



Hospitals and Clinics Administration

Enterprise # 0134

DATE: 1/17/2024

- TO: All SCVH Workforce Contractors Only
- Site Specific Workforce Medical Staff Only
- Department Specific Volunteers Only

FROM: Paul E. Lorenz DocuSigned by:
Paul E. Lorenz
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Chief Executive Officer, Santa Clara Valley Healthcare (SCVH)

SUBJECT: Language Assistance Services

SCOPE:

Location

(includes hospital and all inpatient and outpatient locations and subacute facilities of the hospital, unless otherwise indicated)

- SCVH Wide
- O'Connor Hospital Santa Clara Valley Medical Center St. Louise Regional Hospital
- Ambulatory Subacute

Department (if applicable): _____

Who May Perform This Procedure

(to be used for any policy that includes a procedure that must be executed by staff)

- Everyone
- RN LVN HSA MA
- Physicians/Residents APPs RT Pharmacist
- MUC HSR Techs Lab
- Radiology Other (specify)

DEFINITIONS:

1. **Qualified bilingual staff**: An SCVH workforce member certified by SCVH to provide in-language oral language assistance as part of their current, assigned job responsibilities and who has demonstrated that they are (a) proficient in speaking and understanding both spoken English and at least one other spoken language, including any necessary specialized vocabulary, terminology and phraseology, and (b) able to effectively, accurately, and impartially communicate directly with Limited English Proficient individuals in their primary languages.
2. **California Relay Service (CRS)**: A telecommunications relay service that enables individuals who are deaf, are hard of hearing, or have a speech disability use of the telephone to communicate. Trained communication assistants complete all calls and stay on the line to relay text messages over a text telephone device known as a TTY device (to persons who are deaf, are hard of hearing, or have a speech disability) and verbally (to the hearing party). CRS may be accessed by dialing 711.
3. **Disability**: Disability means, with respect to an individual, a physical or mental impairment that substantially limits one or more major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment. A major life activity is an activity that is central to daily life. Major life activities include, but are not limited to, hearing and speaking.
4. **Frequently encountered language**: A non-English language group that constitutes five percent or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered by SCVH.
5. **“I Speak” card**: A written card that helps identify what language an individual speaks, and what language an interpreter will need to speak to communicate effectively with that individual, by allowing the individual to point to their preferred language.
6. **Interpretation (or interpret)**: Rendering a message spoken or signed in one language into a second language.
7. **Limited English Proficient (LEP) individual**: An individual who does not speak English as their primary language and who has a limited ability to read, write, speak, or understand English.
8. **Preferred language**: The language that an individual identifies as the preferred language that they use to communicate effectively.
9. **Qualified interpreter**: An individual who (a) adheres to generally accepted interpreter ethics principles, including client confidentiality, and to the Code of Ethics and Standards of Practice published by the National Council on Interpreting in Health Care (NCIHC), (b) has demonstrated proficiency in speaking and understanding both spoken English and at least one other spoken language, and (c) via a video remote interpretation (VRI)

service, telephone, or an on-site appearance, is able to interpret effectively, accurately, and impartially to and from such language(s) and English, using any necessary specialized vocabulary or terms without changes, omissions, or additions and while preserving the tone, sentiment, and emotional level of the original oral statement. Qualified interpreters include both classified medical interpreters employed by SCVH and contract medical interpreters.

