



*Ambulatory Clinic Policy and Procedure*

<p>Title: <b>PATIENTS WITH COMMUNICATION, VISUAL, HEARING, OR SPEECH IMPAIRMENT</b></p>	<p>Policy Number: <b>EP 6.10</b></p>
<p>Regulation: Joint Commission; 42 U.S.C. §12101, et. Seq (ADA); Civil Rights Act of 1964; Executive Order 13166 (2000); 45 CFR 80.3(b)(2)</p>	<p>Effective Date: <b>4/2015</b></p>

**Policy Statement:**

It is the policy of the Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) to provide a guide for personnel to provide an appropriate means of effective and meaningful communication with patients who may have visual impairment, hearing impairment, or are persons with Limited English Proficiency (LEP).

**Scope and Distribution:**

This policy applies and will be distributed to all TTUHSC El Paso ambulatory clinics.

**Procedure:**

General:

1. It is the responsibility of the employee scheduling patients in the ambulatory clinics to determine what, if any communication assistance (i.e., language, hearing, visual, etc.) the patient or his/her legal representative needs. The scheduling employee will be responsible for obtaining an interpreter or other means of effective communication as outlined in this policy.
2. TTUHSC El Paso will conduct a regular review of the language access needs of their clinic patient population, as well as update and monitor the implementation of this policy.

Limited English Proficient (LEP) Patients or Legal Representatives:

1. Clinics will promptly identify the language and communication needs of LEP patients or their legal representatives (i.e., parents). If necessary, staff will use a Language Identification Card (available online at [www.lep.gov](http://www.lep.gov)) or other language resource tool (i.e., Pacific Interpreters, or internally developed language resource) at registration desks. The card or resource document can be shown to a patient or their legal representative who speaks an unfamiliar language; the patient or legal representative points to their language at which time an interpreter for that language can be identified.
2. Oral Interpretation.
  - a. Provision of Qualified Interpreter:
    - i. The LEP patient or his/her legal representative or family members should be informed that oral interpretation services will be provided by TTUHSC El Paso by a qualified interpreter at no charge.
    - ii. Language assistance will be provided through use of qualified bilingual staff, staff interpreters, contracts or formal arrangement with local organizations providing interpretation services, or technology and telephonic interpretation services.
    - iii. Language interpreters should:
      1. Have knowledge of medical terminology, where necessary, in both English and the patient’s native language;



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2. Understand their objective role as an interpreter and not become involved in health care decisions.
  - b. When interpretation services are required, details such as language spoken and interpreter used should be noted in the patient's record so that other employees who come in contact with the patient will know what type of services to provide.
  - c. Whenever possible clinic visits for LEP patients or their legal representatives should be scheduled during times when an interpreter can be available. If interpreter/translator is unavailable at the scheduled appointment, the exam may continue with consent of patient or his/her legal representative, using other options of effective communication such as family member, or written communication. If patient does not consent, appointment will be rescheduled.
3. Identification and Written Translation of Vital Documents
  - a. Vital documents are those documents, whether paper or electronic, that contain information critical for providing health care services to patients (i.e., Consent to Treat forms, HIPAA Privacy Notice, etc.); letters or notices that require a response from the patient (i.e., collection notices), and documents that inform patients or their legal representatives of free language assistance.
  - b. Vital Documents, at a minimum will be translated into Spanish and any other language where the patient population constitutes 5% or 1,000 LEP individuals, whichever is less, of the total patient population for that campus or School.
  - c. To the extent a language has not been identified as frequently encountered (see #2 above), TTUHSC El Paso will provide oral interpretation of written vital documents in the patient's native language at no cost to the patient.

### Hearing Impaired Patients or Legal Representatives:

1. The hearing impaired patient or his/her legal representative or family member shall be provided appropriate auxiliary aids and services at no cost to enable effective communication.
  - a. Appropriate auxiliary aids and services as defined in the regulations include, but are not limited to, qualified interpreters, note takers, written materials, or other effective methods of making aurally delivered materials available to individuals with hearing impairments. (Auxiliary aids and services, 2010)
  - b. The appropriate auxiliary aid depends in part on the length and complexity of the communication. Unless requested otherwise (See #2 below), language interpreters should be used where complex information must be conveyed, such as when explaining medical conditions, treatment options, medications and surgical procedures; when obtaining informed consent for treatment, when offering a diagnosis, prognosis and/or recommendation for treatment; when providing psychotherapy or counseling; and when discussing complex billing or insurance matters.
2. The patient should be given the opportunity to indicate what auxiliary aid(s) is necessary to provide communication in particular situations.
  - a. If a patient prefers the use of sign language, ensure that a certified sign language interpreter has been arranged. Qualified interpreters will be utilized who are available from local or accessible agencies. If the patient requests a specific interpreter, every effort will be made to honor that request.



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- b. If the patient prefers written communication, provide a clipboard and paper and pen or pencil. All employees should be instructed to communicate legibly in writing with the patient.

Visually Impaired Patients or Legal Representatives:

1. If the patient or his/her legal representative has vision loss to such a degree that they are unable to read and understand documents they need to sign, a member of the patient’s family or clinic personnel may be used to read all documents aloud. Document the information was read aloud and who read on the form and in the medical record.
2. To obtain a patient’s or legal representative’s signature on documents, assist the patient as needed. Allow visually impaired individual to sign their normal signature. Signature is to be witnessed in accordance with standard procedure.
3. See EP 6.10 A, Suggestions regarding Meeting a Blind Person.

Use of Patient’s Family Member or Friend or Children as an Interpreter:

1. The patient shall not be required to use a family member or friend as an interpreter. In an emergent situation a family member or friend may be used as an interpreter until a qualified interpreter is available.
2. Family members and friends will not be used as interpreters unless specifically requested by the patient and AFTER the patient has understood that an offer of an interpreter at no charge to the person has been made by TTUHSC El Paso. The offer and patient’s refusal shall be documented in the patient’s record. If the patient chooses to use a family member or friend and the provider determines that the family member or friend is not competent to provide translation (i.e., unfamiliar with medical terminology or ability to translate complex terms) or there are concerns of a conflict of interest (i.e., abuser, etc.) than another interpreter will be provided by TTUHSC El Paso to replace or supplement the patient’s family member or friend.

Recording in the Medical Record

1. The progress note should reflect communication mode, name of interpreter used, and any related significant observations for all incidents of communication assistance.

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Signatory approval on file by: Michael J. Romano, M.D. Associate Dean of Clinical Affairs Clinic Operations Committee, Chair Paul L. Foster School of Medicine	