

DEPARTMENT: Patient Rights and Privacy	POLICY DESCRIPTION: Accommodating Limited English Proficient (LEP) Persons
PAGE: Page 1 of 5	REPLACES POLICIES DATED: 04/13; 09/13
APPROVED: 02/10/15	REVIEWED: 09/13; 02/15
EFFECTIVE DATE: 02/10/15	RETIRED:

SCOPE:

Housewide

PURPOSE STATEMENT:

To develop effective guidelines, consistent with both Title VI of the Civil Rights Act of 1964 and Executive Order 13166 requiring persons with limited English proficiency (LEP) have “meaningful access” to healthcare services. Title VI of the Civil Rights Act of 1964 prohibits recipients of federal financial assistance from discriminating based on national origin by, among other things, failing to provide meaningful access to individuals who have limited English proficiency (LEP). Federal fund recipients must also provide the translation of vital documents as part of their language assistance services when necessary to ensure the patient’s access to important written information. Failure to properly assess and subsequently provide a reasonable accommodation is punishable by fine to the provider.

DEFINITIONS:

- A. Effective Communication - Any form of communication (for example, writing or speech) that leads to demonstrate understanding.
- B. Interpretation - The oral transmittal of a message from one language into another.
- C. LEP - “LEP” is the acronym for both “limited English proficiency” and “limited English proficient.” The U.S. Census Bureau’s operational definition for LEP is a patient’s self-assessed ability to speak English less than “very well.”
- D. Translation - A written language assistance service.
- E. Vital Documents - A document will be considered vital if it contains information that is critical for obtaining federal services and/or benefits, or is required by law. Examples of vital documents include, for example: intake forms, discharge instruction and prescriptions; consent and complaint forms; notices of rights and eligibility criteria; notices advising persons with LEP of the availability of free language assistance; and letters or notices that require a response from the beneficiary or patient.

POLICY STATEMENT:

- A. Southern Hills Hospital will provide timely and meaningful translation services for patients who are LEP at no charge where necessary to afford such persons an equal opportunity to benefit from the services provided.
- B. To achieve that goal, Southern Hills Hospital employees will inform patients who are LEP and any patient’s relative or friend that is participating in treatment discussions and decision making, who are LEP, of the availability, at no cost to them, of language assistance services.

PROCEDURE:

- A. 504 Coordinator.

The VP of Quality is designated the 504 Coordinator and is responsible to maintain the appropriate aspects of the Americans with Disabilities Act, Sections III and IV, Title VI of the Civil Rights Act of 1964 and Executive Order 13166.

B. Limited English Proficiency Patients.

1. Any patient, and/or any family member or friend of a patient participating in treatment discussions and decision-making with LEP shall be informed of the availability of language assistance programs at no cost to them in order to meet his/her communications needs. Such notice shall be provided at the time of admission, appointment scheduling, arrival at the Emergency Department or at such point as it becomes clear such services are necessary.

All hospital personnel will use the attached "**Notice of Language Assistance Services at FACILITY**" to inform such persons of services and to determine what services are needed.

2. If you recognize or have any reason to believe a patient, relative, friend or companion of a patient, or any other person using hospital services has LEP, language assistance services must be offered at no cost to them. This offer and advice must likewise be made to any overt request for language assistance services.
3. If a patient/resident/surrogate decision-maker requests language assistance services, FACILITY must legally provide the service.
 - (a) Any request to use family or friends by the person with LEP following the offer by the provider to provide language assistance services should be discouraged as it compromises the accuracy and effectiveness of FACILITY staff communications. It is also difficult to ensure accurate translation and lack of ethical conflicts when a family member or friend of the patient provides language assistance. A waiver must be obtained and documented in the patient's medical record if the patient or family member refuses the language assistance services.
 - (b) The provider will make no payment when the person volunteers his or her own resources.
 - (c) The provider may exercise discretion as to when language assistance services are necessary since routine care may not require extensive communication.
4. For scheduled admissions and appointments, arrangements should be made in advance to ensure that language assistance services will be available when a person with LEP arrives for services.
5. All contacts with language assistance services should be documented appropriately in the medical record.
6. If a person has LEP, steps must be taken to ensure all medical and psychiatric evaluations or discussions regarding a patient's symptoms, treatment (including individual and group psychotherapy), diagnosis, progress and prognosis are meaningfully communicated. Additional assistive language services may be available.
7. Federal fund recipients must also provide the translation of vital documents as part of their language assistance services when necessary to ensure the patient's access to important written information.
8. The facility may have pictograph flash cards available, electronic translators or other devices which may be used to facilitate communication in cases of an emergency or while awaiting other language assistance services.
9. If you have any questions regarding the implementation of this policy, contact your supervisor, or the [504 Coordinator or other designee].

