Provider Language Services Guide

Who needs Language Services?

Language services are available for patients, members, and their family/companions who have limited English proficiency (LEP) or who are deaf/hard of hearing and communicate using sign language.

Title VI of the Civil Rights Act of 1964, Title III of the Americans with Disabilities Act, and Section 1557 of the Patient Protection and Affordability Act require all entities that receive federal funds (such as accepting Medicaid or Medicare) and providers affiliated with them to provide language assistance and auxiliary aids, free of charge.

Communication assistance must be provided by qualified and trained interpreters or qualified bilingual staff who have been tested, trained, and vetted by the organization to provide services in a language other than English. Family members and friends of bilingual staff who have not been qualified should not be relied upon as interpreters in a clinical setting.

According to the US Census Bureau, 22.5% of people in the United States speak a language other than English at home, and about 33.3% of those indicate they, "...speak English less than very well." **Figure 1** below shows the breakout of the top 15 languages spoken in the Intermountain/Select Health service area.

Figure 1. Top 15 Languages in States Serviced by Intermountain Health or Select Health

Colorado	Idaho	Montana	Nevada	Utah	Wyoming
Spanish (600,603)	Spanish (136,997)	Spanish (14,545)	Spanish (591,262)	Spanish (310,259)	Spanish (25,145)
Chinese (23,735)	Chinese (4,485)	German (5,298)	Tagalog (84,525)	Chinese (15,312)	German (1,921)
German (22,837)	German (4,127)	French (1,880)	Chinese (32,559)	Portuguese (14,013)	French (1,736)
Vietnamese (21,143)	French (3,057)	Tagalog (1,426)	Amharic, Somali (13,068)	Tongan (13,177)	Chinese (1,079)
French (18,560)	Arabic (2,895)	Chinese (1,309)	Vietnamese (11,113)	German (8,943)	Tagalog (865)
Amharic (16,402)	Russian (2,574)	Russian (965)	Korean (10,630)	Vietnamese (7,921)	Russian (647)
Russian (16,023)	Tagalog (1,995)	Yiddish (800)	Tongan (10,592)	French (7,865)	Japanese (604)
Arabic (14,292)	Japanese (1,809)	Tongan (782)	French (8,480)	Navajo (7,401)	Tongan (435)
Korean (13,302)	Vietnamese (1,809)	Vietnamese (321)	German (7,068)	Tagalog (6,565)	Korean (329)
Tagalog (7,445)	Swahili (1,671)	Arabic (528)	Japanese (7,000)	Japanese (5,567)	Vietnamese (301)
Hindi (7,261)	Thai, Lao (1,655)	Italian (512)	Thai, Lao (6,870)	Korean (4,868)	Navajo (234)
Nepali (7,084)	Japanese (1,474)	Ukranian (442)	Arabic (5,943)	Arabic (4,794)	Thai, Lao (200)
Portuguese (6,636)	Portuguese (1,418)	Japanese (436)	Russian (5,381)	Russian (3,929)	Ukranian (188)
Yoruba, Twi, Igbo (6,556)	Nepali (1,414)	Portuguese (290)	Persian, Farsi (4,856)	Thai, Lao (3,674)	Portuguese (184)
Japanese (6,443)	Ukranian (1,248)	Hmong (286)	Portuguese (4,282)	Serbo-Croatian (3,549)	Yiddish (176)

Source: **Data USA**

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When does a person need an interpreter?

- A person's preferred language in the medical record is not English.
- Verbal exchanges would be difficult in English.
- A patient, member, and/or family use hand gestures and/or signs to communicate.
- A family member or friend speaks for the patient or member.
- A family member or friend serves as an interpreter to make an appointment over the phone.
- A patient, member, or family member requests an interpreter.

Why work with trained medical interpreters?

Working with trained healthcare interpreters results in more accurate diagnoses, better patient compliance, and fewer errors that may result in patient harm.

Failure to work with qualified bilingual staff or qualified interpreters can be considered a form of discrimination based on country of origin, a protected class under the Civil Rights Act.

Communication Assistance Options

- Qualified Bilingual Staff (QBS)
- In-Person Qualified Interpreters
- Video Interpretation (iPads or telehealth)
- Audio/Telephonic Interpretation
- Translated Documents

Selecting an Interpretation Method

When selecting the method of interpretation you will use, take into consideration the clinical significance of the conversation, the individual's needs and preferences, and the resources available. Caregivers should include the patient in the decision-making process to ensure that communication will be effective.

