



Lower Mainland Interpreting Services service catalogue

with usage guidelines



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Purpose

These guidelines assist in delivering high quality health services to limited English proficient patients by reducing or eliminating language barriers that may negatively impact equitable care delivery. In addition to providing practical information on how to access an interpreter, the guidelines describe the roles and responsibilities of staff in providing appropriate interpreting services to patient/client/resident and/or their families (herein referred to as patient) of the Lower Mainland health authorities.

Preamble

The Lower Mainland health authorities – Provincial Health Services Authority, Vancouver Coastal Health, Providence Health Care and Fraser Health – are committed to providing the best possible health care while ensuring patient safety. As a growing percentage of British Columbians have limited English proficiency, effective communication may be challenging and pose risks to delivering care.

Effective communication is critical to patient safety, satisfaction and the quality of relationships between the patient or surrogate decision-maker and health care providers. Ineffective communication can have serious implications, leading to misdiagnosis, ineffective interventions and, in extreme circumstances, death. Informed consent is also unattainable for limited English proficiency populations as comprehension is an issue, increasing risk and raising liability concerns for both providers and institutions.

To address language barriers in spoken communication and minimize risks thereof, Lower Mainland health authorities access interpreters through Lower Mainland Interpreting Services (LMIS).

Scope

These guidelines are designed to support health authority staff in effectively utilizing LMIS to better serve their limited English proficiency populations. If a health authority has a language access or interpreting service policy, these guidelines are to be used in conjunction with the policy.

The guidelines apply to:

- All employees of Provincial Health Services Authority, Vancouver Coastal Health, Providence Health Care and Fraser Health;
- Any health care staff or health care contractors with privileges at or within any of the health authorities' facilities or programs;
- Medical staff including midwives, physicians on contract, residents and clinical trainees.



Interpreting service

Interpreting services is the provision of spoken language interpreters. Interpreters facilitate 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 language¹.

Modalities for interpreting

Acceptable methods for the provision of interpreting services include, but are not limited to, the following modalities:

- a) In-person interpreting
- b) Remote interpreting via telephone or video conference

Excluded services

The services below are not part of the LMIS service offerings and base budget, but can be provided by the Provincial Language Service (PLS) on a cost-recovery basis based on quotes for service.

- Translation services
- Conference interpreting
- Interpreting for research projects ²
- Interpreting for Lower Mainland health authorities physicians' private practice
- Interpreting for Lower Mainland health authorities contracted service providers (for example, residential care)
- Any other services not listed in this catalogue

Sign language interpreting

This service is not part of LMIS. The Medical Interpretation Service (MIS) provides American Sign Language (ASL) interpreters for health care appointments at all BC health authorities. This is a funded service and is provided at no cost to health authorities.

Emergency: 604.736.7039 or 1.877.736.7039
 Non-emergency: 604.736.7012 or 1.877.736.7039

Note: Although these guidelines are for spoken language interpreting only, all principles within should be applied to sign language interpreting services as well.

¹ National Standard Guide for Community Interpreting Services 2007, Healthcare Interpretation Network
² Some research projects such as clinical trials for standard of care arms are considered part of in-scope services for LMIS.



Clinical program responsibilities

Each clinical program has the responsibility to ensure the best possible use of interpreter resources for the patient in a fiscally responsible manner. All clinic staff utilizing LMIS must adhere to the principles and processes documented below.

Employ appropriate booking practises

- Request interpreters using the online interpreter request system for session that are more than two business hours away
- Call in requests that are two business hours or less away
- Provide booking date and/or time options to allow LMIS dispatch flexibility in finding an available interpreter
- Immediately notify LMIS staff when an appointment is cancelled or rescheduled
- Use the assigned interpreter even if a patient brings an ad hoc language resource like family/friend who can speak English
- If requested by LMIS, provide access to telephone and fax for the interpreter
- Report incidents or quality issues related to interpreters to PLS or LMIS office as soon as possible and be available for follow-up related to incident/issue

Ensure proper documentation

- Document the primary language of the patient in their medical record
- Document the use of an interpreter on an informed consent document
- Document in the patient's medical record that an interpreter assisted and that the patient indicated an understanding of the information
- If a patient or surrogate decision-maker declines an interpreter, document the reason for declining the service in the patient's medical record
- If an ad hoc interpreter interprets for the patient, document the relationship to the patient (for example, wife, family member, friend, etc.)



