

Introduction to Language Services

Annual Mandatory Training




2021



18 Year old Willie Ramirez
dreamed of becoming a
professional baseball player.



After having
lunch with a
friend at a
restaurant...

A close-up photograph of a person lying in bed, covered with white linens. The person's right hand is pressed against their forehead, and their eyes are closed, conveying a sense of distress or pain. A semi-transparent play button icon is centered over the person's face. The background shows a lamp and a wooden headboard.

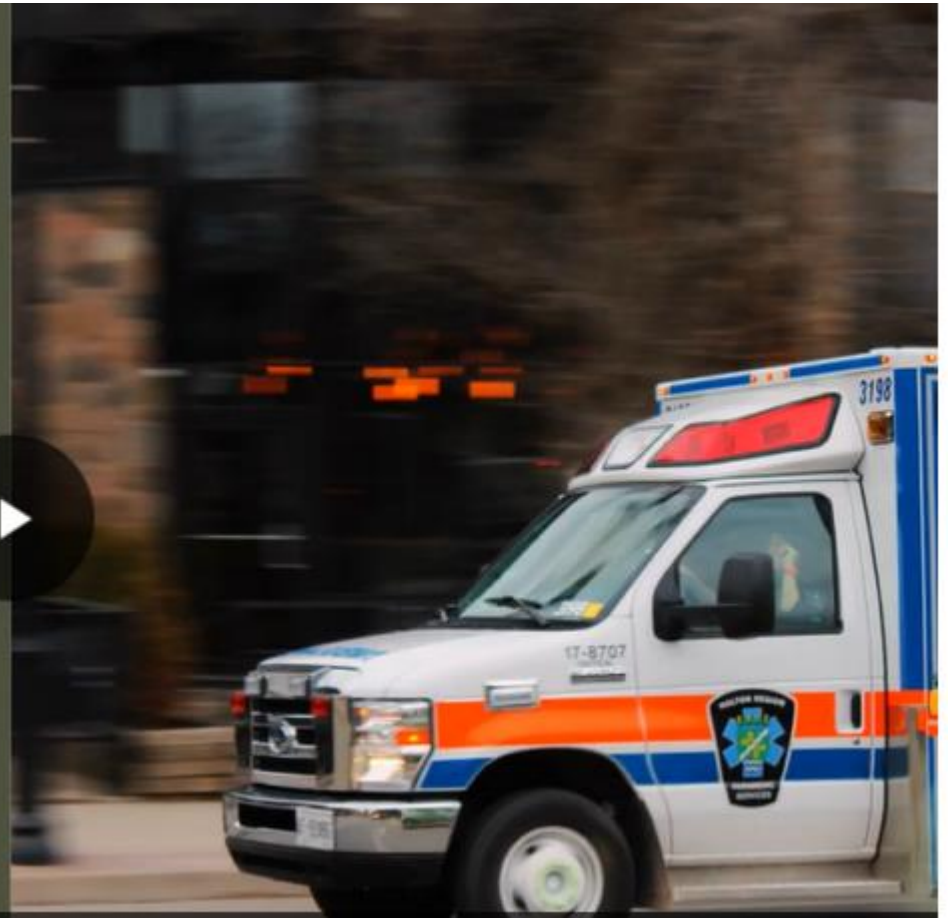
...Willie developed sharp head pain accompanied by impaired vision.



Willie drove himself to his girlfriend's house and became unconscious. He was taken by ambulance to the hospital.

Willie's family spoke very little English upon their arrival at the hospital's emergency department (ED).


The family indicated to the ED staff that Willie was "intoxicado".



"intoxicado" in Spanish dialect, indicates that something is wrong due to something you ate or drank (food poisoning.)

Thinking that "intoxicado" was equivalent to the English word "intoxicated," the ED staff treated Willie as if he was intoxicated.



A photograph of a hospital room featuring a white hospital bed with blue accents. A large black play button is centered over the bed. In the background, there is a white wall and blue curtains. To the left, an IV stand with bags is partially visible.

The ED physician noted pinpoint pupils (which can be indicative of opioid use.)

Willie was admitted to the ICU with a diagnosis of a “probable intentional drug overdose.”



A family friend tried to interpret on behalf of the family but hospital staff did not understand the friend.



After 2 days, Willie could no longer move his arms; a neurologist noted loss of eye function, indicating brain damage. Willie was transferred to another hospital where testing diagnosed a brain bleed that required surgery.

Tragically, due to the late diagnosis and ineffective communication, Willie is now a quadriplegic.

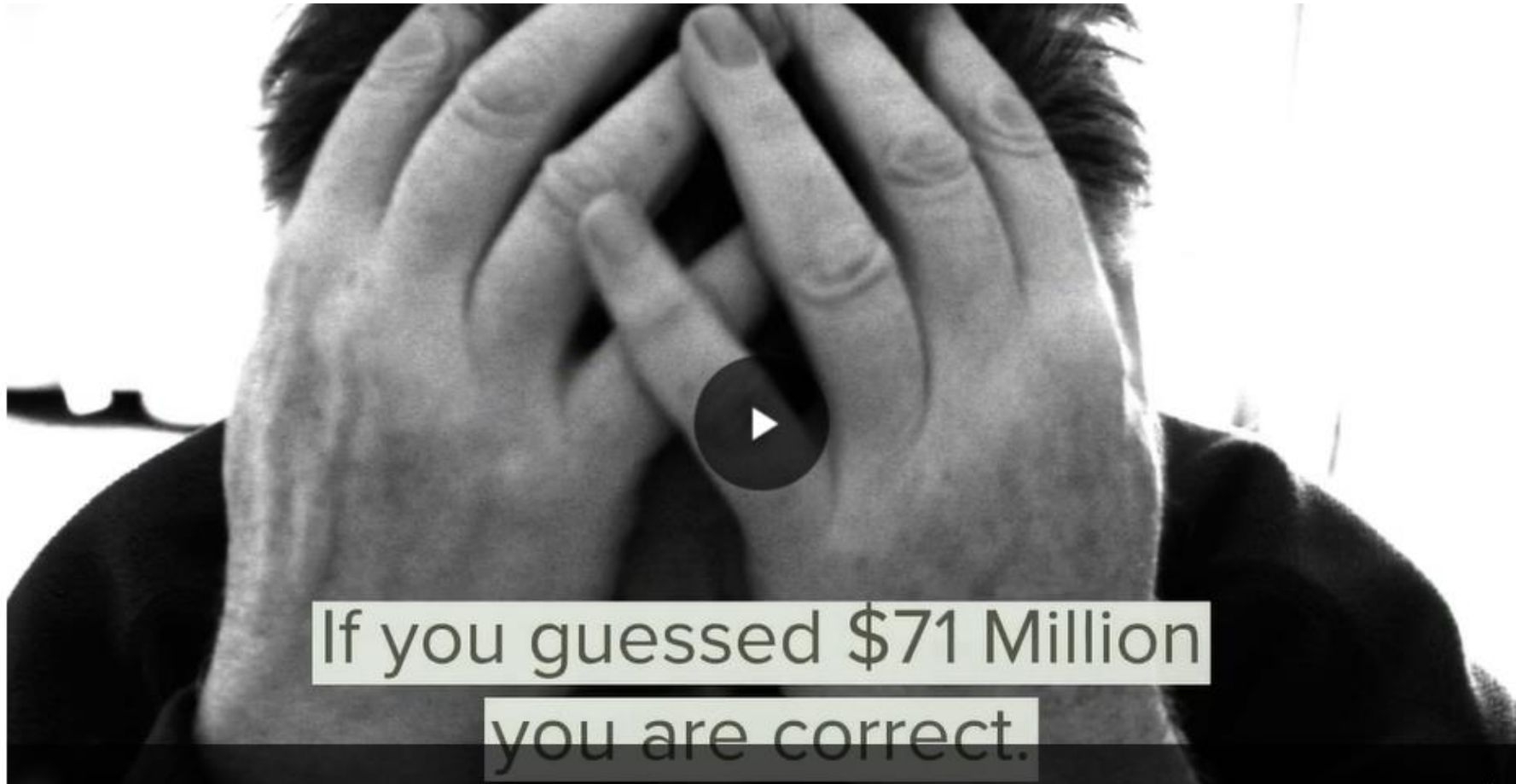
During the course of his hospitalization, an interpreter was never offered or utilized.





How much do you think the hospital paid to settle this 1980's case?

- \$10.5 Million?
- \$57 Million?
- \$71 Million?



If you guessed \$71 Million
you are correct.



Willie's case is just one of many that have resulted in injury or death as the result of not using an interpreter.



Whether it's because the care provider did not identify the need, or because he/she thinks that it's just easier to rely on using the little amount of English the consumer or companion knows, or because he/she simply chooses to not use an interpreter...the stakes are high.

And these errors can be prevented.

Glossary and Key Definitions - 1

Acknowledgement and Refusal of Interpretation Services

American Sign Language (ASL)

Auxiliary Aids

Effective Communication

Interpreting

Limited English Proficient (LEP) Individuals

Over-The-Phone-Interpreting (OPI)

Primary Consideration

Qualified Medical Interpreter

Telephonic Equipment

Translation of Documents

Video Remote Interpreting (VRI)

Acknowledgement and Refusal of Interpretation Services

Acknowledgement of interpreting services at no cost, refusal of services, and designation of a non-employee interpreter instructions are available

Medical Interpreter Waiver Form



Rodriguez, Erika
ADMINISTRATIVE ASSISTANT II

When a consumer refuses the use of a qualified medical interpreter provided at no cost and elects to utilize a companion to interpret, the “Acknowledgement and Refusal of Interpretation Service” Form (Refusal Form) must be completed as indicated below:

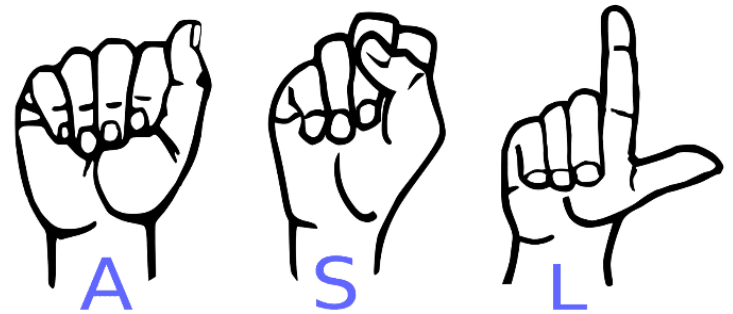
Access and Document Refusal Form

1. **Print** the Refusal Form in the consumer’s preferred language. (see below)
 - Give the consumer the translated copy of the Refusal Form.
 - Do not assume the consumer can read the translated copy.
 - Provide the information orally as well as in writing.
2. Have a **qualified medical interpreter**, tell the consumer to read and complete the Refusal Form (the consumer may require assistance).
 - Ensure consumer’s selected interpreter is indicated by name and relation on the Refusal Form.
 - The consumer’s selected interpreter must be at least 18 years old.
 - The consumer must sign the form indicating the date and time.
 - The team member signs/dates and indicates the time on the form as “Witness.”

