

# UW Medicine

<b>DEPARTMENT:</b> Administration	<b>DOCUMENT TYPE:</b> Policy
<b>DATE OF ORIGIN:</b> Oct 14, 2024	<b>LAST REVIEW/REVISION DATE:</b>
<b>APPROVED BY:</b> Chief Nursing Officer, Medical Director, and Chief Executive Officer	

## Language Access and Cultural Advocacy

### STATEMENT OF PURPOSE:

The UW Medicine Health System, recognizes the following communication needs and concerns of patients and their companions:

- Limited English Proficiency (LEP);
- Those who are Deaf, DeafBlind, hard of hearing, or blind;
- Those represented by a legally authorized surrogate decision-maker with limited English proficiency or persons who are Deaf.

UW Medicine effectively communicates with patients when providing care, treatment and services, ensuring that patients and/or their legally designated surrogate decision-makers experience:

- Barrier-free access to medically necessary care;
- Are informed of their rights and responsibilities in a manner they understand;
- Are informed and make decisions regarding their care;
- Maintain the right to accept or refuse treatment.

Accordingly, UW Medicine provides communication assistance at no cost to patients and ensures that qualified language service providers are utilized during care in compliance with Title VI of the Civil Rights Act of 1964; the Americans with Disabilities Act, 42 U.S.C. § 12101, et seq. (ADA); and section 1557 of the Affordable Care Act.

Furthermore, the purpose of this policy is to provide foundational guidance to UW Medicine facilities regarding language access, cultural advocacy, and communication accommodations.

### PERFORMED BY:

This policy applies to all employees, medical staff, students, trainees, and volunteers of UW Medicine, their subsidiaries, and affiliates, with the exception of Valley Medical Center which is out of scope for this policy.

### DEFINITIONS:

- **Auxiliary Aids:** Equipment, devices, or other services/methods used to effectively communicate with individuals with limited English proficiency or communication-related disabilities. These may include, but are not limited to: TTY phones, handset amplifier, sound amplifier (Pocket Talker), hand-held dry erase boards, speaker phones, closed caption TV, CART (live captioning).
- **Bilingual Staff/Provider:** a UW Medicine employee or provider whose proficiency in the target language has been assessed through the UW Medicine-contracted language testing vendor and found to meet the minimum proficiency requirement. This employee also has completed training on the roles and limitations of bilingual

staff. This employee is authorized to provide care in the target language, but not to interpret for another care team member. These employees wear a badge identifying them as bilingual in their specific language(s).

- **Casual Conversation:** communicating with a patient who has LEP about a topic that does not have healthcare outcomes. Examples include greetings, small talk, etc. These conversations may be held without a certified medical interpreter or bilingual staff member.
- **Certified Medical Interpreter:** A person who is proficient in English, the target language, and medical terminology, who can interpret effectively, accurately, and impartially, both receptively and expressively, using any specialized vocabulary; is trained in the standards and ethics of medical interpreting; and hold certification.
- **Certifying Organizations:** The following certifications are recognized by UW Medicine:
  - The Washington State Department of Social and Health Services (DSHS)
  - The Certification Commission for Healthcare Interpreters (CCHI)
  - The National Board of Certification for Medical Interpreters (NBCMI)
  - The National Association for the Deaf (NAD)
  - The Registry of Interpreters for the Deaf (RID)
  - The Office of Deaf and Hard of Hearing Services (ODHH)
  - Board Evaluation of Interpreters (BEI)
- **Communication Accommodation:** the provision of tools, resources, varying formats and approaches to communication to meet the needs of all parties with the goal of meaningful healthcare communication. Healthcare providers may need to adapt or accommodate the way they communicate with patients to ensure comprehension and equitable, inclusive care.
- **Companion:** An individual that a patient has authorized UW Medicine staff to communicate with concerning the patient's medical condition and is an appropriate individual with whom UW Medicine should communicate about the patient's medical condition. Companions may include family members, a parent or guardian of a minor, individuals with power of attorney for health care, legal next of kin, individuals designated by the patient in an advance directive or living will, or another companion formally or informally supporting the patient.
- **Cultural Advocacy:** providing considerations, services, and/or accommodations, as appropriate, for the cultural practices and values of the patients, companions, and communities served by UW Medicine. This includes practicing cultural humility, informing others on the healthcare team about particular practices and values, and taking reasonable steps for those practices or values to be incorporated into healthcare.
- **Deaf, DeafBlind, or hard of hearing:** Patients or companions who are Deaf, hard of hearing, or have other hearing impairments. Individuals who are Deaf or Hard of Hearing (HoH) may or may not communicate using American Sign Language (ASL) and may have limited proficiency in written and spoken English. They may require support in a different form of sign language, the use of assistive aid, and/or the procurement of a Deaf Interpreter (DI).
- **Emergency:** A serious, unexpected, and potentially dangerous situation where a patient requires immediate actions.
- **Interpretation:** Enabling spoken or signed communication between two or more individuals who do not speak or sign in a shared language through an additional individual (interpreter) who is highly proficient in both languages. Skills in interpretation include understanding what was said, extracting the underlying meaning and intent, and expressing the message in another language in a way that carries the same meaning.
- **Interpreter Services:** Provision of interpretation by a certified or qualified medical interpreter employed or contracted by UW Medicine.

