EXETER HOSPITAL, INC. POLICIES AND PROCEDURES		POLICY NO.: (RI).007 PAGE: 1 of 2
FUNCTION:	Patient Rights and Organization	onal Ethics
TITLE:	Effective Communication for Deaf/Hard of Hearing and Speech-Impaired Patients	
SCOPE:	All Patient Care Areas, Social Work, Communications, Speech and Language Department	
DEVELOPED BY:	Risk Management	
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REVIEWED BY:		ORIGINAL DEVELOPED DATE: 08/2008
APPROVED BY: <u>S</u> REVIEWED BY: <u></u> EFFECTIVE DATE REVIEWED DATE REVISION DATE(S	: <u>07/2018</u> (S): <u>07/2018</u>	

PURPOSE:

To provide guidelines for assuring effective communication with Deaf/Hard of Hearing and Speech-Impaired patients. Federal law (the Americans with Disabilities Act and Title VI of the Civil Rights Act of 1964) requires that all health care providers who participate in Medicare and Medicaid programs provide meaningful access for services to Deaf/Hard of Hearing and speech-impaired individuals. [NOTE: The procedures outlined in this policy also apply to communication with Deaf/Hard of Hearing or speech-impaired persons who communicate on behalf of a patient, such as parents, legal guardians, agents under durable powers of attorney for health care or family members.]

General Information: Exeter Hospital has an agreement with Northeast Deaf and Hard of Hearing Services (NDHHS) to provide sign language interpreters for patients and companions for emergencies after hours (1700-0800 Monday through Friday and 24 hours a day on weekends as well as 10 Federal Holidays). See attached flyer for more information.

POLICY STATEMENT:

- 1. Exeter Hospital respects the right and need of patients for effective communication, and therefore provides access to effective communication processes for all patients and their families, including those who are Deaf/Hard of Hearing and/or speech-impaired, at no cost to the patient and without unreasonable delay. Effective communication can be accessed in two ways:
 - a. Obtaining the services of an interpreter; or
 - b. Using a Basic Communication System or other alternative, i.e., Deaf Talk.
- 2. Deaf/Hard of Hearing or speech-impaired individuals shall be informed, through an appropriate means of communication (i.e., written notice), that they have the *right* to *free* communication services. Effective communication services (i.e., an interpreter or basic communication system) must be made available to each Deaf/Hard of Hearing or speech-impaired individual who seeks care at the Hospital (or who communicates on behalf of a patient seeking care, as the patient's agent, parent, legal guardian, etc.).
- 3. The patient shall be informed it is Exeter Hospital policy to hire an interpreter to be present for communications. If the patient requests in addition to the interpreter hired by the hospital others be present to interpret such should be documented in the medical record.

<u>HIPAA and Disclosure of PHI to Interpreters</u>. The patient's authorization is not required for use of an interpreter or TTY. The patient's health care practitioner may use or disclose the patient's protected health information ("PHI") to an interpreter or TTY communications assistant ("TTY CA") for a particular healthcare encounter, if the practitioner reasonably concludes that the patient has chosen to be assisted by the interpreter/TTY CA and reasonably infers that the patient, by the his or her willingness to continue the health care encounter using the interpreter/TTY CA, does not object to the disclosure of his or her protected health information.

STEPS IN PROCEDURE:

- 1. Provide the Deaf/Hard of Hearing or speech-impaired individual with Form #849 for determining which method of communication is preferred and is most appropriate for the situation. The Social Work Department, Communications Department and the Speech and Language Department are available to assist with providing access to effective communication for Deaf/Hard of Hearing and speech-impaired individuals
- 2. When the provider and/or members of the healthcare team are gathering or giving information that will direct the plan of care, it is always best to use an interpreter to ensure clear and effective communication.

