

Your access to
language
Interpretation

Introducing Cyracom

Language and Deaf Interpretation Services

- *Section 1557 of the Affordable Care Act (ACA). Section 1557 deals with nondiscrimination, and a significant portion of HHS's rule focuses on the care of Limited-English Proficient (LEP) patients.*
- These rules and associated restrictions are to ensure patient confidentiality and the accuracy of information provided to patients, which they will use to make healthcare decisions.

Language and Deaf Interpretation Services

- A patient's minor children (except in emergencies to prevent imminent patient harm) may not be used to interpret.
- Family members or friends of hearing/speech impaired or limited English proficient patients may not be used to translate *unless an interpreter is refused and specifically requested in writing by the patient*. This request must be documented in the patient's medical record. The provider may still utilize an interpreter if they determine the family member/friend cannot interpret adequately).
- Other patients shall not be used to translate.

Hospital staff used as interpreters

- **Bilingual staff may not be used as translators :**
- Interpreting would be required as part of “the individual’s current, assigned job responsibilities” and the staff member “would have to have a certificate or proof of translator training and has demonstrated* that he/she is:
- *Proficient in speaking and understanding both spoken English and at least one other spoken language, including any necessary specialized vocabulary, terminology, and phraseology, and; Is able to effectively, accurately, and impartially communicate directly with individuals with limited English proficiency in their primary languages. BHSET does not have these expectations nor are they noted in any job description.*

Language and Deaf Interpretation Services

- An assessment of Patients communication needs/ability and interpreter preferences must be completed.
- Obtain these forms from e-forms NS731

COMMUNICATION IMPAIRED PATIENT ASSESSMENT

This form is designed to assist healthcare providers assess communication needs and methods for patients with special communication needs. Either patient or provider may complete it.

HEARING IMPAIRMENT HOW DO YOU PREFER TO COMMUNICATE?

Written Word Lip Read Signing/Type _____ Other _____

Do you read? Very Well _____ A Little _____ No _____

Do you write? Very Well _____ A Little _____ No _____

Do you lip read? Very Well _____ A Little _____ No _____

Do you sign? Very Well _____ A Little _____ No _____

Sign language interpreters are available if necessary for effective communication between you and your healthcare provider. A TDD machine and telephone amplifiers are also available. Ask your nurse.

LIMITED ENGLISH PROFICIENCY

What language(s) do you speak? _____

HEARING IMPAIRMENT/LIMITED ENGLISH PROFICIENCY

Do you want the hospital to contact an interpreter for you? YES ___ NO ___

Do you request to have a family member or friend interpret for you? YES ___ NO ___

If yes, whom do you want to use? _____

Telephone number: (____) _____

**The hospital is contracted with Certified/Licensed Interpreters who perform services in accordance with applicable professional standards, federal and state laws governing the provision of health care.*

***Authorization Forms for non-contracted interpreters designated by the patient must be completed and signed by the patient AND interpreter.*

VISUAL IMPAIRMENT (Read to patient)

Do you have problems hearing? YES ___ NO ___

Do you have problems speaking? YES ___ NO ___

Can you see large print? YES ___ NO ___

Do you read Braille? YES ___ NO ___

Patient's or Representative completing form on patients behalf Signature/Relationship Date/Time

Interviewer's Printed Name and Signature Date/Time

****IF INTERPRETER REQUIRED, NOTIFY NURSING SUPERVISOR, OR DESIGNEE. FORWARD FORMS TO NURSING SUPERVISOR FOR COMPLETION****

INTERPRETER NOTIFICATION

Interpreter notified by _____

Date called _____ Time called _____

Interpreter/Company name _____

Interpreter phone number _____

Printed Name and Signature of person completing form Date/Time

THIS FORM IS A PERMANENT PART OF THE PATIENT'S MEDICAL RECORD

Baptist Hospitals of Southeast Texas <i>Performing Sacred Work Every Day</i>		BAPTIST HOSPITALS OF SOUTHEAST TEXAS	
Beaumont Orange (409)212-8000 (409)883-9361	Patient Name: _____ Patient Account: _____ MedRecNum: _____ Birth Date: _____ Age: _____ Sex: _____ Admit Date: _____ Room/Bed: - _____ HSV: _____ Attending Physician: _____ Primary Care Physician: _____ Referring Physician: _____		

