

Guideline: **Accommodations for Patients Who
Have Sensory Impairment and/or
Who have a Limited English-
Proficiency**



Policy Number Superseded: 3364-100-50-06

Effective date: 4/1/2024

Responsibility: The day-to-day implementation of this procedure will be the responsibility of leaders in patient care areas.

Purpose of Guideline: To provide effective communication with patients and others, as needed, who are deaf, hearing impaired, blind, visually impaired, or have limited English proficiency. Services are provided free of charge to patients obtaining care at UTMC.

Procedure:

1. Interpretation of medical and surgical information should only be provided by individuals who are qualified interpreters. This includes contracted outside services that have trained and qualified interpreters for the use of foreign language, sign language, and tactile signing, to translate and interpret in a healthcare setting.
 - a. Family members or significant others are not qualified interpreters and should not be used as such. A family member or significant other may interpret basic demographic/social information and may interpret medical or surgical information only if the patient/surrogate declines the services of a professional (qualified) interpreter. Minor children should never be used as interpreters.
 - b. To access an interpreter for language interpretation, utilize the computerized remote video interpreter system. Identify the closest equipment available within the hospital or call Nursing Administration at Ext. 5003 to arrange for use. Have the preferred language identified, all pertinent patient information, patient, and personnel available prior to turning on the computerized remote video interpreter system.

2. Professional Interpretive Services:

- a. Situations where professional (qualified) language interpreters are important to assure thorough and accurate communication include, but are not limited to:
 - 1. To ensure an accurate assessment;
 - 2. Taking histories;
 - 3. Explaining medical and surgical procedures, medications, and possible side effects;
 - 4. Psychiatric evaluation and treatment;
 - 5. Obtaining informed consent;
 - 6. Explaining legal rights (living wills or powers of attorney or their availability) and financial obligations;
 - 7. Discharge planning; and
 - 8. Health education programs

3. Healthcare Team:

- a. It is the responsibility of each member of the healthcare team to recognize a patient's need for interpretive services and initiate the process for obtaining and providing interpretive services, as specified in this policy.
- b. It is the responsibility of the healthcare professional assigned to the patient when interpretive services are provided or refused to document the following in the patient's medical record:
 - 1. Need for interpretation;
 - 2. Patient's primary language;
 - 3. Revision of the plan of care, incorporating the need for interpretation;
 - 4. Date and time of patient/surrogate's refusal of interpreter services and decision to rely on family members or significant others;
 - 5. Date and time of interpretation and identify of interpreter;
 - 6. Subject matter or content of the discussion, as reported by interpreter; and
 - 7. Verification of patients' understanding, as reported by the Interpreter.

4. Additional Aides for Communication:
 - a. Communication boards with pictures.
 - b. Magnifiers for the visually impaired.
 - c. Assistive listening devices: Battery operated device which enhance the human voice – for loan through Pastoral Care Department at Ext. 3851.
5. Communication with Individuals Who Are Blind or Visually Impaired:
 - a. Documentation information needs to be presented in an electronic format that can be enlarged on the screen or read by text to speech software such as a screen reader or can be connected to a refreshable braille display.
 - b. If information is handwritten or electronic version is not available, a member of the health care team must enlarge the documents and/or read the information to the individual or provide the documents in braille.

Reviewed by:

/s/

Kurt Kless
Chief Nursing Officer

2/10/24

Date

Initial effective date:

4/1/2024

Review/Revision Date:

Next review date:

4/1/2027

Review/Revision Completed by:

Nancy Gauger, MSN, RN, NPD-BC