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Name: HPEI Language Interpretation Policy

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Health PEI Policy and Procedures Manual

LANGUAGE INTERPRETATION

Section:	Global Expectation		POLICY
Subsection:	General Administration		
Applies To:	All Health PEI Employees and Staff		
Monitoring:	Divisional Executive Directors		
Approving Authority:	Executive Leadership Team		
Date:	Effective:	October 22, 2012	Number: GE 01-001
	Next Review:	October 22, 2015	
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1.0 POLICY

- 1.1 Health PEI will provide language service and interpreter service for clients who require assistance in understanding treatment due to language barriers (e.g. newcomers and francophones).
- 1.2 Healthcare providers will work with an authorized language interpretation service to optimize patient safety, minimize risk issues and ensure healthcare provider information and treatment dialogue is clearly understood by both the healthcare provider and client.

2.0 DEFINITIONS

Interpretation:	Refers to the process by which a spoken or signed message in one language is relayed, with the same meaning, in another language.
Translation:	Refers to the written conversion of one language into another. This approach does not apply to this policy.
Distance Interpretation:	The interpreter is not physically present during the process.
In person Interpretation:	The interpreter is in the room with the healthcare provider and client/patient. This is a more challenging approach given the lack of available in-province industry standard trained interpreters.

3.0 PURPOSE/SCOPE

3.1 Purpose

- a. The PEI immigrant population has become more diverse than it was 30 years ago with a significant number of newcomers who speak various languages (other than

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English), who struggle to comprehend basic English and have a particular struggle with healthcare terminology. Like many other jurisdictions, Health PEI is challenged with patient safety and risk issues related to language barriers. Therefore practical and easy to follow policy and procedures are required given limited resources.

- b. It is the intent of Health PEI to support an environment of equal access to healthcare among all clients, including those experiencing language barriers due to limited proficiency in English.

3.2 Scope

- a. This policy applies to language interpretation for clients (e.g. newcomers and francophones) who require assistance in understanding treatment due to language barriers.
- b. This policy does not apply to interpretation for clients (**including newcomers**) who are deaf or hard of hearing – a focused approach is required for this population.

4.0 APPLICATION

The Health PEI *Language Interpretation* policy applies to all management and staff of the organization. In situations of non-compliance, divisional directors or supervisors must raise concerns or provide feedback in the performance review process.

5.0 GUIDELINES

5.1 Considerations:

- a. Some clients will prefer to have a family member or a close friend provide interpretation support because they feel more comfortable with someone familiar when discussing personal health issues. However, best practice advises against this approach due to the biases and emotional involvement of family members and friends. This approach can also result in consistent availability of interpretation services and lack of consistent interpretation standards.
- b. It is important to maintain confidentiality and objectivity as part of the professional ethical codes of conduct in health interpretation. This is best practiced by trained interpreters rather than informal interpreters (e.g. volunteers, family members, or friends).
- c. In Canada there are four constituencies who may face barriers to health care due to having a nonofficial first language: First Nations/Inuit communities, newcomers (immigrants/ refugees), deaf persons, and, depending on location, speakers of one of Canada's official languages.

5.2 Front line Health PEI care providers (salaried Health PEI staff and fee for service physicians when working in Health PEI facilities) should work with a designated and qualified interpretation service to address language barrier issues in Health PEI primary and acute care service settings.

5.3 Healthcare providers should utilize a speakerphone whenever possible to assist in the quality of the interpretation process.

5.4 Persons in an interpretation role should be trained to understand the client's cultural beliefs.

5.5 Identify need for interpretation support when:

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- a. The client exhibits hesitation or difficulty in understanding and communicating English during the care process.
 - b. The client's second language competency is dramatically reduced during a crisis – e.g. a highly stressful or emotionally charged (urgent or emergency) situation where a person's second language competency may be dramatically compromised).
- 5.6 The Healthcare provider role:
- a. Healthcare providers consider the nature of the presenting condition and whether phone based interpretation support is required for the client and/or caregiver/guardian.
 - b. Healthcare providers encourage patients/ clients challenged by language barriers to make every reasonable attempt to establish comprehension of English to support successful healthcare outcomes.
 - c. The client should be asked to inform the Interpreting Service Provider of any known risks (medical history, etc.) that may assist in the treatment process.
- 5.7 In emergency situations when every second can contribute to life saving treatment, an interpretation service for the client may not be deemed an immediate priority until the patient is stabilized. However, if the patient is not conscious or able to communicate, interpretation for a guardian or caregiver may be necessary to establish diagnosis. If it has become evident that language barriers exist during the treatment process, then the authorized interpretation service should be contacted by phone.
- 5.8 Risk Issues
- a. When interpretation services **are not** made available the following may occur:
 - (1) Families may give consent for procedures and treatments they do not understand;
 - (2) Information shared during the hospital admission process may be incomplete or inaccurate;
 - (3) Families may wait to ask for help until problems are more serious to avoid language difficulties;
 - (4) Stress may be added to the care process due to language and cultural sensitivity issues;
 - (5) Hospital admission may be delayed or avoided due to concerns with language barriers; and/or
 - (6) Language barriers may affect health outcomes due to misdiagnosis, wrong referrals, longer hospital stays, or wrong treatment.

6.0 MONITORING

Executive Directors of each division are designated to ensure the policy and related procedures are followed.