10. **Qualified translator:** An individual who (a) adheres to generally accepted translator ethics principles, including client confidentiality, (b) has demonstrated proficiency in writing and understanding both written English and at least one other written non-English language, and (c) is able to translate effectively, accurately, and impartially to and from such language(s) and English, using any necessary specialized vocabulary or terms without changes, omissions, or additions and while preserving the tone, sentiment, and emotional level of the original written statement. Qualified translators include both classified medical translators employed by SCVH and contract medical translators.
11. **Speech-to-Speech Service (STS):** A service that enables an individual with a speech disability to use the California Relay Service using their own voice or voice synthesizer to call another person. STS provides trained operators who function as live voicers for users with speech disabilities who have trouble being understood on the telephone. The operator will repeat the words of the caller with a speech disability to whomever that person is calling. The service also works in reverse, so that anyone may initiate a call to a person with a speech disability using STS.
12. **Translation (or translate):** Conveying meaning, style, tone, and intent from text written in one language to text written in another language.
13. **TTY:** Text Telephone. A TTY device enables individuals who are deaf, are hard of hearing, or have a speech disability to use the telephone to communicate by typing and receiving messages instead of talking and listening. A TTY device is required at both ends of the conversation to communicate.
14. **Video Remote Interpretation (VRI) service:** An interpretation service that uses real-time, full-motion video and audio over a dedicated high-speed, wide-bandwidth video connection or wireless connection that delivers high quality video images that do not produce lags, choppy, blurry, or grainy images, or irregular pauses in communication.
15. **Vital written material:** Written material that, as determined by SCVH, contains information critical to accessing SCVH services, programs, or activities.

PURPOSE:

The purpose of this Policy is to ensure that the SCVH Departments—Santa Clara Valley Medical Center (SCVMC) Hospital and Clinics, O’Connor Hospital (OCH), and St. Louise Regional Hospital (SLRH) (collectively, “SCVH”)—provide Limited English Proficient (LEP) individuals, individuals who are deaf or hard of hearing, individuals with speech disabilities, and

other individuals who need language assistance with meaningful access to SCVH services, programs, and activities in compliance with Title VI of the Civil Rights Act of 1964, Section 1557 of the Patient Protection and Affordable Care Act, Title II of the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, Sections 1259 and 123147 of the California Health and Safety Code, Section 11135 of the California Government Code, the Dymally-Alatorre Bilingual Services Act, the regulations promulgated under these statutes, and all other applicable laws.

BACKGROUND:

Of Santa Clara County's approximately 2 million residents, nearly 40 percent were born outside the United States, and more than half speak a language other than English. SCVH therefore strives to provide a broad range of language assistance services, including interpretation and translation services, to effectively communicate with its diverse patient populations at no cost to individual patients or their family members.

POLICY:

SCVH is committed to ensuring that Limited English Proficient (LEP) individuals and individuals with disabilities have meaningful access to SCVH services, programs, and activities. Accordingly, SCVH will provide accurate and timely language assistance services, free of charge, in a manner that protects these individuals' privacy and independence.

The language assistance services that SCVH will make available include:

1. Qualified interpretation services, such as interpretation into a non-English language or sign language, provided in-person or remotely by a qualified interpreter;
2. Qualified translation services, performed by a qualified translator, of written content in paper or electronic form into languages other than English; and
3. Language assistance services furnished by qualified bilingual staff able to communicate directly with LEP individuals in those individuals' primary language(s) as part of that staff's current, assigned job responsibilities.

Qualified Interpretation Services

SCVH will make qualified interpretation services available free of charge, 24 hours a day, 7 days a week.

SCVH will not require an LEP individual or an individual with a disability to bring another person to interpret for that individual. SCVH will not rely on an adult accompanying an LEP individual or individual with a disability to interpret or facilitate communication except:

- a. as a temporary measure, while finding a qualified interpreter in an emergency involving an imminent threat to the safety or welfare of an individual or the public where there is

no qualified interpreter for the LEP individual or individual with a disability immediately available and the qualified interpreter that arrives confirms or supplements the initial communications with the accompanying adult; or

- b. where the LEP individual or individual with a disability specifically requests that an accompanying adult interpret or facilitate communication, and
 - i. the LEP individual or individual with a disability has been reminded, in their preferred language, that SCVH provides qualified interpretation services free of charge,
 - ii. the accompanying adult agrees to provide such assistance,
 - iii. the request and agreement by the accompanying adult are documented; and
 - iv. reliance on that accompanying adult for such assistance is appropriate under the circumstances.

