DCMFM OF CHRISTIANA CARE
POLICY: COMMUNICATION AND LANGUAGE INTERPRETATION SERVICES FOR PATIENTS

Policy:
Delaware Center for Maternal & Fetal Medicine of Christiana Care, Inc. (DCMFMCC) is committed to facilitating clear and effective communication that respects the rights of patients, and facilitates the provision of safe, patient-centered care.

Purpose:
To facilitate clear and effective communication necessary for medical and/or significant communication in connection with treatment rendered to a patient and/or for a patient to receive full access to and benefit from services offered.

Scope:
- Abby Medical Center
- Christiana Hospital
- Christiana Hospital – Wilmington
- MAP II – All About Women
- Saint Francis Hospital
- Smyrna Health and Wellness Center
- Southern Delaware Medical Center

Definitions:
For the purpose of this policy, the following definitions apply:

Accommodation:
Reasonable modifications in policies, practices and procedures to avoid discrimination based on disability; provision of auxiliary aids, at no cost, where necessary to assure effective communication with individuals having hearing, vision or speech impairments.

Auxiliary Aids:
Devices and/or equipment that support or supplement communication methods, e.g., closed captioning.

Communication:
Sending, receiving, or processing information by touch, sight, hearing, speaking, writing, reading or gesturing.

Communication deficit:
Some degree of loss in the ability to send, receive or process information

Conflict of Interest:
An incompatibility between a person's private interests and public obligations.

Deaf:

Complete absence of hearing.

Deaf relay:

Communication service that allows a hearing person to communicate with a non-hearing person when one or the other has no access to a TDD/TTY phone.

Emergency:

A medical emergency exists when immediate treatment is necessary to preserve the patient's life or prevent serious, permanent injury or impairment.

Hard of Hearing:

Some degree of hearing loss.

Language Modification:

Determining in what language a person communicates to best understand their care, rights and responsibilities.

Limited English Proficiency (LEP):

Patients who have limited Proficiency (LEP) are those individuals whose native language is other than English and who are not able to speak, read, write, or understand the English language at a level that permits them to interact effectively with healthcare providers.

Medical Interpreter:

A person who can interpret effectively, accurately and impartially, both receptively and expressively, in spoken or signed languages, using any specialized vocabulary required. DCMFMCC requires that only persons with verified language proficiency, medical interpreter training, and performance competency may interpret in medically/legally significant circumstances.

Preferred Method of Communication:

The means of sending, receiving, and/or processing information, chosen by the patient to be most effective; for example, Sign language interpreter, spoken language interpreter, Braille, printed word, assistive devices, etc.

Qualified Bilingual Employee:

Bilingual providers and staff are considered qualified to provide care in a language other than English as part of their current, assigned job responsibilities, and have successfully completed an assessment of proficiency in speaking, understanding, and communicating in English and at least one other language, including any necessary specialized vocabulary, terminology, and phraseology.

Sight Translation:

The oral rendition of text written in one language into another language is usually done in the moment. Sight translation is commonly used when a document is not available in the patient's preferred language.

Telecommunication Device for the Deaf (TTD)/telephone typewriter (TTY):

A mechanical device connected to the telephone enabling Deaf people to communicate to each other over telephone lines using written formats.

Telephonic Interpretation:

Mode of communication assistance in which a qualified interpreter is remote from the site of care and conveys information from one language to another utilizing voice over telephone equipment.

Threshold Language:

Those languages are spoken by 5 percent of the population or 1,000 individuals, whichever is less. Vital documents must be translated into identified threshold languages.

Video Remote Interpreting (VRI):

A mode of communication assistance in which a qualified interpreter is remote from the site of care and conveys information from one language to another utilizing video technology available from iPads, laptop computers or other handheld devices.

Video Relay Service (VRS):

A form of communication that enables persons with hearing disabilities who use American Sign Language (ASL) to communicate with voice telephone users through video equipment, rather than through typed text.

Vital Documents:

According to the Critical Access Hospital Program (1997), six types of documents are considered "vital" and must be made available in the threshold languages common in the community where the facility is located: Notice of free language assistance, notices of eligibility criteria for services, informed consent documents, intake forms that have clinical consequences, discharge instructions and complaint forms.

Guiding Principles:

Qualified language assistance resources are to be utilized for medical and/or significant communications (including legal or financial obligations).