Ensure use of appropriate language resources

The use of ad hoc language resources like family³, friends, untrained multilingual volunteers or staff⁴ as interpreters are inappropriate and discouraged because:

- Their language proficiency is unknown
- They are not trained as interpreters
- Vital information may be withheld or omitted
- Misinformation may be presented and may lead to misdiagnosis
- There may be a conflict of interest
- Using them may be a breach of patient confidentiality and/or they may breach confidentiality
- They are not accountable for language/message accuracy

Qualified and vetted interpreters should be used; however ad hoc language resources may be used in certain circumstances when access to an interpreter is not immediately available. For example, in a medical emergency or other circumstances involving an immediate threat to health or safety, using ad hoc language resource other than qualified and vetted interpreters for the purposes of facilitating urgent medical treatment or avoiding imminent threats of harm is acceptable. However, the disclosure of information about the patient to an ad hoc language resource should be limited to information that is necessary to facilitate treatment or for the avoidance of harm. If the circumstances allow, the patient's consent to the involvement of such persons should be sought and documented.

Ad hoc language resources other than qualified and vetted interpreters may also be used where the patient requiring language assistance requests or consents to this process. However, staff should carefully consider and use their judgment about whether the request or consent has been given voluntarily, whether the patient truly understands the nature of the consent, and whether the ad hoc language resource is appropriately ensuring effective communication.

The patient's verbal request or consent should be documented in the patient's medical record. If the use of such persons is sensitive or ongoing, there is a concern about the

³ The role of the family in an interpreter-assisted appointment is one of support; similar to the role of family in an appointment in which the health care provider and patient speak directly. A family member's role is not diminished by an interpreter being present. An interpreter allows the family to focus on understanding and supporting the patient through their illness, procedure, etc. rather than having the burden of ensuring effective communication between all parties.

⁴ LMIS recognizes and values the rich linguistic diversity of its staff and physician community and therefore encourages the uses of these additional language skills within the context of performing one's own job responsibilities (not in the role of an interpreter) and enhancing the quality of care for patient and their family members.



voluntariness or understanding of the consent, or that communication is not effective, it is recommended that the terms of the consent be explained by an Interpreter to ensure it is informed and voluntary consent, or independently confirm the patient's understanding, as appropriate.

Ensure confidentiality

All patient information collected during the course of an interpreting request is deemed, and will remain, confidential. Information is only disclosed to those directly responsible for carrying out all aspects of the service provision.

The *Freedom of Information and Protection of Privacy Act* (FIPPA) further strengthens the requirement to reduce risk in this area. To be FIPPA compliant, Lower Mainland health authorities must ensure that all Lower Mainland health authority affiliated parties involved in patient care abide by strict standards of confidentiality and maintain patient privacy through appropriate collection, use and storage of private patient information.



Guidelines for use

When to access the service

Effective communication is important in every type of health care interaction, but requires special attention when the ability to gather or impart information regarding treatment options are affected, thereby potentially impacting patient safety through medical error. An interpreter should be used for any interaction that involves one or more of these key intersects of communication in health care:

- Key medical information being exchanged
- Highly emotional content
- Legal content (see below for guidelines for obtain consent with an interpreter)
- Stigmatized content

Informed consent

Interpreters should be used for obtaining informed consent for the limited English proficiency patient.

When using an interpreter for an informed consent session:

- The health care provider is actively responsible for obtaining informed consent with the assistance of the interpreter.
 - Interpreters simply interpret information exchanged between the health care provider and the patient
- An interpreter's participation is documented on the consent form and in patient's health record

Note: Legal documents, such as consent forms, should not be sight translated, but rather interpreted.