3. If the **Refusal Form is not available** in the consumer's preferred language, print the form in English and utilize a qualified medical interpreter to interpret the form while the form is read by the team member.
 - Ask the consumer to indicate the consumer's selected interpreter and relation to the patient.
 - The consumer's selected interpreter must be at least 18 years old.
 - The consumer must sign the form indicating the date and time.
 - The team member signs/dates and indicates the time on the form as "Witness."
 4. If a consumer indicates an **inability to read** the form and/or provide a written response, utilize the same process (#3) as is used if the form is not available in the consumer's preferred language.
 - If the consumer is unable to provide written information, the team member may complete the form indicating the information provided through the interpreter.
 - The consumer and team member as "Witness" must sign/date and indicate the time on the form.
 5. Indicate the **Interpreter Name/ID** and **language** interpreted as well as the **date** and **time** on the Refusal Form.
 6. When completed, the Refusal Form should be placed in your departments designated collection point /basket for scanned documents in to EPIC by HIM. This is the same area any consent forms that are signed on paper by the patients, and other paper documents that need to be scanned are stored pending courier collection.
-

American Sign Language (ASL)

A rich language that serves as the predominant sign language of deaf and hard of hearing communities in the United States and most of Anglophone Canada. The language uses signs, facial expressions, and body postures to communicate ideas. ASL is a complex and natural language on par with spoken languages, and employs rules of phonology, syntax, morphology, etc. using manual/visual modes of communication, where spoken languages rely on the oral/aural modes of communication.



Approved Bilingual Team Member

- Is proficient in speaking and understanding both English and at least one other language and has been tested and approved by the Language Services Department.
- Is NOT approved to interpret.
- Must be evaluated because miscommunication can lead to adverse health outcomes.
- Some bilingual team members are exempt from testing:
 - A licensed physician who has a medical degree from a country where English is not the primary language and has submitted all required documentation to Language Services.
 - Those that have formally studied/practiced their profession in a country where the language in question is spoken and can provide corresponding documentation.
 - Those who work in a role that requires only short, non-technical interactions with a consumer, e.g. PSR, phlebotomist.

- Notes:
 - A team member who competently passes the evaluation can speak 1 to 1 with a consumer/companion; however, cannot interpret for a care provider and consumer/companion (3-way conversation).
 - Approved bilingual team members wishing to become a Qualified Medical Interpreter can do so with manager approval or by referring to the Language Services Sharepoint site.

Auxiliary Aids

Assistive modalities designed to communicate with individuals that are deaf, hard of hearing, have speech disorders, sensory impairments, manual impairments, or other communication needs. These include, but are not limited to:

- Amplifiers
- Communication Boards
- C-print / Real-time captioning / CapTel telephones
- Magnifying glasses; magnifying software
- Note-taking
- Pictographs
- Provide assistance in the completion of forms
- Large print or other format that is acceptable to the consumer/companion
- Taping or recording of printed materials that are not available in an alternate format
- Text telephones (TTY)
- Video Relay Services
- Website compatibility with screen-reader software
- Writing Boards
- Written Documents / Large Print Materials

Effective Communication

Utilizes qualified medical interpreters, auxiliary aids and other services that are provided in accessible formats, in a timely manner, and in a manner that protects the privacy and independence of the consumer. Consumers/companions who are Deaf or have a Disability must be consulted as to what interpreting, auxiliary services and other language assistance will provide the most effective communication for them.

Interpreting

The process of taking the spoken words of a person in one language and speaking in either a different spoken language or sign language.

Limited English Proficient (LEP) Individuals

Individuals who cannot speak, write, or understand the English language at a level that permits them to interact effectively with service providers.

Over-The-Phone-Interpreting (OPI)

Interpreting done via a telephone.



Primary Consideration

When determining what auxiliary aid and/or service is appropriate for a consumer with a disability, Advocate Aurora Health (AAH) shall provide an opportunity for the person with the disability (or companion) to request the aid or service the consumer prefers to effectively communicate. AAH will accommodate the consumer's primary consideration if resources are available.

Qualified Medical Interpreter

An individual with demonstrated proficiency in English and at least one other language with knowledge of medical terms or concepts and the ability to interpret effectively, accurately, and impartially.

Telephonic Equipment

•Over 200 languages available

Dual Handset Coded Phone

OR

Cordless Phone



Translation of Documents

Documents that contain critical information for assessing programs, services, or benefits; letters or notices that require a response; letters and notices pertaining to approval, denial, reduction, or termination of benefits; and documents that inform consumers/companions of free language assistance are called vital documents. Vital documents include, but are not limited to: consent and refusal forms, complaint forms, Notice of Privacy Practices and other privacy notices, financial and insurance benefits forms, and written notices of eligibility rights, consumer rights, denial, loss, or decrease of benefits or services. To request to have a document translated, refer to the Language Services website.

Video Remote Interpreting (VRI)

Provides more access to interpreters for our consumers/companions through video conferencing. This way, our interpreters can provide spoken and American Sign Language (ASL) interpreting services to consumers from remote locations. Advocate Aurora Healthcare (AAH) has an integrated VRI platform that first connects team members to AAH qualified medical interpreter team members. When AAH qualified medical interpreter team members are unavailable, team members then connect to an external partner. If an appointment is assigned to the VRI service, please ensure the equipment is available and ready to use.



AdvocateAuroraHealth™



Advocate Health Care



Aurora Health Care®



This education shows team members, physicians and volunteers the language assistance services and resources that are available within our facilities and where your accountability and responsibilities reside as you offer these services to our consumers.

Learning Objectives



This education will:

- Apprise those who work in our facilities of their interpreter and language service obligations.
- Identify the key aspects that are necessary in meeting Advocate Aurora Health's language service legal obligations while providing cultural understanding and effective communication with the populations that we serve.
- Show the value an interpreter brings when delivering effective communication and practicing cultural understanding within your care teams.

And will provide:

- How to recognize the need for providing effective language services.
- An introduction to the legal requirements that govern language services and Advocate Aurora Health's [*language services system policy*](#).
- The Acknowledgement and Refusal of Interpretation Service process.
- How to assess language services needs.
- How to become an approved bilingual team member and/or qualified medical interpreter.
- How to request to have a document translated.
- The language services resources that are available to you.



Language Services at Advocate Aurora Health

Each year, Advocate Aurora Health (AAH) provides interpreting, translation and other language assistance support services via interactions to over one million consumers in over 125 languages. Qualified medical interpretation services are provided in person, via telephone and via video remote interpreting. When appropriate, auxiliary aids are utilized to address special communication needs.

We provide language services:

- As required by law, without delay and at no cost to the individual.
- While complying with over 25 language service related laws and regulations.
- By using both Advocate Aurora Health (AAH) employed qualified medical interpreters and by using supplementary agency staff that speak over 200 different languages (including American Sign Language), we meet the language interpreting needs of those we serve (including those who may have a disability.)

Through:

- 3-way or 1 to 1 conversations utilizing a qualified medical interpreter or 1 to 1 interactions using an approved bilingual/multilingual team member.
- Telephonic interpreting (most common) and via video remote interpreting (VRI).
- The deployment of document translation services and auxiliary aid resources.





Serious Safety Events, Claims and Lawsuits

Even with the high number of interpreting and language service encounters occurring in our facilities, Advocate Aurora Health still experiences serious safety events, claims, and lawsuits **as a result of instances where language and translation services assistance is not being provided** to the populations we serve by team members, physicians and those who are working on behalf of Advocate Aurora Health.

Getting The Most From This Education

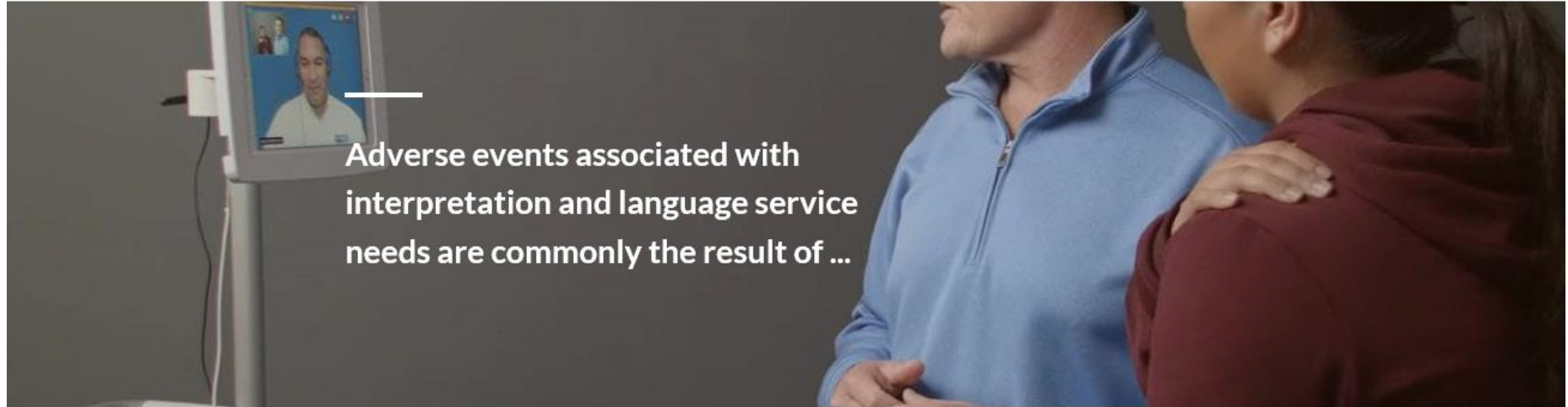
As you engage in this educational program, challenge yourself to move from a “my consumer, family member/companion needs an interpreter” mindset to a mindset of **“What do I need to do to effectively communicate with my consumer or companion?”**

Adopting such a mindset, will not only help you discover the value of the available interpreter resources, but will also demonstrate how qualified medical interpreters/auxiliary aids are valuable additions to our medical care team partners.

Please take this mindset into consideration in the next video as we begin with a true life story that exemplifies this need...



Adverse Events



- 1 ... not adequately assessing the consumer when identifying the need for an interpreter/auxiliary aid.
- 2 ... thinking that it is easier to just “get by” with the little bit of English the consumer knows or the team member/physician/volunteer thinking he/she can rely on the little bit of second language that he/she knows.
- 3 ...thinking that it is appropriate to write notes back and forth; relying on the consumer to read lips without offering interpreter services or asking the consumer's/companion's preference.
- 4 ... relying on companions, friends, family members or unqualified staff to interpret.
- 5 ...not adequately assessing cultural beliefs and traditions that affect care delivery; such as minimizing reports of pain, respecting authority (Physicians), and adhering to gender roles.
- 6 ...simply choosing to not use an interpreter.

Adverse Events typically occur...



...when Medication Reconciliation is occurring. (This is the process of creating the most accurate list of all possible medications a consumer is taking, including drug name, dosage, frequency and route, and comparing the list against the admission, transfer, and/or discharge orders, with the goal of preventing unintended changes or omissions.)

Adverse Events typically occur...



...when Consumer Discharge is occurring.
(This is where the consumer learns how to manage his or her condition, learns about what can trigger a return visit, determines his or her follow-up routine and where he or she learns about taking his or her prescribed medications.)

Adverse Events typically occur...



... when an Informed Consent is being signed.
(Informed Consent is a written documentation process by which a subject voluntarily confirms his or her willingness to participate in a particular process, study or treatment. He or she is typically informed of all aspects that are relevant to his or her decision to participate with a written, signed and dated form.)