- **Language Access:** The ability to have meaningful exchanges in all components of communication, including reading, writing, speaking, and understanding communication. Services to support language access include, but are not limited to, interpretation; translation; transcription into alternative formats; use of auxiliary devices; and other resources, tools, or approaches to accommodate the communication needs of staff, patients, companions, and others within the healthcare setting.
- **Language of Care:** Patient's preferred language in which to communicate about healthcare. This is documented in the patient's electronic medical record.
- **Languages of Lesser Diffusion:** any language in a geographic area in the U.S. (city, county, region) where the population of speakers is relatively small.
- **Limited English Proficiency:** Term defined by the US government as having a limitation in ability to speak, read, write, or understanding the English language.
- **Qualified Language Provider:** a person who is proficient in English, the target language and in medical terminology; is trained in the standards and ethics of medical interpreting; and has been assessed by a contracted remote interpretation/translation vendor, UW Medicine Interpreter Services, or certified by a recognized interpretation/certification body.
- **Staff:** All UW Medicine employees, medical staff, independent contractors, and others who have or are likely to have direct contact with patients or companions.
- **Translation:** Providing an accurate written version of a text, in a language different from the original, or source, language.

## PROCEDURES:

### 1. Informing patients of their right to interpreter services

UW Medicine ensures that patients with Limited English Proficiency (LEP) and those who have a disability resulting in a communication barrier, such as individuals who are Deaf, Hard of Hearing, unable to speak, and/or blind, are advised of their right to effective communication assistance at no cost to them 24 hours per day, seven days per week. Qualified interpreters are provided for patient encounters in compliance with state and federal laws and regulations. The provider, patient and companion have the right to a qualified interpreter at any time.

UW Medicine posts in various locations, including main entrances, at its facilities notices that advise patients and their families of the availability of medical interpreters in their language. These signs are translated into Washington State's top 15 languages. Additionally, patients are informed on the UW Medicine public webpage of interpreter services and the UW Contact Center has dedicated numbers for the top 12 languages in addition to English, plus TTY access.

### 2. Assessment and documentation of communication preferences/needs

The first access point in which a patient acquires services at UW Medicine (including, but not limited to, UW Contact Center, Emergency Department registration, Admissions, etc.) incorporates the determination of language needs into intake procedures. Patients are asked for their preferred spoken and written language(s). The spoken and written language preferences are then recorded in the registration system's demographic fields:

- For patients who use sign language, staff should select the specific form of sign language preferred by the patient from the sign language options in the registration system.
- For patients who prefer to communicate through other means such as reading lips, closed captioning, or exchanging written notes when doing so is appropriate, staff should also record this in the registration system.

UW Medicine staff should indicate “Yes” to “Needs Interpreter?” for all patients indicating that they prefer their medical information in a language other than English.

Staff and providers are prohibited from telling a patient that he/she does not need an interpreter or cancelling a patient appointment because of their language need. Additionally, they are prohibited from requiring a companion to interpret for the patient.

