

MEMORIAL HEALTHCARE SYSTEM

STANDARD PRACTICE

Date:	February 1996
Date Reviewed:	July 1997; May 2000; August 2002; July 2005; September 2007; September 2008; October 2009; November 2010; January 2011; June 2012; April 2013; February 2014; July 2016; August 2018; October 2019; January 2022; January 2023, August 2024
Date Revised:	August 2002; March 2005; July 2005; September 2007; August 2008; October 2009; November 2010; January 2011; April 2012; February 2013; April 2013; April 2014; July 2016; February 2017; August 2018; October 2019; January 2022; January 2023, August 2024
Title:	PREFERRED LANGUAGE INTERPRETATION FOR PATIENTS AND OTHER SPECIAL COMMUNICATION NEEDS

Purpose: To comply with the requirements of the Office of Civil Rights, the Office of Minority Health, Section 1557 of the Affordable Care Act and The Joint Commission, Memorial Healthcare System (MHS) adopts the procedures specified below for effectively communicating in a patient/family preferred language for medical interactions and information and, as needed, with patients and/or family members who have a hearing loss, are deaf, speech impaired, non-verbal or have a cognitive/developmental disability or have limited English proficiency (LEP) skills. MHS will provide interpreters for patients and families including those who are Deaf or Hard of Hearing or have LEP skills at no cost to the patient or family.

Definitions:
Interpreter – An individual who is fluent in at least two languages, converts one spoken or signed language to another spoken or signed language and who is utilized in a three-way conversation when the patient/family has a preferred or requested learning language for medical information that the caregiver does not speak.

- Mechanisms of Verbal Communication:**
Interpreting (a 3-way conversation) –
- Contracted Vendor Interpreter
 - A person deemed competent and provided by an outside vendor who is utilized for interpreting medical information in person, over the telephone, or via audio/video technology.
 - Qualified Multi-lingual Interpreter Caregiver (Staff/Provider)
 - Caregiver whose primary responsibility is in healthcare and interpreting medical information is secondary, on a volunteer basis. These caregivers have been evaluated and deemed qualified.

- Same Language/Direct Communication (a 2-way conversation) –**
- Caregivers (staff/providers) who are multi-lingual and fluent in the same language as the patient/family’s preferred or requested learning language can communicate directly with the

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patient/family for medical interactions/information without needing an interpreter. This is NOT interpreting and customary practice in the setting of our multicultural community.

As with any medical information discussion, irrespective of what preferred language is used or if the communication is done a two-way (no interpreting) or three-way (interpreting) conversation, the caregiver ensures the patient/family understands the content.

Options for Vendor Interpreters:

Over-the-Phone Interpreting Vendors

- CyraCom - Use one of their blue dual handsets or blue cordless phones to access an over-the-phone interpreter for spoken foreign languages. If not available, dial X652121 from any CISCO phone. Enter your six-digit extension and follow the prompts to access CyraCom over-the-phone interpreters.

Video Remote Interpreting (VRI) Service Vendor – Verbal and American Sign Language

- CyraCom Video Interpreting – Use designated CyraCom iPads or the CyraCom app, available throughout the healthcare system for video or audio interpreting. If language is not available, use CyraCom's over-the-phone interpreting service. If there are any issues, please get in touch with customer support at 1-800- 481-3289.

In-Person American Sign Language Interpreting Service Vendor

- CODA Link, Inc – Call (954) 423-6893 during normal office hours 8:30 a.m. – 5:00 p.m. Additionally a 24-Hour Emergency line can be used in alternate times by calling (954) 557-5166.

Procedure:

1. MHS's goal is that patients and families with a preferred or requested learning language other than English (even if fluent in English) or who have limited English proficiency (LEP) shall be provided effective communication in their stated preferred or requested learning language for medical information. MHS caregivers (staff/providers) who are multi-lingual can communicate directly with the patient/family in the patient's preferred or requested learning language without needing an interpreter. If the caregiver (staff/provider) is not able to communicate in the patient's preferred or requested learning language, a qualified multi-lingual caregiver interpreter or an MHS-contracted vendor interpreter will be used for medical information with the partnership of the patient and family.
2. If a patient has a preferred or requested learning language other than English, this should be documented in the medical record.
3. Patients may select which language they choose to receive their medical information in. This is the patient's requested learning language. This does not have to be their native language. English will be noted as the preferred language for any patients who requests their learning language to be or chooses to receive their medical information in English.
4. When there is a medical emergency with an immediate need for an interpreter and there is no qualified multi-lingual caregiver is unavailable and over-the-phone or video interpreting service is not an effective modality, a multi-lingual staff/provider or volunteer may be used. These circumstances should be documented.
5. Family members should not be used as interpreters except when there is no reasonable

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alternative, such as in emergency circumstances with the absence of the above options or when requested by a competent patient if the patient refuses interpreter services. These circumstances should be documented.