*...when under Emergency
Department care.*



...under **Surgical Care.**

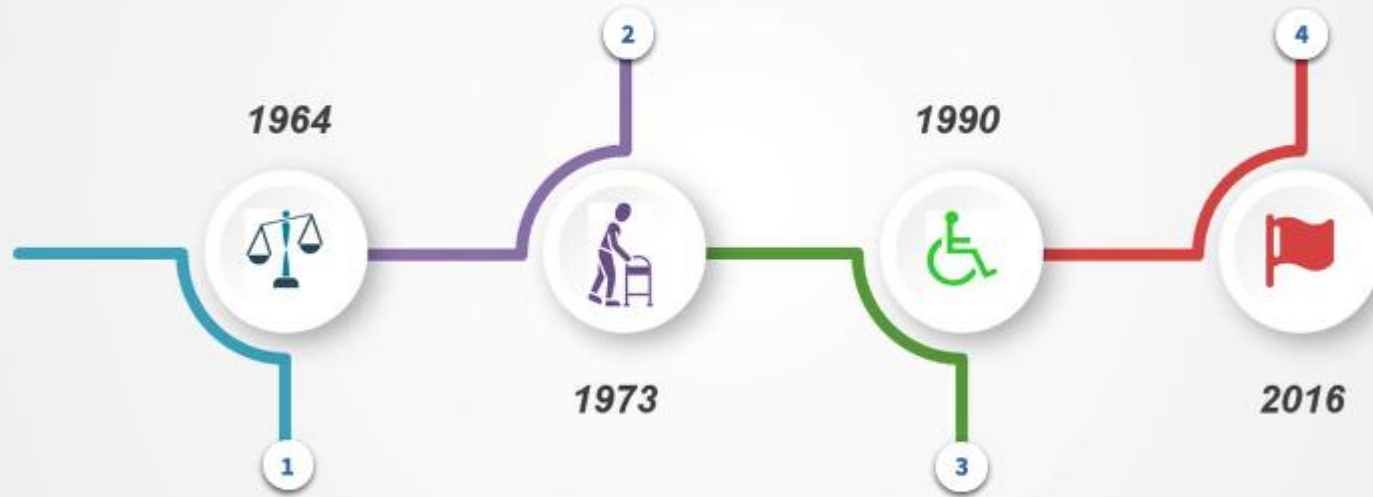
3. Legal and Regulatory Drivers

“As a result of the legal exposures that Advocate Aurora Health faces when delivering interpreting and language assistance services, all team members, physicians and volunteers in our care facilities are accountable for being well-versed in the laws, regulations and Advocate Aurora Health Policy.”

Christy Garcia Thomas, Chief External Affairs Officer

Advocate Aurora Health

Key Legislation Impacting Language Services



**Note: In addition to the key legislation indicate above, Advocate Aurora Health(AAH) /Language Services is also mandated by AAH's DNV accreditation and is subject to any applicable Federal/State agency mandates.*

1964

Civil Rights Act

- *Landmark civil rights & labor law*
- *Outlaws discrimination on the basis of race, color, religion, sex, or national origin*
- *Desegregation of public facilities*
- *Desegregation of public education*
- *Prevents discrimination by programs and activities that receive federal funds*

1973

Sec. 504 of Rehabilitation Act

Prohibits discrimination against people with disabilities in programs that receive federal financial assistance.

1990

Americans With Disabilities Act (ADA)

- *Prohibits discrimination against people with disabilities such as deaf, blind, hard of hearing, and/or those who have visual impairments in all areas of public life including employment, schools, transportation, public services, public accommodations,*

and telecommunications. (Note: this is not an exhaustive list of physical and mental impairments that are covered under the ADA.)

The ADA also allows the use of service animals for disabled individuals.

2016

Sec. 1557 of the Affordable Care Act (ACA)

- *The nondiscrimination provision of the Affordable Care Act (ACA) that prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs or activities.*
- *The law requires that language assistance be provided to patients/companions who are Limited English Proficient or/and have special communication needs (i.e. deaf, hard of hearing, blind, or visual impairment).*

Regulations:









In addition to the enacted laws, there are regulations that mandate the work we do related to the offering of language services.

Meaningful Access



Meaningful Access to language assistance shall be provided to consumers/companions during all points of contact with Advocate Aurora team members, physicians and volunteers to ensure equitable access to care and treatment.

Learn more about the various aspects of **Meaningful Access** in the below exercise.


	 <p>Meaningful Access to language assistance shall be provided to everyone in our facilities</p>	<p>during all points of contact with Advocate Aurora Health staff to ensure equitable access.</p>
	 <p>Scheduling consumers or cancelling consumer appointments based on the availability of</p>	<p>preferred interpreting services is strictly prohibited by AAH policy and the law.</p>
	 <p>Consumer must have the same options available as English speaking consumer who do not have</p>	<p>communication needs. Preferred modality requests (filled and unfilled) must be documented.</p>
	 <p>Consumers have the right to refuse language assistance and may request a</p>	<p>companion to facilitate communication. (Additional documentation required.)</p>

Remember: Even when a consumer requests to use a companion interpreter, Advocate Aurora Health is still responsible for ensuring the consumer receives the same level of care. If team members, physicians and volunteers do not feel information is being properly conveyed to the consumer, they may request that a qualified interpreter participate in the encounter. If the consumer still refuses the involvement of a qualified interpreter, this must be well documented in the medical record by including the:

- Name of the chosen companion-interpreter
- Concerns over the effectiveness of the communication
- Provider who is requesting to have a qualified interpreter
- Documentation of the consumer second refusal

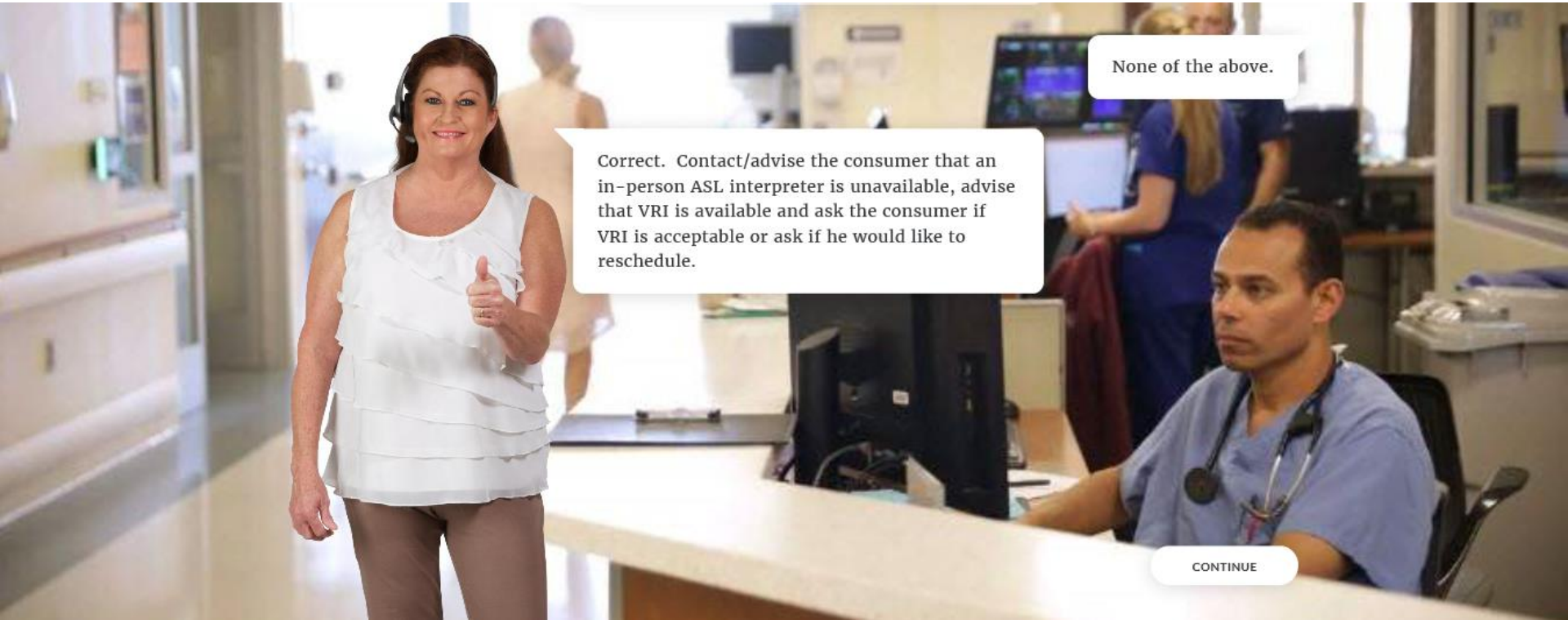
Additional Meaningful Access Considerations

EXIT



After placing the request, you discover that an in-person ASL interpreter is not available for the appointment. What do you do?

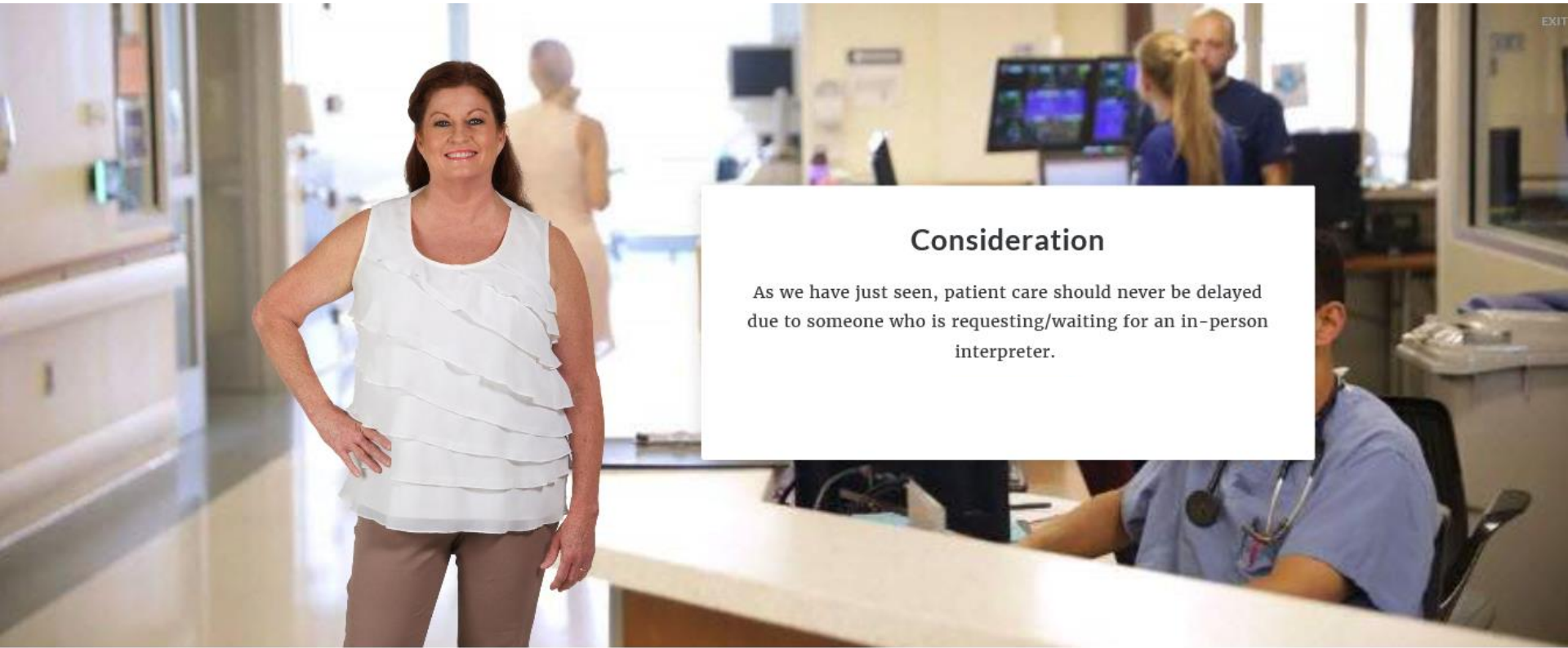
- 1 Contact/advise the consumer that you have to reschedule because an in-person ASL interpreter is unavailable.
- 2 Contact/advise the consumer that you are unable to obtain an in-person ASL interpreter and arrange for Video Remote Interpreting (VRI) instead.
- 3 None of the above.



None of the above.

Correct. Contact/advise the consumer that an in-person ASL interpreter is unavailable, advise that VRI is available and ask the consumer if VRI is acceptable or ask if he would like to reschedule.

