



PROVINCIAL LANGUAGE SERVICE
Provincial Health Services Authority

LOWER MAINLAND INTERPRETING SERVICES (LMIS)

SERVICE CATALOGUE

WITH USAGE GUIDELINES

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PURPOSE

These guidelines assist in delivering high quality health services to limited English proficient (LEP) 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 (LMHA).¹

PREAMBLE

LMHA are committed to providing the best possible healthcare 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 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 LEP 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, LMHA 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 LEP 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 PHSA, VCH, PHC and FH;
- 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.

¹ LMHA consists of Provincial Health Services Authority, Vancouver Coastal Health, Providence Health Care and Fraser Health

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 language².

The service is available for Health Authorities Staff members when caring on behalf of the Health Authority.

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
 - Telephonic interpreting
 - Video conference interpreting

EXCLUDED SERVICES

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

- Translation services
- Conference interpreting
- Interpreting for research projects³
- Interpreting for LMHA physicians' private practice
- Interpreting for LMHA contracted service providers (i.e. residential care)
- Any other services not listed in this Client Service Catalogue

Any out of scope requests that could benefit patients' care may be considered for service. Rationale for including the particular request must be provided by requester. Once rationale is received, it will be presented to the HA specific Customer Service Committee Representative(s) for approval.

Sign Language Interpreting

² National Standard Guide for Community Interpreting Services 2007, Healthcare Interpretation Network

³ Some research projects such as clinical trials for standard of care arms are considered part of in-scope services for LMIS.



This service is not part of LMIS. Medical Interpretation Service (MIS) provides ASL Sign language interpreters for health care appointments at all BC Health Authority. 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.

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 on-line interpreter request system (CSM) for session that are more than 2 business hours away;
- Call in requests that are 2 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 Patients 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 PSLS or LMIS office as soon as possible; and be available for follow-up related to incident/issue.
- Clerical staff and health care providers should take the appropriate training module

ENSURE THAT THE UNIT IS READY TO OFFER INTERPRETING SERVICES TO PATIENTS.

- Staff are prepared to book and/or work in an interpreter-assisted appointment
 - Take appropriate training modules offered by Health Authorities
 - FH: [Working Effectively with Interpreters](#);
 - PHSA/VCH/PHC in the Curriculum "[How to reduce language barriers in the health care](#)" which includes;



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- Working with Interpreters to mitigate risks - For Leaders
 - Access to interpreters - Clerical Staff
 - Working with interpreters - For Health Care Providers
 - Working with Interpreters - Mental Health Setting
- Unit is prepared with the appropriate equipment for all interpreting modalities:
 - Cordless phones
 - Wi-Fi (for video remote interpreting)

Unit is prepared with resource materials and processes that are conducive to working with interpreters

- Order badges for staffs with guidelines to access phone interpreters
- Implement a process to facilitate the Interpreters' check in process (if applicable).

ASSURE 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 (e.g. wife, family member, friend, etc)



ENSURE USE OF APPROPRIATE LANGUAGE RESOURCES

The use of ad hoc language resources like family⁴, friends, untrained multilingual volunteers or staff⁵ 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.

⁴ 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.

⁵LMIS 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.



If the use of such persons is sensitive or ongoing, there is a concern about the 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.

FIPPA further strengthens the requirement to reduce risk in this area. To be FIPPA compliant, LMHA must ensure that all LMHA 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 LEP Patient.

When using an interpreter for an informed consent session:

- The Health Care Provider (HCP) is actively responsible for obtaining informed consent with the assistance of the interpreter.
 - Interpreters simply interpret information exchanged between the HCP and 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 and 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 (i.e. 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 (e.g. in-person interpreters for languages of lesser demand are often harder to locate and are not always geographically available for assignments), a HCP 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 on-line booking system, through the LMIS call centre, or via designated toll-free number (which is program specific and pre-assigned).

- All in-person interpreter request except those 2 business hours away or less are submitted via on-line booking system (CSM)
- In-person interpreter requests that are 2 hours or less away are submitted via telephone
- Phone interpreters are available 24/7, on demand when calling PLS main line (or through designated toll-free numbers (if applicable)).

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 3 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: 8:00am - 4:00pm Monday to Friday (excluding holidays)

After-Hours Service: 4:00pm - 8:00am 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 only: 604.870.3769
Request an Interpreter - Chilliwack /Agassiz/Hope only: 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 and reporting system
Available at: plscustomer.phsa.ca
- Online Education Resource – “*Reducing Language Barrier in the Health Care*” for all Health Authorities and “[Working Effectively with Interpreters](#)” for Fraser Health Authority staff.
Available on LearningHub: learninghub.phsa.ca
- PLS Video on Youtube: youtube.com

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

Please contact our office for more information on how to register for training:

Email: pls@phsa.ca

Phone: 604-297-8400



LIST OF LANGUAGES

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

... 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 bi-lingual 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 2 – 5 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.



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Media Type includes in-person, phone and video: When reports are generated based on media type, requests for all type of interpreter can be included in any of the 3 media types.

Interpreter Type refers to the affiliation through with the interpreter provided service. It includes PLS freelance contracted interpreters, interpreters from local Language Service Provider agencies and interpreters from remote interpreting provider agencies. When reports are generated based on interpreter type, requests for all types of media can be included in any of the 3 interpreter types.

On-Demand Interpreting is for services refers to immediate interpreting needs. It includes both phone and video.

Remote Interpreting refer to Interpreting provided by an interpreter who is not in the presence of the speakers, e.g., interpreting via telephone or video Unlike on-demand interpreting, remoting interpreting can include on-demand (immediate interpreting) and advanced booking (if this is allowed in the future).