6. Minors should not be used as interpreters.
7. If there is no availability of a requested rare language by the vendor interpreter service and immediate communication is needed for the patient, caregivers may use a family member or an online translator. This should not be common practice, but are the only options when there is no interpreter available through the vendor. These circumstances should be documented.
8. If the providers, staff, or the patient/family deems the communication ineffective with a vendor, stop the interpretation and request a different interpreter or use a different vendor, if available. Submit a report to the vendor and notify the Regulatory Department for follow-up.
7. MHS has accommodations available for patients and/or family members who have hearing loss, are deaf, speech impaired, nonverbal, have a cognitive/developmental disability, or have a physical or mobility impairment.
 - a. Employees are expected to offer accommodations/adaptations to patients and/or family members who have a hearing loss, are deaf, speech impaired, nonverbal, have a cognitive/developmental disability, or have a physical or mobility impairment rather than wait for them to make the request.
 - b. When the patient and/or family members are identified as deaf or hard of hearing and using American Sign Language (ASL), an interpreter will be offered through the video remote interpreting service (VRI) and/or on-site interpreters.
 - c. MHS has contracted with a wireless VRI provider who provides certified ASL sign language interpreters 24 hours a day, to patients/families who use ASL for effective communication. VRI may assist with effective communication until the arrival of the on-site sign language interpreter or may be used in place of an on-site sign language interpreter if the patient/family member agrees to do so or makes said request. VRI is an alternative means of providing ASL sign language interpreters promptly and in a timely manner. If a patient requests an in-person ASL interpreter instead of a video interpreter, a reasonable attempt will be made to honor the request. These circumstances should be documented.

When the patient and/or family needs an ASL interpreter to come to the hospital, MHS has partnered with CODA Link, Inc to provide ASL interpreters. MHS pays a fee for ASL services. When feasible, arrangements should be made in advance. If not needed, these services should be cancelled within a 36-hour notice in order for fees not to be assessed.

- d. Special communication telephones are available 24 hours/day, seven days a week and are located in the Telecommunications office at MRH/JDCH, MRHS, MHP, MHW and MHM.

Special communication telephones include the following:

- Teletypewriter (TTY) Phones
- Amplified Phones

- Voice Carry Over Phones
 - Big Button Braille Phones
- e. Staff/patients/families/visitors may call the Florida Relay Service at 711 or use the appropriate toll-free number. This is a fee service that relays calls between deaf or speech impaired and hearing persons. A person who is deaf can have the use of a TTY phone to access this service.
- 1-800-955-8771 (TTY)
 - 1-877-955-8773 (Spanish)
 - 1-877-955-8707 (French)
 - 1-877-955-8260 (Voice Carry Over)
 - 1-877-955-5334 (Speech to Speech)
 - 1-800-955-8770 (Voice)
- f. All patient televisions have access to closed captioning.
- g. Special nurse call systems are available 24 hours/day, seven days a week and accessible through Facilities Management at MRH, JDCH, MRHS, MHP, MHW and MHM. Special nurse call systems include the following:
- Pressure Pad Call System
 - Bulb Call System
 - Breath Call/Sip and Puff Call System
 - EZ Call System
 - Geriatric/Mechanical Pad Call System
- h. For additional support with patient communication, consult speech therapy at your hospital.

Training:

Staff is provided information through several mediums on the availability of these services through new employee orientation and nursing orientation within 60 days of hire; and mandatory annual review.

Information and Assistance:

Additional information may be found on the MHS INTRANET. If staff, patients, families, or visitors still need additional assistance or guidance, they may contact the Administrative Officer at each facility.



Shane Strum
Interim Chief Executive Officer & President
Memorial Healthcare System

This policy is intended to provide Memorial health care professionals with guidelines for addressing the subject matter herein. This policy is not meant to be a substitute for the standard of care or to restrain professional judgment or opinion.

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