SCVH will not rely on a minor child to interpret or facilitate communication, except as a temporary measure while finding a qualified interpreter in an emergency involving an imminent threat to the safety or welfare of an individual or the public where there is no qualified interpreter for the LEP individual or individual with a disability immediately available and the qualified interpreter that arrives confirms or supplements the initial communications with the minor child.

When providing remote interpretation services, such as video remote or telephone interpretation services, SCVH will ensure that those services feature real-time audio over a dedicated high-speed, wide-bandwidth video connection or wireless connection that delivers high-quality audio without lags or irregular pauses in communication, as well as clear, audible transmission of voices. Furthermore, SCVH will provide adequate training to users of the technology and other involved individuals so that they may quickly and efficiently set up and operate remote interpretation services.

Qualified Translation Services

SCVH will make qualified translations of vital written materials available in frequently encountered languages.

SCVH will also translate written materials as needed or upon request to ensure meaningful access to SCVH services, programs, and activities.

Qualified Bilingual Staff

Qualified bilingual staff may provide in-language oral language assistance as part of their current, assigned job responsibilities. Qualified bilingual staff are certified by SCVH as having demonstrated that they are:

1. proficient in speaking and understanding both spoken English and at least one other spoken language, including any necessary specialized vocabulary, terminology, and phraseology; and

2. able to communicate directly effectively, accurately, and impartially with LEP individuals in their primary languages.

SCVH will not rely on workforce members other than qualified interpreters or qualified bilingual staff to communicate directly with LEP individuals or individuals with disabilities who need language assistance.

PROCEDURE:

Responsible Party

Action

Language Services
Department

Program Administration

1. Develop, monitor, and update a language access plan for SCVH, including by:
 - a. keeping current on community demographics and needs.
 - b. monitoring utilization rates of different language assistance services throughout SCVH.
 - c. monitoring complaints or suggestions by LEP individuals, individuals with disabilities, workforce members, and the community, regarding SCVH language assistance services.
 - d. surveying SCVH workforce members about their use of language assistance services and suggestions for improvement; and
 - e. exploring the use of emerging technology, promoting workforce development, and employing other mechanisms to improve language assistance services.
2. Hire and train a team of classified medical interpreters and translators.
3. Oversee the certification of qualified bilingual staff.
4. Manage language assistance contracts and contractors to supplement language assistance services provided by classified medical interpreters and translators, as appropriate.
5. Ensure that all Language Services Department workforce members have knowledge of the requirements and

procedures relating to the provision of language assistance services.

6. Work with other SCVH departments to identify written materials in need of translation.
7. Oversee the translation of vital written materials.

Language Services
Department

Training for SCVH Workforce Members

1. Update SCVH-wide language assistance policies and procedures at least annually.
2. Work with other SCVH departments to develop and deploy training materials and modules to ensure that SCVH workforce members who interact with patients and the public understand:
 - a. why it is important to provide language assistance services.
 - b. how to effectively and respectfully communicate and interact with LEP individuals and individuals with disabilities who need language assistance services.
 - c. policies and procedures related to the provision of language access services, including the availability of interpretation and translation services at no cost to patients and members of the public.
 - d. how to appropriately capture data regarding the language needs and preferred language(s) of LEP individuals and individuals with disabilities.
 - e. procedures to request and work with a qualified interpreter, including when to use an interpreter; and
 - f. what type of translated information is available to patients and the public and where to find it.