Staff and providers cannot make the decision not provide interpreter services based on a personal assessment or assumption of a patient’s English ability and/or comprehension or assessment of their sensory loss. As bilingual capabilities exist in a spectrum from minimal communication ability to completely fluent, any patient who requests an interpreter may receive one, even if their preferred language in EPIC is listed as English. Patients who refuse an interpreter due to English fluency should be given the opportunity to update their language preference. If the patient achieves fluency and no longer requests an interpreter that also must be updated in the demographic field. Additionally, providers always have the right to access an interpreter to ensure meaningful communication.

Patients’ companions also have the right to a medical interpreter. Staff should perform the same type of communication assessment described above to determine the companion’s preferred communication method and arrange language access services. In cases where the patient speaks English, but their companion (including parents/guardians of minor patients) does not, the patient’s language preference can be listed as “English (Family requires interpreter, see comments)”.

Staff may obtain interpreter services if they feel interpretation is needed to ensure meaningful communication for all parties, even if the patient/companion states that they do not need it.

### **3. Provision of interpreter services & auxiliary aids:**

Effective communication is important in every area of hospital communication, and UW Medicine triages the most appropriate communication for medical, nursing, and ancillary services where patient safety, medical error, and ability to understand treatment options are impacted.

#### **A. When to Access Medical Interpretation**

The type of encounters and procedures requiring qualified language service providers include, but are not limited to:

- Clinic, emergency, or inpatient medical services, especially in the following circumstances:
  - Admission/Registration (within 24 hours of admission) Explaining patient rights and responsibilities.
  - Obtaining financial and insurance information
  - Obtaining medical or social histories
  - Discussing mental health issues or concerns
  - Explaining diagnosis and plan for medical treatment
  - Explaining change in regimen or condition
  - Patient and companion education, including medication.
  - Explaining medical procedures, tests, or interventions
  - Consent, or any time that a patient or companion is required to sign documents.
  - Plan of day discussions
  - Primary Team rounds
  - Family Conferences, End-of-Life, and Goals of Care discussions
  - Reviewing legal issues (e.g. advanced directives, guardianship, etc.)
  - Discharge planning
  - Discharge (within last 24 hours prior to discharge)
  - Discharge phone calls
  - Anytime the patient’s medical care is discussed.

#### **B. Modalities of Medical Interpretation**

When obtaining interpreters, the best modality for the need should be used, taking into consideration patient acuity, specific situation, availability of language in each modality, and additional service-related

context. Acceptable methods for the provision of interpreter services include, but are not limited to the following:

- In-person (also called onsite) interpreting

In-person interpreters may be staff of UW Medicine or contracted vendor agency interpreters. All in-person interpreters hold medical interpreter certifications through a state or nationally recognized body or have complied with UW Medicine contractual requirements for testing and vetting. All in-person interpreters have completed background checks, immunizations, and must follow UW Medicine regulations when at our facilities.

UW Medicine employees request in-person interpreters through their facility's process. In-person interpreters should not be requested from non-contracted companies unless authorized by the leadership who manage interpreter contracts.

- Video Remote Interpreting (VRI)

VRI is available through UW Medicine's contracted vendor. VRI is accessed through a dedicated device (e.g., interpreter tablet stand) or through a video interpreting app installed on a UW Medicine device. Audio-only interpreters (with no video image) are also available through these methods. Staff should not access VRI from non-contracted companies unless authorized by the leadership who manage interpreter contracts.

Consideration for Deaf persons: VRI conveys sign language in two dimensions and reduces the size of the interpreter's face, hands, and torso. VRI is a secondary option to in-person sign language interpretation. VRI for Deaf patients should be made available via the largest screen reasonably available (e.g. desktop monitor or tablet, not cell phones). Some Deaf persons may require a Deaf Interpreter (DI) in addition to a sign language interpreter to communicate effectively. DIs may be accessed in-person via VRI to partner with an ASL interpreter in-person or via VRI. Persons who are Deaf/Blind must have an in-person interpreter provided; VRI is not appropriate.

- Telephonic interpreting (also called over the phone interpreting OPI)

Telephonic interpretation is available through UW Medicine's contracted vendors. This modality offers 100+ languages 24/7/365 and is suitable for all types of healthcare conversations. Staff should follow their facility's process to access a telephonic interpreter. Telephonic interpretation is available through any telephone, including cell phones, at no cost. Staff should not access telephonic interpreters from non-contracted companies unless authorized by leadership who manage interpreter contracts. Some languages have fewer resources available; staff should contact their facility's interpreter department or leadership to secure services for those languages.

