



<b>POLICY</b>			
	Policy Name: <b>Interpreter Services - Language Access</b>	Policy Number: <b>350.140.123</b>	Page 1 of 5
	Approval Signature: <b>Shared Health Executive</b>	Section: <b>350.140 Management of Patient Services / Patient Care</b>	
Level: <b>SITE-SPECIFIC</b> - Applies to all Shared Health staff at the site indicated in the policy name.	Date: <b>01/Aug/2009 R1 01/Jul/2013</b>	Supercedes:  <b>Health Sciences Centre Winnipeg 80.140.028</b>	

## 1.0 **PURPOSE:**

- 1.1 To support the Shared Health in meeting legal requirements for informed consent and privacy/confidentiality.
- 1.2 To enhance Patient safety and quality of care for Patients through the provision of Shared Health Interpreter Services.
- 1.3 To help Patients discuss and understand their health condition(s), treatment(s), care option(s), and expected outcomes through the provision of Shared Health Interpreter Services.
- 1.4 To provide direction and guidance to healthcare providers in appropriate use of Interpreter Services.

## 2.0 **DEFINITIONS:**

- 2.1 Ad Hoc Interpreters: Untrained, unqualified persons who are called upon to interpret such as staff, family members (including children), friends, registered volunteers, or bilingual/multilingual employees (also see 2.2.)
- 2.2 Bilingual or Multilingual Employees/Bilingual or Multilingual Individuals: Individuals with some degree of proficiency in two or more languages, usually English and a language(s) other than English, who are sometimes called upon to act as Ad Hoc Interpreters.
- 2.3 Computer-assisted Translation: Use of a number of tools, e.g. electronic dictionaries, glossaries, terminology databases, translation memories, to help a translator work accurately and quickly.
- 2.4 Interpreter: A person who facilitates spoken or visual language communication between two or more parties who do not share a common language by delivering, as faithfully as possible, the original message from a source into a target language.

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Two common forms of interpreter services are consecutive interpreting, and simultaneous interpreting.

- Consecutive interpreting involves the conversion of a speaker or signer's message into another language after the speaker or signer pauses, in a specific social context (typically used in healthcare settings). In this form of interpreting, the interpreter may interrupt the speaker and ask him/her to repeat, clarify or rephrase so as to ensure accuracy and completeness in the delivery of the message.
- In simultaneous interpreting the interpreted message is delivered nearly instantaneously after the original (typically used in conference settings).
- Interpreter services are distinct from translation services whereby a translator converts a written text into a corresponding written text in a different language.

2.5 Language Constituencies: The four Canadian constituencies that face barriers to health care and therefore benefit from language assistance services:

1) Aboriginal Communities (First Nations, Métis, Inuit); 2) Deaf persons; 3) Minority speakers of official languages; and 4) Newcomers (immigrants and refugees).

2.6 Machine Translation: Use of computers to translate from one language to another without human intervention, e.g. Google Translate, MediBabble.

2.7 Patient: Refers to all Patients, clients, residents and substitute decision-maker(s) who may benefit from or request Interpreter Services (oral or visual).

2.8 Sight Translation: Conversion of a written document in one language to a spoken version in another language. The Interpreter reads a document written in one language and instantly interprets it into another language.

2.9 Vital Documents: Includes but is not limited to intake forms, consent forms, education/information material (pertaining to a healthcare service, medical condition, or directives to follow), advance care plans, and healthcare directives.

2.10 Shared Health Interpreters: Authorized and trained/qualified individuals, who meet Shared Health requirements relative to the provision of Interpreter Services, are able to interpret with consistency and accuracy, and perform their duties in accordance with the Shared Health *Code of Ethics and Standards of Practice for Interpreters* (see 5.2). Such individuals are employees of, or independent contractors with Shared Health Aboriginal Health Service, Shared Health Language Access, Kivalliq Inuit Services, and agencies that provide American Sign Language (ASL) interpretation, intervener, and related services.

