



**INDEMAND**  
*Interpreting*

# Language Access Plan Basics

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*What you need to know to build  
a compliant and effective program*

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**InDemand Interpreting**



# 01

## Compliance

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### HOW TO COMPLY WITH UPDATED LANGUAGE ACCESS STANDARDS

**Federal mandates require medical facilities to have a Language Access Plan.** Recipients of federal funds are required to take reasonable steps to ensure meaningful access to limited English proficient (LEP) persons. This document aims to help you build a compliant and effective Language Access Program by providing you with guidelines, options, and best practices. This should help you think about ways to approach developing or improving your facility's Language Access Plan in a way that fulfills federal requirements and gives your patients the best experience possible. To comply with the law, you need to satisfy the 4-factor analysis.

#### WHAT ARE THE 4 FACTORS?

1. **The number/proportion of LEP persons served or encountered in the eligible service population**
2. **The frequency with which LEP persons come into contact with the program**
3. **The nature and importance of the program, activity, or service provided by the program**
4. **The resources available and costs to the recipient**

The question you must ask at every step is, “Am I providing meaningful language access?”

# 02

## Your Language Access Plan

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### WHAT DO I NEED TO INCLUDE IN MY LANGUAGE ACCESS PLAN IN ORDER TO BUILD A SUCCESSFUL LANGUAGE ACCESS PROGRAM?

1. Language preference collection protocols
2. Provision of service to those spoken language populations in excess of 5% of the local demographic, in at least one of the following modalities:
  - In-person interpreter
  - Video interpreter
  - Telephonic interpreter
3. Provision of service to all Deaf, Hard of Hearing and Deaf-Blind clients without exception, at all times

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### WHAT ARE COMMON PITFALLS WHEN IMPLEMENTING A LANGUAGE ACCESS PROGRAM?

The number one answer to that question is: NOT knowing your demographic!

**Know the answers to the following two questions, right off the top of your head**

- What are the top five languages needed for your service or location?
- How are you currently collecting this data?

**If I don't know the answer to the two questions above, how do I remedy that?**

1. At Registration, ASK the patient for their preferred language.

*You'll want to AVOID the question, "Do you speak English?" Many LEP patients will answer "yes" if you ask the question this way out of fear of being turned away if they don't speak English. Sadly, many institutions are reluctant to provide language access as mandated by law. Although their number are fewer today, the impact has been to cause fear of disclosing their language limitations by LEP patient and their families. Ask instead, **"What language would you prefer to use when discussing your medical concerns?"***

# 02

## Your Language Access Plan

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### WHAT ARE COMMON PITFALLS WHEN IMPLEMENTING A LANGUAGE ACCESS PROGRAM? *Continued.*

**2. Update your languages list (no more Yugoslavia/Czechoslovakia please!)**

*Have a poster, notebook or reference where all languages are listed in English and in their native alphabet. Sometimes these lists also include a picture of the country's flag. This helps the LEP patient point out which language they speak, which will assist you in locating an interpreter.*

**3. Make the preferred language a “stop field” in the software program! If it isn't, ask I.T. for help**

**4. Track your interpreter requests**

**5. Compare your interpreter request numbers to the Information Desk and/or Registration numbers**

**6. Note any discrepancies because:**

- Discrepancies often mean inappropriate use of friends and family members as an interpreter
- Discrepancies can point to patients going without language access which is a violation of the law

**7. Know the number of requests for your top languages and**

- Track daily/monthly requests
- Track requests by location
  - IC-patient
  - Clinics
  - Rehab

**8. It is common for patterns of usage to show which will help you staff accordingly**

- For example, Mondays is traditionally a heavy interpreter use day
- Fridays tend to be lighter in volume

**9. Facilitate the documentation on the Electronic Medical Record (EMR) so providers can accurately document the language and the fact that an interpreter was used for the encounter.**

# 02

## Your Language Access Plan

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### SOURCING, MIX AND SCHEDULING

#### What is your plan to provide language access?

- Assessed bi-lingual providers?
- Medical interpreter staff?
- Independently contracted interpreters?
- Interpreter agency contracts?
- Video Remote Interpreting (VRI) services?

#### WHAT IS YOUR FALLBACK POSITION?

- What is the protocol if the agency interpreter fails to show up on time or at all?
- What is the protocol if the staff interpreter or bilingual provider calls out sick that day?
- What is the protocol for when you cannot source an available interpreter for a rarer language (known as LLD, or language of limited diffusion)?
- What is the protocol for when you can't source a tactile interpreter for a Deaf-Blind patient?