CONTINUE



Consideration

As we have just seen, patient care should never be delayed due to someone who is requesting/waiting for an in-person interpreter.



Final Thought

The key consideration is to **keep the consumer informed throughout the entire process and permit him/her to make the decision/choice.**

Additional Meaningful Access Considerations



Only team members, physicians and volunteers who are "qualified medical interpreters" are permitted to interpret.



Consumers/companions who are deaf, hard of hearing or have blindness/low-vision, or other disability requiring a language services need, are to be given **Primary Consideration** as to preferred language services modality.



If a preferred modality is unavailable, an alternate modality will be utilized and documented in the consumer's medical record.



It is each team member, physician and volunteer's responsibility to ensure the consumer/companion's preferred language/auxiliary aid is used when communicating.

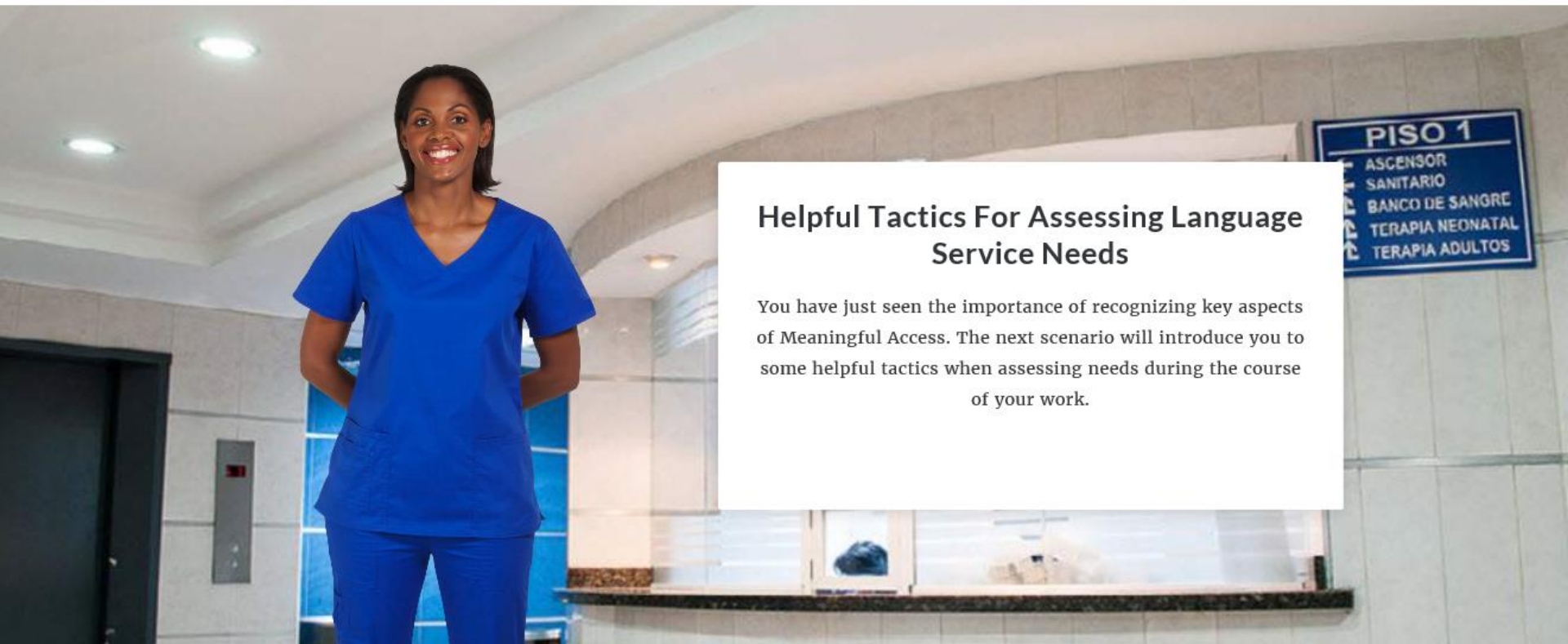


If an encounter is emergent, care must continue.



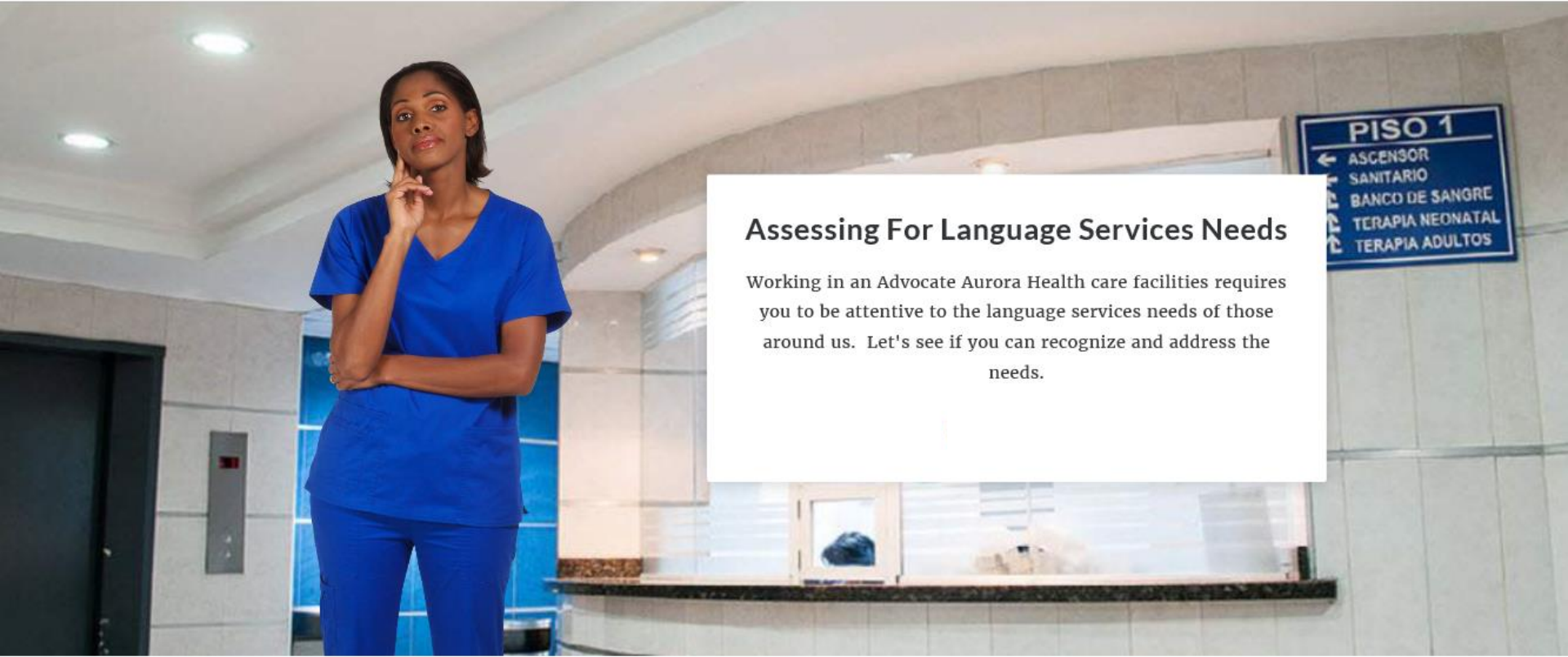
If an encounter is non-emergent and the provider does not feel the appointment can be safely completed without an interpreter, the care provider may end the appointment. **This should only happen in rare circumstances.**

4. Assessing For Language Services Needs



Helpful Tactics For Assessing Language Service Needs

You have just seen the importance of recognizing key aspects of Meaningful Access. The next scenario will introduce you to some helpful tactics when assessing needs during the course of your work.



Assessing For Language Services Needs

Working in an Advocate Aurora Health care facilities requires you to be attentive to the language services needs of those around us. Let's see if you can recognize and address the needs.



If a consumer is able to provide routine personal information at registration, such as address, telephone number and insurance information, he/she will not require an interpreter while in the hospital

1 I Agree

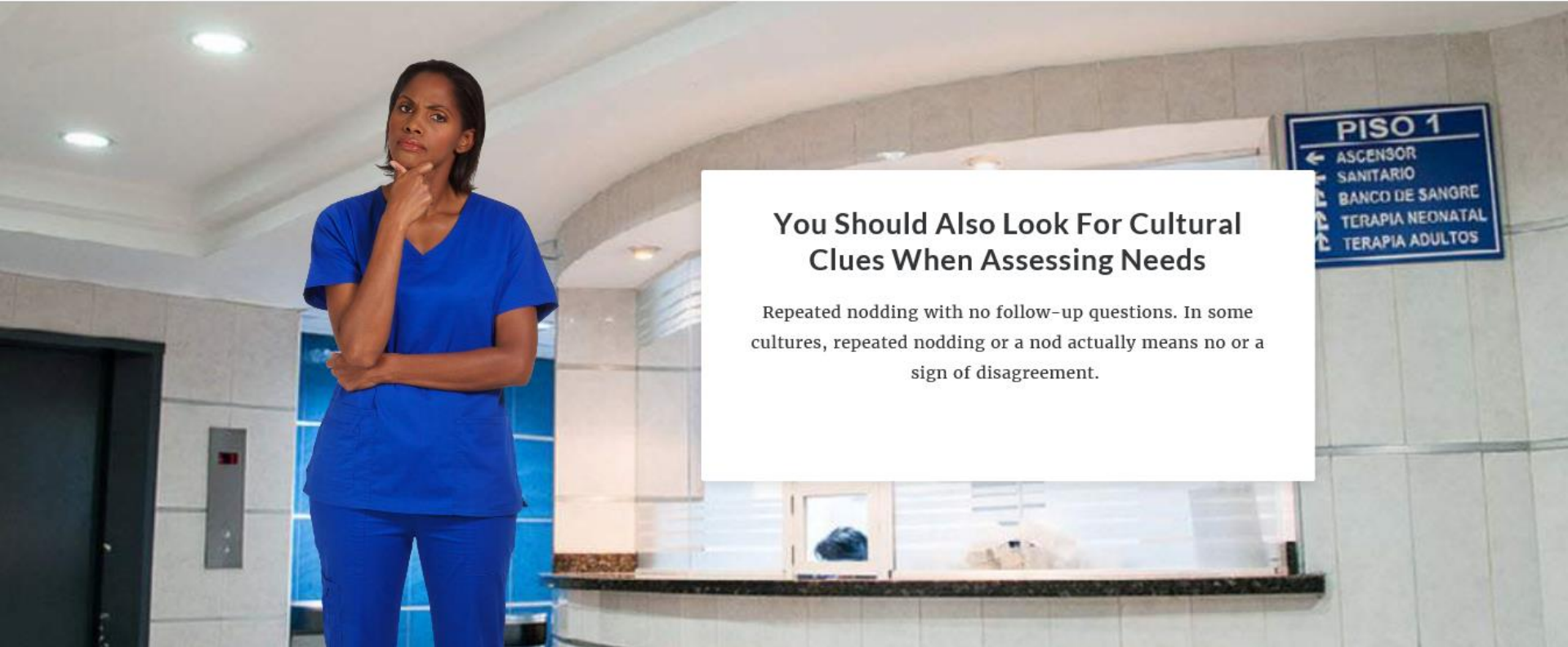
2 I Disagree



I Disagree

Correct. Be attentive though. Many who are able to answer routine questions may not always be able to comprehend medical information, assess treatment options/risks/benefits or formulate questions.

