

Policy and Procedure

Title:	Language Access – Interpreter Services		
Policy Number:	2.038	Section:	Clinical Administration
Effective Date:	November 5, 2008		
Latest Revision:	November 4, 2021		
Approving Body:	President and CEO		
Authority:	CancerCare Manitoba Act		
Responsible Officer:	President and CEO		
Delegate:	Chief Medical Officer		
Contact:	Chief Medical Officer		
Applicable to:	CCMB Community		

1.0 **BACKGROUND:**

Not applicable.

2.0 **PURPOSE:**

- 2.1 To ensure Patient safety and quality patient care by providing direction and guidance on language access best practices to CancerCare Manitoba (CCMB) health care providers.
- 2.2 To support CCMB in meeting legal requirements for informed consent and privacy/confidentiality.

3.0 **DEFINITIONS:**

- 3.1 Agency-based Interpreter - Interpreters who are contracted through agencies providing interpreter services. See Appendix A for examples. Services are primarily provided via phone rather than in person.
- 3.2 Bilingual or Multilingual Individuals - Individuals with some degree of proficiency in two or more languages, usually English and a language(s) other than English, who are sometimes called upon to interpret in specific circumstances, but who are usually not trained as interpreters and typically are not WRHA Interpreters (may include CCMB staff, registered volunteers, Patient family members/friends, etc.).
- 3.3 Electronic Client Record – means either a screening programs client registry or the Provincial Cancer Patient Record (PCPR) (i.e. ARIA), as applicable
- 3.4 Interpreter - A person who facilitates spoken or visual language communication between two or more parties who do not share a common language by delivering, as faithfully as possible, the original message from a source into a target language. Two common forms of interpreter services are consecutive interpreting, and simultaneous interpreting.

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3.4.1 Consecutive interpreting involves the conversion of a speaker or signer's message into another language after the speaker or signer pauses, in a specific social context (typically used in healthcare settings). In this form of interpreting, the interpreter may interrupt the speaker and ask him/her to repeat, clarify or rephrase so as to ensure accuracy and completeness in the delivery of the message.

3.4.2 In simultaneous interpreting the interpreted message is delivered nearly instantaneously after the original (typically used in conference settings).

Interpreter services are distinct from translation services whereby a translator converts a written text into a corresponding written text in a different language.

3.5 Machine Translation - Use of computers to translate from one language to another without human intervention, e.g. Google Translate, Babble, etc. (also called computer-assisted translation).

3.6 Patient – Refers to all CCMB patients, clients and substitute decision-makers who may request or utilize Interpreter services.

3.7 Sight Translation - Conversion of a written document in one language to a spoken version in another language. The interpreter reads a document written in one language and instantly interprets it into another language.

3.8 Vital Documents - Includes but is not limited to intake forms, consent forms, education/information material (pertaining to a healthcare service, medical condition, or directives to follow), advance care plans, healthcare directives.

3.9 Winnipeg Regional Health Authority (WRHA) Interpreters – Authorized and trained/qualified individuals who meet WRHA requirements relative to the provision of Interpreter services, are able to interpret with consistency and accuracy, and perform their duties in accordance with the WRHA *Code of Ethics and Standards of Practice for Interpreters*. Such individuals are employees of, or independent contractors with WRHA Aboriginal Health Service, WRHA Language Access, Kivalliq Inuit Services, and agencies that provide American Sign Language (ASL) interpretation, intervener, and related services.

3.10 WRHA Interpreter Services - Range of services provided by WRHA Interpreters, e.g. in-person interpretation, conference call interpretation, message relay.

4.0 **POLICY:**

4.1 At time of referral, and/or during intake and registration procedures, CCMB shall document in the Electronic Client Record the Patient's preferred language. Note: Interpreter services used for responding to general questions related to screening programs, occurring prior to Patient referral, are not documented in the screening Electronic Client Record.

