INTERPRETING SERVICES PROGRAM
WHOM DO WE SERVICE?

• Deaf, Hard of hearing & Deafblind
• Limited English Proficient (LEP) patients
• Family members and companions
TRAINING OBJECTIVES

• Why it is Important: Federal, State, Joint Commission and Montefiore policies protect persons with disabilities and mandate accommodations.

• What it Involves: Knowledge of resources available, hearing loss, cultural and medical considerations

• Where to Find Relevant Resources: Interpreting services, auxiliary aids & support services.
INTERPRETING SERVICES/SPECIAL NEEDS

• Compliments Montefiore’s mission and commitment to provide patient and family centered care.

• Ensures Montefiore’s commitment to compliance with all health regulations and standards.
FEDERAL, STATE & REGULATORY STANDARDS

Hearing loss affects between 22-28 million people, and according to the 2000 Census, 47 million Americans speak a language other than English at home. As a result, it is almost inevitable that you will encounter patients, family members and/or companions with some type of hearing loss or have some limited English proficiency. It’s important that all staff understand their legal obligations and how to assess patient requirements so that communication needs may be appropriately met.
FEDERAL, STATE & REGULATORY STANDARDS

- The Americans with Disabilities Act (1990)
- Rehabilitation Act of 1973
- New York City Civil Rights Law
- New York Human Rights Law
- New York Patient’s Bill of Rights
- JCAHO Standards R1.1.3 and R1.1
“If you recognize or have any reason to believe a patient, relative, or companion of a patient is deaf or hard of hearing, you MUST offer the person appropriate auxiliary aids and/or services. Interpreters are available throughout the medical center and affiliate sites and can be provided free of charge. **THE OFFER AND RESPONSE MUST BE DOCUMENTED.** If you are the responsible health care provider, you must ensure that such aids and/or services are utilized and DOCUMENTED in the chart. This offer must likewise be made in response to any overt request for appropriate auxiliary aids, services and/or interpreters.”
DEAF, HARD OF HEARING & DEAFBLIND
TRUE OR FALSE

• People with hearing aids do not need any accommodations
• Deaf/hard of hearing people are excellent lip-readers
• All deaf/hard of hearing people use sign language to communicate
• Deaf/hard of hearing people are excellent spellers and are extremely proficient in written English.
• People that cannot hear should be referred to as deaf/mute or deaf & dumb
• All deaf/hard of hearing people show up with interpreters or family members to assist them.
RESOURCES

- **TTYs**: (teletypewriter) device that allows deaf/hard of hearing persons to communicate on the phone
- **Closed Captioning**: dialogue appears in written English on the lower portion of the T.V.
- **Communicards**: a series of universal icons that prompts specific information seeking and responses
- **Deaf Talk**: a dial-up interpreting teleconferencing service that allows associates to obtain a certified sign language and Spanish language interpreter within 3-5 minutes via satellite. Available in the E.D.
- **Pocket Talker**: Assistive Listening Device. Available at Moses and Weiler
LIMITED ENGLISH PROFICIENT PATIENTS

BRIDGING THE GAP
RESOURCES

• Use the following number from ANY PHONE and an interpreter will be happy to assist you in over 150 different languages by calling: (718) 920-TALK (8255). (Call Customer Service to obtain your department’s access code.)

• Dual Handset Phones and Splitters: Portable phones with two handsets (one for you and the non-English speaker) are now available (Nursing Office and Customer Services Dept.) to assist you with interpreting needs of over 150 languages.

• Bridging the Gap: Training for Medical Interpreters (Associates)
WHEN TO USE AN INTERPRETER

*Always* use an interpreter when:
- obtaining patient’s medical history
- obtaining description of ailment/injury
- obtaining informed consent or permission
- giving a diagnosis or prognosis
- patient is in an emergency situation
- discharging the patient
WHEN TO USE AN INTERPRETER

*Always* use an interpreter when:

- explaining procedures, tests, treatments, treatment options, or surgical procedures
- explaining prescribed medications (dosage, instructions, side effects, or food/other drug interactions)
- reviewing follow-up treatments, therapies, test results, recovery
- providing mental health evaluation, therapy, counseling, and/or other therapeutic activities
THE INTERPRETER’S ROLE

• Look and speak directly to the patient and not the interpreter
• Remember that professional interpreters:
  – Are bound by a professional code of ethics that ensure the interpretation to be confidential, impartial, and rendered faithfully
  – Do not speak for the patient
  – Do not explain medical information to patient
  – Do not assume roles or responsibilities of hospital staff
  – Are not surrogate family members
  – Are requested and paid for a 2 hour minimum. (Expedite)
ARRANGING FOR INTERPRETING SERVICES

- Must inform patient of right to have interpreter when making appointment and upon arrival.
- Document hospital’s offer of services and patient’s response.
- Contact ADN/ANM before & after business hours.
• ANY and ALL efforts made to provide the services.
• Patient requests an interpreter or Associate offers interpreting services.
• Contact or confirmations with the program administrator or Customer Services.
• Interpreter’s name and situation s/he services were utilized.
• Any assistive devices that were requested/provided (closed captioning, TTY, etc.)
• Summary of support services utilized and/or means of communicating in the progress notes.
WHERE TO GET RESOURCES

Interpreting/LEP Services
(718) 920-5964 or (718) 920-5942
Customer Service Department
9:00 am - 5:30 PM
(718) 920-4943
5:00 PM - 9:00 am

Telecommunications Operator will page ADN/ANM on duty
(Dial 0 at Montefiore or (718) 920-4321 outside Montefiore)

(718) 920-5027 TTY

To Contact a TTY User:
NY State Relay 1-800-421-1220 or National 711