

	<b>POLICY TITLE:</b> Limited English Proficiency (LEP) Policy
<b>MANUAL NAME:</b> Administrative Manual and Rural Health Administrative Manual	<b>POLICY NUMBER:</b> <input type="checkbox"/> Addendum to Corporate Policy <input type="checkbox"/> Form Available In I-REPP System
<b>SECTION (as applicable):</b>	<b>POLICY OWNER:</b> Compliance Officer
<b>ORIGINATION DATE:</b> 03/01/2013	<b>FINAL APPROVAL DATE:</b> 01/02/14

## POLICY

WRMC at Hope will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits. The policy is to ensure meaningful communication with LEP patients/clients and their authorized representatives involving their medical conditions and treatment.

The policy also provides for communication of information contained in vital documents, including but not limited to, waivers of rights, consent to treatment forms, financial and insurance benefit forms, and discharge instructions, etc.

All interpreters, translators and other aids needed to comply with this policy shall be provided without cost to the person being served, and patients/clients and their families will be informed of the availability of such assistance free of charge.

Language assistance will be provided through use of qualified interpreters contracted through a formal arrangement for interpretation/translation services, technology and telephonic interpretation services.

All staff will be provided written notice of this policy and procedure, and staff that may have direct contact with individuals with disabilities will be trained in effective communication techniques, including the effective use of interpreters.

## SCOPE

This policy applies organization-wide.

## PROCEDURE:

### 1. IDENTIFYING LEP PERSONS AND THEIR LANGUAGE

WRMC at Hope will promptly identify the language and communication needs of the LEP person. If necessary, staff will use the qualified staff which is contracted through a formal arrangement for interpretation/translation services, technology and telephonic interpretation services.

**2. OBTAINING A QUALIFIED INTEPRETER**

- a. Hospital personnel will utilize CyraCom our contracted service in the event an interpreter is needed at 1-800-481-3293, enter account number, and pin number which is available 24 hours per day/seven days a week.
- b. Some LEP persons may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and **after** the LEP person has understood that an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the patient’s electronic medical record. If the LEP person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided to the LEP person.
- c. Children and other clients/patients/residents will **not** be used to interpret, in order to ensure confidentiality of information and accurate communication.

<b>Review/Revised Date:</b>	<b>Title:</b>	<b>Description of Change or Location of Change in Document:</b>
1/2/14	Compliance Officer	Added Cyracom and phone number