#### SCHEDULING: HOW DO YOU ARRANGE FOR SERVICE?

- In advance
- Same day requests

#### GOOD METRICS LEADS TO BETTER SCHEDULING

Matching preferred interpreters with patients and clients leads to better outcomes and clearer exchanges of information as it avoids issues, which can often escalate, surrounding

- Differences in dialects
- Gender preference
- Clan or religious affiliations

Matching preferred ASL interpreters with Deaf patients also leads to better outcomes and greater patient satisfaction. Can you answer this question? What the difference is between a Certified Deaf interpreters and a Certified ASL interpreter?

- Certified ASL interpreter is hearing and speaks English as well as sign language (ASL)
- Certified Deaf interpreters are Deaf, and assist Deaf patients who do not know ASL to communicate, in effect, forming a bridge between the Deaf client and the ASL interpreter.

# 02

## Your Language Access Plan

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### WHAT ARE THE MUST-HAVES FOR A LANGUAGE ACCESS PLAN?

The best way to source an interpreter is through Video Remote Interpreting (VRI). VRI is available absolutely any time you need it – late night, last minute, weekends or holidays, VRI can bridge a language gap at a moment's notice. It also satisfies ADA requirements for the Deaf, which over-the-phone interpreting does not. VRI can also help you locate interpreters for LLD patients with far greater ease than you can via your local pool of contractors.

Even facilities that hire in-person interpreters find VRI a valuable tool. There are always times when demand exceeds capacity for a particular language. Additionally, VRI relieves staffing problems related to things like illness, long-term leave, budget cuts, retirement and recruitment from another employer.

### HAVE YOUR STRATEGY IN PLACE. MOST INSTITUTIONS REQUIRE A PROCESS FOR APPROVING VENDORS. YOU NEED TO HAVE COMPLETED THIS PROCESS PRIOR TO THE APPOINTMENT WHERE THE PATIENT IS LEP.

- Availability must be 24/7, 365 days of the year
- This is the most basic, most affordable way, to provide language access to your LEP and Deaf patients

CLAS standards require provision of meaningful language access to services. This means, for example, that the telephone doesn't work for these scenarios:

- Deaf patients
- Hard of hearing patients
- Patients in ICU
- Confused or elderly patients
- Mental health patients

### IF YOU DON'T MEASURE IT, YOU DON'T KNOW HOW BIG IT IS!

# 02

## Your Language Access Plan

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### WHAT ARE THE MUST-HAVES FOR A LANGUAGE ACCESS PLAN?

*Continued.*

How do I know what kind of budget and resources I will need to comply with these Language Access Plan requirements?

**HAVE A SYSTEM FOR COLLECTING LANGUAGE PREFERENCE FROM CLIENTS AND PATIENTS SO YOU CAN ADEQUATELY PLAN FOR YOUR NEEDS.**

1. **What are your most frequently requested languages?**
  - *You should plan for your top five at least, if not the top ten*
2. **What is the monthly frequency of interpreter requests for those languages?**
  - *How can you budget if you don't know what you need?*
3. **Most hospitals use an Electronic Health Record (EHR) system at registration**
  - *What EHR system does your organization use?*
4. **What are you doing about translated information for your patients?**

*Many of our English-speaking patients are not getting good care because they cannot decode health care information adequately, particularly discharge instructions and follow-up referrals. Health literacy is a problem for all of us. Our English-speaking patients share this problem with our LEP patients and with our Deaf and differently-abled patients.*

# 02

## Your Language Access Plan

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### WHAT ARE THE MUST-HAVES FOR A LANGUAGE ACCESS PLAN?

*Continued.*

#### AVAILABLE INTERPRETING MODALITIES:

##### 1. Video Remote Interpreter service

- Much higher user satisfaction rates than telephone for both patient and provider
- Users can see each other
- Provides body language cues to interpreter
- Patients can display prescriptions bottles which are visible to both the interpreter and the provider, leading to less time wasted trying to pin down medications names, needed refills, etc.
- Available 24/7, 365 days a year
- Video works for both spoken language and ASL

##### 2. In-Person Interpreter

- Giving the patient bad news
- End of life/ Last rites
- Spiritual counseling
- Conscious sedation procedures
- Mental health encounters
- Family conferences
- ICU

##### 3. Telephonic interpreter service

- Less popular with clients due to lower customer satisfaction rates, but fulfills the Title VI requirement for basic language access provision.

