

Policy and Procedure

Title:	Language Access – Interpreter Services
Policy Number:	01.017
Effective Date:	November 5, 2008
Latest Revision:	November 14, 2019
Approving Body:	President and CEO
Authority:	CancerCare Manitoba Act
Responsible Officer:	President and CEO
Delegate:	Chief Medical Officer
Contact:	CMO Office
Applicable to:	CCMB Staff and Physicians

1.0 **BACKGROUND:**
Not applicable.

2.0 **PURPOSE:**

- 2.1 To ensure patient safety and quality of patient care by providing direction and guidance on Language Access Best Practices to CancerCare Manitoba health care providers.
- 2.2 To support CancerCare Manitoba in meeting legal requirements for informed consent and privacy/confidentiality.

3.0 **DEFINITIONS:**

- 3.1 **Bilingual or Multilingual Employees/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, but who are usually not trained as interpreters and typically are not WRHA authorized trained health interpreters.
- 3.2 **Interpreter:** A person who facilitates spoken language communication between two or more parties who do not share a common language by delivering, as faithfully as possible, the original message from source into target language. (National Standard Guide for Community Interpreting Services, 2007).
- 3.3 **Interpreter Services:** Services whereby an interpreter relays messages (orally or visually) as accurately/faithfully as possible, completely and without bias, between two or more individuals who do not share a common language. Two common forms of interpreter services are consecutive interpreting, and simultaneous interpreting.
 - 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

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- 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.

3.4 **WHRA Authorized Trained Health Interpreters:** Individuals who meet Winnipeg Regional Health Authority (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 Health Interpreters.

3.5 **Agency-based Interpreters:** Interpreters who are contracted through agencies providing interpreter services. Examples of agencies providing interpreter services are: International Centre of Winnipeg Language Bank of Winnipeg, Welcome Place.

3.6 **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.

3.7 **Vital Documents:** Includes but 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.

3.8 **ECR:** Electronic Client Record (at CancerCare Manitoba: ARIA)

3.9 **Best Practices:** Interventions that employ knowledge, resources and experience available to date to assist practitioners' and patients' decisions about appropriate health care for specific clinical (practice) circumstances (based on Field and Lohr, 1990).

4.0 **POLICY:**

4.1 At time of referral, and/or during intake and registration procedures, CancerCare Manitoba shall document in the Electronic Client Record (ECR) the patient/client or substitute decision maker's preferred language, and "flag" in the ECR the need or preference for an interpreter.

4.2 CCMB shall make patient/client or substitute decision makers aware of the availability of trained health interpreter services, which are provided at no cost to the patient/family during all hours of operation, to the extent possible.

4.3 Patient/client or substitute decision makers shall be informed when these services have been arranged, and arrangements will be documented in the ECR.

4.4 WHRA Authorized Trained Health Interpreters shall be requested when patient/client or substitute decision makers indicate a preference or a need for these services, or when healthcare providers deem that they themselves, or the aforementioned individuals, would benefit from these services.

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If such need is requested or determined, healthcare providers shall in a timely manner, make all reasonable efforts to obtain the services of a WRHA authorized trained health interpreter 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 plan, care plan, and/or related changes, and discharge plan
- Patient and family conference or health information/education session
- Psychosocial health issues and concerns
- Treatment, procedure, or investigation
- Informed consent
- Medication instructions and/or explanations of potential side effects; follow up plan, clinical trials, and preparation for pre-treatment procedures
- Advance care plan and/or health directive
- End-of-life issues and/or decisions
- Patient participations in research and evaluation activities
- Legal, financial and/or insurance matters

In order to meet Best Practices, healthcare providers must be present in all the above encounters and document such encounters in the ECR, including the full name of the interpreter.

- 4.5 Bilingual or multilingual individuals (including staff, registered volunteers, family members, friends, etc.) shall not be asked to interpret for the situations described in 3.4, 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 authorized interpreter for future appointments.
- 4.6 When a patient/client or substitute decision maker declines or refuses the services of a trained WRHA health 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 free of charge, the interpreter is trained to protect his or her privacy, and there are risks when the interpreter is not a professional interpreter. Such discussions shall be documented in the ECR.

