

## Glendale Adventist Medical Center



- Entity(s): Glendale Adventist Medical Center**
- Network: Southern California**
- System-Wide Corporate Policy**  
**Corporate Policy No.**
- Standard Policy**
- Model Policy**

**Entity(s) Reference Material No. 8631.19**  
**Department: Risk Management**  
**Manual: Policies**

### REFERENCE MATERIAL: COMMUNICATION FOR DEAF AND HEARING IMPAIRED PATIENTS

### REFERENCE MATERIAL SUMMARY/INTENT:

Glendale Adventist Medical Center is committed to providing effective communication to persons with impaired hearing.

The purpose of the policy is to provide guidelines and procedures to be followed.

### DEFINITIONS:

Not applicable.

### AFFECTED DEPARTMENTS/SERVICES:

All departments/services of the Medical Center are affected by this policy

### REFERENCE MATERIAL: COMPLIANCE – KEY ELEMENTS

- A. The Medical Center will accommodate deaf and hearing impaired patients by:
1. providing initial assessment of communication needs during the admission process
  2. providing translators 24/7 at NO CHARGE to the patient, see Notice Attachment A
  3. distributing the Directory of Interpreters and the list of sign language companies to each department, see attachment B for Sign Language Companies.
- B. If a patient does not request an interpreter, Medical Center personnel will use the Waiver of Services for Deaf & Hearing Impaired Who are in Need of Sign-Language Interpretation, see attachment C.
- C. **Non-scheduled incidents**
1. For "non-scheduled incidents", the facility will request an interpreter to be available within:
    - a. Thirty (30) minutes when it makes an interpreter available through either audio-video interpreting services or an on-site staff interpreter, and
    - b. Seventy-five (75) minutes when it makes an on-site interpreter available through either a contracting interpreting service or its staff interpreter who is located off-site at the time of the non-scheduled incident arises.

2. Non-scheduled incidents are situations in which there are less than two (2) hours (or less than four (4) hours if a request is made between the hours of 8 p.m. and 8 a.m. or on a weekend or holiday) between the time when a Patient or a Companion makes a request for an interpreter and the time when the services of an interpreter are required.

**D. Scheduled incidents**

1. For "scheduled incidents", the facility will request an interpreter to be available at the time of the scheduled appointment. "Scheduled incidents" are situations in which there are two (2) or more hours (or four (4) or more hours if a request is made between the hours of 8 p.m. and 8 a.m. or a weekend or holiday) between the time when a Patient or a Companion makes a request for an in-person interpreter to be available onsite and when the services of the interpreter are required.

**E. Force Majeure Events**

1. The foregoing response times are subject to "force Majeure" events- i.e., any response time that is delayed because of a force majeure event is excluded from the determination whether the prescribed response criteria have been met. Force majeure events are events outside the reasonable control of the facility, the interpreting service (IS) Provider or the interpreter called to respond, such as weather problems and other Acts of God, unanticipated illness or injury of the interpreter while en route to the Hospital and unanticipated transportation problems (including, without limitation, mechanical failure of the interpreter's automobile, automobile accidents and roadway obstructions other than routine traffic or congestion).

**F. PROCEDURES:**

<b>Person</b>	<b>Accountable Action /Responsibility</b>
1. Admitting Staff	1a. If the deaf & hearing impaired individuals are unfamiliar with our facility --the admitting employee will take the person to the correct department and hand the order to the nurse or technician.
2. Medical Center Personnel	2. Request an interpreter to convey necessary information relative to treatment , except in instances when a family member or friend is present and the patient agrees to interpretation by that individual.
3. Nursing Staff	Communicate the patient's preferred language and identified communication barriers via the hand off communication process. 3b. Offer TDD /TTY and telephone amplifiers for deaf and hearing impaired. Call Telecommunications Department.

Offer closed caption (cc) television. Call Clinical Engineering, extension 8227. After hours contact Clinical Engineer through the Medical Center Operator.

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**REFERENCES:** Also see Policy #8610.815.03 "INTERPRETATION SERVICES"

**CALIFORNIA:**

**HAWAII:** Not applicable

**OREGON:** Not applicable

**WASHINGTON:** Not applicable

**CORPORATE AUTHOR:** Not applicable

**SITE SPECIFIC POLICY OWNER:** Regulatory Associate

**COLLABORATION:**

**APPROVED\_BY:**

**CORPORATE:** Not applicable

**HOSPITAL:**

**INDIVIDUAL:**

**REVIEW DATE:** 01/07/2015,

**REVISION DATE:** 03/01/1989, 08/01/1990, 12/01/1994, 11/01/1997, 03/01/2001, 06/01/2002, 06/01/2005, 10/02/2007, 07/21/2008, 11/04/2015, 10/17/2016,

**NEXT REVIEW DATE:**

**ATTACHMENTS:** 8631.190 Attachment B - Sign Language Vendors.doc

(REFERENCED BY THIS DOCUMENT) 8631.190 Attachment C - Waiver for Services.pdf

8631.190 Attachment A Notice for Hearing Impaired.pdf

**OTHER DOCUMENTS:** Language Assistance Program: Interpretation & Hearing Impaired

(WHICH REFERENCE THIS DOCUMENT)

**DISTRIBUTED TO:** Refer to **AFFECTED DEPARTMENTS/SERVICES** above

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<https://www.lucidoc.com/cgi/doc-gw.pl?ref=ahgamc:13198>.