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- 4.2 CCMB shall make Patients aware of the availability of trained health Interpreter services and will “flag” in the Electronic Client Record the Patient’s need or preference for an Interpreter.
- 4.3 Patients shall be informed if/when these services have been arranged, and the arrangements will be documented in the Electronic Client Record.
- 4.4 Interpreter services will be provided to the Patient during all hours of operation, to the extent possible.
- 4.5 Interpreter services will be provided to Patients at no cost while in the care of CCMB and Patients should be advised of such.
- 4.6 WRHA Interpreter Services shall be requested for Interpreter support when a Patient indicates a preference or a need for these services, or when healthcare providers deem that they themselves, or the aforementioned Patient, would benefit from these services.

If such need is requested or determined, healthcare providers shall, in a timely manner, make all reasonable efforts to obtain the services of WRHA Interpreter Services for encounters (in-person, by conference call, or transmitted via Telehealth) that include, but are not limited to, discussing, explaining, obtaining, or performing the following:

- History taking, examination, and/or assessment;
- Diagnosis, prognosis, treatment plans, and care plans, including follow-up plans, discharge plans, and/or related changes;
- Patient and family conference or health information/education sessions;
- Psychosocial health issues and concerns;
- Treatment, procedures, or investigations;
- Informed consent;
- Medication instructions and/or explanations of potential side effects;
- Advance care plans and/or health directives;
- End-of-life issues and/or decisions;
- Patient participations in research and evaluation activities or clinical trials;
- Legal, financial and/or insurance matters.

In order to meet best practices, healthcare providers must be present in all the above-mentioned encounters and document such encounters in the Electronic Client Record, including the full name of the Interpreter.

- 4.7 Bilingual or Multilingual Individuals shall not be asked to interpret for the situations described in 4.6, except when it has been confirmed that neither a WRHA authorized Interpreter nor an Agency-based Interpreter is immediately available. Minor children shall only interpret as a last resort in emergency situations. Every effort shall be made to schedule a WRHA Interpreter for future appointments.

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- 4.8 When a Patient declines or refuses the services of a trained WRHA Interpreter and requests that a family member or friend interpret on their behalf, CCMB will make the individual declining the offer of trained interpreter services aware that services are provided free of charge, that the interpreter is trained to protect their privacy, and there are risks when the interpreter is not a professional interpreter. Such discussions shall be documented in the Electronic Client Record. In these cases, CCMB reserves the right to have a WRHA Interpreter present to monitor the interpretation for accuracy/faithfulness, completeness, and impartiality.
- 4.9 All Sight Translations of Vital Documents (e.g. informed consent forms) unavailable in written languages other than English or French shall be performed in the presence of the healthcare provider, who shall explain and/or paraphrase the content of the written document as required. The healthcare provider shall document this in the Electronic Client Record.
- 4.9.1 Sight Translations or interpretation of the explanation of the Vital Document as provided by the healthcare provider shall be made by a WRHA Interpreter.
- 4.9.2 If a WRHA Interpreter is not available, Agency-based Interpreters, or Bilingual or Multilingual Individuals may be used (in that order) to provide interpretation of the explanation of the Vital Document from the healthcare provider.
- 4.9.3 Informed consent forms shall include, in addition to the signature of the Interpreter, hand-written documentation of what Sight Translation and/or interpretation was provided, as applicable.
- 4.10 Interpreters shall decline to provide Interpreter services in situations where there is a real or perceived conflict of interest, or in which they feel inadequately prepared, trained or qualified. However, if no other Interpreter is available and all parties agree to the disclosed limitations during an encounter, the Interpreter may continue to interpret.
- 4.11 WRHA Interpreters, Agency-based Interpreters or Bilingual or Multilingual Individuals shall be allowed to interpret in the operating/procedure/treatment room.
- 4.12 Bilingual or Multilingual Individuals who are CCMB employees shall be authorized to interpret, on a voluntary basis, for relatively short (less than 20 minutes) health encounters that do not require patient education, diagnosis or consent. These interpreted encounters shall take place, during the employee's normal work hours, with the approval of the employee's supervisor/manager and will be documented by the requesting healthcare provider in the Electronic Client Record. They include, but are not limited to, the following:

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- Activities of daily living;
- Instructions for procedures for which education/consent has been given (e.g. blood work);
- Instructions for screening tests;
- Completion of forms not related to history, diagnosis, or consent;
- Registration;
- Appointment scheduling;
- Determination of the need for an Interpreter;
- Friendly support;
- Wayfinding;
- Treatments that have become routine for the Patient.

