

**STEPHENS COUNTY HOSPITAL
TOCCOA, GEORGIA**

APC 18

TITLE: Communicating with People with Sensory or Communication Impairments and Language Barriers

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INTRODUCTION

Effective communication for the deaf, hard of hearing, blind, visually impaired, and speech and language impairments is critical in health care settings where miscommunication could lead to misdiagnosis and improper or delayed medical treatment. People who have sensory or communications impairments such as hearing, visual, speech, language or health literacy impairments use a variety of ways to communicate. Communicating with the blind and visually impaired will vary based on the affected person's vision together with such factors as the length of time the person has experienced vision loss, intelligence, illness, the concomitant effect of multiple disabilities, or emotional stability. For patients that experience sensory or communication impairment due to their current medical condition, it may be necessary for the hospital to assess for and provide auxiliary aids and services or augmentative and alternative communication resources to facilitate communication.

Under the Americans with Disabilities Act (ADA), hospitals must provide effective means of communication for patients, family members, and hospital visitors who are deaf, hard of hearing, blind, visually impaired, have speech or health literacy impairments, or have language barriers. The ADA applies to all hospital programs and services, including emergency care, inpatient and outpatient services, surgery, educational classes, and ancillary services such as cafeteria and gift shop services. Wherever patients, their family members, visitors, or members of the public are interacting with hospital staff, a hospital is obligated to provide effective communication.

POLICY - DEAF OR HARD OF HEARING

Exchanging written notes or pointing to items will likely be effective communication for brief and relatively simple face to face conversations, such as a visitor inquiry about a patient's room number or a purchase in the cafeteria or gift shop. Written forms or information sheets may provide effective communication in situations where there is little call for interactive communication, such as providing billing and insurance information or filling out admission forms and medical history inquiries.

For more complicated and interactive communications, such as a patient's discussion of symptoms with medical personnel, a physician's presentation of diagnosis and treatment options to patients or family members, it may be necessary to provide a qualified sign language interpreter or other interpreter.

Stephens County Hospital will provide an interpreter or other assistive service in a variety of situations where it is a family member or companion rather than the patient who is deaf or hard of hearing. For example, an interpreter may be necessary to communicate where the guardian of a minor patient is deaf, to discuss prognosis and treatment options with a patient's spouse or partner who is hard of hearing, or to allow meaningful participation in a birthing class for a prospective new father who is deaf. Other situations where an interpreter may be necessary include explaining and describing medical conditions, tests, treatment options, medications, surgery, and other procedures. Other situations might include communicating with a patient during treatment, testing procedures, and during physician's rounds as well as explaining living wills, durable powers of attorney, complex billing or insurance issues, and making educational presentations such as birthing classes, nutrition and weight management counseling, etc.

Individuals with hearing disabilities have different communication skills and hospital personnel should consult with each individual to determine what aids or services are necessary to provide effective communication in particular situations.

Sign language or other interpreters must be qualified. An interpreter is qualified if he or she can interpret competently, accurately, and impartially. In the hospital setting, the interpreter must be familiar with any specialized vocabulary used and must be able to interpret medical terms and concepts. Hospital personnel who have a limited familiarity with sign language should interpret only in emergency situations for a brief time until a qualified interpreter can be present.

It is inappropriate to ask family members or other companions to interpret for a person who is deaf or hard of hearing. Family members may be unable to interpret accurately in an emotional situation which often exists in a medical emergency.

Stephens County Hospital provides various services for assisting the hearing impaired when necessary. Services such as sign language interpretive services and TTY telephones are all available through the Assistant Director. In addition, the televisions used at Stephens County Hospital have closed captioning capability for use by the hearing impaired.

POLICY - BLIND AND VISUALLY IMPAIRED

Staff should initiate an introduction to a patient who is blind or visually impaired by addressing the patient by name. They should always identify themselves by name and function, and the reason they are there. Staff will ensure that any personal or assistive devices are available to the patient throughout the continuum of care.