CONTINUE



You Should Also Look For Cultural Clues When Assessing Needs

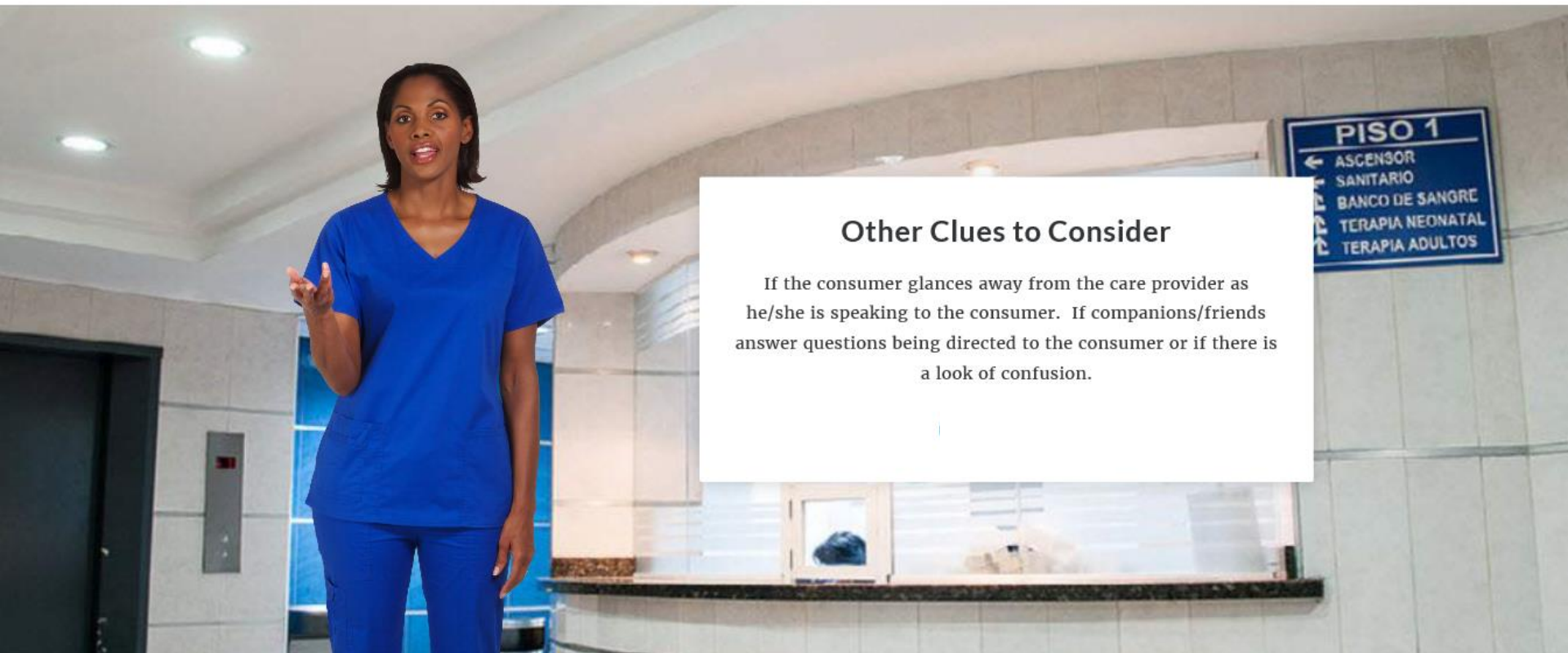
Repeated nodding with no follow-up questions. In some cultures, repeated nodding or a nod actually means no or a sign of disagreement.



Most Often...

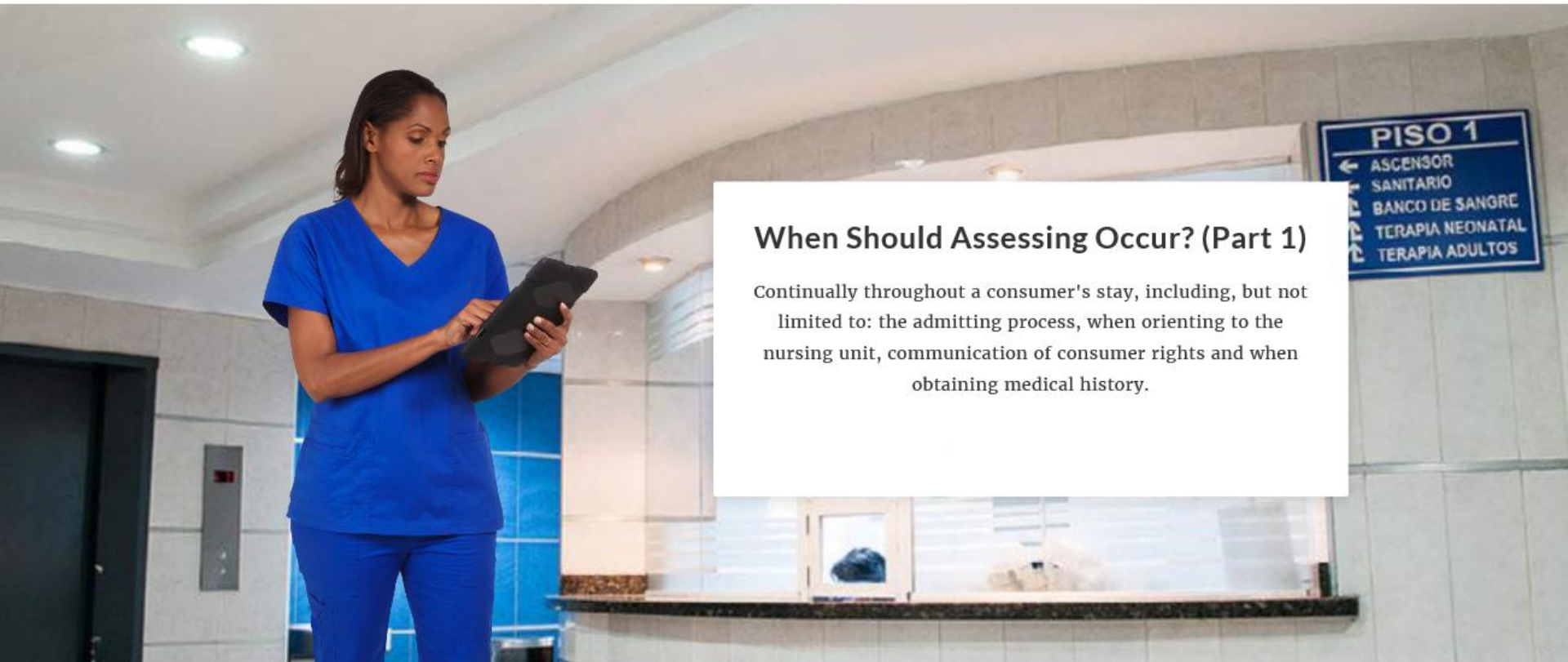
A nod is actually an acknowledgement of hearing what was explained or a showing of respect for the care provider rather than indicating comprehension of what was explained to the consumer.





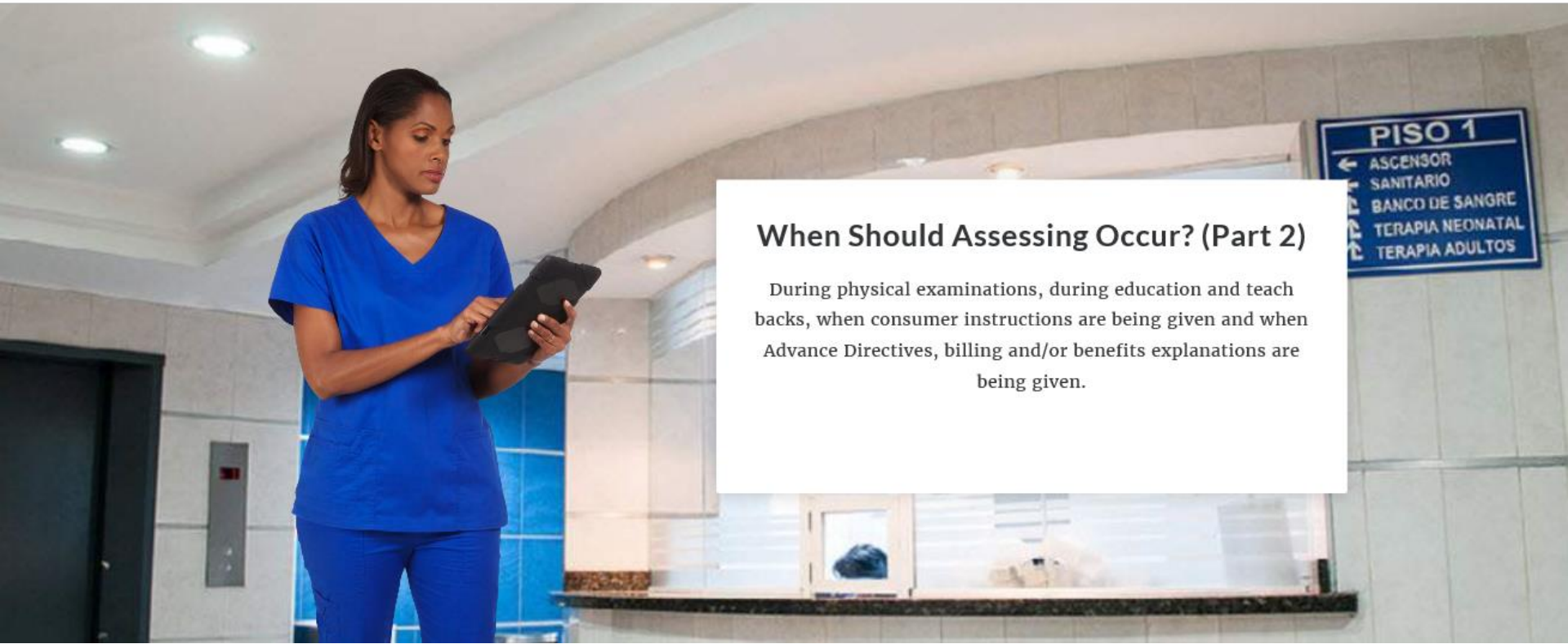
Other Clues to Consider

If the consumer glances away from the care provider as he/she is speaking to the consumer. If companions/friends answer questions being directed to the consumer or if there is a look of confusion.