- Telehealth interpreting

Interpretation is available through UW Medicine's Zoom Telehealth platform in video and audio-only formats. Staff should consider the patient's language access needs before scheduling Telehealth appointments to assure adequate communication.

- Real-time captioning (also known as CART) services

Some patients who are Deaf or Hard of Hearing may prefer to communicate through real-time captioning services. These are provided through a contracted vendor who transcribes the patient-provider conversation in real time. The captioner works either in person or remotely via an online platform. The service is available for both in-person and Telehealth appointments. Staff should schedule this service in advance through their facility's interpreter service program.

- Unapproved services

Automated, machine, or AI translation tools (e.g. Google Translate, Medibabble, etc.) must not be used to transmit information that may have healthcare outcomes due to low rates of accuracy. Per [CMS](#) guidelines, a qualified human translator must review any machine-generated text.

#### C. Sign Language Interpretation

Communication requirements for Deaf and Hard of Hearing patients may vary; not all may use sign language and staff should follow patients' communication preference. For persons requiring a sign language interpreter, an in-person interpreter should be prioritized per patient's request. UW Medicine must make every effort to obtain an in-person ASL interpreter unless the patient prefers another modality. Video sign language interpreters can be utilized while waiting for an in-person sign language interpreter to arrive if in-person interpreters are not available or per the patient's preference.

#### D. Bilingual Staff

UW Medicine staff and providers who would like to communicate in a non-English language during conversations with patients and companions about their healthcare must have their fluency skills assessed. This enables UW Medicine to meet CMS, Joint Commission, and other regulations requiring documentation that those providing language access services are qualified to do so. UW Language Access and Cultural Advocacy ([uwlaca@uw.edu](mailto:uwlaca@uw.edu)) can provide a list of staff and providers who have completed bilingual assessment.

#### E. Use of Ad Hoc Interpreters

A patient companion, bilingual staff, or other adult may provide communication assistance in an emergency situation, if a qualified language provider for the language cannot be located after a reasonable attempt to do so (via telephonic, video, or in-person services), or if the available qualified services do not meet patient communication needs. Minors (persons under the age of 18) are never used as interpreters. Staff are expected to make all due diligence to obtain a qualified interpreter. Use of and reason for ad hoc interpreter must be documented in patient medical record.

In emergency situations, care is provided in accordance with standard medical practice. Qualified language service providers are sought promptly. However, emergency care is not delayed pending their arrival.

#### F. Auxiliary Aids

Additional equipment, such as voice amplifiers, should be requested and accessed per the resources available at specific facilities.

#### G. Contact Information

To request or access interpreter services at each facility, contact:

- Harborview Interpreter Services: **206-744-9250** (24/7/365)
- UW Medical Center (Montlake and Northwest Hospital): **206-598-4425** (24/7/365)
- UW Medicine Primary Care: **206-520-8255** (during office hours)

#### 4. Documentation of provision of interpreter services & auxiliary aids:

UW Medicine staff must document provision and attempted provision of interpretation, auxiliary aid, or other communication assistance in the electronic medical record. Documentation may be in narrative, flowsheet, dot phrase (.interpreteruse), or other approved process. Additionally, data will be collected about interpreter provision (patient identifier, location of service, UW Medicine employee name) by the facility's Interpreter Services Department or contracted remote interpreter vendor for reporting purposes.

#### 5. Guidelines for working with language access support services:

Consider the following when communicating with a patient via an interpreter or auxiliary device:

