

Report on Medicare Compliance Volume 29, Number 24. June 29, 2020

Policy on Interpretation Services and Effective Communication for Deaf or Hard of Hearing Persons

By Nina Youngstrom

Emory Healthcare in Atlanta developed this policy as part of its compliance with Sec. 1557,^[1] which prohibits discrimination on the basis of race, color, national origin, sex, age or disability. HHS on June 19 finalized its reinterpretation of the Sec. 1557 regulation, which came from the Affordable Care Act. Contact Toby Morgan, director of compliance, Section 1557 & Section 504 for Emory Healthcare, at toby.morgan@emoryhealthcare.org.

SCOPE

All Emory Healthcare staff.

PURPOSE

To identify the process by which information will be provided to the patient who has vision, speech, hearing, or cognitive impairments in a manner that meets the patient's needs.

POLICY STATEMENT

The Hospitals and Hospital-based clinics shall furnish appropriate auxiliary aids and services where necessary to ensure that communication with people who are deaf, hard of hearing, or visually impaired is as **effective** as communication with others. Effective communication is necessary with patients *and* companions who are normally involved in medical decision-making.

Auxiliary aids and services with respect to deaf or hearing-impaired individuals include qualified interpreters on-site or through video remote interpreting (VRI) services; note takers; real-time computer-aided transcription services; written materials; exchange of written notes; telephone handset amplifiers; assistive listening devices; assistive listening systems; telephones compatible with hearing aids; closed caption decoders; open and closed captioning, including real-time captioning; voice-, text-, and video-based telecommunications products and systems, including text telephones (TTYs), videophones, and captioned telephones; videotext displays; and accessible electronic and information technology; and with respect to *vision-impaired individuals*, include qualified readers, tape text, audio recordings, Braille materials, and large-print materials. (See <https://www.hhs.gov/sites/default/files/1557-fs-disability-discrimination-508.pdf>)

PROCEDURE

Assessment

Staff shall inquire as to the patient's or companion's usual mode of communication and, where reasonable, abide by the patient's or companion's preference. Staff will assess if the patient and/or companion uses American Sign Language (ASL) to communicate or if he/she uses another form of communication like English Sign Language/Signed English, Rochester Method, or Home Signs. The Hospital may, however, choose among various

alternative auxiliary aids as long as the result is effective communication.

Assessment to Determine Need for and Type of Auxiliary Aid

Staff shall inquire as to the patient's or a companion's usual mode of communication and, where reasonable, abide by the person's preference. Staff will assess if the patient and/or companion uses ASL to communicate or if he/she uses another form of communication like English Sign Language/Signed English, the Rochester Method, or Home Signs. A *companion* means a family member, friend, or associate of the person seeking medical care, who along with the patient is an appropriate person with whom medical staff should communicate as long as they are part of the patient's care. The Hospital may, however, choose among various alternative auxiliary aids as long as the result is effective communication.

The individualized assessment of a person's communication needs includes consideration of the nature, length, complexity, and importance of the communication; the person's communication skill and knowledge; the patient's health status or changes thereto; and the patient's or companion's request for an interpreter/auxiliary aid.

Examples of situations when it may be necessary to provide interpreters/auxiliary aid include:

- a. Discussing a patient's symptoms and medical condition, medications, and medical history;
- b. Explaining medical conditions, treatment options, tests, medications, surgery, and other procedures;
- c. Providing a diagnosis and recommendation for treatment;
- d. Communicating with a patient during treatment, testing procedures, and during physician's rounds;
- e. Obtaining informed consent for treatment(s);
- f. Providing instructions for medications, post-treatment activities, and follow-up treatment;
- g. Providing mental health services, including group or individual therapy or counseling for patients and family members;
- h. During family meetings with social worker, palliative care, physicians and other types of meetings where the patient's care is discussed in detail for purposes of decision-making;
- i. Providing information about blood or organ donations;
- j. Explaining living wills and powers of attorney;
- k. Discussing complex billing or insurance matters; or
- l. Explaining patient care and educational materials upon discharge from the facility.

Assistance for the Deaf and Hard of Hearing (HOH)

1. **Video Remote Interpretation (VRI) Services.** VRI services are provided at EUH, EUHM, EUOSH, EJCH, and ESJH. The services are provided by Cyracom Language Solutions.
2. **In-person interpretation.** In some cases, a patient may specifically request an in-person interpreter based on specific needs, or a determination may be made by staff and/or provider involved in treating a patient that an in-person interpreter is needed for effective communication.

