



## Joint Commission Preparedness 2020

For Patients with Limited English Proficiency (LEP) & who are Deaf or Deaf/Blind

### **PATIENTS HAVE THE RIGHT TO A MEDICAL INTERPRETER FREE OF CHARGE 24/7**

#### Best Practices

1. How does a staff member know a patient needs an interpreter?
  - a. On the storyboard (banner) in Epic the patient's preferred language is indicated and the question **Needs Interpreter** says "Yes".
  - b. MGH interpreters are available in-person, over the phone and by video.
    - i. Call 6-6966 (617-726-6966) to schedule an interpreter
    - ii. There is also a backup telephonic interpreting services available 24/7 – call 33344 (617-643-3344) to directly access an interpreter
    - iii. Federal law mandates that we must provide interpreters to any patient who has a preferred language other than English; it does not dictate by what modality (in-person, over the phone or by video) it must be
2. Schedule interpreters in advance either in Epic or by calling a Coordinator at 6-6966
  - In Ambulatory practices for in-person visits call Interpreter Services (6-6966) when the patient is ready to be seen by the provider
  - An ETA for the interpreter will be given
  - Never cancel a visit because an in-person interpreter is not available, 24/7 access to interpreters is available over the phone to all practices
  - Always call for an interpreter even when patients are accompanied by English speaking family members, or family members who know American Sign Language.
  - The patient has the right to refuse an interpreter
    - In such a case use a Waiver to the Right of a Medical Interpreter Form (Available from Allied Virtual Office, Form #84073)
  - It is against the law for a minor to interpret for a patient or parent except in the case of an extreme emergency
  - The provider also has the right to have the interpreter remain to assist with gauging if the message is being interpreted accurately and if the patient is understanding
3. Bilingual staff members who are asked to interpret for patients should kindly decline and offer to call a professional interpreter
  - a. Only professional medical interpreters (in person, by phone or video) should be interpreting (putting a non-interpreter into such a situation is outside of the scope of their practice/role)

- b. Qualified Bilingual Staff (QBS) are bilingual staff who have been designated through a language proficiency assessment to provide direct care to patients in languages other than English.
  - i. QBS are not interpreters, they do not have approval to interpret for any other provider, they are direct care providers only

Best Practices:

- Don't assume that a patient who can check in on their own will not need an interpreter for the medical visit
  - -Poor communication can lead to medical errors and taking an incomplete medical history
- Never ask a patient to bring their own interpreter - that's a violation of the law
- Huddle with the interpreter prior to the encounter
  - -Helps give context for interpreter
  - -Gives provider an opportunity to inform the interpreter of their goals for the encounter
- Speak directly to the patient, not the interpreter (*e.g.*, don't say to the interpreter, "Tell him to take his medication regularly")
- Use plain language and easy to understand concepts; avoid local/professional jargon and pace your speech

4. Deaf Patients:

- a. Contact Susan Muller-Hershon to determine appropriate services for the patient [SMULLER-HERSHON@PARTNERS.ORG](mailto:SMULLER-HERSHON@PARTNERS.ORG) or call Interpreter Services (6-6966) during regular business hours
- b. Services available for Deaf patients:
  - i. **American Sign Language (ASL) interpreter** - Individuals that have been born Deaf, identify as Culturally Deaf, and use American Sign Language
  - ii. **Certified Deaf Interpreter (CDI)**, Individuals that have been born Deaf and are not fluent in ASL. The CDI works together with a hearing ASL interpreter as a team.
  - iii. **Deaf/Blind Tactile Interpreter (D/V T)** Individuals who are Deaf and completely blind
  - iv. **Deaf/Blind Close Vision Interpreter (D/V CV)** Individuals that are Deaf and have limited vision
  - v. **Communication Access Realtime Translation (CART)** Individuals that became Deaf later in life, do not sign and use English as their primary language

## Interpreter Services Contact Info

### Hours of operation

Mon-Fri 7 am - 8 pm  
Sat, Sun 8 am - 6:30 pm

Tel: 617-726-6966  
Fax: 617-726-3253

Main beeper ID# 27403 (only available during business hours)

### Nights, weekends, holidays

Page a medical interpreter at 617-724-5700

Spanish	ID# 30001
Portuguese	ID# 30003
American Sign Language	ID# 30007
Other Languages	ID# 30009


### **Languages available in-house:**

- American Sign Language (ASL)
- Arabic
- Cantonese
- French
- Haitian Creole
- Italian
- Khmer
- Mandarin
- Portuguese
- Romanian
- Russian
- Spanish

## Translation services

For translation of written patient information material please contact the MGH translation service in advance at [MGHtranslations@partners.org](mailto:MGHtranslations@partners.org).

## Language Access Resources:

- Pool of freelance interpreters in additional languages (call interpreter services at 6-6966 for details)
- VPOPs provide instant access to staff interpreters via video (spoken languages only); access to 200+ languages by audio only [Dial 33344 and use your unit PIN#]
- IPOPs provide backup professional telephone interpreting services, 200+ languages  24/7/365, in
- VRI (Video Remote Interpreting) - Provides backup access to ASL interpreters by video 24/7
- Bluephones (on inpatient units) – Connects to backup professional telephone interpreting services
- Voalté phones – Use “IPOP” from the Universal directory to access a telephonic interpreter
  - Use the “Virtual Visit” app to connect to an interpreter through VICS for a video interpreter
- Vocera – Say “Call IPOP” for an interpreter
- Virtual visits (Epic integrated and stand-alone) – schedule through Epic

