### A. EFFECTIVE DATE
August 1, 2017

### B. PURPOSE
To enable effective communication between providers and patients and/or their companions receiving care at UConn Health that do not speak English or who have Limited English Proficiency (LEP) in order to provide equal access to all services of UConn Health.

### C. POLICY
All employees will assure that persons who have limited proficiency in English will be provided mechanisms for communication in accordance with Joint Commission standards and Connecticut General Statutes Sec. 19a-490i, Federal law 45 CFR § 92 Nondiscrimination in Health Programs and Activities, and the Affordable Care Act (ACA) of 2010 section 1557. The Joint Commission standards are as follows:
- **PC** – Provision of Care, Treatment and Services
- **RI** – Rights and Responsibilities of the Individual
- **HR** – Human Resources

### D. SCOPE
Applies to all patient care areas of UConn Health - Hospital, Medical Office Practice and Dental Services. Exempted from this policy are patient care areas in the CT Department of Correction facilities.

### E. DEFINITIONS

- **Ad hoc interpreter** - An untrained person who is called to interpret at the patient’s and/or their companion’s request, or in the event of an emergent medical situation in which waiting for an interpreter would delay the delivery of care.

**Companion** includes:
- a. A person a patient designates to communicate with UConn Health on his or her behalf regarding the patient’s condition or care to help the patient act on the information, advice or instructions provided;
- b. A person legally authorized to make health care decisions on behalf of the patient; or
- c. Such other family member, friend, associate of a patient who, along with the patient, is an appropriate person with whom UConn Health should communicate.

**Limited English Proficiency (LEP)** - A person with Limited English Proficiency is an individual (may be a patient or a companion) whose primary language is other than English and who has a limited ability to read, write, speak or understand English. The assistance of an interpreter may be required for communication to be fully effective.

**Over the Phone Interpreting (OPI)** - A telephone interpreter service with professionally trained and tested interpreters.

**Qualified Interpreter** - A person who has been assessed for their fluency in both English and the language of the non-English speaker, who is proficient in the skills and ethics of interpreting and is knowledgeable about specialized medical terms and concepts. Bilingual staff serving as
interpreters within UConn Health must have documentation of a passing score on an interpreter skills test and have received training on the National Code of Ethics and Standards of Practice from the National Council on Interpreting in Health Care.

**Translator** - A qualified person who translates written documents from one language into another, requiring expertise in writing skills in both languages.

### F. PROCEDURE:

Determination of the need for interpreter services begins with the patient’s first contact with UConn Health.

1. **All UConn Health staff members making initial telephone contacts with patients and/or caregivers including Registrar’s, Call Center staff members** will ask the patient, “In what language would you like to receive your care and medical instructions?” and complete the Preferred Language Field in the patient scheduling system. If that patient’s response is any language other than English, they are identified as being Limited English Proficient (LEP).

2. **The reception staff member in an outpatient setting** will review the patient’s Preferred Language with the patient to see if it reflects the language the patient would like to receive their care in. If other than English and the offer of free interpreting services is accepted, over the Phone Interpreting (OPI) will be activated to facilitate the check-in process. This service can be accessed 24 hours per day through a direct connection with the service provider using the specialized dual handset phones located in many patient care areas or using any telephone with speaker phone capability. The UConn Health operators are available to assist with this process if using a non-programmed phone to access this service.

3. **Emergency Department staff** will follow steps 1 and 2 above.

4. **Inpatient staff** will ask LEP patients upon admission if they wish to utilize interpreter services free of charge and update the patient’s language fields in the patient registration system.
   a. The interpreter census report should be reviewed daily to assure continuity and accuracy of interpreter needs.
   b. The department staff will insure that all involved in the care of the patient are aware of interpreter needs.
   c. A dual handset OPI phone will be made available to the patient.

5. **Providers** may request the services of a qualified interpreter, regardless of a patient’s wishes to the contrary. A qualified
interpreters will be utilized any time that a patient is required to sign a clinical informed consent form Authorization for Medical/Surgical Procedure (HCH127) and at any other time when the provider is concerned about the patient’s ability to understand or communicate effectively.

6. **Nonqualified interpreters and ad hoc interpreters** are not permitted to interpret for LEP patients, except in an emergency situation in which waiting for the interpreter would delay the delivery of medical care. (The treating clinician is responsible for determining that an emergency exists.) The use of minors as interpreters is strictly prohibited, except in the case of a life threatening emergency.

7. **Bilingual employees** may provide interpretation when they have been tested, trained and deemed qualified by the Interpreter Services Office. Department managers are responsible for assuring that only qualified employees are utilized to provide medical interpretation. A list of qualified bilingual employees will be maintained in the Interpreters’ Office and with UConn Health telephone operators.

8. **Documentation** The clinician and/or staff person administering medical care is responsible for documenting the interpreter’s presence within the patient’s chart. The patient progress note will be used by the health care provider to document use or refusal of interpreter services for all patients with Limited English Proficiency. The note must indicate when:
   - OPI telephonic interpretation is used (document ID# of interpreter);
   - A qualified interpreter is used;
   - The patient refuses use of an interpreter including that the risks of declining/refusing services were explained using an effective means of communication, date and time of declination and reason for declination;
   - An ad hoc interpreter is utilized in an emergent situation;
   - An ad hoc interpreter is utilized because the patient’s language is not available by either face-to-face or telephonic interpretation.

9. **LEP patient (and/or their companions)** may request an interpreter at any time, even if they have indicated that they wish to waive their right to an interpreter.

10. **Translation of documents** must be performed by professional translation services. Contact the Interpreter Services Office, 860-
679-2289, or the Office for Communications for additional information about this service.

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<th>G. ATTACHMENTS</th>
<th>None</th>
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| H. REFERENCES           | ● 45 CFR § 92 Nondiscrimination in Health Programs and Activities  
                           ● The Joint Commission Standards:  
                           - PC – Provision of Care, Treatment and Services  
                           - RI – Rights and Responsibilities of the Individual  
                           - HR – Human Resources |
| I. SEARCH WORDS         | LEP; Limited English Proficiency; Interpreter |
| J. STAKEHOLDER REVIEW  | 1. Debra Abromaitis (Signed) 8/14/17  
                           D. Abromaitis, Director Quality, Regulatory Compliance  
                           2. Annmarie Capo (Signed) 8/23/17  
                           A.M. Capo, Chief Nursing Officer  
                           3. Anne Horbatuck (Signed) 8/29/17  
                           A.Horbatuck, VP UMG Operations  
                           4. Iris Mauriello, (Signed) 8/7/17  
                           I. Mauriello, Chair Policy Committee |
| K. APPROVED BY          | 1. Andrew Agwunobi (Signed) 9/8/17  
                           Andrew Agwunobi, CEO, Executive Vice President for Health Affairs |
| L. REVISION HISTORY     | 1. Approved 07/11/2017  
                           2. New Policy  
                           Significant portions of this policy were taken from the JDH Hospital Administrative Manual policy 08-007  
                           Date Issued: 5/77  
                           Date Revised: 7/85, 1/86, 2/88, 12/91, 3/94, 5/97, 5/00, 10/00, 10/03, 10/08, 3/09, 1/10, 4/11, 3/13, 1/14, 8/15, 8/16  
                           Date Reviewed: 6/12 |

[ END OF POLICY ]