MONTANA STATE HOSPITAL
POLICY AND PROCEDURE

INTERPRETER SERVICES

Effective Date: November 24, 2015 **Policy: TX-20**

I. PURPOSE: To establish guidelines for interpreter services for non-English or limited English speaking patients, or for a patient with a hearing impairment.

II. POLICY: It is the policy of Montana State Hospital to provide interpreter services for patients for whom English is not their primary language, or who require the use of sign language services, consistent with the Office of Civil Rights, U.S. Department of Health and Human Services.

Examples of circumstances in which interpretive services might be necessary include, but are not limited to:

- To collect medical or social history information, or other assessment data;
- To assess or diagnose an ailment, injury, or condition;
- To provide information concerning patient rights, advanced directives, informed consent, or permission for treatment;
- To explain procedures, tests, treatment, treatment options, or surgical procedures;
- To explain hospital policies and procedures or unit rules;
- To provide information about prescribed medications and treatments;
- To facilitate involvement in therapeutic activities and educational programs;
- To provide discharge instructions;
- To explain complex billing or insurance issues.

A TTY telephone will be provided to hearing impaired patients who may benefit from the availability of this device. Other devices will be provided as determined necessary by the patient's physician.

III. DEFINITIONS: None.

IV. RESPONSIBILITIES:

Licensed Independent Practitioner – to assess and order interpreter services needed by patients.

Social Services Program Manager – To make arrangements for interpretative services required by patients and to provide training and consultation to staff members providing care and treatment to a patient who has a hearing impairment or who is non-English speaking.

V. PROCEDURE:

A. At the earliest opportunity, MSH staff will evaluate whether a patient requires the services of an interpreter. This will occur prior to admission as part of the referral process, or if information has not been obtained, as part of routine admission procedures.

   1. Attempt to inform people who are hearing impaired, or non-English speaking that interpretative services (and a TTY phone for hearing-impaired persons) will be made available.

   2. Recognize that many people may be reluctant to request these services, so MSH staff should ensure that they are offered whenever a need is indicated.

B. If it appears that the patient needs interpretive services, the prescribing professional responsible for the patient's care shall determine the following:

   1. How often the patient requires interpreter services;
   2. How long sessions are expected to last;
   3. Times that the interpreter should come to the unit/activity;
   4. Who the unit contact person will be;
   5. What material/information is to be covered with the patient; and
   6. How long the patient will require the service.

C. The prescribing professional will write an order for the service.

D. The prescribing professional will contact the Social Services Program Manager who will locate and arrange for appropriate services from a qualified individual.

E. The Social Work Program Manager will notify the Hospital Administrator and the Director of Business and Support Services of the patient's needs.

F. Only use the services of a family member or other person known to the patient if it is clear that there is no history of abuse of the patient by the person who would act as the interpreter, or other circumstances that could have an adverse impact on the patient.

G. Hospital staff providing interpretive services must provide an accurate translation of the information communicated by the patient to others. If there is a question about the ability or objectivity of the staff member, services from an outside interpreter will be sought.

H. Interpreters will be requested to review emergency procedures (e.g., audio and visual alarms and evacuation procedures) with patients as soon as arrangements can be made.

I. The patient's social worker will evaluate whether the service provided is satisfactory to the patient.

VI. REFERENCES: 53-21-142 M.C.A.

VII. COLLABORATED WITH: Medical Director, Program Managers, Director of Nursing.

VIII. RESCISSIONS: TX-20, *Interpreter Services* dated July 13, 2009; TX-20, *Interpreter Services* dated August 28, 2006; TX-20, *Interpreter Services* dated December 18, 2002.

IX. DISTRIBUTION: All hospital policy manuals.

X. ANNUAL REVIEW AND AUTHORIZATION: This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.

XI. FOLLOW-UP RESPONSIBILITY: Director of Clinical Services.

XII. ATTACHMENTS: None.

Signature:

John Glueckert
Hospital Administrator