

<b>Policy/Procedure Number</b>	PR-1005
<b>Policy/Procedure Name</b>	Rights to Effective Communication
<b>Type of Policy/Procedure</b>	Patient Rights and Services
<b>Date Approved</b>	06/16
<b>Date Due for Review</b>	06/17 (Annual)
<b>Policy/Procedure Description</b>	Policy outlines the organizational response to standards for patient-centered communication to advance effective communication, cultural competence, and patient- and family-centered care. Policy outlines the organizational response to ensuring cultural and linguistically appropriate services and the promotion of effective communication between the patient, family and the health care provider regarding the care management of the patient.
<b>Supersedes</b>	1.3163, Policy: Patient & Family, Rights for Effective Communication 1.3163, Policy: Patient & Family, Patient and Family's Right for Effective Communication

### **Purpose Statement**

The purpose of the policy is to address access to culturally and linguistically appropriate health care services. The Joint Commission (TJC) has standards that promote the provision of care, treatment, and services in a manner that is conducive to the cultural, language, literacy, and learning needs of individuals and addresses any barriers to communications between the patient, family and the medical care providers. Communication problems are the most frequent cause of serious adverse events (as recorded in TJC database) and arise due to language barriers, cultural differences, and low health literacy, all of which are particularly important issues for racial/ethnic minority patients.

### **Policy**

The policy addresses federal law requiring hospitals and health care organizations to take steps to ensure meaningful access for the individuals with physical, cultural, or linguistic barriers. TJC has standards that are embedded under patient rights and the provisions of care regarding effective communication, cultural competency and patient/family centered care. Aside for the accountability for providing language assistance and translation services to persons with LEP (limited English proficiency) the hospital is accountable for providing assistive devices to addresses the needs of those individuals with vision, speech, hearing, and cognitive impairments.

The hospital is responsible for ensuring patient/family access to telephone, mail services and other forms of external communication. In the event that the organization restricts a patient's visitors, mail, telephone calls, and other forms of communication, the hospital has a defined process on how the restrictions are determined with the patient/family's based upon reasonable cause. The patient's guardian or the adult patient may elect to restrict communication with others.

The hospital is responsible for the creation, implementation, and oversight of the LEP Access Plan (See Appendix I). Every 3 year(s) or fiscal year the CLAS (Cultural and Linguistic Access Subcommittee) shall apply the four factor test provided below to determine the potential needs of LEP persons and the potential actions the hospital should take in meeting the needs of LEP patients and/or his or her legal representative(s). The DHHS Office for Civil Rights (OCR) has responsibility for enforcing compliance with the LEP requirements. OCR will assess compliance on a case by case basis, using the following 4 factors:

1. The number or proportion of LEP persons eligible to be served or likely to be encountered by Valley Children's Hospital.
2. The frequency with which LEP individuals come in contact with the hospital's program, activity or service.

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3. The nature and importance of the program, activity, or service provided by the hospital.
4. The resources available to Valley Children's Hospital and costs for these services.

**Qualified/Applicable Personnel**

Valley Children's Hospital staff who have successfully completed hospital orientation.

**Definitions**

**LEP (Limited English Proficiency) persons**

Individuals who do not speak English as their primary language and who have a limited or no ability to read, write, speak or understand are eligible to receive language assistance.

**Language or Communication Barriers**

1. With respect to spoken language, barriers which are experienced by individuals who are limited English speaking or non-English speaking. Those individuals who speak the same primary language may comprise at least 5 percent of the population of the geographical areas served by Children's or of the actual patient population of Valley Children's Hospital.
2. With respect to sign language, barriers which are experienced by individuals who are deaf and whose primary language is sign language.

**CLAS-A (Cultural and Linguistic Subcommittee in Action)**

This subcommittee is an official, formal committee operating under the auspices of the Family Centered Care Committee of the hospital. This committee has oversight responsible for ensuring culturally and linguistic appropriate health care services within the hospital.