What type of service to request

Considerations for determining the appropriate method for the delivery of interpreting services (in-person, telephone, video) will include:

- The nature of the clinical interaction
- Availability of interpreters
- Availability of the technology to allow for telephonic or video conferenced interpreters
- The shortest wait times for Patients and clinicians
- The most cost-effective use of interpreter



Generally speaking remote interpreters are used for sessions in which communication is relatively short and uncomplicated and in which this mode will not compromise the care provided. Remote interpreters can be used in the following situations:

When to use in-person or remote video conference interpreters

- Complex and/or sensitive situations
- Multiple persons are involved
- Sensitive information is being disclosed
- Hearing impairment is a factor
- Complex visual instructions are being used

When to use remote telephone interpreters

- Any follow-up appointment with a duration of 30 minutes or less when appropriate equipment is available at the appointment location (for example, speaker phone, dual handset, Vocera, etc.)
- Telephone conversations
- Emergencies
- Consents
- Rehab therapies

Note: Situations in which in-person interpreters are in limited supply or have limited availability (for example, in-person interpreters for languages of lesser demand are often harder to locate and are not always geographically available for assignments), a health care provider may need to use a remote interpreter because going without language support may pose more risk.

How to access an interpreter

Interpreters are accessible 24 hours a day, 7 day a week, 365 days a year. Interpreters can be booked via the online booking system, through the LMIS call centre, or via designated toll-free number (which is program specific and pre-assigned).

- All interpreter request except those two business hours away or less are submitted via online booking system
- Interpreter requests that are two hours or less away are submitted via telephone

Patient reminder calls at the request of the clinic:

- Reminder calls conducted by interpreters are only done 48 hours in advance of the appointment time at the request of the clinic.
- Reminder calls required before or after the time frame noted above must be conducted by clinic staff via the PLS call centre.
- Clinic staffs are to call PLS call centre to be connected in a three-way conference call between the patient, the interpreter and themselves. Clinic staffs provide all necessary information to the patient via the interpreter at that time.



Hours of operation

Call centre hours: 8 a.m. - 4 p.m. Monday to Friday (excluding holidays)

After-hours service: 4 p.m. - 8 a.m. Monday to Friday and 24 hours on weekends/holidays

Contact information (for all areas except Fraser East)

Request an interpreter - phone: 604.297.8400

Request an interpreter - toll-free: 1.877 BC TALKS (1.877.228.2557)

Online booking: <https://plscustomer.phsa.ca/>

General service line: 604.297.8425

Contact information (for Fraser East only)

Request an interpreter (Abbotsford/Mission): 604.870.3769

Request an interpreter (Chilliwack /Agassiz/Hope): toll-free 1.877.889.8886

Note: Some programs may have access to telephone interpreters through a designated toll-free number. Confirm access with clinic/area lead.



Resources

Technology

- Customer service module (CSM) online booking & reporting system: plscustomer.phsa.ca
- Online education resource “*How to Work Effectively with an Interpreter*” available on LearningHub: learninghub.phsa.ca

Print materials

- Point to language card
- Tips for working with an interpreter
- Language list
- Access cards

To request print materials for your clinic, please email pls@phsa.ca.

Other services

End-user training

- Orientations available for clinical staff
- User guides available for clinical staff
- Troubleshooting assistance
- Training for clinical staff on effective use of interpreters

For more information on how to register for training, please contact us at pls@phsa.ca or 604.297.8400.



