

THE UNIVERSITY OF CONNECTICUT HEALTH CENTER
JOHN DEMPSEY HOSPITAL
ADMINISTRATIVE MANUAL

SECTION: PATIENT CARE

NUMBER: 08-009

SUBJECT: EFFECTIVE COMMUNICATION WITH
DEAF AND HARD OF HEARING PATIENTS

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PURPOSE: To provide interpreters and/or special equipment to meet the communication needs of deaf or hard of hearing people that will facilitate hospital and related medical service, accessibility, ensure quality of care, compliance with the law, and fulfill the right of the deaf or hard of hearing patient or companion to effective communication.

POLICY:

1. Mechanisms for communication for persons who are deaf or hard of hearing will be provided per the Consent Decree Regarding Health Care Services to People Who Are Deaf or Hard of Hearing, filed August 1998.
2. Definitions:
 - **Qualified Sign Language Interpreter**
An interpreter who is able to interpret competently, accurately and impartially both receptively and expressively, using any specialized medical terminology necessary to a patient or companion who is deaf or hard of hearing. Connecticut state law mandates that all medical interpreters must maintain certification with the national Registry of Interpreters for the Deaf and annually register with the Commission on the Deaf and Hearing Impaired.
 - **TTY (TDD and text telephone)**
A telecommunication device that transmits and receives typewritten messages when used in conjunction with a standard telephone.
 - **TTY Relay Service**
A service that enables non-text telephone users to communicate with a Deaf or Hard of Hearing person using a TTY. The Connecticut Relay Service can be accessed by UCHC staff by calling 1-800-833-8134, and give the communications assistant the phone number of the Deaf or Hard of Hearing person that you wish to call.
 - **Video Relay Service (VRS)**
A service that enables communication through a standard phone line with a Deaf or Hard of Hearing person using sign language through a video phone. This service can be accessed by calling 1-866-327-8877, and give the interpreter the phone number of the Deaf or Hard of Hearing person.

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Assessment and Documentation:

1. Any patient, relative, or any other person using hospital services and participating in treatment discussions and decision making must be notified of the availability of certified interpreters and other auxiliary aids at no cost to them. This offer shall be communicated by the UCHC staff at the time the appointment is scheduled or on the arrival of at the hospital, whichever is earlier.
2. Ongoing assessments will be conducted for all patient or companions who are deaf or hard of hearing and who have ongoing relationships with UCHC. Provision of appropriate auxiliary aides or services will be reconsidered as part of every routine assessment as appropriate, but no less than every 24 hours for inpatients, and with every patient visit for outpatients.
3. The clinician and/or staff person administering medical treatment is responsible for documenting the interpreter's presence within the patients' chart. In addition, UCHC interpreters will complete an Encounter Form at each visit which will be placed in the patients' medical record.
4. If a deaf or hard of hearing patient refuses interpreter services, the Interpreter Services Waiver form (HCH #1874) or Spanish translation (HCH #2075) should be completed and placed in their medical record.

Situations which could indicate the need for an interpreter include, but are not limited to the following:

- Discussions regarding a patient's medical history, symptoms, or treatment
- Diagnosis or prognosis of ailments or injuries
- Explanation of procedures, tests, or treatment options for surgery
- Explanation of medications prescribed (dosage, how and when the medication is to be taken, and side effects or food or drug interactions)
- Explanation regarding follow-up treatments, therapies, test results or recovery
- Blood donations or aphaeresis
- Admissions and/or discharge instructions

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- Provision of mental health evaluations, group and individual therapy, and other therapeutic activities, including grief counseling and crisis intervention
- Explanation of complex billing or insurance issues that may arise
- Educational presentations, such as classes concerning birthing, nutrition, CPR, and weight management
- Religious services or spiritual counseling
- Explanation of living wills or powers of attorney

This list is neither exhaustive nor mandatory, and shall not imply that there are not other situations when it may be appropriate to provide interpreters for effective communication, nor that an interpreter must always be provided in these situations.

5. In accordance with HAM policy 02-006, all informed consents signed by a deaf or hard of hearing patient must be interpreted by a certified interpreter, regardless of the patient's refusal of services.

6. When the offer of interpreting services has been accepted upon admission, an "Interpreting Services" sign must be posted at the entry to patient's room, and indicate their language on the white board.