**Hospital**

Any use of the term "Hospital" is in reference to Valley Children's Hospital.

**Interpreter**

A person who is fluent in English and in the necessary second language and who mediates spoken or signed communication between people speaking different languages without adding, omitting, or distorting meaning or editorializing. An interpreter acts as an intermediary between people with language needs. An interpreter is not someone who is providing direct service in a second language.

**Medical or Healthcare Interpreter**

A specially trained professional who is fluent in both English and another language, who is trained and proficient in healthcare interpreting; adheres to the professional code of ethics and protocols of healthcare interpreters; is knowledgeable about medical terminology; and can accurately and completely render communication from one language to another. Communication typically takes place between a patient (or the patient and one or more family members) and a healthcare provider (doctor, nurse, therapist, etc.).

**Translation**

The conversion of a written text into a written text in a second language corresponding to and equivalent in meaning to the text in the first language.

**Qualified/Applicable Personnel**

Valley Children's Hospital staff and health care providers who have successfully completed hospital orientation.

## Procedure

1. When a patient is admitted to the hospital or registered for the ambulatory clinics, emergency department, or day surgery, the staff will determine if there is a need for interpretation and language assistance. The staff will access the Hospital Interpreter Services. The process for language assistance is detailed in policy PR-1004, Access to Interpreter Services. The family or patient may request language assistance. The family can ask that an interpreter for language assistance be provided.
2. In the event that the care providers are requesting translation of vital documents or medical information, a request for this service is made through Interpreter Services. To ensure timely response, the care provider should provide timely notification to interpreter services by submitting a request for written translation via the George page under forms in order to ensure accurate translation of the document. The translation of the written English language to a LEP person is to be completed concurrently in conjunction with the Patient Education Committee.
3. A person who has a hearing impairment is to be referred to Interpreter Services for assistance. Assistive devices located throughout the Hospital, as well as American Sign Language Interpreter which is provided through the same process for language assistance.
4. When a staff identifies individuals with speech, and cognitive impairments, a referral is made to Speech and Audiology Department to assess and address the needs of the individual. The Speech-Language Pathology Practice at the Hospital provides diagnosis and treatment of pediatric speech, language and swallowing disorders in both inpatient and outpatient settings. This department will provide assistive communication devices as appropriate. During the course of a patient's hospitalization or changes in medical condition of the patient that affects the oral speech or cognitive function of the patient to communicate, the Speech and Audiology Department will develop an alternative means for communication between the patient and the care providers. Child Life may be engaged in providing support in developing an assistive tool for communication for the patient.
5. To ensure that the family or patient has access to external communications, the following procedure is followed for facilitating communication with external contacts:
  - A. During the admission process, the Admission Counselor will ask the family and patient if there are to be any restrictions in visitations or communications.
  - B. In the event that the patient and/or family requests visitation and telephone restrictions, a referral will be made to the social worker to determine if there are other external privacy needs or restrictions.
    - 1) Should a patient or legal representative decide not to include some or all information in the facility directory, the Admissions Counselor is responsible for facilitating the process of "opting out of facility directory" according to policy PR-1020, PHI, Facility Directories.
    - 2) In the event that the family elects not to use the "opt out" option at admission, the patient/legal representative may choose to exercise this right any time during the hospitalization. A referral will be made to the social worker to determine if restrictions are appropriate for specific individuals.
6. During the inpatient nursing assessment, the nurse will determine if there are any legal or personal reasons for any restrictions to visitations or telephone contacts based upon information identified on the Pediatric Admission Data Base or through the course of the interview with the family. Any restrictions will be documented in the care plan. A referral to a social worker will be made as necessary.