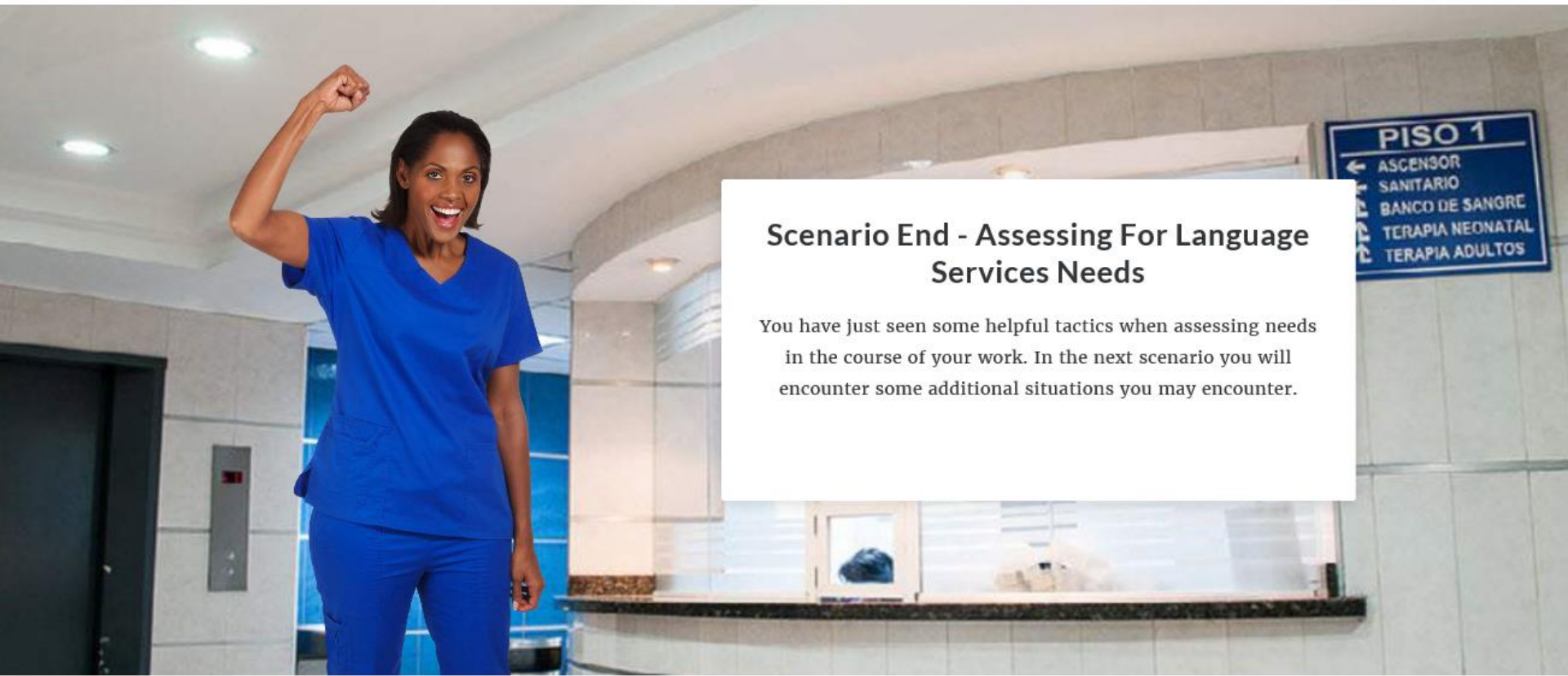
When Should Assessing Occur? (Part 1)

Continually throughout a consumer's stay, including, but not limited to: the admitting process, when orienting to the nursing unit, communication of consumer rights and when obtaining medical history.



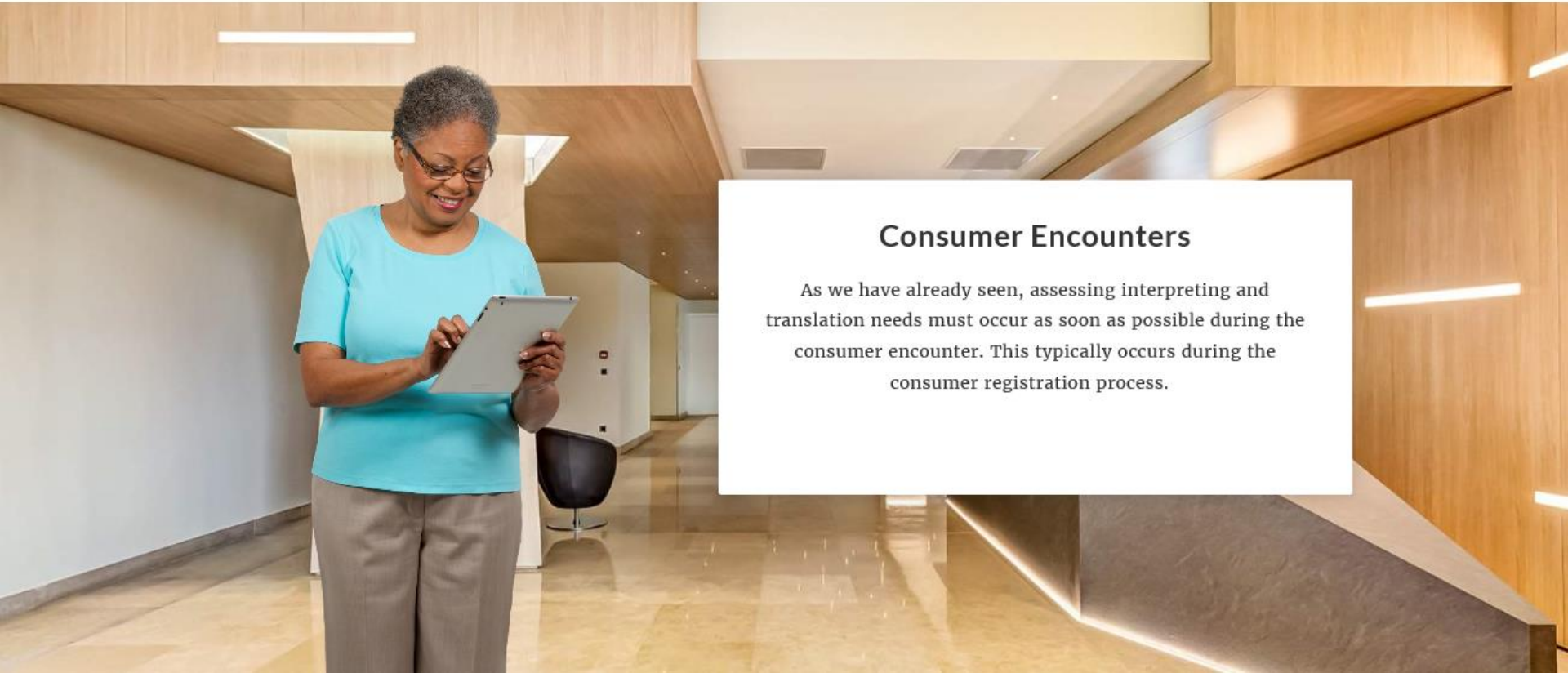
When Should Assessing Occur? (Part 2)

During physical examinations, during education and teach backs, when consumer instructions are being given and when Advance Directives, billing and/or benefits explanations are being given.



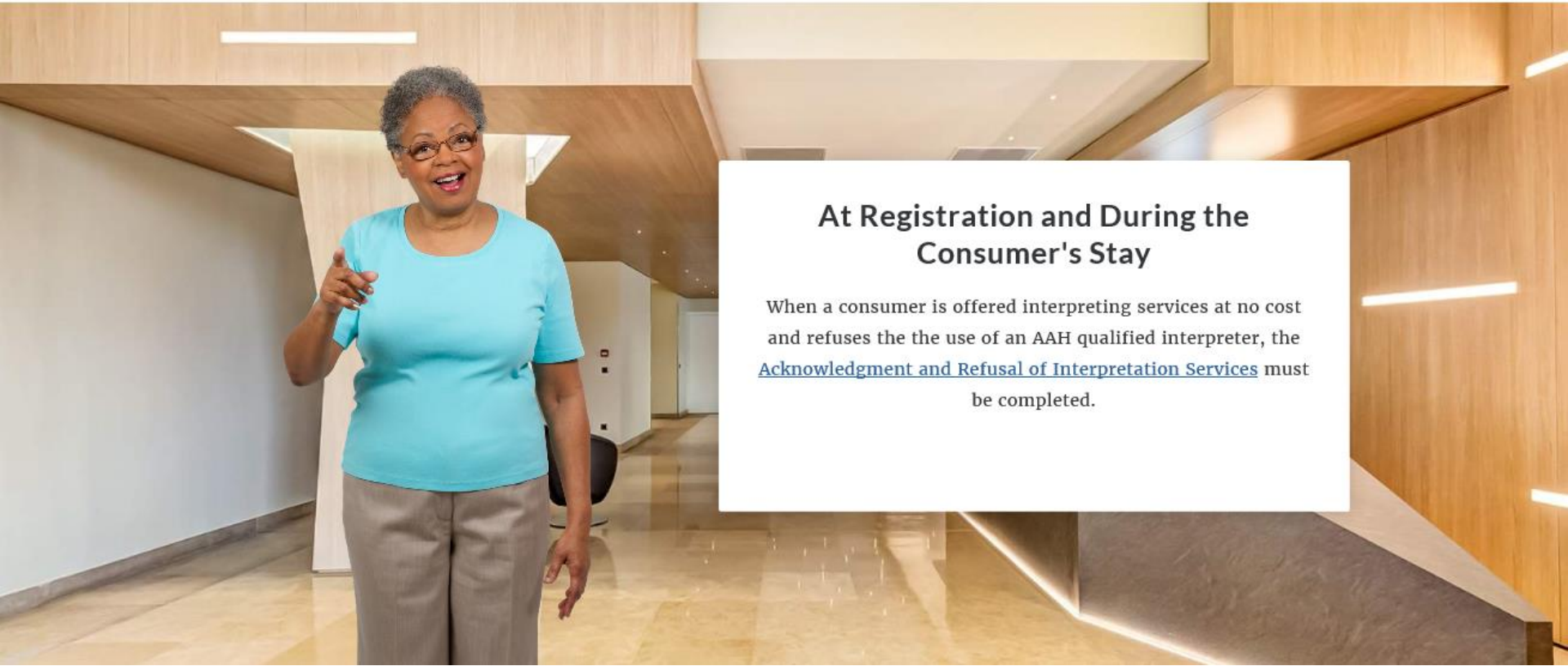
Scenario End - Assessing For Language Services Needs

You have just seen some helpful tactics when assessing needs in the course of your work. In the next scenario you will encounter some additional situations you may encounter.



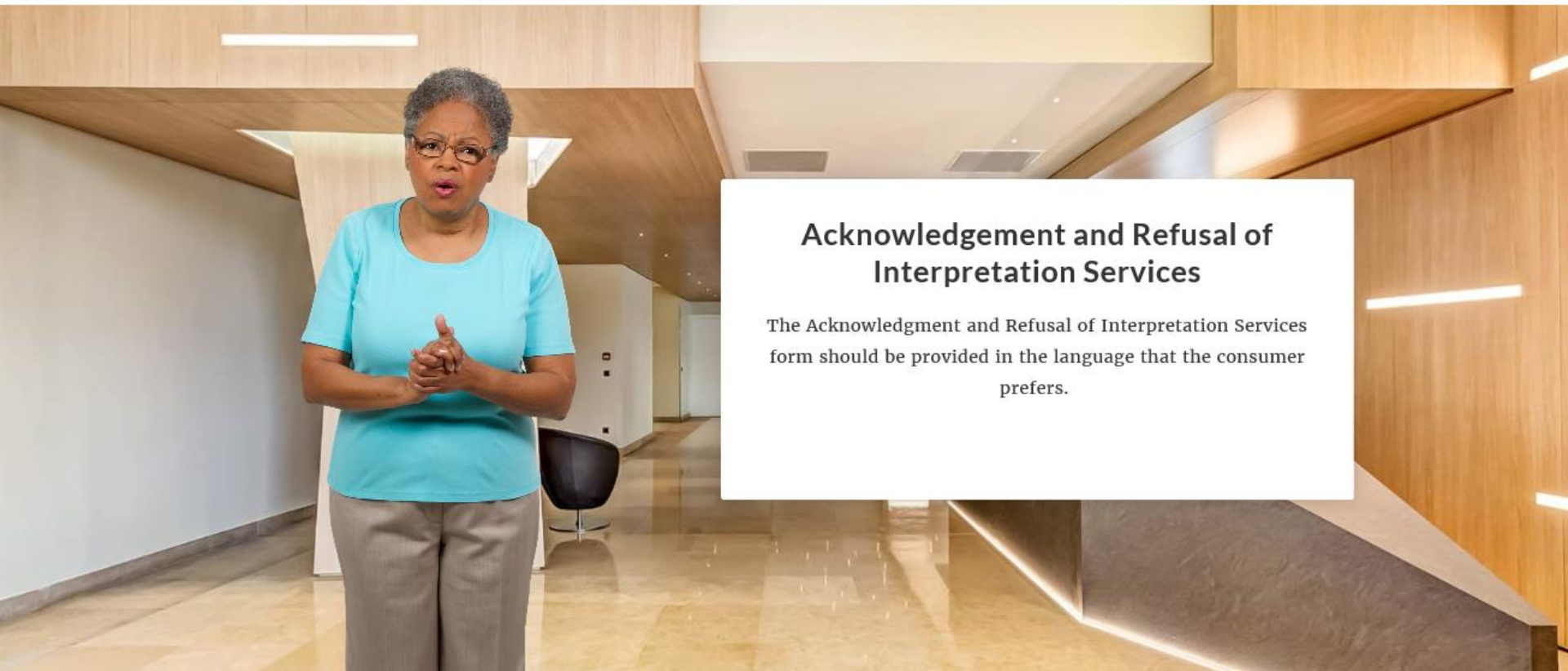
Consumer Encounters

As we have already seen, assessing interpreting and translation needs must occur as soon as possible during the consumer encounter. This typically occurs during the consumer registration process.



