(A) Policy Statement

Age specific needs and other special care needs will be considered when performing all Radiation Oncology procedures.

(B) Purpose of Policy

To alleviate fears and foster patient comfort and understanding of procedures.

(C) Procedure

1. Interpretation of medical and surgical information should be provided only by individuals who are qualified interpreters. It includes contracted outside services that have trained and qualified interpreters for both foreign language and sign language 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. A family member or significant other 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 to use the Nursing Administration equipment.

      • Have all pertinent information available as well as required healthcare personnel and patient before turning on the computerized remote video interpreter system. This includes patient name, medical record number, language needed to be provided by a qualified interpreter.

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:

      • To ensure an accurate assessment
      • Taking histories
      • Explaining medical and surgical procedures, medications and possible side effects
      • Psychiatric evaluation and treatment
      • Obtaining informed consent
      • Explaining legal rights (living wills or powers of attorney or their availability) and financial obligations
      • Discharge planning
      • 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.
7. Verification of patients' understanding, as reported by the interpreter.

4. Additional Aides for Communication:

- Communication boards with pictures
- Magnifiers for the visually impaired
- Pocket Talkers: Battery operated device which enhances the human voice - for loan through Pastoral Care
- Department at Ext. 3851.

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<td>/s/ Mersiha Hadziahmetovic, MD</td>
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<td>Associate Professor &amp; Chair, Radiation Oncology</td>
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<td>Richard P. Swaine</td>
<td>4/1999</td>
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<td>Chief Executive Officer - UTMC</td>
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Review/Revision Completed By: Michelle Giovanoli
Next Review Date: 7/1/2026

Policies Superseded by This Policy: 38-74