2.11 Shared Health Interpreter Services: Range of services provided by Shared Health Interpreters, e.g. in-person interpretation, conference call interpretation, message relay.

### **3.0 POLICY:**

3.1 Shared Health facilities and Shared Health funded facilities staff shall document during intake and registration procedures the Patient's preferred language and his/her need or request for an Interpreter.

3.2 Patients shall be made aware of the availability of Shared Health Interpreter Services and shall be informed if / when these services have been arranged.

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- 3.3 Shared Health Interpreter Services shall be made available on a 24/7/365 basis in-person, over-the-phone or via telehealth.
- 3.4 When Shared Health Interpreter Services are requested by a Patient or required as determined by a member of the health care team, healthcare providers shall, in a timely manner, 24/7/365, make all reasonable efforts to obtain the services of a Shared Health Interpreter for encounters (in-person, by conference call, or transmitted via telehealth) that include, but are not limited to, discussing, explaining, obtaining, or performing the following:
- History taking, examination, assessment, and/or intake;
  - Diagnosis, prognosis, treatment plan, care plan, and/or related changes;
  - Patient and family conference or health information/education session;
  - Mental health issues and concerns;
  - Treatment, procedure, or investigation, and any related equipment;
  - Informed consent;
  - Medication instructions and/or explanations of potential side effects;
  - Discharge plan;
  - Use of seclusion and/or restraints;
  - Advance care plan and/or health care directive;
  - End-of-life issues and/or decisions;
  - Patient participation in Shared Health research and evaluation activities;
  - Legal, financial and/or insurance matters (including Manitoba Public Insurance). In general, a healthcare provider must be involved in such encounters in order to meet service eligibility criteria.
- 3.5 Ad Hoc Interpreters shall not be asked to interpret for situations described in 3.4, except when it has been confirmed that a Shared Health Interpreter is not available within a reasonable time frame either in person, over the phone or via telehealth.
- 3.6 In complex, significant, serious or urgent situations, healthcare providers shall exercise discretion in determining the reasonable time frame to wait for the availability of Shared Health Interpreter Services by assessing the benefits versus risks to the Patient of communicating through Ad Hoc Interpreters.
- 3.7 Ad Hoc Interpreters who are minors under the age of 16 years shall not act as Interpreters, except in urgent situations, after all possibilities of obtaining the services of a Shared Health Interpreter or of an Ad Hoc Interpreter, over the age of 16 years, have been exhausted. Ad Hoc Interpreters who are minors under the age of 16 years should be provided with psychosocial support, as applicable in the circumstances.
- 3.8 The provision of Interpreter Services by a Shared Health Interpreter, or an Ad Hoc Interpreter, shall be documented in the health record by authorized staff in accordance with existing policies on access to or entries into the medical record. This documentation shall include the full name of the person interpreting, the name of any applicable agency, organization or relationship to the Patient, and name of the language(s) of the interpretation.
- 3.9 Shared Health Interpreters shall decline to provide Interpreter Services in situations where there is a real or perceived conflict of interest, or in which they feel inadequately prepared, trained or qualified. If no other interpreter is available and all parties agree to the disclosed limitations during an encounter, the interpreter may continue to interpret.

