

STANDARDS ON INTERPRETER SERVICES

SAMPLE

PURPOSE:

To assure that all sites can provide 24-hour interpreter services for all members either through telephone language services or interpreters on site. This is to ensure that personnel used as interpreters have been assessed for their medical interpretation performance skills/capabilities.

PROCEDURES:

Bilingual Staff

- a.) If bilingual staff are asked to interpret or translate, they should be assessed for their qualifications upon hire.
- b.) The assessment of ability, training on interpreter ethics/standards, and clear policies that delineate appropriate use of bilingual staff are required to help ensure quality and effective use of resources (e.g. certifications, written policies).
- c.) The Provider /designee may utilize the Employee Language Skills Self-Assessment Tool, (Industry Collaboration Effort Tool: ICE) and/or site's own language assessment tool to assess bilingual staff member's ability to interpret by signing an addendum attached. The addendum must identify the tool used for assessment.

Interpreter Services and Translators

- a.) Sites utilizing the services of interpreters and translators should request information about certification, assessment taken, qualifications, experience and training of employees.
- b.) Sign language interpreter services may be utilized for medically necessary health care services and related services such as obtaining medical history and health assessment, obtaining informed consents and permission for treatments, medical procedure, providing instructions regarding medications, explaining diagnoses, and treatment and prognoses of an illness, providing mental health assessment, therapy or counseling.
- c.) Sites may access IEHP Interpreter Services by calling:
 - c.1.) During office hours- Member Services at 1-800-440-4347, TTY users at 1-800-718-4347
 - c.2.) After Hours- IEHP Nurse Advice Line at 1-888-244-4347, TTY users at 1-866-577-8355.
 - c.3.) Face to Face- Office or member may call the health plan and schedule for an in-person interpreter 5 days prior to member's appointment.

Family or Friends

- Family or friends should not be used as interpreters, unless specifically requested by the member's circumstances. Should a member choose a family member or friend as their interpreter, it must be documented and the interpreter identified in the member's medical record.

It is required that a request for/ or refusal of language/interpreter services must be documented in the member's medical record. (**Note:** <https://www.lep.gov/faqs/faqs.html#OneQ11> ; 22CCR Section 51309.5)

Staff Member's Signature

Date

Provider's Signature

Date

EMPLOYEE LANGUAGE SKILLS SELF-ASSESSMENT TOOL

This self-assessment is intended for clinical and non-clinical employees who are bilingual and communicate with a patient in a language other than English.

Employee Name:		Department/Job Title	
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Directions:

- 1) Write any/all languages or dialects you know.
- 2) Indicate how fluently you speak, read and/or write each language (See attached key).
- 3) Specify if you currently use the language regularly as part of your job responsibilities.

Language	Dialect, Region Country	Fluency (See key below)			As part of your job do you use this language to speak with patients?	As part of your job do you read this language?	As part of your job do you write this language?
		Speaking 1 low 5 high	Reading 1 low 5 high	Writing 1 low 5 high			
		☐	☐	☐	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐	☐	☐	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐	☐	☐	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐	☐	☐	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Please check off additional qualifications/credentials that support language proficiency level, and attach them to this form. Note: Per state guideline, bilingual providers and staff who communicate with patients in a language other than English must identify and maintain qualifications of their bilingual capabilities on file.

- ☐ Formal language assessment by qualified agency
- ☐ Native speaker with a higher education in language
- ☐ Documentation of successful completion of a specific type of interpreter training
- ☐ Documentation of years employed as an interpreter and/or translator
- ☐ Other (Please specify):

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Individuals, who rate themselves with speaking, reading, or writing capabilities below level 3 as defined on the Employee Skills Self-Assessment Key, should not use their bilingual skills or serve as interpreters and/or translators. For assistance, please contact the patient's contracted health plan for immediate telephonic interpreter assistance.

TO BE SIGNED BY THE PERSON COMPLETING THIS FORM

Signature

Date

Employee Language Skills Self-Assessment Key

Key	Spoken Language
1	Satisfies elementary needs and minimum courtesy requirements. Able to understand and respond to 2-3 word entry-level questions. May require slow speech and repetition.
2	Meets basic conversational needs. Able to understand and respond to simple questions casual conversation about work, school, and family. Has difficulty with vocabulary and grammar.
3	Able to speak the language with sufficient accuracy and vocabulary to have effective for informal conversations on most familiar topics related to health care.
4	Able to use the language fluently and accurately on all levels related to health care work needs. Can understand and participate in any conversation within the range of his/her experience with a high degree of fluency and precision of vocabulary. Unaffected by rate of speech.
5	Speaks proficiently equivalent to that of an educated native speaker. Has complete fluency in the language, including health care topics, such that speech in all levels is fully accepted by educated native speakers in all its features, including breadth of vocabulary and idioms, colloquialisms, and pertinent cultural preferences. Usually has received formal education in target language.

Key	Reading
1	No functional ability to read. Able to understand and read only a few key words.
2	Limited to simple vocabulary and sentence structure.
3	Understands conventional topics, non-technical terms and health care terms.
4	Understands materials that contain idioms and specialized health care terminology; understands a broad range of literature.
5	Understands sophisticated materials, including those related to academic, medical and technical vocabulary.

Key	Writing
1	No functional ability to write the language and is only able to write single elementary words.
2	Able to write simple sentences. Requires major editing.
3	Writes on conventional and simple health care topics with few errors in spelling and structure.
4	Writes on academic, technical, and most health care and medical topics with few errors in structure and spelling.
5	Writes proficiently equivalent to that of an educated native speaker/writer. Writes with idiomatic ease of expression and feeling for the style of language. Proficient in medical, healthcare, academic and technical vocabulary.

Interpretation VS. Translation	Interpretation: Involves spoken communication between two parties, such as between a patient and a pharmacist, or between a family member and doctor. Translation: Involves very different skills from interpretation. A translator takes a written document in one language and changes it into a document in another language, preserving the tone and meaning of the original. <i>Source: University of Washington Center</i>
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Addendum to Employee Language Skills Self-Assessment Tool

_____ Use of the Employee Language Skills Self-Assessment Tool
(Industry Collaboration Effort Tool) to assess the medical translation skills of our employees. I
attest that _____ has demonstrated the ability to effectively perform the
procedures stated in this document.

Printed Name

Provider's Signature/Date