Language Services
Department, Marketing
Department

Notice of Language Assistance Services (“Notice”)

1. Develop and annually update a Notice, in both English and frequently encountered languages, regarding the

availability of SCVH language assistance services. The Notice will include information about:

- a. the availability of interpretation services free of charge, 24 hours a day, 7 days a week, and upon request.
 - b. the languages in which interpretation services are available, including sign language.
 - c. how to obtain interpretation services; and
 - d. how to file a complaint concerning interpretation services. The notice will:
 - i. instruct patients and the public to direct such complaints to the California Department of Public Health (CDPH) by providing the local address and telephone number for CDPH, including, but not limited to, a TTY number for individuals who are deaf, hard of hearing, or have a speech disability; and
 - ii. advise patients and the public how to submit complaints to SCVH Customer Relations Department and The Joint Commission.
2. Ensure the Notice is posted in conspicuous locations throughout SCVH, including emergency rooms, admitting areas, entrances, and outpatient areas.
 3. Ensure the Notice is posted on SCVH websites, accompanied by a current copy of this Policy, which will be updated annually.
 4. Work with inpatient and outpatient Registration managers to ensure that Registration workforce members know how to communicate the information in the Notice to patients and members of the public.

All Registration
Workforce Members
(Inpatient and Outpatient)

Identifying Individuals in Need of Language Assistance

1. Make available written copies of the Notice of Language Assistance Services to patients and members of the public.
2. Communicate the information contained in the Notice of Language Assistance Services to patients and members of

the public.

3. Use “I Speak” cards approved by the Language Services Department to invite patients and members of the public to identify their preferred language.
4. Record an individual’s preferred language and dialect, and whether they need an interpreter, in the electronic health record (EHR) system.
 - a. Record each patient’s preferred language and dialect, and whether they need an interpreter, in their medical chart.
 - b. If applicable, further record a patient’s preferred language and dialect on one or more of the following: hospital bracelet, bedside notice, and/or nursing card.

All SCVH Workforce
Members

Documenting Language Preferences and Needs

1. Verify that the preferred language of each patient has been appropriately identified and logged.
2. If a patient’s preferred language has not been appropriately logged, gather and input the individual’s preferred language and dialect, and whether they need an interpreter, in the EHR.
 - a. Record each patient’s preferred language and dialect, and whether they need an interpreter, in their medical chart.
 - b. If applicable, further record a patient’s preferred language and dialect on one or more of the following: hospital bracelet, bedside notice, and/or nursing card.

All SCVH Workforce
Members

Offering Qualified Interpretation Services

1. Offer qualified interpretation services to:
 - a. anyone who self-identifies as an LEP individual, who requests an interpreter, or who you recognize or have reason to believe needs an interpreter to meaningfully access SCVH services, programs, or activities—regardless of whether the individual is accompanied by a family member, friend, or other

- caregiver who may be capable of interpreting for the individual; and
- b. any family member, friend, or other caregiver who meets the above description and is authorized to receive information about a patient's care and/or condition and needs to communicate with providers about that patient's care.
2. When offering qualified interpretation services, explain that those services are:
 - a. Provided by SCVH free of charge; and
 - b. Confidential.
 3. Document in each patient's chart:
 - a. the patient's use of qualified interpretation services.
 - b. if applicable, the use of qualified interpretation services by an authorized family member, friend, or other caregiver.
 - c. the type of interpretation service used (i.e., in-person, VRI, or telephone); and
 - d. the interpreter's name and identification number.
 4. The use of adult family members, friends, and/or other caregivers as interpreters is strongly discouraged. If a patient refuses the offer of qualified interpretation services and insists on using an accompanying adult to interpret for them,
 - a. remind the individual, in their preferred language, that SCVH provides qualified interpretation services free of charge.
 - b. confirm that the accompanying adult agrees to provide interpretation assistance.
 - c. confirm that relying on the accompanying adult for such assistance is appropriate under the circumstances; and
 - d. document the individual's refusal to use qualified interpretation services, their request to use an accompanying adult for interpretation assistance,

and the accompanying adult's agreement to provide interpretation assistance in the patient's chart.