Agency interpreters will need a 24-48-hours advanced cancellation notice. If not cancelled within the time frame required, the charges for all the time that has previously been requested will be applicable for charges.

3. For after-hours, weekends, and holidays on-site interpreter needs:

- a. If the patient and/or companion use American Sign Language, staff should consider first the use of the VRI laptop, if consistent with the preference of the patient/companion.
 - b. If it has been determined by staff and/or the provider that an on-site interpreter is required, staff will contact their unit director, manager, charge nurse, or an administrative supervisor, who will approve the request and will assist in locating a qualified interpreter.
 - c. To contact an agency and request an on-site ASL interpreter after hours, please refer to a list of approved agencies that are on the virtual desktop of EHC intranet under “Departments and Groups.” Look under “Administrative Departments,” click on “Emory Medical Interpretation and Translation Services,” and click on “Approved Agencies” on the left pane. Please take into consideration that the agencies usually will need a 2-hour advanced notice.
4. A TV Closed Caption Encoder is available in facilities, management (in Guest Services at EUOSH) for installation in a hearing impaired patient’s room.
5. The use of a white board to exchange notes may be used as an auxiliary aid for communicating effectively with the deaf and/or the hard of hearing, if consistent with the communication preference of the patient/companion. This auxiliary aid is effective as long as the patient, family member, and/or companion knows how to read and write.

Assistance for the Visually Impaired

1. For Braille translations requests, staff should contact EMITS at 7-EMIT (404-727-3648) or send the requested document to translation@emoryhealthcare.org. EMITS will send the document to an approved agency for a quote and turnaround time.
2. Emory Hospitals permits the use of service dogs by blind or visually impaired patients, visitors, and employees pursuant to the Emory Healthcare Patient/Visitor Service Animal Policy.
3. The use of a “Qualified Reader” is necessary when documents are not available in Braille or the Visually Impaired person doesn’t know Braille.

To request a “Qualified Reader” during business hours for ERH, EUH, EUHM, WWH, EUOSH, and EUHM hospital-based clinics, call EMITS at (404-727-3648).

For after hours, follow the after-hour procedure explained under “Assistance for the Deaf and Hard of Hearing” title, located in the third bullet point.

Documentation Requirements; Interpretation or Communication Assistance of Family Members or Companions

All healthcare providers and staff shall document the offer, request, and use of a qualified interpreter or auxiliary aid in the patient’s electronic chart, including the interpreter’s full name, the ID number for the VRI interpreters, or the type of auxiliary aid used. The patient/family member/companion should be informed that auxiliary aids

and on-site interpretation services are free of charge, confidential, and intended to ensure patient safety, quality care, and satisfaction. Emory Healthcare providers and staff have the prerogative to require the use of qualified interpreters when they deem necessary for the best interests of both parties. When a qualified interpreter is not used, such as when a person refuses and desires the assistance of a family member or a companion, the reason must be documented in the patient's medical record. Please read "Waiver Form" information below.

In general, a patient's family member, companion, or person who is not a qualified interpreter should not be used as the person providing interpretation assistance for purposes of medical care. Minor children are prohibited from interpreting in any instance. In rare circumstances, such as in the case of an emergency involving imminent threat to the safety or welfare of an individual or to others, a companion may be relied upon to interpret or facilitate communication only when a qualified interpreter is not available. Also, if an individual requests that a companion provide interpretation assistance, with the consent of the companion, the individual can provide communication assistance if otherwise reasonable and appropriate under the circumstances. Issues of competency of interpretation, confidentiality, privacy, and conflict of interest should be considered before relying upon a companion.

Waiver form: A waiver form is available when a patient, family member, or companion (as long as they are part of the patient's care) refuses the use of a qualified professional medical interpreter or auxiliary aids. The executed waiver form, valid for only one visit or hospital stay, should be maintained in the patient's medical record.

1. The patient/family member/companion should be informed that auxiliary aids and services are available and are free of charge, confidential, and intended to ensure patient safety, quality care, and satisfaction.
2. The form is located on the EHC intranet under "Departments and Groups." Look under "Administrative Departments," click on "Emory Medical Interpretation and Translation Services," click on "Resources" on the left pane, and click on the link that says "Please print and complete waiver" to print the form.
3. A qualified professional ASL interpreter through VRI or by an on-site interpreter, consistent with the specific needs or preference of the patient/companion, should be used to interpret the waiver form.
4. The waiver form can be revoked at any time by the same person who originally signed it, and a new waiver form is required for each hospital visit or stay.

This document is only available to subscribers. Please log in or purchase access.

[Purchase Login](#)