Procedure

If a patient indicates that their preferred method of communication is sign language, a flag will be entered into IDX for scheduling purposes, and hospital personnel shall do the following:

1. Requests received within normal business hours.

- a. For future appointments: the request for an interpreter must be booked and linked in the IDX system under the provider DEAF within an available interpreting slot. If the appointment request is for evening or weekend hours, and it is greater than 24 hours in advance, call the Interpreter Services office at 679-2289.
- b. If the patient's appointment is made, cancelled or bumped less than 24 hours in advance, please page the on-call interpreter for notification.

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- c. In the event that an interpreter is not available for a routine care visit, and a delay would not adversely affect the patient's health, the Interpreter Services office will notify the department and the department will have the responsibility of informing the patient through the use of the Relay Service, letter, or email.
- d. For the Emergency Department and urgent care visits that can **not** be booked in **IDX**: contact the hospital operator and ask to have the interpreter paged. Instructions will then be given, if the request will be accommodated by the staff interpreters' schedule, if available, or by an outside service agency (ie. the Commission on the Deaf and Hearing Impaired or FSW).
- e. If the above attempts result in an indication that an interpreter will not be provided in a timely manner, the Interpreter Services Office will make reasonable efforts to contact additional, certified interpreters.
- f. If reasonable efforts undertaken pursuant to the preceding steps do not result in the timely availability of an interpreter, the patient will be informed that the department has been unable to locate an interpreter and the Interpreter Services Office will make an effort to follow up on reasonable alternative services resources.

2. Requests received outside of regular business hours.

- a. As soon as the hospital has determined that an interpreter is necessary for effective communication with the patient, a referral must be initiated within 15 minutes of the assessment. The department in urgent need of a sign language interpreter will call the hospital operator who will then contact the interpreter or agency on-call.

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- b. The hospital personnel will inform the patient of the current status of efforts being undertaken to secure a qualified interpreter. Additional updates will be provided, as is reasonable and necessary until an interpreter is secured. Prior to the arrival of an interpreter, hospital personnel will continue to try to communicate with the patient to the same extent as they would have communicated with the person but for the hearing loss, using all available methods of communication.
- c. If a response is not received from the staff interpreter or the Commission on the Deaf and Hearing Impaired (CDHI) indicating that an interpreter will be provided in a timely manner, the patient or companion will be informed by the nurse manager of being unable to locate an interpreter and will make reasonable efforts to follow up on alternative sources suggested by the patient.

3. Provision of TTYs and other auxiliary aids

To acquire auxiliary aids, contact the Staffing/Payroll Office, located in C2037, x1031. If further assistance is needed with auxiliary aids, contact the Coordinator of Interpreting Services (Mon. – Fri., 8:00am – 4:30pm) at x2289 or the Nursing Administrative Manager (all other times through the operator). Equipment shall be available to the patient or companion within 10 minutes of the request.

4. Use of family members and friends as interpreters.

Due to the confidentiality, potential emotional involvement and other factors that may adversely affect their ability to facilitate communication, UCHC shall not ask a family member, friend, companion, or advocate of a patient to interpret or facilitate communication regardless of their sign language abilities. Asking such persons to interpret denies the patient the support they need and compromises the accuracy and effectiveness of the UCHC staff communication with the patient. If the deaf or hard of hearing patient refuses UCHC's offer of a certified interpreter and prefers to use a family member or friend to interpret, the hospital personnel shall have the patient sign an Interpreter Services Waiver (HCH #1874 or Spanish translation #2075), and document such in the patient's chart.

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Training:

Initial training for new personnel will occur during the UCHC orientation, and will be conducted by the Organization and Staff Development Department. Education will be provided by the Director of Social Work, or appropriate designee. Subsequent trainings will occur through the on-line computer based learning modules, and be assigned to all employees with patient contact.

2. The following UCHC personnel will receive annual mandatory training:

- All personnel who work or volunteer in the Information Desk
- All persons who will be responsible for training other UCHC personnel concerning coordination of auxiliary services to persons who are deaf or hard of hearing
- Emergency Department personnel with patient responsibility
- Psychiatric/Social Work personnel with patient responsibility in the psychiatric area
- Central registration staff
- All operators who receive incoming calls from the public
- All other staff members who provide clinical patient care

James H. Thornton
Hospital Director

Richard H. Simon, M.D.
Chief of Staff

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