



ADMINISTRATIVE MANUAL

**SECTION 100
POLICY 113**

Functional Section: Patient Rights and Organizational Ethics (RI)

TITLE: PATIENT ACCESS TO COMMUNICATION AND INFORMATION		
Date Effective: 07/91	Date Revised: 7/12	Revision # 5
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SECTION 1. PURPOSE

- 1.1 To assure that patients, including the hearing, visually and speech impaired, are provided with a mechanism for the effective communication necessary to maintain their social, business, medical and family needs while under the care and service of the Medical Center.
- 1.2 To assure that the patient/family is involved in any decision relative to restricting access to communication when required as a necessary component of the patients care.

SECTION 2. APPLICABILITY

- 2.1 This is an organization-wide policy. As such, it applies to all inpatient, emergency, outpatient, and ambulatory clinic settings.

SECTION 3. POLICY/PROCEDURE

- 3.1 Access To Communication
It is the policy of St. Francis Medical Center to undertake all reasonable efforts to assure that the patient’s right to unrestricted access to communication (mail, telephone calls, visitors, etc.) is maintained. Unless otherwise indicated, there is no charge to the patient for the provision of these services. This is done in the following ways:
 - 3.1.1 Normal Communication Mechanisms
 - 3.1.1.1 Patients are allowed to receive mail during their hospitalization. The Medical Center (through the mailroom and volunteers) will make arrangements to assure that mail is delivered to the patients room. Assistance is also provided to patients who wish to send mail while they are hospitalized. The nursing staff assists them in this regard.

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- 3.1.1.2 Patients have access to a telephone during their hospitalization for both internal and outside communication. There is no charge to the patient for local calls. For long distance calls, the Medical Center assists patients in forwarding charges to their private billing number, utilizing a calling card, or calling collect.
 - 3.1.1.3 The hospital has established a formal visiting policy to assure that patients maintain contact with family, friends, and loved ones during their hospitalization.
 - 3.1.1.4 In the outpatient and ambulatory clinic setting, pay phones are available for use by patients and family. In an emergency situation, use of the hospital business phones is permitted.
- 3.1.2. Communication For the Hearing Impaired St. Francis Medical Center (SFMC) will make all reasonable efforts to assure that the patient's right to effective communication is maintained. The goal is to provide deaf or hearing impaired patients and/or their surrogate decision maker the same access to communication when "critical medical information" is communicated by the physician. Patients or their surrogates share responsibility to request that SFMC obtain sign-language interpreter services
- 3.1.2.1. Sign-language interpreters will be offered for a minimum of two hours a day when a patient is admitted with a hospital stay over one day.
 - 3.1.2.2 Diagnosis and/or treatment in an emergency will not be delayed while waiting for an effective communication device or service for the deaf and/or hearing impaired patient.
 - 3.1.2.3 Services for the deaf or hearing impaired person shall be provided by SFMC at no cost to the patient or family.
 - 3.1.2.4 The PBX Operator will maintain a list of agencies and contact persons that provide service for the deaf or hearing impaired.
 - 3,1,2,5 Family members, minor, or surrogates will not be requested to provide sign language interpreter services unless there is an emergency and a qualified interpreter is not available or has not yet arrived.
 - 3.1.2.6 TDD Phones are available in PBX and may be obtained by contacting the PBX Operator.
- 3.1.3 Communication in a Non-English Language

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The following mechanisms have been implemented to assist the patient/family whose primary language is other than English.

3.1.3.1 Use of Auxiliary Communication Aids

Communication aids, when available, including standardize picture and phrase sheets may be used by non-bilingual staff for routine communication when an interpreter is not available or required. In addition, most patient information material is written in Spanish (our community's primary non-English language).

3.1.3.2 Use of the Language Line

If appropriate interpreters are not available, the Language Line may be utilized to meet the patient's needs. This service is staffed 24 hours per day by professionally trained interpreters for most major worldwide languages and dialects. The service is accessed as follows:

- A Language Line Card" is maintained in all patient care areas. The card lists the various languages for which interpretation service is offered.
- Prior to accessing the service, the healthcare team should determine exactly what type of information will need to be provided to the patient, have the information readily available, and have all necessary members of the team present to relay the information.
- Language Line Phones are installed in all patient rooms and other patient care areas. Instructions for access is provided on the phones.
- In the event that additional assistance is needed contact PBX and inform PBX of the specific language that is being requested. BX will contact the language line and connect the service directly to the patient location.
- The use of the service should be documented in the patient's medical record.

3.1.3.3 Use of Family/Friends as Interpreters

ADULT family and friends may be utilized as language interpreters only in emergency situations. Use of translating service is recommended.

3.1.3.4 Use of Bilingual Clinical Associates

Bilingual clinical associates may be used only in case of an emergency.

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3.2 Restriction To Communication

St. Francis Medical Center recognizes that it may, at times, be necessary to restrict a patient's access to communication as a component of his/her care.