NS731 Revised Date: 12/16/2013

Language and Deaf Interpretation Services

- Before a patient designated, **non-contracted interpreter** renders interpreting services, the **interpreter** must sign the *CONFIDENTIAL COMMUNICATIONS AGREEMENT FOR PATIENT DESIGNATED, NON-CONTRACTED INTERPRETER(S)*; and the **patient** must sign the *AUTHORIZATION FOR RELEASE OF INFORMATION TO HEALTH CARE PROVIDERS FOR COMMUNICATION IMPAIRED PATIENTS* Forms (e-Forms Packet NS731). These authorizations provide confidentiality of any patient information and are a permanent part of the patient record.

Please Note:

- Cyracom is a contracted service therefore only page one, the Communication Impaired Patient Assessment need be completed.

Language and Deaf Interpretation Services

**CONFIDENTIAL COMMUNICATIONS AGREEMENT
FOR PATIENT DESIGNATED, NON-CONTRACTED* INTERPRETER(S)**
(*NOT to be used with Contracted Interpreters)

I, _____, have been retained, *AT THE PATIENT'S REQUEST* by
(Print Name of Interpreter)

BAPTIST HOSPITALS OF SOUTHEAST TEXAS to provide interpreter services for communication-impaired patient _____, between their physicians and/or other hospital staff involved in their care.
(Name of Patient)

I understand that during the course of providing these services, I will be exposed to confidential patient information, as well as confidential hospital information.

I agree not to disclose confidential patient or hospital information to anyone other than physicians and hospital staff involved in the patient case. I further agree not to disclose confidential patient or hospital information to third parties not affiliated with the hospital.

I understand and agree that unless authorized by the patient or otherwise required or permitted by law, disclosure or confidential information to third parties outside the course and scope of my assignment will result in termination of the assignment and such disclosure will be reported to the appropriate agency and/or licensing body for further investigation.


I further agree to indemnify and hold harmless BAPTIST HOSPITALS OF SOUTHEAST TEXAS for any unauthorized disclosure of confidential patient or hospital information to anyone other than physicians and hospital staff involved in the patient's care unless required or permitted by law.

Interpreter's Signature

Interpreter's Printed Name

Date/Time

THIS FORM IS A PERMANENT PART OF THE PATIENT'S MEDICAL RECORD

 <p>Beaumont (409)212-5000 Orange (409)883-9361</p>	<p style="text-align: center;">BAPTIST HOSPITALS OF SOUTHEAST TEXAS</p> <p>Patient Name: _____ Patient Account: _____ MedRecNum: _____ Birth Date: _____ Age: _____ Sex: _____ Admit Date: _____ Room/Bed: - _____ HSV: _____ Attending Physician: _____ Primary Care Physician: _____ Referring Physician: _____</p>
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**AUTHORIZATION FOR RELEASE OF INFORMATION TO HEALTH CARE PROVIDERS
FOR COMMUNICATION-IMPAIRED PATIENTS**

I, _____, do hereby authorize the interpreter(s) assisting
(Name of Patient)

in communications at BAPTIST HOSPITALS OF SOUTHEAST TEXAS to provide any and all information to the physicians and other hospital staff involved in my (the patient) care that is necessary to assist in determining my (the patient) diagnosis, and in carrying out my (the patient) treatment plan.

This authorization shall become effective immediately and shall remain in effect for the duration of my hospitalization or until _____.

I understand that this authorization to provide information is within a certified/licensed interpreter's Code of Ethics and that further disclosure or use of this information shall not occur unless authorized by me or unless such use of disclosure is specifically required or permitted by law. I understand that my designation of a non-certified/licensed interpreter is an equal authorization to provide information and that further disclosure or use of this information shall not occur unless authorized by me or unless such use of disclosure is specifically required or permitted by law.

Patient or Authorized Representative Signature

Date/Time


Print Name

If person signing is other than patient, indicate relationship to patient: _____
(Parent, Guardian, etc.)