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- 3.10 When a Patient declines the services of Shared Health Interpreters and requests that a family member or friend interpret instead, all parties shall be made aware that services are free of charge, and that Shared Health Interpreters are trained to provide accurate, unbiased, confidential services, and there are risks when the Interpreter is not a trained health Interpreter. Such discussions shall be documented in the health record by authorized staff in accordance with existing policies on access to or entries into the medical record. In such instances the healthcare provider shall at her/his discretion reserve the right have one of the Shared Health Interpreters present to monitor the interpreting for accuracy/faithfulness, completeness, and impartiality.
- 3.11 Sight Translations of Vital Documents unavailable in written languages other than English or French, shall be performed by Shared Health Interpreters (interpreter must have full comprehension of terminology used). All Sight Translations shall be performed in the presence of the healthcare provider (who shall explain and/or paraphrase content of written information as required), and this shall be documented in the health record by authorized staff in accordance with existing policies on access to or entries into the medical record. Where explanation, and subsequent interpreting, of a written document (including a consent form) has replaced the Sight Translation of the document it shall be documented as such in the health record by authorized staff in accordance with existing policies on access to or entries into the medical record.
- 3.12 Consent forms shall include, in addition to the signature of the Interpreter, hand written documentation of what Sight Translation and/or interpretation was provided, as applicable.
- 3.13 Shared Health Interpreters, or Ad Hoc Interpreters, shall be allowed to interpret in the operating/procedure/treatment room (please refer to Policy 110.220.050 *Visitors and Control of Traffic – Operating Room*).
- 3.14 Bilingual or Multilingual Employees shall be authorized to interpret, on a voluntary basis, for relatively short periods (usually less than 20 minutes), or encounters that do not require Patient education, diagnosis or consent. These interpreted encounters shall take place on site, during the employee's normal work hours, with the approval of the employee's supervisor/manager. They include, but are not limited to, the following:
- Activities of daily living
  - Routine menu selection (where there are no dietary restrictions or food allergies)
  - Completion of forms not related to history, diagnosis, consent
  - Instructions for procedures for which education/consent given (e.g. x-ray, blood work, lab work)
  - Registration
  - Appointment scheduling
- 3.15 Bilingual or Multilingual Individuals (including staff, registered volunteers, family members, friends) shall be authorized to interpret for activities described in 3.14 and activities related to:
- Friendly support (Patient comfort, requests, emotional support)
  - Customer services (way-finding, general information/orientation)
  - Determination of need for/request for one of the Shared Health Interpreters

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- 3.16 Shared Health and Shared Health funded facilities staff shall not use Machine Translation or Computer-assisted Translation in lieu of Shared Health Interpreter Services.

#### **4.0 PROCEDURE:**

- 4.1 Identify and document in the health record the Patient's preferred language and the request or need for Shared Health A Interpreter Services.
- 4.2 At the time of appointment scheduling as applicable, or as soon as a request or need is identified, request the services of Shared Health Interpreters (for information on how to request services for all Language Constituencies see <http://www.wrha.mb.ca/professionals/language/index.php> ) by adhering to the following procedure:
- Provide required information (your name, phone and fax number, language(s) requested, Patient's name, phone number, health record number, appointment description, date, time, location, etc.);
  - Await confirmation of Interpreter availability;
  - Inform the Patient that one of the Shared Health Interpreters has been scheduled;
  - Document in the Patient's health record the Shared Health Interpreter Services provider scheduling confirmation;
  - Inform the Shared Health Interpreter Services provider when changes have been made to scheduled appointments.
- 4.3 When efforts are unsuccessful in scheduling one of the Shared Health Interpreters, document in the health record what measures were taken, by whom, and what alternate measures were taken.

#### **5.0 REFERENCES:**

- 5.1 National Standard Guide for Community Interpreting Services, 2007.  
<http://www.ailia.ca/National+Standards+for+Interpretation+Services+-+NSGCIS>
- 5.2 Shared Health Code of Ethics and Standards of Practice for Interpreters, June 2012.  
<http://www.wrha.mb.ca/professionals/language/files/EthicsCode.pdf>
- 5.3 10.40.220 French Language Services – General Policy.  
<http://home.wrha.mb.ca/corp/policy/files/10.40.220.pdf>
- 5.4 110.000.005 Informed Consent  
<http://home.wrha.mb.ca/corp/policy/files/110.000.005.pdf>
- 5.5 110.220.050 Visitors and Control of Traffic - Operating Room (including Obstetrical Operating Room)  
<http://home.wrha.mb.ca/corp/policy/files/110.220.050.pdf>

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