7. The patient and family will be informed about how to communicate outside the hospital to friends, family, or interested parties. They will be informed about access to computer email, local telephone calls from the room, facsimiles (FAXES) and mailing services from the nurses' station.
  - A. Writing materials are made available to the patient and family upon their request.
  - B. In the event that a patient and family need to make a long distance call to family or significant other, the nursing staff or social worker will make arrangements for making these calls. In the event that the patient needs to make an international telephone call, the social worker will facilitate this call for the patient and family depending upon the circumstances/status of the patient.

During extended hospitalizations, the social worker will assess ongoing communication needs of the family. The social worker will determine if the patient and family are financially unable to pay for a long distance telephone charge. The social worker will access its departmental resources such as a phone gift card or some other means to facilitate this call.
  - C. The social workers and the patient representatives will provide to the patient and family information about the hospital computer internet web site to communicate by email externally.
8. Through the Hospital's Education Program, Child Life staff will work with the patient and family, to contact the patient's teacher and class, to facilitate communication during extended hospitalizations. In some instances, arrangements will be made for the teacher and/or classmates to visit the patient while hospitalized.
9. For ambulatory care patients, needing to make long distance calls to the clinics for continued care but who lack the financial resources, a referral may be made to a social worker to assist in this situation. Working with the family the social worker may provide a toll free (800) number to family to enable the family to make long distance calls to the physician or clinic staff.
9. The social worker will provide assistance to families in need of securing a "life line telephone" through the telephone company.
10. Restrictions of the patient visitors, mail, telephone calls, and other forms of communication are addressed in the following policies:
  - **EC-1047, High Risk Visitors**

The policy identifies high risk patients and outlines the restrictions that are involved and the process for involving the patient/family. The restrictions are documented in the nurse's assessment, social work notes, and the IDPC.
  - **PR-1010, Patient and Visitor Conduct**

The policy establishes the standards for appropriate conduct for patient and visitor. The policy defines the process for involving patient and family in any restrictions of communication and contact. The discussion is documented in the IDPC and nursing notes. In the event that a social worker referral has been made, the social worker will document the discussion and restrictions in the social work notes.
  - **PR-1034, Child Abuse Reporting**

The policy details the process and practice for managing child abuse cases within the hospital. The policy outlines the process for restricting and protecting the patient from a suspected perpetrator.

Aside from these specified policies, restrictions of contacts or visitations may be established in legal court orders or family court custodial orders. The hospital will comply with these legal

documents. The social worker will note in the social work notes and the restrictions will be notated in the IDPC.

**Education**

Patients/Families receive education of Patient Rights upon admission.

**Documentation**

1. Document in the Interdisciplinary Plan of Care (IDPC)
  - A. Any restrictions identified.
  - B. Referrals to Social Services and Child Life.
2. The social worker will document any interventions regarding actions taken to facilitate patient/family communications in the patient's medical record.

<b>References/Regulations</b>	Joint Commission on Accreditation of Healthcare Organizations. (2009). <i>Hospital Accreditation Standards; Standard RI.01.06.05, p. 332.</i> Illinois: Author.  <i>California Health and Safety Code Sections 1259(c)(4) and 123147</i>  <i>California Health and Safety Code Section 1376.04. retrieved from <a href="http://law.onecle.com/california/health/1367.04.html">http://law.onecle.com/california/health/1367.04.html</a></i>
<b>Other Related Policies/ Procedures</b>	EC-1047, High Risk Visitors  PR-1010, Patient and Visitor Conduct  PR-1034, Child Abuse Reporting  PR-1020, PHI, Facility Directories
<b>Policy Lead</b>	Director, Social Services
<b>Content Expert(s) Review</b>	<b>Date(s)</b>
Director, Social Services and Interpreter Services	12/08, 01/14, 06/16
Cultural and Linguistic Access Subcommittee	01/14, 06/16
Family Centered Care Steering Committee	
ENC	09/14, 06/16
<b>Approved by</b>	<b>Date(s)</b>
CEO/COO/CNO	02/05, 11/05, 01/09, 08/10, 09/14*, 06/16
CEO/BOT	09/14, 06/16

\*CNO only