If Authorization delivered by Interpreter: _____ Interpreter Signature _____ Date/Time _____

Print Name

THIS FORM IS A PERMANENT PART OF THE PATIENT'S MEDICAL RECORD

 <p>Beaumont (409)212-5000 Orange (409)883-9361</p>	<p style="text-align: center;">BAPTIST HOSPITALS OF SOUTHEAST TEXAS</p> <p>Patient Name: _____ Patient Account: _____ MedRecNum: _____ Birth Date: _____ Age: _____ Sex: _____ Admit Date: _____ Room/Bed: - _____ HSV: _____ Attending Physician: _____ Primary Care Physician: _____ Referring Physician: _____</p>
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Language and Deaf Interpretation Services

- **Contracted Interpreter's** requirements for confidentiality are included as part of the *Contract/Business Associate Agreement*.
- The patient's needs and preferred method of communication should be determined and documented in the medical record. This plan should include, as applicable, the use of :
 - Qualified Language and Sign Interpreter(s)
 - Lip-reading
 - Handwritten notes
 - Supplemental hearing devices
 - Readers for visually impaired
 - Any combination of the above including methods not listed

Language and Deaf Interpretation Services

- Nursing stations that utilize an intercom system (call-light) shall place signage on the intercom to alert staff the impairment may prevent the patient from communicating their needs over the intercom.
- The patient's impaired status should be communicated to all caregivers and documented in the medical record to ensure effective communication with the patient throughout the hospital.

Language and Deaf Interpretation Services



Language and Deaf Interpretation Services

- Cyracom dual line clear link telephones are available in designated areas throughout the facility.
- These phones are preprogrammed with account number and pin location id numbers. They should only be used in the designated areas.
- If needed there are additional floater phones in the Nursing Supervisors office.
- When interpretation is required for sign language services iPad devices are available and must be signed out from the Nursing Supervisor's Office. The interpreters and vendor have a contractual agreement with Baptist Hospitals of Southeast Texas.

Language and Deaf Interpretation Services



An instructional video for use of the Cyracom dual line clear link phones can be found on the B-line Homepage

Language and Deaf Interpretation Services

CYRACOM
Language Solutions
Baptist Hospitals of Southeast Texas

Accessing an Interpreter

Using blue clear link phone

1. Pick up left handset
2. Push blue access button
3. Push Acct/Pin button
4. Please say the language you need
5. Please enter Employee ID.
6. Please enter Patient No.
7. Select if you would like to add an additional person to the call
8. Hold temporarily as you are connected to an interpreter.

Working Effectively with an Interpreter

- Allow the interpreter to greet you and the customer.
- Write the interpreter ID number for documentation.
- Provide the interpreter with a brief explanation of the call.
- Speak in the first person.
- Use short but complete phrases.
- Avoid slang, jargon or metaphors.
- Allow the interpreter to clarify linguistic and cultural issues.

Submitting Feedback to CyraCom

- Did you have a really good experience, a call that could have gone better or general feedback you would like to submit to CyraCom?
- Submit feedback online today at: www.cyracom.com/feedback

Identifying Your Patient's Language

This chart reads, "Do you speak [language]?" Show this chart to your patients and have them point to their language.

Arabic	هل تتكلم اللغة العربية ؟
Armenian	նոյ խոսու՞մ էք հայերի :
Bengali	আপনি কি বাংলা কতে পারেন?
Bosnian	Govorite li Bosanski?
Cambodian	តើអ្នកនិយាយភាសាខ្មែរ?
Cantonese	您講廣東話嗎?
Chinese	您讲中文吗?
Farsi	آیا شما فارسی صحبت میکنید؟
French	Parlez-vous français?
Haitian Creole	Eske ou pale Kreyòl?
Japanese	日本語を話しますか。
Korean	한국어 통역이 필요하십니까?
Mandarin	您讲普通话吗?
Polish	Czy mówi Pan/Pani po polsku?
Portuguese	Você fala português?
Russian	Вы говорите по-русски?
Somali	Af Soomaaliga ma ku hadashaa?
Spanish	¿Habla español?
Swahili	Jeli Unaongea Kiswahili?
Vietnamese	Ông/bà nói tiếng Việt phải không?

Learn more at www.cyracom.com
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CyraCom's interpretation and deaf services solutions are proudly endorsed by the American Hospital Association.

- Have your instruction sheet close by for use of blue clear link phone.

Video Remote Interpretation For Deaf Interpreters

- An assessment of Patients communication needs/ability and interpreter preferences must be completed.
- Obtain from e-Forms Packet NS731
- Sign out the Cyracom iPad from the house supervisors office. There is also a laptop with larger screen available for those patients who are visually challenged.