Family members or other unqualified (ad hoc) interpreters can only be used to interpret medical information in the case of an emergency.

Children under the age of 18 may not interpret at DCMFMCC.

Individuals who have no or limited English proficiency (LEP), or who require accommodation will be supported through meaningful access, effective communication and equity of healthcare services.

Language services are provided 24 hours per day, 7 days per week, at each point of contact, at no cost for the patient.

Written notification of availability of free assistance in top languages encountered in the service area are posted online.

Procedure:

1. Caring for Persons Requiring Language Assistance and/or Accommodation
    a. Identification and Documentation
        i. Use language ID cards or telephonic language identification assistance to ask, at points of appointment scheduling and registration, "In what language would you best understand your doctors and nurses?"
        ii. Inform patients and/or their designated decision-maker, in the language they best understand, that free-of-cost language assistance is available to them at initial point of care and reiterate if necessary.
        iii. Patients who require interpreters to communicate are identified in the electronic health record by noting their preferred language.
        iv. Determine the preferred method of communication for patients who are Deaf, Hard of Hearing. If the identified, preferred method cannot be immediately provided, staff shall use another approved alternative while efforts are made to secure the preferred service.
        v. Select the most appropriate form of Approved Language Assistance to utilize when a patient with limited English proficiency (LEP) or who is Deaf requires language assistance.
        vi. When charting the encounter, document use of language assistance in the patient's medical record. Include language, full name (for in-person) or ID number (for telephonic or video) interpreter.
        vii. Document instances where language assistance is offered and refused by a patient. Patient will not be able to be seen without the approved interpreter services provided by DCMFMCC.
        viii. Bilingual providers:
            1. May communicate directly with the patient in a language other than English only if their language fluency has been assessed by the Office of Health Equity using a validated test of oral fluency at a minimum of "Advanced Mid" or equivalent.
            2. Should not provide medical interpreting unless they have completed an approved training course (LINCC or other program approved by Language Services) and have been cleared through Language Services to provide medical interpreting for patients.
            3. Provider testing is done at the time of credentialing and recredentialing. Qualified bilingual providers wear a hangtag that identifies them as bilingual.

b. When to Use Language Assistance Services
    i. Provide qualified language assistance wherever clear and effective communication is necessary for medical and/or significant communication in connection with treatment rendered to a patient and/or for a patient to receive full access to and benefit from services offered.
    ii. Such communications may include but are not limited to the following:
        1. Determining a patient's presenting problem, medical history and performing initial examination/assessment
        2. Obtaining informed consent
        3. Explaining diagnosis or prognosis
        4. Explaining procedures, tests, treatment options, surgery and results
        5. Explaining medication instructions, dosage and side effects
        6. Patient/family education, including instruction on the use of medical technology
        7. Explaining discharge instructions and follow up treatment
        8. Providing mental health evaluation, therapy, and crisis intervention
        9. Resolving billing, insurance or grievance issues
        10. Providing Patient's Rights information
        11. Discussing Advance Directives and Healthcare Decision-makers.
        12. Any circumstance in which a qualified interpreter is a reasonable accommodation to assure access to services and facilities required by law.
    iii. Provide medical care as indicated, in an urgent or emergent situation when waiting for language assistance before assessing or treating might compromise a patient's condition and telephonic interpretation is not appropriate.
        1. Seek interpretation assistance promptly and provide it when the patient's condition warrants it.
    iv. Select between telephonic/video and on-site interpreters for language assistance, by choosing the mode of interpreting which most efficiently facilitates effective communication between the patient and provider.
c. How to Obtain Services. The Language Services department offers the following services:
    i. Language Services for Spoken Languages:
        1. Telephonic interpreter services are available in all clinical areas and at all points of patient/visitor contact. These are delivered via:
            a. Dial (302) 733-6000 at all locations for the exception of ChristianaCare, dial X6000 and follow the prompts. The department manager can provide the department personal identification number (PIN). This also can be obtained via 327-EMER or by calling Language Services at (302) 733-4014.
    ii. Medical Interpreters:
        1. Currently medical interpreters are available for the following languages: ASL, Spanish, Mandarin, Hindi, and Bengali.