In-Person Interpretation

This is the preferred method of interpretation as it allows for better interaction between all parties involved. It also allows the interpreter to help clarify the message when needed and assume their role as cultural mediators and patient advocates. Consider using in-person interpreters for:

- Sensitive or complex conversations (such as complex discharge, new or sensitive diagnosis, obtaining informed consent, end of life, etc.)
- Individuals with additional communication barriers (such as the soft spoken, deaf or hard of hearing, cognitive decline, or altered state of mind)
- Group settings (classes, family conferences)
- Long conversations (such as during therapy or appointments with continuous conversations going over 30 minutes without breaks)

Video Remote Interpretation (VRI)

This is an effective communication tool for short conversations, such as to:

- Provide follow-up or routine care (assessing pain level, bedside report, etc.).
- Avoid delay in care in emergency situations (such as triage in the emergency department or patient needs that require immediate attention).
- Assist whenever on-site interpretation is not an option or is not available.

Over-the-Phone Interpretation (OPI)

This tool is a reasonable accommodation for simple conversations when on-site and/or video remote interpretation is unavailable (such as pre-registration or scheduling).

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GENERAL TIPS FOR WORKING WITH INTERPRETERS

1. **Always offer FREE interpretation services** to all patients, members, and their families or companions whose preferred language is something other than English. Only use qualified interpreters.

   Family members, friends, or unqualified bilingual staff should NOT be relied upon to interpret.

2. **Pre-session:** Whenever possible, talk briefly with the interpreter before going into the room and let them know what the conversation will be about, including relevant information regarding the encounter that may help them be better prepared. Allow the interpreter to take a few seconds to introduce themselves to the patient.

3. **Positioning:** Ideally, the interpreter should sit or stand next to the patient, not the provider. This helps patients feel at ease. Whenever possible, allow a set up that permits this positioning.

   Exception: For ASL encounters, the interpreter needs to be in front of the patient.

4. **Look at the patient (not the interpreter) while speaking to them.** Build rapport with your patient or member, and ask questions directly to them instead of asking the interpreter to ask the question to the patient.

5. **Use simple language, keep sentences short, and pause often.** This helps the interpreter remember everything and be as accurate as possible. Pause if the interpreter raises their hand.

6. **Be aware of non-verbal cues** to identify communication barriers. Don't be afraid to pause and ask questions if you feel there could be a misunderstanding.

7. **Avoid using cultural references or idioms** — there may not be an equivalent in the patient's culture or language.

8. Remember that **the interpreter will repeat everything** that is said, as it is said, matching the tone, volume, and spirit of the message. If you do not want the patient to know something, do not say it within ear-distance from the patient and the interpreter, or the interpreter will have to interpret it. Do not ask the interpreter to omit something that was said, as this violates their code of ethics.

9. **Check for understanding.** Some patients may nod their head as a sign of respect, not necessarily meaning they agree or understand what was said. Use the "teach-back" technique to check for understanding.

10. **Document** in the medical record the offering and provision of communication assistance, whether you are a Qualified Bilingual Staff (QBS) speaking to the patient in their language, or when working with an interpreter. Include the interpreter's name and ID#.

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What if a patient refuses a qualified interpreter?

If a patient refuses a qualified interpreter and prefers their own adult interpreter (whether it is a family member, friend, or an employee who is not tested and qualified as QBS), remind them services are free of charge and encourage them to use the services so their loved one can focus on being their support system. If they insist, it may be allowed under the following conditions:

1. The caregiver or provider needs to be comfortable with the chosen "interpreter," considering the nature of the conversation (see exclusion criteria in the next section).

2. The chosen "interpreter" must leave the room for the caregiver to receive the patient's request through a Qualified Interpreter (can be through the iPad or telephone).

3. Documentation must include:
   — The name and ID# of the qualified interpreter who receives the patient's refusal of qualified interpretation instead of a family member or a friend (or unqualified bilingual caregiver).
   — The name and relationship of the patient's chosen "interpreter."

However, to ensure accurate communication, a qualified interpreter should be present for the healthcare provider for clinically significant conversations, such as legal matters, informed consent, new or complex diagnosis or education, or other sensitive conversations, even if the patient declines interpreting services.

What are exclusion criteria for accepting the patient's chosen interpreter?

- When the patient's chosen interpreter is a minor (under 18 years of age).

- When you determine it is not appropriate based on the nature of the conversation.

- When there are conflicts of interest affecting their impartiality.

- When you are concerned about confidentiality, abuse, or exploitation.

- When the patient's chosen interpreter doesn't show sufficient language fluency to assume this role, including the necessary medical terminology and understanding of the healthcare system and subject matter.

LEARN FROM OTHER SOURCES

- **Think Cultural Health** — free E-learning courses

- Intermountain Health resources
  - **Language & Accessibility Services**
  - **Communications Assistance Policy**