List of languages

Acholi	Chin Tedim	Hakka China	Lithuanian	Shanghainese
Afar	Chipweyan	Hakka Tawain	Luganda	Shona
Afrikaans	Chuukese	Hassanlyya	Luo	Sicilian
Akan	Cree	Hausa	Maay	Sinhala
Akateko	Croatian	Hillgaynon	Macedonian	Slovak
Albanian	Czech	Hindi	Malay	Somali
Amharic	Danish	Hindko	Maltese	Sorani
Anuak	Dari	Hmong	Mandarin	Spanish
Apache	Dewoin	Hunanese	Mandinka	Sudanese Arabic
Arabic	Dinka	Hungarian	Manobo	Sunda
Armenian	Duala	Ibanag	Marathi	Swahili
Assyrian	Dutch	Icelandic	Mbay	Swedish
Azerbaijani	Dzongkha	Igbo	Mipuri	Tagalog
Bahasa	Edo	Ilocano	Mixteco	Taiwanese
Bahdini	Ekegusii	Indonesian	Mizo	Tajik
Bahnar	Estonian	Inuktitut	Mnong	Tamil
Bajuni	Ewe	Italian	Mongolian	Thai
Bambara	Faelic-Scottish	Jakartanese	Napoletano	Tibetan
Bantu	Farsi	Japanese	Navajo	Tigrinia
Barese	Fijian	Jarai	Nepali	Toishanese
Basque	Fijian Hindi	Javanese	Norwegian	Tooro
Bassa	Finnish	Jingpho	Nupe	Turkish
Belorussian	Flemish	Jinyu	Ojibway	Tzotzil
Bemba	French	Jula	Oromo	Ukranian
Benaadir	French Canadian	Kaba	Pampangan	Urdu
Bangali	Fukienese	Kanjobai	Paplamento	Uzbek
Berber	Fulani	Kannada	Pashto	Vietnamese
Bosnian	Fuzhou	Karen	Polish	Visayan
Bravanese	Ga	Karmba	Portuguese	Welsh
Bulgarian	Gaddang	Kashmiri	Portuguese Brazilian	Wodaabe
Burmese	Gaelic-Irish	Kayah	Pulaar	Wolof
Cantonese	Garre	Kazakh	Punjabi	Wuzhou
Catalan	Gen	Kham	Quechua	Yiddish
Cebuano	Georgian	Khana	Quichua	Yoruba
Chaldean	German	Khmere	Rade	Yunnanese
Chamorro	Gheg	Kikuyu	Rakhine	Zapoteco
Chaochow	Gokana	Koho	Rohingya	Zarma
Chin Falam	Greek	Korean	Romanian	Zo
Chin Hakha	Guljarati	Kunama	Samoan	Zyphe
Chin Mara	Gulay	Laotian	Sango	
Chin Matu	Gurani	Latvian	Serbian	
Chin Senthang	Haitian Creole	Liberian Pidgin English		

... and more! Call us for details if you do not see a language listed.



Definitions

For the purpose of these guidelines, the following terms are defined:

Interpreting is the oral rendering of one language into another and vice versa to facilitate the exchange of communication between two or more persons speaking different languages.

Appropriate interpreting services means providing language assistance that maximizes staff communication through the use of professional interpreters. Use of ad hoc language resources like family members and/or untrained bilingual individuals increases the risk of miscommunication and incomplete/inaccurate data collection and would therefore not be considered appropriate.

Professional interpreter is one who:

- Has been proven for language proficiency in both target and source languages;
- Has interpreter training from/been accredited/certified by a recognized institution or has completed a recognized community interpreting training program;
- Adheres to the National Standards for Community Interpreting which includes accuracy, confidentiality, impartiality, maintenance of role boundaries, accountability, professionalism and continued competence (see Appendix A);
- Can accurately and completely render communication from one language to another.

Reasonable time for urgent interpreter requests is defined as allowing up to 30 minutes for the provision of an in-person interpreter or two to five minutes for a telephone interpreter.

Surrogate decision-maker is the person or persons who make health care decisions in collaboration with the patient/resident/client such as a family member.

Sight translation is the oral rendering of written text from one language into another. In order for interpreters to accomplish this task they must have the ability to comprehend the written text and produce an oral rendition of this text into another language. This task is often requested during an interpreter assisted appointment.

Sight translation differs from “on-the-spot” written translations where the interpreter is asked to write a small amount of text from one language into another. Translations produced on-the-spot by interpreters cannot be held to the same standards as formally translated texts.