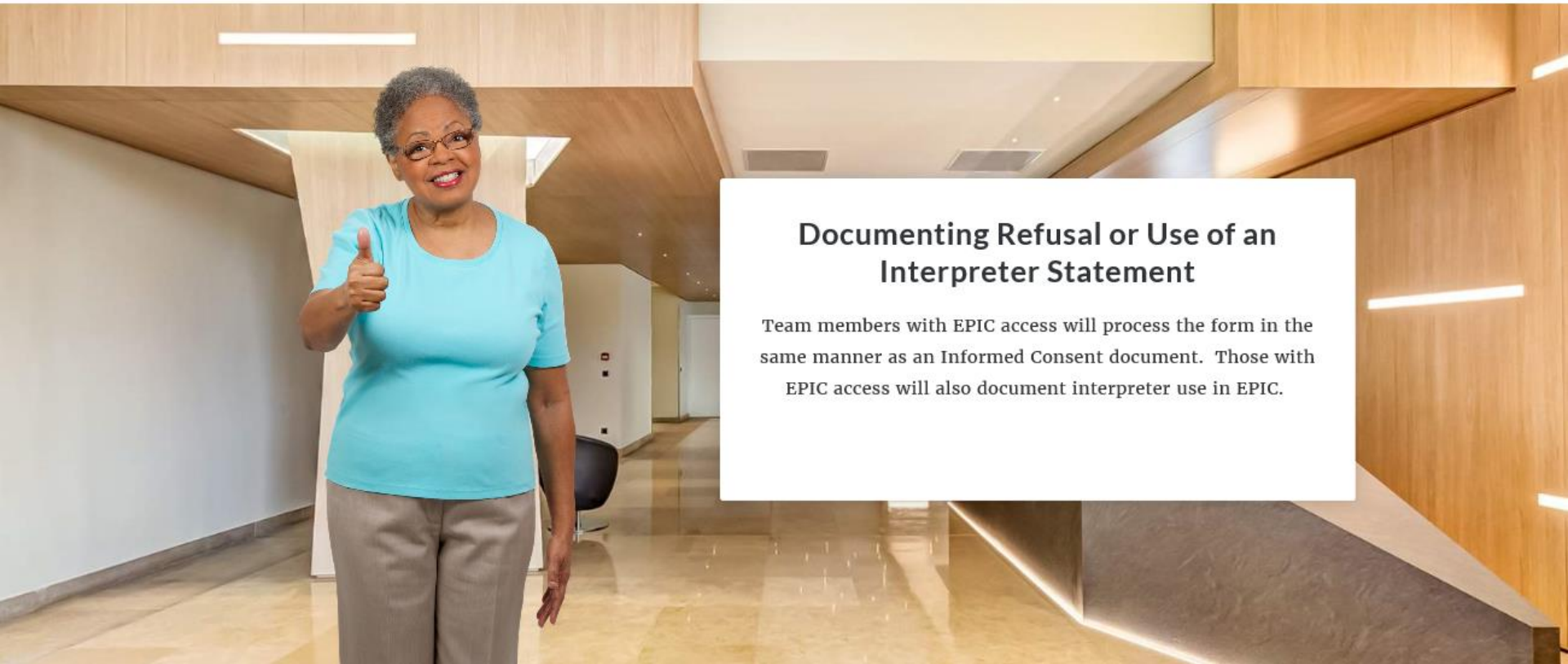
At Registration and During the Consumer's Stay

When a consumer is offered interpreting services at no cost and refuses the the use of an AAH qualified interpreter, the [Acknowledgment and Refusal of Interpretation Services](#) must be completed.



Acknowledgement and Refusal of Interpretation Services

The Acknowledgment and Refusal of Interpretation Services form should be provided in the language that the consumer prefers.



Documenting Refusal or Use of an Interpreter Statement

Team members with EPIC access will process the form in the same manner as an Informed Consent document. Those with EPIC access will also document interpreter use in EPIC.



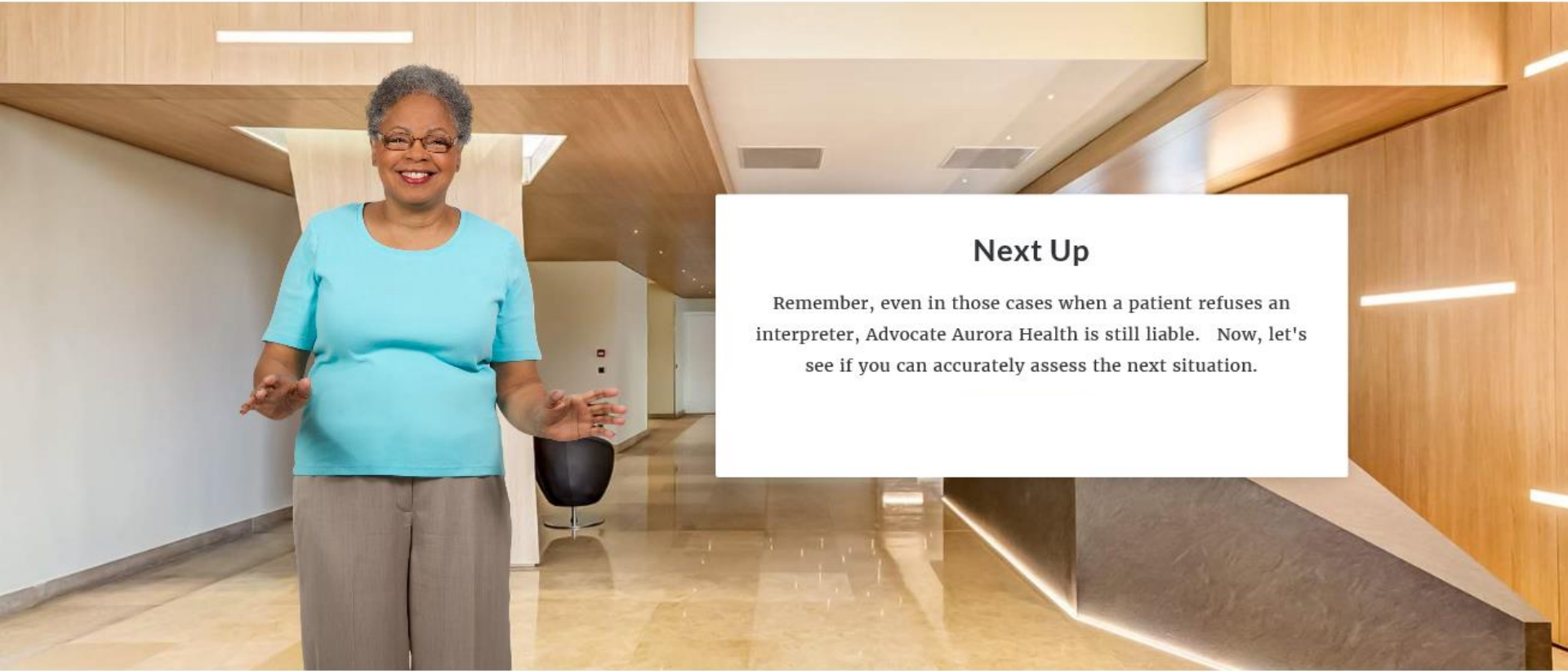
Interpreter Documentation - On Epic

For those on EPIC, document the Interpreter Modality used (video, telephonic, in-person), Interpreter's name, I.D. number or whether an Auxiliary Aid was utilized as well as Interpreter waiver.



Interpreter Documentation - Not on Epic

For those who are not on EPIC, continue your current process for interpreter refusal and documentation.



Next Up

Remember, even in those cases when a patient refuses an interpreter, Advocate Aurora Health is still liable. Now, let's see if you can accurately assess the next situation.

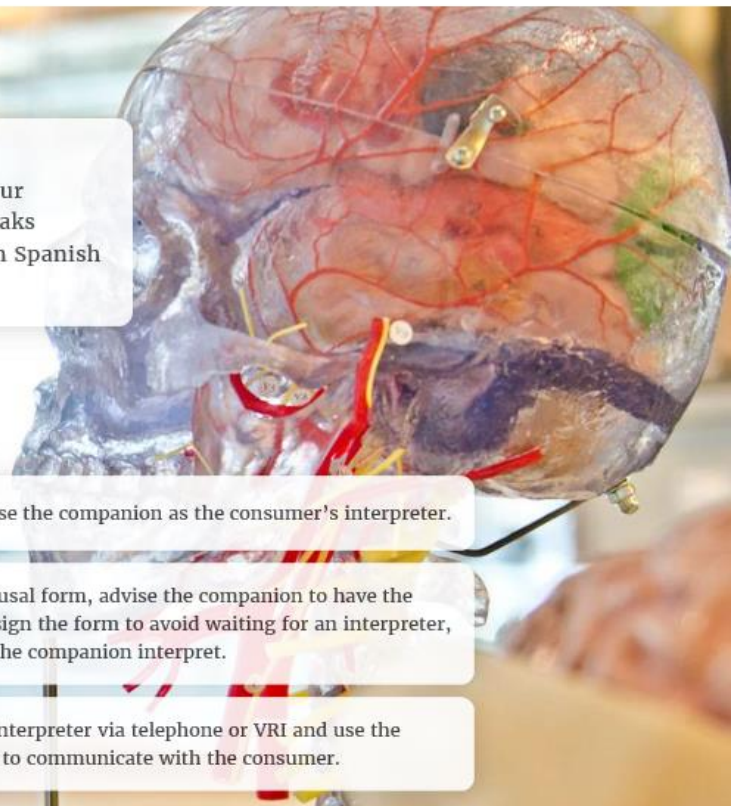


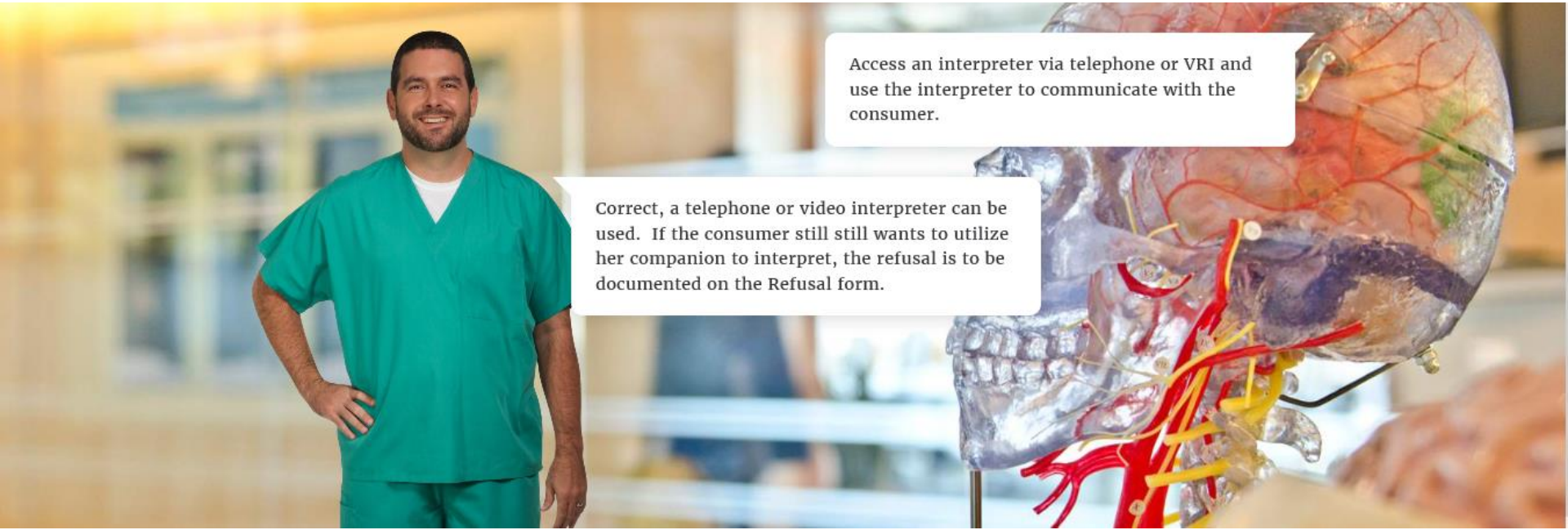
An unscheduled consumer presents to Radiology for a chest X-ray. During your assessment you learn that she only speaks Spanish but her companion speaks both Spanish and English. What do you do?