7.0 REFERENCES

Language Barriers in Access to Healthcare – Health Canada, 2001

National Standard Guide for Community Interpreting Services – Healthcare Interpretation

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Network, 2007

Development of a Coordinated Response to Addressing Language Barriers within the WRHA – Report, 2005

The Impact of Communication Challenges on the Delivery of Health Care to Minority Languages and Communities – the PEI French Language Health Services Network – 2007

Appendices

[Appendix A](#) – Nova Scotia Interpretation Services brochure and fee schedule

[Appendix B](#) – Overview of client rights in Canada - the importance of Quality Standards in Language Interpretation, Risk Issues, and the role of the interpreter

8.0 REVISION HISTORY

Revision Dates: _____

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[Appendix A](#)FEE SCHEDULE

1. The Contractor will bill Health PEI on a monthly basis for fees and expenses incurred during the preceding month. The billing will be by invoice detailing all fees and expenses being claimed, including but not limited to the fees, expenses, types of services provided for each use, and dates of service usage.
2. **Language Interpretation service fees will be as follows:**
 - (a) **\$50.00** per hour for telephone interpreting, with a one-hour minimum if there is no travel time associated. This would be a three-way conversation call. Partial hours will be rounded up to the full hour;
 - (b) **\$10.00** per call for simple appointment reminders or special instructions to a patient or client. This is in one language up to 12 minutes (usual maximum time for reminder calls). The calls up to 12 minutes and in one language are charged as reminder calls; anything over 12 minutes is charged as an hour call at the \$50 per hour rate stated in 2(a) above.
3. The Contractor is entitled to a minimum of 24 hours notice for cancellation of pre-scheduled calls. In the event a pre-scheduled call is cancelled by Health PEI with less than 24 hours notice but more than one hour from the scheduled start time of the call, the Contractor will be entitled to charge a \$25.00 cancellation fee. In the event a pre-scheduled call is cancelled by Health PEI less than one hour prior to the scheduled start time of the call, the Contractor will be entitled to charge a \$50.00 cancellation fee.
4. The Contractor will be permitted to charge for long distance telephone call expenses and answering service expenses as may be detailed herein. Any other expenses shall be approved by Health PEI in writing prior to incurring such expenses, in order to qualify for payment thereof.
5. The Contractor will charge for long distance telephone calls at the flat rate of \$1.00 per minute, such charges to be applicable under the following terms and conditions:
 - (a) Long distance telephone charges will be applicable for all calls made by Language Interpreters to Health PEI in providing interpretation services to Health PEI pursuant to this Agreement;
 - (b) Long distance telephone charges will be applicable for long distance calls made after-hours by the Contractor's after-hours answering service;
 - (c) Long distance telephone charges will be applicable when the Contractor calls back a Health PEI worksite to confirm an appointment for a Language Interpreter for all prearranged interpretation services. This is a safeguard measure to ensure that an interpretation appointment made in advance will not be missed by the Health PEI healthcare service provider;

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- (d) Long distance telephone charges will not be applicable to calls made by Health PEI users to the Contractor during regular business hours (8:00 a.m. to 4:30 p.m. weekdays). During regular business hours, Health PEI users of the service are to call the Contractor's business office at the number provided by the Contractor. The Contractor will then dispatch calls to Language Interpreters. Calls initiated by Health PEI users to the Contractor's office during regular business hours will be at the expense of Health PEI through their own telephone account and the Contractor will not charge long distance fees for such calls.
6. The Contractor will charge a fee of \$1.00 per minute for all calls made through the Contractor's after-hours answering service after regular business hours. This fee will be applicable to all calls initiated by Health PEI to the answering service, as well as all calls made by the answering service to arrange for requested language interpretation service. This fee will be in addition to any long distance calling fees that might be applicable to any of the calls.

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Appendix B**Client Rights and the Importance of Quality Standards in Language Services in Health Care**

Claims involving rights of language access in health care in Canada are principally based on interpretations of the Canadian Charter of Rights and Freedoms, the *Canadian Human Rights Act*, provincial and territorial Human Rights Codes, the *Canada Health Act*, provincial Health Acts and the Criminal Code of Canada. The section that follows provides a brief overview of some of the relevant legislation.

There are two sections of the Canadian Charter of Rights and Freedoms that appear to have applicability to the issue of rights to health care access. Section 15 states that:

"Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical ability."

It is generally accepted that effective interpretation must involve more than just interpreting "words". Interpretation must also be able to interpret meanings, and clarify misunderstandings that may arise due to differences between the cultures of the two participants in the health exchange (Dias & O'Neill, 1998).

This recognizes that the culture of the patient includes more than his ethnicity. Individual values, beliefs, and previous experiences may or may not be similar to others in the client's ethnic community. Ultimately Health Interpreters should not be limited to interpreting words but also to play an active role in ensuring effective communications and understanding between the care provider and the client.

It is essential that the health care provider be able to understand the patient's reported symptoms and experiences and sensations, their medical history, their concerns, and their desires and goals for the medical treatment or care. It is also essential that the patient (or caregiver/ guardian) be able to understand the instructions and questions of the care provider and discuss any potential treatment options, including tests, medications, and therapies. Without accurate and competent translation, the provider cannot understand what is wrong and the patient cannot understand how it will be addressed.