5. If it is determined that the sensitive nature of a patient's clinical condition, a confidentiality or privacy concern, a conflict of interest, the complexity of the terms or concepts needing to be conveyed, or another issue makes it inappropriate to rely on the accompanying adult for language assistance under the circumstances, provide a qualified interpreter and document the reasons leading to the override in the patient's chart.
6. If an individual expresses a preference for a particular type of interpretation service (i.e., in-person, video remote, or telephone), SCVH workforce members must make every reasonable effort to honor that preference.

REMINDER: A minor child should not be used to interpret or facilitate communication, except as a temporary measure in an emergency involving an imminent threat to the safety or welfare of an individual or the public where there is no qualified interpreter for the LEP individual or individual with a disability immediately available, and only until a qualified interpreter arrives. Upon arrival, the qualified interpreter must confirm or supplement the initial communications with the minor child. Use of a minor child for interpretation under these circumstances must be documented in the medical record.

All SCVH Workforce
Members

Requesting In-Person Interpretation Services

To request in-person interpretation services (including for American Sign Language), SCVH workforce members must:

1. Contact the Language Services Department at least 48 hours in advance, if possible, by:
 - a. calling 1-408-808-6150 or extension 286150 between 8:30am and 5pm, Monday through Friday, to reach a Language Services Dispatcher, or
 - b. e-mailing facetoface@hhs.sccgov.org;
2. Provide the workforce member's name and phone number; and
3. Provide the patient's name, medical record number, and the appointment date, time, duration, and location in a manner.

that preserves patient privacy.

In-person interpretation services are especially appropriate when the communication required is complex, critical, sensitive in nature, involves visual cues, and/or requires specialty medical interpretation.

NOTE: Language Services must be notified of any cancellations at least 48 hours in advance to avoid having SCVH incur a minimum charge.

All SCVH Workforce
Members

Requesting Video Remote Interpretation (VRI) Services

SCVH workforce members may request VRI services (including for American Sign Language):

1. On demand, 24 hours a day, 7 days a week through
 - a. HealthLink, or
 - b. the LanguageLine InSight Application or the CyraCom Interpreter Application installed on SCVH-issued iPads and iPhones; or
2. In advance through Microsoft Teams by e-mailing a request for a video interpreter and Teams invitation link to facetoface@hhs.sccgov.org.

All SCVH Workforce
Members

Requesting Telephone Interpretation Services

If visual cues are not necessary as part of the interpretation process, SCVH workforce members may request telephone interpretation services on demand, 24 hours a day, 7 days a week:

1. By calling one of the following numbers:
 - a. If calling from Santa Clara Valley Medical Center Hospitals and Clinics, dial 1-408-808-6150 or extension 286150.
 - b. If calling from O'Connor Hospital, St. Louise Regional Hospital, or Valley Health Center Morgan Hill, dial extension 2200; or
2. by using the LanguageLine InSight Application or the CyraCom Interpreter Application installed on SCVH-issued

iPads and iPhones.

All SCVH Workforce
Members

**Communicating by Telephone with Individuals Who Are Deaf,
Are Hard of Hearing, and/or Have a Speech Disability**

1. To reach an individual who is deaf, is hard of hearing, or has a speech disability by telephone:
 - a. Call the California Relay Service (CRS) by dialing 711 or 1-800-735-2922 (Voice to TTY) or 1-800-854-7784 (STS); and
 - b. Provide the area code and TTY or phone number you wish to call.
2. Always respond to telephone calls from a telecommunications relay service, such as CRS, in the same manner that you respond to other telephone calls.

All SCVH Workforce
Members

Requesting Written Translations or Alternative Formats

To request that written material be translated into English or a non-English language, or reproduced in an alternative format such as braille or large print, send hhslanguageservices@hhs.sccgov.org an e-mail containing the following information:

1. A copy of the written material.
2. The language or format into which the written material needs to be translated or reproduced.
3. The deadline by which the written material needs to be translated or reproduced; and
4. Any special requests or instructions relating to the written material.