TITLE:

Effective Communication for Deaf/Hard of Hearing and Speech-Impaired Patients

There are two methods for obtaining certified sign language interpreters:

A- Deaf/Hard of Hearing Video Remote Interpreting-Deaf Talk which is available by contacting the communications department to have it brought to the patient's room.

B-American Sign Language Interpreters-call Northeast Deaf and Hard of Hearing Services (NDHHS) at (603)224-1850 x250 to request an in-person interpreter. If it is an emergency occurring after business hours (5pm-8am Monday through Friday and 24hours on weekends and holidays) call the Emergency Medical Interpreter Services (EMIS) Program at 1 (866) 858-2677. The EMIS program will provide an interpreter within one hour of requesting services.

3. The services of an interpreter shall be provided at no cost to the patient (or the Deaf/Hard of Hearing or speech-impaired individual, as applicable). Exeter Hospital will pay a certified interpreter at a rate that is usual and customary, based on years' experience and level of certification for a two (2) hour minimum, which may be inclusive of any travel time, any travel time outside of the two-hour minimum, and mileage costs at the current federal mileage rate. Staff members shall leave interpreter information with the Department Manager, who will arrange for reimbursement. Interpreters shall forward invoice to the Accounts Payable Department.

4. Basic Communication System and other Alternatives:

Alternatives to interpreters may be used as long as they will provide an effective means of communication. While the final decision of whether to use an interpreter or another communication alternative is up to the health care practitioner, the patient's preference should be the principal factor considered. This means that a patient's request for an interpreter, rather than an alternative method of communication, should be honored in virtually all instances.

The following are some of the alternative communication methods available:

- A. The Speech and Language Department have provided Hospital staff with a Basic Communication System, which is available in the Emergency Department and in the Communications Department. Communication boards are available in the "Patient and Family Resource Guide" on each floor.
- B. Paper and Pen Have paper and pen available to assist with communication.
- C. Portable Teletype The Emergency Department and the Communications Department are equipped with a Telephone Typewriter for the deaf (TTY), which enables Deaf/Hard of Hearing-impaired people to call the Hospital. A patient care unit may provide TTY to patients by obtaining a TTY from the Communications department.
- D. Telephone Amplifiers An amplified handset for use with bedside telephones, as well as with standard Hospital telephones, is available by contacting the Communication department.
- E. Personal Amplifier, i.e., "Pocket Talker' An amplified assistive listening device that is available by contacting the Communication department. The headsets needed to utilize this device are the same ones available for use with televisions at the bedside and are available on all patient care units.
- F. Deaf Talk stored within the Emergency Department provides access to sign language interpreters via computer screen. When these systems are no longer needed, i.e., the patient has been discharged; return them to the appropriate department.

DOCUMENTATION:

- 1. Document in the patient's medical record the Deaf/Hard of Hearing or Speech-Impaired individual's language/communication needs and the method used for effective communication for each interaction to(include the name of each of the interpreter(s), present in person or on deaf talk and for the period of time they were interpreting to include the nature of the communications.
- 2. If the Deaf/Hard of Hearing or speech-impaired individual requests family or other(to) to also interpret for them in addition to hospital provided interpretation services or refuses the services of either an interpreter or one of the alternatives forms of communication outlined above, document this within the patient's medical record, along with documentation of the efforts made to inform the Deaf/Hard of Hearing or Speech-Impaired individual or their representative of the right to such communication services free of charge to them.

REFERENCES:

Americans with Disabilities Act Civil Rights Act of 1964, Title VI State of New Hampshire Directory of Interpreters / Translators and CART Providers Available at: https://www.education.nh.gov/career/vocational/documents/interp_guide.pdf **CROSS REFERECES:** (RI).002 - Informed Consent / Informed Refusal (RI).028 - Consent to Treat Minors (PF).152 – Patient Instruction and Counseling for Discharge PC-DOC.001 – Patient Assessment: Guidelines **FORMS:** 849 – Hearing / Speech Communication Tool http://www.languageline.com/customer-service/support-tools/