4.13 Bilingual or Multilingual Individuals who are registered CCMB volunteers or Patient family or friends shall be authorized to interpret, on a voluntary basis, in the following situations:

- Determination of the need for an Interpreter;
- Friendly support; or
- Wayfinding.

4.14 CCMB staff shall not use Machine Translation in lieu of WRHA Interpreter Services.

5.0 **PROCEDURE:**

5.1 Identify and document in the Electronic Client Record the Patient's preferred language and the request or need for a WRHA Interpreter, during receipt of referral, intake and registration procedures, or as soon as a language need or preference is identified. Note: Interpreter services used for responding to general questions related to screening programs, occurring prior to Patient referral, are not documented in the screening Electronic Client Record.

5.2 At the time of initial intake and appointment scheduling or as soon as a language need or preference is identified, request the services of an Interpreter. Staff should contact WRHA Interpreter Services, adhering to the following procedure:

- Provide information as required by WRHA Interpreter Services;
- Await confirmation of health Interpreter availability;
- Inform the Patient that an Interpreter has been scheduled and document, as required in accordance with 5.1;
- If applicable, send the confirmation form to CCMB Health Records to be scanned and filed;
- Inform WRHA Interpreter Services when changes are made to scheduled appointments;

See Appendix A for contact information and additional information on how to request WRHA Interpreter Services.

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- 5.3 If a WRHA Interpreter is not available, contact the following in order of preference to obtain Interpreter services:
- Agency-based Interpreters
 - Bilingual or Multilingual Individuals:
 - CCMB employee
 - CCMB volunteer
 - Patient's family/friend
 - Other individual identified through overhead paging

6.0 **REFERENCES:**

- 6.1 CancerCare Manitoba Consent for Treatment and Procedure.
- 6.2 Straight Talk: Model Hospital Policies and Procedures on Language Access, California Health Care Safety Net Institute, 2005. <http://www.vdh.virginia.gov/ohpp/clasact/documents/CLASact/language/StraightTalk.pdf>
- 6.3 National Standard Guide for Community Interpreting Services, 2007. <http://healthcareinterpretation.homestead.com/>
- 6.4 WRHA Code of Ethics and Standards of Practice for Interpreters, September 2015.: <http://www.wrha.mb.ca/professionals/language/files/EthicsCode.pdf>
- 6.5 Adapted from WRHA Policy 10.40.210 *Interpreter Services – Language Access*

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DOCUMENTATION

Document Location:

This document is located (hard and e-copy formats):

1. The original signed and approved document is on file in the Policy Office, CCMB
2. The e-copy is on file in the CCMB Governing Documents Library on SharePoint
- 3.

Revision History:

Date	Version	Status	Author	Summary of Changes
dd/mm/yyyy	#	Initial, Draft Final Minor/Major revision		
05/11/2008	1			
24/05/2018	1	Minor revision	S.Friedenberger	Reformatted to new template
14/11/2019	2	Revision	Pt Rep, Nrsg, CMO	Reviewed with minor revisions made.
13/10/2021	3	Revision	COP, Nursing, Policy Office, Screening	Minor revisions

Approvals Record:

This Policy requires approval by:

Date	Name / Title	Signature
08/09/2021	Approved by CPMT	

FINAL APPROVAL:

Date	Name / Title	Signature
04/11/2021	Dr. P. Czaykowski Chief Medical Officer, CCMB	<i>Original signed by Dr. P. Czaykowski</i>

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Appendix A - Interpreter Service Providers

WRHA Interpreter Services	Language Access Central Intake line (24/7): 204-788-8585 Fax (non-Indigenous spoken languages only): 204-940-8650 Email: languageaccess@wrha.mb.ca Request Form: https://professionals.wrha.mb.ca/old/professionals/language/request-form.php
Agency-based Interpreters	Language Bank at the Immigrant Centre Phone: 204-943-9158 Fax: 204-949-0734 Email: frontdesk@icmanitoba.com
	Manitoba Interfaith Immigration Council (Welcome Place) Phone: 204-977-1000 Fax: 204-956-7548