2. To obtain an interpreter for the same day, call interpreter dispatch at 733-4014 or enter a request through the language services request portal available on the ChristianaCare Caregiver Portal.
3. To obtain an interpreter for a patient scheduled in advance, open the Cultural and Language Resources page on all portals and select "interpreter request." Complete an interpreter request form.

iii. Video Remote Interpreting (VRI):
1. DCMFMCC provides video-based interpreting through iPads at all patient care areas and select administrative areas.
2. Services are provided through specially formatted iPads mounted on poles which can be adjusted for appropriate viewing.
3. Services are either available directly by using the equipment in selected locations or by calling Language Services at (302) 733-4014.

iv. Bilingual providers and caregivers:
1. Bilingual providers and caregivers may communicate directly with the patient in a non-English language only if they have passed a validated assessment of speaking fluency through Language Services or provide proof of post-secondary education in the non-English language for which they request to be qualified.
2. Qualified bilingual providers and caregivers are not authorized to provide medical interpreting unless they have completed an approved training course by DCMFMCC.
3. Qualified bilingual providers and caregivers may speak directly to patients in a language other than English, but it is recommended for an interpreter to be present in those cases in which other caregivers need to understand what is being communicated between the provider and patient to prevent delay in care.

v. Translated documents:
1. Request process for translation: Language Services provides written translation in threshold languages and in other language when the care of the patient requires written instructions.
2. To request written translation, please call (302) 733-4014 or send email to translations@christianacare.org

d. Language Services for Signed Languages
i. Sign Language Interpreters for Deaf or Hard of Hearing patients:
1. American sign language (ASL) interpreters are on-call 24/7/365.
a. If the interpreter is needed for the same day, call the page operator at (302) 733-1900.
2. To obtain a Sign Language interpreter for a patient scheduled in advance, open the Cultural and Language Resources page from any portal and select "interpreter request." Complete an interpreter request form.

e. Notification and Determination of Area and Threshold Languages
i. DCMFMCC will post the Notification of Availability of Language Services on the external website. The notification will be written in a maximum of

15 of the most commonly encountered languages in the service area. Languages will be estimated using both community census data and internal usage data.

ii. Once every three years ChristianaCare will use census data to define the top languages spoken in the service area by identifying those languages spoken at home by individuals who report speaking English "Less than well." Area languages are those spoken by 1 percent or 200 individuals, whichever is higher.

f. Written Translation

i. ChristianaCare provides vital documents translated into identified threshold languages as defined in Policy Guidance on the Prohibition against National Origin Discrimination as it Affects Persons with Limited English Proficiency (2000).

1. Threshhold languages are those spoken by 5% or 1,000 individuals in the service areas, whichever is less.

ii. Threshold Harbor languages will be identified once every three years upon renewal of the current policy. Currently threshold languages for ChristianaCare are listed here:

1. Delaware: Spanish, Mandarin and Arabic

iii. Vital documents include but are not limited to:

1. Notice of free language assistance;
2. Notices of eligibility criteria for services;
3. Informed consent documents;
4. Intake forms that have clinical consequences;
5. discharge instructions; and
6. Complaint forms.

iv. Request process for translation: Language Services provides written translation in safe harbor languages and in other language when the care of the patient requires written instructions.

1. Staff may request written translation by calling Language Services at (302) 733-4014 or writing to translations@christianacare.org
2. In the case of languages of lesser diffusion when written translation is not available or not appropriate, staff may work with a qualified interpreter to sight translate written materials into the patient's preferred language verbally while providing them with materials to take notes on instructions. This process should not replace written translation for identified threshhold languages.
3. The work process for written translation is available from Language Services and subject to staffing and workflow priorities.
4. Translations will be done by staff who have been assessed for skills in written translations or by vendors who have established quality control guidelines that call for qualifications in written translations and/or certification in written translation.
5. At a minimum, all written translations must be reviewed by a minimum of one person in addition to the translator, who has been assessed to have sufficient skills in written translation.

References:

Office of Civil Rights, HHS; Title VI of the Civil Rights Act of 1964; Policy Guidance on the Prohibition against National Origin Discrimination as it affects Persons with Limited English Proficiency, (August 30, 2000, (Revised June 2003).

DHHS, Office of Minority Health, National Standards for Culturally and Linguistically Appropriate Services in Health Care. 2001.

Rehabilitation Act of 1973 (PL93-112) and subsequent Revisions, Section 504. Joint Commission: Standards RI 01.01.01; RI 0

Updated – 6/10/2025 - MF

Document Approved – 05/28/2025 - DC