends and holidays.

SM UCLA MC

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Contact Information</th>
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</thead>
<tbody>
<tr>
<td>24/7 Including holidays</td>
<td>Call the Hospital Communications Department 96700</td>
</tr>
</tbody>
</table>
The requesting department will be asked to communicate:

A. Time the interpreter is needed
B. Requesting department
C. Requestor’s phone number
D. Patient’s name and medical record number
E. Service location
F. Length of the appointment
G. Language requested

The request will be placed and confirmed.

A hospital staff member who does not have the telephonic interpreter access code and receives requests after hours, on weekends, holidays, or at other times when staff interpreters are otherwise unavailable, may contact the Evening Nursing Supervisor, for Westwood, or the Hospital Communications Department, for Santa Monica, to place an interpreter request.

B. To request an ASL interpreter for a hearing impaired, deaf or deaf/blind patient or visitor

Staff members may use an on-site or video ASL interpreter, a TDD or the California Relay Service to communicate with a hearing impaired or deaf individual, and an on-site interpreter for a deaf/blind individual.

RR UCLA MC & R-NPH

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<tr>
<th>Monday – Friday (Daytime Business Hours)</th>
<th>Call Interpreter Services</th>
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C. Use of a TDD to communicate with the deaf

A TDD (Telecommunication Device for the Deaf) can be used to call one TDD to another, or can be used to call the California Relay Service by dialing 711.

To use the public TDD phone, dial the number you are calling. Once the TDD connection is made, the keyboard will automatically open. Place the handset on the coupler and proceed with your phone call.

When using a desktop TDD, place the phone handset onto the coupler. Place your call by dialing directly from your phone or by using the TDD keyboard. Once the connection is made, you will read the incoming message. Convey your message by typing on the keyboard.

Locations where TTY/TDD phones are located:
- RRUCLA
- Hospital Communications
- Pay phones, 1st floor of RRUCLA
- Emergency Room at RRUCLA
- RRUCLA East Information Desk
- Interpreter Services
- 200 Med Plaza
- SMUCLA
- Hospital Communications

D. Using the California Relay Service (CRS) to communicate with the deaf

CRS is a telephone service in which an operator places the call to a deaf person for you and relays your message via telephone. When needing to place a call to a deaf person, call the CRS by dialing 711. Before calling CRS have the deaf person’s phone number ready to give to the operator. The operator will place the call for you. The operator will briefly describe how to use the relay service.
E. Contracted agencies

<table>
<thead>
<tr>
<th>Spoken Languages</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Pacific Interpreters</td>
<td>(800) 264-1552</td>
</tr>
<tr>
<td><a href="http://www.pacificinterpreters.com">www.pacificinterpreters.com</a></td>
<td></td>
</tr>
<tr>
<td>• LD Interpreting Inc.</td>
<td>(714) 580-6001</td>
</tr>
<tr>
<td>ASL</td>
<td></td>
</tr>
<tr>
<td>• Accommodating Ideas</td>
<td>(800) 257-1783</td>
</tr>
<tr>
<td><a href="http://www.ai-ada.com">www.ai-ada.com</a></td>
<td>or (818) 752-3320</td>
</tr>
<tr>
<td>• Links</td>
<td>(888) 742-0070 or (562) 436-5559</td>
</tr>
<tr>
<td><a href="http://www.linksinterpreting.com">www.linksinterpreting.com</a></td>
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</tbody>
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III. Use of Family Members or Friends as Interpreters

A. UCLA Hospital System may not require an LEP patient to use friends, minor children, or family members as interpreters.

B. Some LEP patients may feel more comfortable when a trusted family member/friend acts as an interpreter. An LEP patient’s desire to use an interpreter of his/her own choosing must be respected. If there are concerns regarding the use of a family member or friend serving as the interpreter (i.e. conflict of interest or lack of competency) the Medical Center can request that a qualified interpreter be utilized to ensure accurate interpretation.

Children under the age of 15 are prohibited to act as interpreters in medical settings. Children between the age of 15 and 18 may be used as interpreters in emergency circumstances only.
IV. Documentation

All requests for interpreters routed through the Interpreter Services Department will be documented in the Interpreter Database. It is recommended that providers and staff document the use of an interpreter in the EMR when using on-site, over-the-phone or video interpreters.

V. Qualification of Staff Members

If a staff member wishes to act as a Spanish interpreter, they must obtain qualification upon successful completion of the Employee Volunteer Interpreter Training Program (EVIP). EVIP qualifies bilingual Spanish-speaking employees only. The employee must pass to demonstrate competence in the language. Interpreter Services will keep a list of qualified employees that have successfully completed EVIP course. In addition to the Employee ID badge, qualified interpreters must wear their “Qualified Volunteer Medical Interpreter” ID badge. This will properly identify employees that are qualified to interpret Spanish within their unit/department only.

VI. Qualification for non-UCLA staff Volunteer Interpreters

If a volunteer wishes to act as an interpreter, they must pass an oral test and training by a professional interpreter in order to be eligible to interpret for patients and providers.

VII. Forms

Informed Consent forms and the Conditions of Admission forms presented to patients by hospital staff should be written in a language the patient can understand or sight translated into such a language.

Interpreter Services is able to arrange for translation of forms for departments upon request.

VIII. UCLA NPH Outpatient Services

A. If a patient requests interpreter services in preferred language and/or cultural need, ACCESS Staff shall document information on Referral Log for Language and Culture Specific Mental Health Services.
B. Patient will be assigned to the program staff that best meets the patient’s language and/or cultural needs.
   1. If there are no program staff that can speak the patient’s preferred language and/or meet his/her cultural needs, the patient can be referred out to the appropriate agency or use an interpreter outside the program.

   2. When a referral is made, the referring staff must document the agency to which the patient was referred in the Referral Log for Language and Culture specific Mental Health Service.

      a) The receiving agency must provide the referring staff with verification of the completed referral and document in the Referral Log for Language and Culture specific Mental Health Services or other equivalent log.

      b) If the patient did not keep the scheduled appointment, the referring staff must take follow-up measures and document in the Referral Log for Language and Culture specific Mental Health Services.

   3) When interpreter service from an outside agency is utilized, the program staff must select an interpreter that will best meet the needs of the patient and record the appointment date and time in the Referral Log for Language and Culture specific Mental Health Services.

      a) If there are no interpreters available for the language that is preferred by the patient, the attending staff can call 800-854-7771 (24 hours a day/7 days a week) and document the procedure in the Referral Log for Language and Culture specific Mental Health Services.

C. By the first of the month, the Referral Log for Language and Culture specific Mental Health Services shall be forwarded to the Quality Management Director.

   1. Quality Management Director shall fax the log to the Department of Mental Health by the fifth of the month, as required.

FORMS
Interpreter Service Documentation Form # 10379 (Att. B)

REFERENCES
AB775 (YEE) – Limit Children Interpreters in Medical Settings
California Health and Safety Code §1259
INTERPRETER SERVICE POLICY

22 CCR §70721
TJC IM 6.20
Office for Civil Rights Guidelines for Patients with Limited English Proficiency
1351 Hearing Impaired Patient, Guidelines
1427 Visually Impaired Patients, Guidelines

CONTACT: Manager, Office of the Patient Experience / Interpreter Services

REVISION HISTORY
Effective Date: October 1, 1992

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Draft to Tony Padilla and Hala Fam 1-12-16 and 6-8-16
Appendix A - “I Speak” Card and Language Identification Card (pgs 8-9)
Appendix B