#### AGAIN, ASSESS FOR MEANINGFUL ACCESS!

# 02

## Your Language Access Plan

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### **ONCE I HAVE IMPLEMENTED MY LANGUAGE ACCESS PLAN, HOW DO I ENSURE IT'S WORKING WELL?**

Now that you've set up your Language Access Plan, there are still steps you need to take to make sure it is well utilized by clients, providers, patients, and their families.

- 1. Train all staff on how to work with interpreters**
  - Include in new employee orientation
  - Include in volunteer orientation
  - Include in spiritual care orientation
  - Include in resident/intern/nurse and critical care staff orientation
  - Require this training as part of the annual competencies for all staff
- 2. Collect language preference data at ALL points of entry**
  - Emergency Room
  - Out-Patient Clinics
  - Referrals
  - Transfers from other hospitals
  - Transfers from one unit or floor to another unit or floor
- 3. Collect LEP patient satisfaction via surveys**
  - Interpreters can assist filling out short surveys together with your LEP patients
- 4. Translate signage into your top languages instructing patients and families on how to request an interpreter**
- 5. Translate patient education materials and instructions into your top languages**
  - Develop enterprise-wide standards such as requiring all patient education materials to be written at a sixth grade reading level and centrally archived for easy access

# 03

## Best Practices

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### BEST PRACTICE FOR WORKING WITH INTERPRETERS

#### It's my first time working with an interpreter, what do I need to know?

Shorten what you have to say, by pausing frequently and SPEAK IN FIRST PERSON. Don't say, "Ask her, to tell you, how her pain level is today." Say instead, "How is your pain today?"

#### WORKING WITH AN *IN-PERSON* INTERPRETER

1. Introduction, make sure everyone knows each other's name, this is very important to most cultures, and shows respect to patients. It also helps build trust
2. Review any time constraints upfront and inform the interpreter about the general nature of the visit. This is called the pre-session. One or two sentences will do. Examples
  - This is a first visit
  - This is a referral for \_\_\_\_\_ care
  - I need to give this patient a diagnosis
  - We're going to review pre-procedural preparation, etc.
3. Remember to document interpreter use in EMR
4. During the encounter
  - Look at the patient while they speak or you will miss valuable body language indicators
  - Avoid asking questions that can be answered with a yes or no, use teach-back to confirm understanding
  - Speak plainly. Avoid idiomatic expressions like
    - 'Feeling blue' or 'down in the dumps' say "depressed" instead
    - 'Acting up' or 'Acting out' say "misbehaving"
    - Plain direct language is best

#### IT'S MY FIRST TIME WORKING WITH A *VIDEO* INTERPRETER. WHAT SHOULD I DO DIFFERENTLY?

#### Not a thing!

As a matter of fact, since VRI is available 24/7, 365 days a year, you may find the VRI process a little easier to schedule. **Just make sure the volume and picture are satisfactory at the beginning of the interpreted session.** Both end users have controls, to increase or diminish their respective volumes, brightness and contrast. Ease of use and accessibility make VRI a great addition to your Language Access Plan.

# 04

## Summary

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### SUMMARY

#### TO COMPLY WITH THE LAW, YOUR FACILITY NEEDS TO SATISFY A 4-FACTOR ANALYSIS

1. The number or proportion of LEP persons served in the eligible service population
  - usually once a demographic hits 5% of the local population, it qualifies as one of the languages you should plan to offer
2. The frequency with which LEP persons come into contact with your program
  - sometimes, due to the nature of the services offered, people will travel from outside local city limits to seek services, or,
  - if they know they can access an interpreter at your facility, they will travel quite far in order to receive that service. So their numbers may not be reflected in local demographics based on residence
3. The nature and importance of the program, activity, or service provided
4. The resources available and costs to the recipient

### Ask yourself on a regular basis, are you providing meaningful language access to those who need it?

This is the question you will be asked by the Joint Commission. Meaningful access is one of the CLAS standards.

#### **“THE KEY TO PROVIDING MEANINGFUL ACCESS FOR LEP PERSONS IS TO ENSURE EFFECTIVE COMMUNICATION BETWEEN THE ENTITY AND THE LEP PERSON.”**

(For complete details on compliance with these requirements, consult the HHS guidance on Title VI with respect to services for LEP individuals (65 Fed. Reg. 52762-52774, August 30, 2000) [www.hhs.gov/ocr/lep](http://www.hhs.gov/ocr/lep).)



## **InDemand Interpreting**

InDemand was founded in 2007 with the vision of ensuring that every patient receives the highest quality healthcare, regardless of language, cultural background or disability. By delivering the most experienced medical interpreters and highest quality video technology, InDemand Interpreting gives doctors, nurses and clinicians the language access they need to provide the best possible care.

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