- Whenever possible, provide pre-session contextual information to the interpreter before starting the interpreted encounter.
- Allow interpreters to introduce themselves and explain how they will interpret.
- Position the participants to the so that the provider can make eye contact with the patient or companion throughout the conversation. Spoken language interpreters should be positioned to be heard by all participants. Sign Language (including Tactile) interpreters will need to see and been seen by the Deaf participant and may need to be in physical contact.
- Speak clearly and succinctly, using complete phrases and avoiding run-on sentences.
- Take frequent pauses to allow interpreter to relay communication.
- Reduce background noise and visual/audio distractions whenever possible.
- Allow the interpreter to tell you if there are issues with communication, cultural misunderstandings, or a perceived gap in understanding.
- Avoid using slang, idioms, jokes, and acronyms.
- Utilizing teach-back methods to assure understanding. Do not assume understanding because the patient or companion nods their head or smiles.
- Consider the patient's cultural identity to assure appropriate communication with the patient or their companion. To learn more about integrating cultural information into your practice, see:
  - [Ethnomed.org](http://Ethnomed.org)
  - *LMS (Learning Hub) HMC – Deaf Cultural Awareness Module*

## 6. Translation

UW Medicine will take reasonable steps to provide translation of vital documents and other written information necessary for patient care with special emphasis on the top languages spoken by patients across UW Medicine. Staff shall work with their facility's Interpreter Services Department or translation contract manager to identify appropriate documents and arrange for translation by staff translators or contracted translation vendor.

When creating new documents, staff should always consider the need for translation as part of the publishing process and timeline. Research projects or documents for the public at large are not funded by the medical centers' Interpreter Services Departments. Budgets should be planned to allow completion of these projects at cost through contracted UW Medicine vendors. Local Interpreter Services departments or leadership for Language Access and Cultural Advocacy can provide a list of contracted vendors.

- UW Medicine Language Access & Cultural Advocacy provides guidance for Clinical Trials Researchers needing translation and other assistance.
- **Use of machine translation, including AI:** in compliance with CMS and Joint Commission regulations that stipulate the use of qualified and trained professionals for interpretation and translation, any translation completed utilizing machine translation (including but not limited to CAT tools, AI, Google Translate, etc.), must be reviewed by a qualified language provider.

## 7. Training of staff

UW Medicine staff, faculty, medical students, volunteers, and others providing consistent, direct patient care will receive training on working with interpreters, communication best practices, and guidelines regulating provision of language access and auxiliary aids. Documented training is provided through New Employee Orientation, Annual Refresher training, and other modules in The Learning Hub. Additional training provided to divisions, departments, and clinical services as requested and appropriate.

## REGULATORY COMPLIANCE

UW Medicine Interpreter Services adhere to State and Federal laws and standards including: Occupational Safety and Health Administration (OSHA); Washington Industrial Safety and Health Act (WISHA); the Joint Commission on Accreditation of Healthcare Organizations Requirements: HR.01.02.01, ; Americans with Disabilities Act; Section 504 of the Rehab Act of 1973; The National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care; and section 1557 of the Affordable Care Act.

## Complaints:

1. Staff Complaints who have concerns or complaints about language access services can report those through internal reporting systems.
2. Patients and companions can file complaints by contacting Patient Relations Office contact information provided below.
  - **HMC** 325 9<sup>th</sup> Avenue, BOX 359942, Seattle, WA 98104; 206-744-5000; [comment@uw.edu](mailto:comment@uw.edu)
  - **UWMC Montlake** 1959 NE Pacific St. BOX 356153, Seattle, WA 98195; [uwmcared@uw.edu](mailto:uwmcared@uw.edu)
  - **UWMC NWH** 1550 N 115th St. D-180, Seattle, WA 98133; 206-368-1285; [nw-patientrelations@uw.edu](mailto:nw-patientrelations@uw.edu)
  - **UW Primary Care** Box 358051 | 850 Republican St., Bldg. C, Floor 2, Seattle, WA 98195; 206-520-4294

Patients may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the [Office for Civil Rights Complaint Portal](#) or by email at [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov) or call 1-800-368-1019, TDD 800-537-7697. Complaint forms are available [online](#).

Patients, companions, and staff can provide feedback on interpreter's job performance to the facility's Interpreter Services Department or to Administration via the Patient Relations Office.

## REFERENCES

- [American with Disabilities Act \(ADA\) Requirements for Effective Communication](#)
- [Centers for Medicare and Medicaid Services \(CMS\) Nondiscrimination in Health Programs and Activities](#)
- [Department of Justice's Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons](#)
- [The Joint Commission: Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care](#)
- [National Council on Interpreting in Healthcare \(NCIHC\) Standards of Practice](#)
- [Section 1557 of the Patient Protection and Affordable Care Act](#)