Staff should read fully, upon request, and provide assistance, if necessary, in completing consent forms, financial responsibility forms, advance directives forms, bills, menus, and other documents. In many situations, this requirement can be satisfied by providing a staff person to read the document while maintaining the patient's right to privacy (assistance in completing medical histories or financial forms should not be provided in public areas).

A piece of cardboard or a plastic or metal signature template can be used to indicate where a signature is required. Place the cardboard edge horizontally below a signature line or orient the opening of signature template where signature is required. Staff should always hand individuals their credit card instead of laying it on a counter and when handling currency, bills should be individually identified and counted.

Staff should offer guide assistance if it appears to be needed. If assistance is accepted, offer your arm to the patient. The patient will lightly hold your arm directly above the elbow. Don't pull or push the patient or hold his or her arm. Relax and walk at a comfortable, normal pace. Allow the patient to walk a step or two behind you, and indicate changes in terrain, such as stairs or narrow spaces by hesitating briefly as you approach them and explaining what you are about to do. This standard form of sighted guide technique should be modified, however, if the patient's other disabilities require him or her to be supported by the guide. When seating the patient, ask if you may show him or her the back of the chair. When it is time for you to leave, indicate that you are leaving his or her presence. If it is necessary to take an individual's cane, tell the person you are removing it and where it can be retrieved.

Be specific when verbalizing directions. Be sure to use right and left as they apply to the person who is blind. What is on your right is on the left of a person facing you.

Staff should talk directly to the person being addressed, not through a companion. Speak in normal conversation tones. It is not necessary to speak loudly if the patient does not have a hearing deficit.

The ADA requires admission of service animals to hospitals. The dog guide should always remain under control by its owner. In addition, care and supervision of the animal is the responsibility of the patient or visitor. Staff should not pet, feed, or otherwise distract dog guides from their work.

With rotation of hospital staff, it is sometimes necessary to alert staff concerning a patient's visual disability. This should be done in a dignified manner and in such a way as to communicate the patient's functional ability.

Assistance in serving food to the blind or visually impaired patient should include identifying items on a patient's tray and/or cutting meat on request. Assistance in feeding may be required as well.

COMMUNICATING WITH NON-ENGLISH SPEAKING PEOPLE

Stephens County Hospital will provide qualified interpreters for all non-English speaking patients who need or request language assistance. Interpreters are available on the premises or are accessible by telephone 24 hours per day. When a non-English speaking patient needs or requests language assistance, the Assistant Director should be contacted. If interpretation is needed for incidental communication and is not medically sensitive, a family member or acquaintance of the patient may be utilized. Otherwise, the Assistant Director will consult the list of hospital employees fluent in a foreign language to determine if any of these people are currently present. This list of interpreters is maintained in the Nursing Administration office. If an interpreter is on-duty, the Assistant Director will contact the employee to determine their availability to assist with interpretation. If the employee is available, that particular employee will go to where the patient is located and interpret as needed. If no appropriate employee is present at the time of need for interpretation services, the Assistant Director will contact Language Line Services at 1-800-774-4344. When an interpreter is used, either in-house or through Language Line Services, documentation should be placed in the patient's medical record indicating the name of the person who acted as interpreter, or when appropriate, his/her relationship to the patient.

HEALTH LITERACY

Health literacy is defined as the ability to understand health care information without regards to educational level. Stephens County Hospital will support the patient's ability to understand and act on health information. Health literacy strategies will be used to ensure patient ability to understand their health information, ability to participate in their treatment decisions and ability to follow through with their treatment plans. Staff will refrain from simply asking "Do you understand?" Regardless of their ability to understand the information, many people who do not understand, may still answer "yes". All written materials will be adapted to better meet patient needs. Materials will be written in plain language while avoiding technical language and medical jargon. Patients will be asked how he or she prefers to receive health information and a reasonable effort will be made to use visual models, diagrams, or pictures to illustrate all procedures or conditions.

SUMMARY

It is the goal of Stephens County Hospital that any person who is deaf, hard of hearing, blind, visually impaired, speech impaired, language impaired or health literacy impaired may be able to communicate and be communicated with in an effective, timely fashion in compliance with the Americans with Disabilities Act to provide for effective health care while maintaining the individual's personal control and dignity.