CCMB shall reserve the right to have a WRHA authorized trained health interpreter present to monitor the interpretation for accuracy/faithfulness, completeness, and impartiality.

- 4.7 All sight translations of vital documents (e.g. Informed Consent form) 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 written information as required), and the health care provider shall document this in the ECR.
- 4.7.1 Sight translations or interpretation of the explanation of the vital document as provided by the health care provider shall be made by a WRHA trained health care interpreter.

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4.7.2 If a WRHA trained health interpreter is not available, agency based interpreters, staff volunteers, or family/friends may be used (in that order) to provide interpretation of the explanation of the vital document from the health care provider.

4.8 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. If no other interpreter is available and all parties agree to the disclosed limitations during an encounter, the interpreter may continue to interpret.

4.9 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 WRHA authorized trained health interpreters (or agency based interpreters or a staff volunteer or family member or friend if no WRHA authorized interpreters are available) shall be allowed to interpret in the operating/procedure/treatment room.

4.11 Bi/Multilingual 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 on site, during the employee's normal work hours, with the approval of the employee's supervisor/manager and will be documented by the requesting health care provider on the ECR. They include, but are not limited to, the following:

- Activities of daily living
- Instructions for procedures for which education/consent has been given (e.g. blood work)
- Completion of forms not related to history, diagnosis, consent.
- Registration
- Appointment scheduling
- Determination of need for health interpreter
- Friendly support
- Wayfinding
- Information re appointment dates and times
- Treatments that have become routine for the patient

5.0 **PROCEDURE:**

5.1 Identify and document on the ECR the patient/client or substitute decision maker's preferred language and the request or need for WRHA authorized trained health interpreter, during receipt of referral, intake and registration procedures, or as soon as a language need or preference is identified.

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 a WRHA authorized trained health interpreter by calling or faxing the WRHA Language Access Interpreter Services:

- Provide required information (your name, phone and fax number, language(s) requested, patient name, phone number, health record

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number, appointment description, date, time, location, diagnosis, gender preference)

- Await confirmation of health interpreter availability
- Inform patient/client or substitute decision maker that interpreter has been scheduled and document same in HER
- Send the confirmation form to CCMB Health Records where it is scanned and filed
- Inform WRHA authorized trained health interpreter services when changes are made to scheduled appointments

5.3 If a WRHA authorized trained health interpreter is not available, contact the following in order of preference to obtain interpreter services and report to PFSS which service used (for Quality Assurance data collection):

- Agency based interpreters - arranged through CCMB Patient and Family Support Services (PFSS)
- CCMB employee
- CCMB volunteer
- Patient's family/friend
- Overhead page

WRHA authorized trained health interpreters are provided at no cost to CCMB patient/client or substitute decision makers. Agency-based interpreter fees will be paid by CCMB (not the patient/family), and will be arranged through the CCMB Patient Representative Office.

6.0 REFERENCES:

- 6.1 CancerCare Manitoba Consent for Treatment and Procedure.
- 6.2 Field MJ, Lohr KN (Eds). Clinical Practice Guidelines: Directions for a New Program, Institute of Medicine, Washington, DC: National Academy Press, 1990.
- 6.3 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>
- 6.4 National Standard Guide for Community Interpreting Services, 2007.
<http://healthcareinterpretation.homestead.com/>
- 6.5 WRHA Code of Ethics and Standards of Practice for Health Interpreters, August 2008.
- 6.6 Adapted from the WRHA Interpreter Services - Language Access Policy

Policy Contact:

All enquiries relating to this policy should be directed to:

Name:	
Title/Position:	Director of Nursing Patient Representative Office
Phone:	
E-mail:	
Address: (if required):	

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DOCUMENTATION

Policy Location:

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

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| 1. | The original signed and approved policy is on file in the Executive Office, CCMB |
| 2. | The e-copy is on file in the CCMB Governing Documents Library, 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.

Approvals Record:

This Policy requires approval by:

Approval		
Date	Name / Title	Signature
	Not required.	

FINAL APPROVAL:

Date	Name / Title	Signature
	Dr. S. Navaratnam President and CEO, CCMB	