When the hospital restricts patient's visitors, mail, telephone calls, or other forms of communications, the restrictions are evaluated for their therapeutic effectiveness.

Reasons for such a restriction include the prevention of injury, deterioration in the patient's condition, damage to the environment, or infringement on the rights of others. The following guidelines cover such restrictions:

3.2.1 The patient, and when appropriate, the family are to be involved in any discussion and/or decision regarding the restriction of communication access.

3.2.2 Any restrictions are to be explained in a language and terminology that the patient can understand.

3.2.3 Any restrictions imposed, along with the justification for imposition, must be documented in the patient's medical record.

3.2.4 Except where prohibited by law, the patient may request that communication (phone calls, visitors, etc.) be restricted. The Medical Center will undertake all reasonable efforts to honor that request. The request may, of course, be withdrawn or modified at any time.

Section 4. Terns/Definitions (Hearing Impaired)

4.1 Communication Barrier: Barriers that are experienced by individuals who are deaf or hearing impaired.

4.2 Interpreter: Person who can accurately sign and read sign language. Interpreters may include members of the medical or professional staff.

4.2.1 Sign Language: A form of communication that is a visually interactive language That uses a combination of hand motions, body gestures, and facial expressions. There are several different types of sign language, including American Sign Language (ASL) and signed English.

4.2.2 Oral Interpreters: Specially trained individuals who are trained to articulate speech silently and clearly, sometimes rephrasing words or phrases to give Hhgher visibility on the lips. Natural body language and gestures are also used.

4.2.3 Cued Speech Interpreters: An individual who functions in the same manner as an oral interpreter except that he or she also uses a hand code, or cue to represent each speech sound.

4.2.4 Computer Assisted Real-time Transcriptin (CART): A service in which an operator

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types what is said into a computer that displays the typed words on a screen. This is helpful for people who are deaf or hearing impaired and not trained in either sign language or speech reading..

- 4.3 Disability: Under the American Disabilities Act (ADA, a disabled person is someone who:
 - 4.3.1 Has a physical or mental impairment that substantially limits that person in major life activity; or
 - 4.3.2 Has a record of such a physical or mental impairment; or
 - 4.3.3 Is regarded as having such impairment.
- 4.4 TDD, TTY: A telecommunication device for the deaf or hearing impaired person.
- 4.5 Critical Medical Information: The exchange of information between a hearing impaired patient, hearing impaired parent of a minor, or hearing impaired designated medical decision maker or surrogate and the physician that occurs at the hospital such as:
 - 4.5.1 When the physician discusses a patient's symptoms and medical condition, medications, medical history and treatment plan.
 - 4.5.2 When the physician discusses or presents information concerning the patient's Diagnosis, prognosis, and recommendations for treatment or non-treatment.
 - 4.5.3 When the physician explains or describes medical conditions, tests, treatment options, medications, surgery, invasive or other procedures.
 - 4.5.4 When the physician presents information that requires the patient's informed consent.
 - 4.5.5 When the physician communicates with the patient during invasive treatment or diagnostic procedures and the patient is conscious.
 - 4.5.6 When the physician discusses or provides instructions for medications, post-treatment activities (including skilled nursing or rehabilitation facilities) and follow-up treatment.
 - 4.5.7 When the physician, including psychiatrist, psychologist or therapist, provides individual or group therapy or counseling for patients and/or family members.
 - 4.5.8 When the physician provides information about blood or organ or tissue donation, or participation in an approved research project.

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- 4.5.9 When an associate presents or discusses complex billing or insurance matters with the patient and/or surrogate.
- 4.5.10 When the physician discusses or presents information concerning end of life issues, including cessation of life support.
- 4.5.11 When an associate presents or explains Advance Directives, living wills or power of attorney for healthcare decisions.
- 4.5.12 When SFMC provides education programs such as birthing classes or the Maternity Tea.
- 4.5.13 When a health care professional presents or discusses discharge planning.

SECTION 5. REFERENCES

- 5.1 California Health and Safety Code, Section 1259
- 5.2 Rehabilitation Act of 1978, Section 504
- 5.3 Joint Commission Standard PC.02.01.21
- 5.4 "A Patient Centered Guide to Implementing Language Access Services in Healthcare Organizations", Developed by the American Institutes for Research for the Office of Minority Health, U.S. Department of Health and Human Services (DHHS); 2005
- 5.5 "National Standards for Culturally and linguistically Appropriate Services in Health Care", U.S./Department of Health and Human Services; March 2001
- 5.6 California Administrative Code, Title 22, Section 70707
- 5.7 Title VI of the 1964 U.S. Civil Rights Act, 42 U.S.C. 2000d
- 5.8 "Straight Talk: Model Hospital Policies & procedures of Language Access", California HealthCare Safety Net Institute, 2005