C. Policy Implementation

1. [Facility to insert VENDOR USED FOR LANGUAGE ASSISTANCE SERVICES]
2. [Facility to insert VENDOR CONTACT INFORMATION for language assistance services]
3. [Facility to insert DETAILED PROCEDURE TO USE LANGUAGE ASSISTANCE SERVICES PROVIDED]

D. Complaints.

1. Complaints concerning 504 accommodations will be documented on the Southern Hills Hospital Complaint form and sent to the 504 Coordinator for resolution.
2. All complaints will be investigated to determine validity. The person making the complaint has the right to representation by another person. All interested parties and

their representatives shall have an opportunity to submit relevant information to the complaint.

3. Resolution of the complaint will be accomplished as expeditiously as possible.

E. Undue Hardships.

“Undue Hardship” refers to actions that create significant difficulty or expense to the Facility. In this respect, Facility reserves the right to assess patient requests for accommodations. Undue Hardship will be determined on a case-by-case basis. The following considerations will be weighed in Facility’s assessment of whether a requested accommodation creates an “Undue Hardship”:

- (a) Range of available accommodations and sufficiency of available accommodations to address request at issue;
- (b) The net cost of the accommodation, including the overall financial resources compared to the size of the facility;
- (c) Nature and extent of the accommodation;
- (d) Type of construction required;
- (e) Impact or accommodation upon the operation of the facility; and/or
- (f) No adverse outcome in patient care.

DOCUMENTATION:

The contacted staff member will document in the medical record that assistance has been provided, offered or refused.

REFERENCES:

ADA Compliance Program: General ADA Policy
ADA Compliance Program: Self-Audit Questionnaire
Comprehensive Accreditation Manual for Hospitals, Jan. 2012
Executive Order 13166 (June 2010)
65 Fed. Reg. 50121 (Aug. 2000)

RESOURCES:

[Language Services Providers](#) (HPG approved)
Rehab Act of 1973, Section 504
American Disabilities Act of 1990 (42 U.S.C. 12181), including changes made by the ADA Amendments Act of 2008 (P.L. 110-325).

28 CFR Part 36, revised as of July 1, 1994 entitled “Non Discrimination on the Basis of Disability by Public Accommodations and in Commercial Facilities”.

http://www.ada.gov/regs2010/titleIII_2010/titleIII_2010_regulations.htm

Language Access Assessment and Planning Tool for Federally Conducted and Federally Assisted Programs: Federal Coordination and Compliance Section of the Civil Rights Division of the U. S. Department of Justice.

**NOTICE OF LANGUAGE ASSISTANCE SERVICES
AT SOUTHERN HILLS HOSPITAL**

Our staff wants to communicate effectively with you and your family members. Please fill out this paper and return it to the front office staff.

All of the services are free of charge to you.

1. Would language assistance services help us communicate more meaningfully with you?

YES _____ NO _____

2. If you check YES, language assistance will be provided at no cost unless you fill out the waiver.

Do you wish to receive language assistance? YES _____ NO _____

Other (please explain)

Signature Date Time _____ a.m./p.m.

A copy of Southern Hills Hospital's policy for meaningful communications with Limited English Proficiency (LEP) persons are available without any charge upon request.

Please initial here if you would like a copy of this policy.

_____ (Initials)

WAIVER OF LANGUAGE ASSISTANCE

COMPLETE THIS SIDE ONLY IF YOU CHECKED YES TO QUESTION 1 ON THE REVERSE SIDE OF THIS DOCUMENT AND DO NOT WANT SOUTHERN HILLS HOSPITAL TO PROVIDE LANGUAGE SERVICES

I, _____, understand that I have a right to be provided free language assistance by Southern Hills Hospital to communicate with its staff and doctors effectively. However, **I DO NOT WANT LANGUAGE SERVICES** to be provided to me by Southern Hills Hospital.

I understand that at any time I can change my mind about this request by telling Southern Hills Hospital's employee that I want additional language assistance to be provided by Southern Hills Hospital