

THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER

POLICY AND PROCEDURES FOR COMMUNICATION WITH PATIENTS WITH LIMITED ENGLISH PROFICIENCY

POLICY:

The University of Oklahoma Health Sciences Center (“OUHSC”) will take reasonable steps to ensure that patients with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in its services, activities, programs, and other benefits. LEP individuals are those who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English. The policy of OUHSC is to ensure meaningful communication with LEP patients and their authorized representatives with regard to their medical treatment. This policy also provides for communication of information contained in vital documents, including but not limited to, waivers of rights, consent to treatment forms, and financial and insurance benefit forms.

Language assistance will be provided through use of competent bilingual staff, staff interpreters, contract services with organizations providing interpretation or translation services, or technology and telephonic interpretation services as determined by each clinic or program.

All staff will be provided notice of this policy.

Each OUHSC clinic or program will assess the following factors when providing services to LEP patients:

1. The number or proportion of LEP patients served or encountered in the eligible service population.
2. The frequency with which LEP patients come in contact with the program, activity, or service.
3. The nature and importance of the program, activity, or service.
4. The resources available to the program, activity, or service and the costs of providing language assistance.

DEFINITIONS:

Interpretation – The act of listening to something in one language (source language) and translating it orally or by sign into another language (target language).

Qualified Interpreter - An interpreter who, via a video remote interpreting (VRI) service or an on-site appearance, is able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Qualified Interpreters include, for example, sign language interpreters, oral transliterators, and cued-language

transliterators and may include staff members.

Translation – The replacement of a written text from one language (source language) into an equivalent written text in another language (target language).

Limited English Proficiency (LEP) – Limited English Proficiency (LEP) describes an individual who does not speak English as his primary language and who has a limited ability to read, write, speak, or understand English.

PROCEDURES:

1. IDENTIFYING LEP PATIENTS AND THEIR LANGUAGE

LEP patients may self-identify to or be identified by clinic or program staff. The clinic manager, program manager, or designated person will promptly identify the language and communication needs of the identified LEP patient. If necessary, staff will use a language identification card (or “I speak cards,” available online at <http://www.lep.gov/ISpeakCards2004.pdf>) or posters to determine the patient’s language. In addition, when records are kept of past interactions with patients or family members, the language used to communicate with the LEP patient should be included as part of the patient’s medical record.

OUHSC will encourage patients to request interpreter services prior to appointments. The patient’s record should be marked to indicate LEP status, specifying what language is spoken.

2. OBTAINING A QUALIFIED INTERPRETER

The clinic manager, program manager, or designated person is responsible for:

- (a) Maintaining an accurate and current list including the name, languages spoken, phone number, and hours of availability of bilingual staff and outside Qualified Interpreters; and
- (b) Contacting the appropriate bilingual staff member to interpret, in the event that an interpreter is needed, if an employee who speaks the needed language is available and is qualified to interpret; or
- (c) Obtaining an outside Qualified Interpreter if a bilingual staff member or staff interpreter is not available or does not speak the needed language.

Some LEP patients may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the LEP patient may not be used as interpreters unless specifically requested by that individual and **after** the LEP patient has been offered a Qualified Interpreter at no charge by the clinic. Such an offer and the response will be documented in the patient’s file. If the LEP patient chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these

reasons, as determined by the clinic or program staff, competent Qualified Interpreter services will be provided to the LEP patient.

NOTE: Minors and other non-staff or non-contract individuals will not be used to interpret, except in emergency situations, in order to ensure confidentiality of information and accurate communication.

3. PROVIDING WRITTEN TRANSLATIONS

(a) When Translation of vital documents is needed, clinic or program staff will submit documents for translation into frequently-encountered languages to the clinic manager, program manager, or designated person. The clinic manager, program manager, or designated person will contract, in accordance with OUHSC policy, with qualified individuals or companies to Translate the documents into the appropriate language. Original documents being submitted for Translation will be in final, approved form with updated and accurate legal and medical information.

(b) OUHSC will provide Translation of other written materials relevant to the care it provides, if needed, as well as written notice of the availability of free Translation to LEP individuals.

4. PROVIDING NOTICE TO LEP PATIENTS

All interpreters, translators, and other aids determined by OUHSC to be needed to comply with this policy shall be provided without cost to the patient being served. OUHSC clinics and programs will inform LEP patients of the availability of free language assistance by displaying written notice in languages LEP patients will understand. Patients and their families will be informed that such assistance is available and is provided free of charge. Notification will also be provided on OUHSC's websites and telephone voice mail menus, if available.

5. MONITORING LANGUAGE NEEDS AND IMPLEMENTATION

On an ongoing basis, OUHSC clinics and programs will assess changes in demographics, types of services, or other needs that may require reevaluation of its procedures. In addition, OUHSC clinics and programs will regularly assess the effectiveness of these procedures, including but not limited to mechanisms for securing Qualified Interpreter services, equipment used for the delivery of language assistance, complaints filed by LEP patients, and feedback from patients. The clinic manager, program manager, or designated person will be responsible for compiling and assessing complaints and feedback regarding language assistance to LEP patients.

Each OUHSC clinic or program will conduct a regular review of the language access needs of its patient population and update its procedures, as necessary. This review shall be forwarded to clinic manager or his/her designee.