1 Use the companion as the consumer's interpreter.

2 Provide refusal form, advise the companion to have the consumer sign the form to avoid waiting for an interpreter, then have the companion interpret.

3 Access an interpreter via telephone or VRI and use the interpreter to communicate with the consumer.



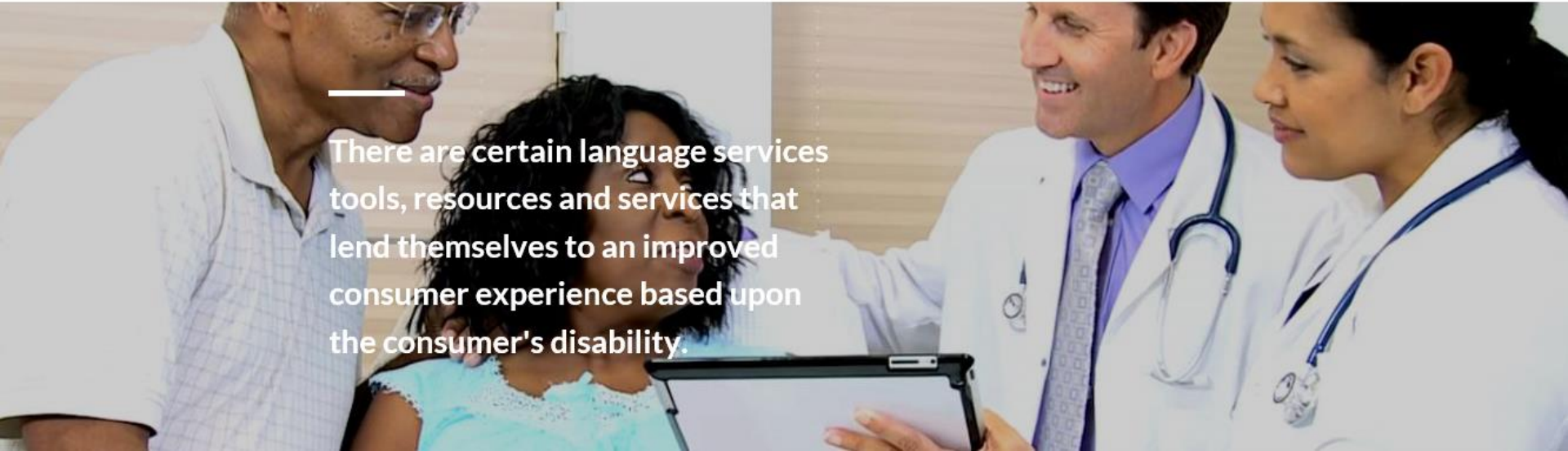


Access an interpreter via telephone or VRI and use the interpreter to communicate with the consumer.

Correct, a telephone or video interpreter can be used. If the consumer still still wants to utilize her companion to interpret, the refusal is to be documented on the Refusal form.

5. Other Language Services Considerations

Impairment-based Needs



There are certain language services tools, resources and services that lend themselves to an improved consumer experience based upon the consumer's disability.

Communicating with the deaf and hard of hearing

- Use in person or VRI interpreters when communicating with Deaf or Hard of Hearing.
- When contacting a Deaf or Hard of Hearing consumer/companion outside the facility, use the telephone number provided by the consumer which will automatically connect you with the Video Relay Interpreter.
- For consumers who use TTY/TDD telephones, please dial 711 to connect to the Telecommunications Relay Service.



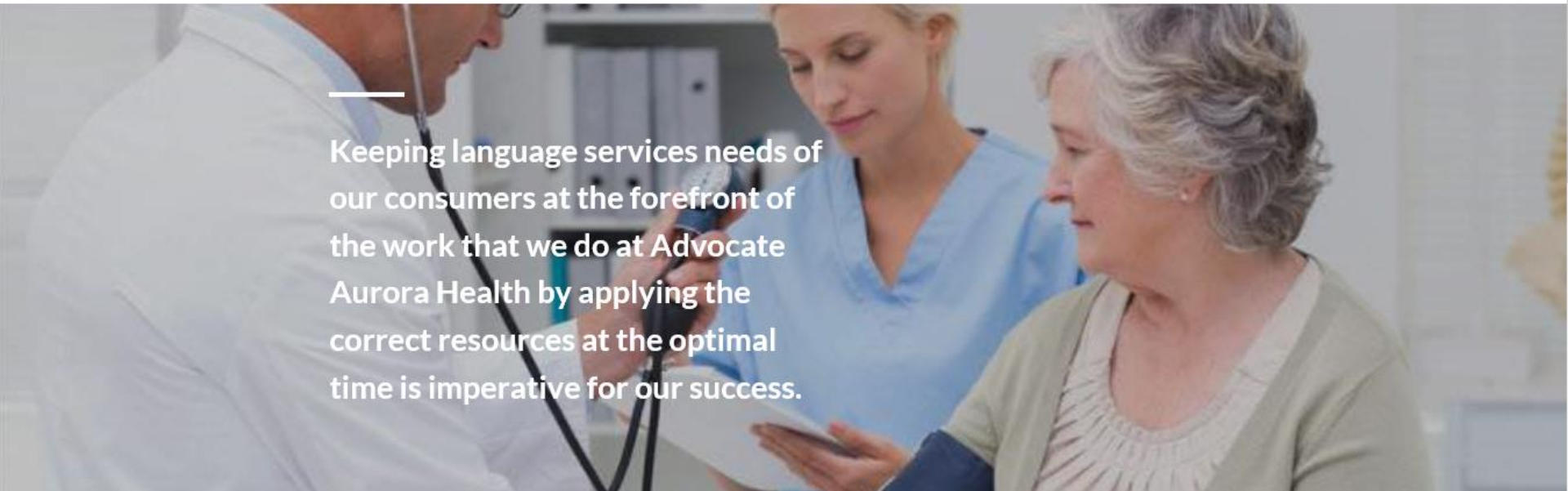
Communicating with the blind or those who have low vision

Information contained in written materials concerning treatment, benefits, services, waivers of rights, and consent to treatment forms are to be communicated by reading out loud and explaining these forms to persons who are blind or who have low vision. Other possible aids and services to consider, include:

- Reformatting into large print
- Taping or recording of printed materials that are not available in an alternate format
- Assist in the completion of forms or otherwise provide information in a written format
- Website compatibility with screen-reader software



7. Appendix - Additional Language Services Considerations



Keeping language services needs of our consumers at the forefront of the work that we do at Advocate Aurora Health by applying the correct resources at the optimal time is imperative for our success.

Assessing What You Have Learned

Question

01/07

What law requires that an organization can be sued if consumers who are Limited English Proficient (LEP) are not provided language services when requested?



- Section 504 of the Rehabilitation Act
- Section 1557 of the Affordable Care Act
- The Americans with Disabilities Act (ADA)
- The Civil Rights Act of 1964



Section 1557 of the Affordable Care Act

Question

02/07

A physician practice schedules Spanish speaking consumers to come in only on Tuesdays. Does this provide meaningful access for Spanish speaking consumers?



- Yes, there is an entire day dedicated to Spanish speaking consumers.
- No, all consumers must have the same flexibility in scheduling.



No, all consumers must have the same flexibility in scheduling.

When is it okay to reschedule an appointment for a deaf consumer when the consumer requests an in-person interpreter and an in-person interpreter cannot be scheduled?



- It is never okay to reschedule.
- Only after informing the consumer what has been done to secure an interpreter and advising as to the options available. The consumer is then asked as to what they would like to do regarding the appointment.



Only after informing the consumer what has been done to secure an interpreter and advising as to the options available. The consumer is then asked as to what they would like to do regarding the appointment.

Any team member who does not adhere to the System Language Services Policy will be held accountable and will be subject to corrective action in accordance with Human Resources corrective action protocol .

- True
- False



True

Question

05/07

Select the set of methods that provide qualified medical interpreting:



- VRI, Telephonic, In-person
- VRI, In-person, an Approved Bilingual Team Member
- Telephonic, VRI, Google Translate



VRI, Telephonic, In-person

Question

06/07

A consumer with a voice issue needs to schedule a follow-up appointment with a physician within two weeks. The consumer indicates that she can only speak with a scheduler between 9 a.m. and 10 a.m. due to her condition and must have an appointment for 9:00 a.m. or 9:30 a.m. The scheduler comes to the office to schedule appointments from 12–4:30 p.m. The scheduler leaves messages for the consumer with appointment information that does not meet her requested time frames. The consumer continually cancels the scheduled appointments. The consumer contacts the Practice Manager. What does the Practice Manager need to do?



-
- Review the schedule to accommodate the consumer's need for a 9:00 or 9:30 appointment in two weeks and speak with the scheduler and staff about the need to accommodate the special needs of this consumer.
 - Leave a message for the consumer. Apologize and advise the consumer that the times that have been provided are the only times available.
 - Offer the next available 9:00 or 9:30 appointment even if the appointment is not for 6 months and tell the consumer that this is the only available appointment time that meets her request.



Review the schedule to accommodate the consumer's need for a 9:00 or 9:30 appointment in two weeks and speak with the scheduler and staff about the need to accommodate the special needs of this consumer.

Question

07/07

You attempt to use the iPad to connect with a Hmong video remote interpreter, however, the iPad is not working. What do you do in order to obtain a qualified medical interpreter?



- Have the consumer sign a waiver form and use a companion.
- Ask other team members if they speak Hmong.
- Use a telephone to contact a Hmong telephonic interpreter and if none are available, contact language services.



Use a telephone to contact a Hmong telephonic interpreter and if none are available, contact language services.

Summary

Key Takeaways

We hope that after participating in this education that you are more familiar with the importance of offering and providing language services to our patients, consumers and, when appropriate, companions. There are many tools available to you to ensure that language assistance is provided 24/7/365 to Limited English Proficiency and disabled consumers.

While we know that providing language services is the right thing to do to ensure patient safety and a quality experience, it is also the law, which is why each team member is being held accountable to ensuring effective language services are being offered and provided. Visit our [Language Services SharePoint site](#) today.