Customer Relations
Department

Complaints Relating to Language Assistance

1. Timely and appropriately respond to all complaints relating to language assistance services by following the policies and procedures described in *SCVH Policy # 0122 - Grievance Process for Concerns Regarding Patient Care and Service*.

2. Notify the Language Services Department of all complaints related to language assistance services.

Ethics, Privacy & Compliance Office

Regulatory Inquiries

1. Timely and appropriately investigate complaints referred from, and respond to inquiries made by, the California Department of Public Health, the U.S. Department of Health and Human Services Office for Civil Rights, The Joint Commission, and other oversight bodies.
2. Consult and collaborate with the Office of the County Counsel, as appropriate.

Language Services Department, Ambulatory Care Support Services Department, Quality Improvement

Compliance Monitoring

1. Work with the Ethics, Privacy and Compliance Office to evaluate the contents and implementation of this Policy on an ongoing basis to ensure accuracy and regulatory compliance.
 - a. Consult with appropriate staff; LEP individuals; individuals who are deaf, hard of hearing, or have speech or other disabilities; and community groups to monitor the effectiveness of current language assistance policies and procedures.
 - b. Review Language Services Department operations to assess systems, resources, and performance.
 - c. Ensure that language assistance policies and procedures are effectively communicated to Facilities and Hospital and Ambulatory managers.
2. Work with the Executive Director's Office to:
 - a. secure approval of any updates to this Policy before January 1 of each year; and
 - b. transmit to the California Department of Public Health, by January 1 of each year, a copy of the updated Policy and a description of SCVH's efforts to ensure adequate and prompt communication between patients with language or communication barriers and staff; and

- c. submit, by January 1 of each year, a copy of the updated Policy to be posted on SCVH websites.
3. Consult and collaborate with the Office of the County Counsel, as appropriate.

**REGULATORY
REFERENCES:**

42 U.S.C. § 2000d [Section 601 of Title VI of the Civil Rights Act of 1964]
 42 U.S.C. § 18116 [Section 1557 of the Patient Protection and Affordable Care Act]
 29 U.S.C. § 794 [Rehabilitation Act of 1973]
 42 U.S.C. § 12132 [Americans with Disabilities Act of 1990]
 45 C.F.R. § 84.52 [regulations relating to the Rehabilitation Act of 1973]
 45 C.F.R. § 80.3 [regulations relating to Section 601 of Title VI of the Civil Rights Act of 1964]
 45 C.F.R. Part 92 [regulations relating to Section 1557 of the Patient Protection and Affordable Care Act]
 28 C.F.R. Part 35 [regulations relating to the Americans with Disabilities Act of 1990]
 68 Fed. Reg. 47311 (Aug. 8, 2003) [guidance relating to Section 601 of Title VI of the Civil Rights Act of 1964]
 Cal. Health & Safety Code, § 1259
 Cal. Health & Safety Code, § 123147
 Cal. Gov. Code, §§ 7290 *et seq.* [Dymally-Alatorre Bilingual Services Act]
 Cal. Gov. Code, § 11135
 22 Cal. Code Regs., § 70721

POLICIES REPLACED:

- VMC #311.1 – Translating and Interpreting Services
- VMC #312.0 – Language Assistance - Limited English Proficiency
- SLRH #5583902 – Language Assistance Services for Limited English Proficient (LEP) and Hearing-Impaired Patients/Patient Representatives
- OCH #6397056 – General: Translation Services
- OCH #4375942 – Translation/Interpreter Services
- ADMN 36 – Video Remote Interpretation (VRI) – Language Services

Issued: 12/08/2022

Revised: 1/17/2024

APPROVAL PATH:

Department or Committee	Responsible Person	Date
Language Services	Nancy Nguyen	12/14/2023
Enterprise Chief Executive Officer	Harry Morrison, MD Paula Faria-Gomez	12/21/2023
Health and Hospital Committee	Paul Lorenz (Board of Supervisors)	1/17/2024