

	<p>POLICY</p> <p>Number: 7311-20-013 Title: Interpretation and Translation Services</p>
<p>Authorization</p> <p>[] President and CEO [X] Vice President, Finance and Corporate Services</p>	<p>Source: Director, Population and Public Health and Director, First Nation and Métis Health Service Cross Index: 7311-50-002 Date Approved: June 10, 2013 Date Revised: February 17, 2017 Date Effective: March 16, 2107 Date Reaffirmed: Scope: SHR and Affiliates</p>

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OVERVIEW

Saskatoon Health Region (SHR) uses an external (telephone) service provider for non-English language interpretation and translation services.

In addition:

- Cree, Dené and Saulteaux language interpretation is available through First Nation and Metis Health in the three SHR tertiary sites
- SHR uses a Saskatchewan Ministry service for written translation services for the French language
- Sign language interpretation services are provided by the Saskatchewan Deaf and Hard of Hearing Services, Inc.

DEFINITIONS

Interpretation means verbal communication, which is a process of accurate transposition of spoken words from one language to another.

Translation means converting a written expression, of the meaning of a word or document in another language.

1. PURPOSE

The purpose of this policy is to establish SHR's position and requirements for providing/ making available interpretation and translation services.

2. PRINCIPLES

2.1 SHR has a responsibility to ensure that patients, clients and residents receiving health care services understand their care, are informed, and are able to participate in decision-making about their care.

2.2 Patients, clients and residents of Saskatchewan identified through the 2009 Patient First Review that poor communication in the health care system was affecting their care. The need for more effective patient and family centered

care was identified and that language barriers were also a challenge with patients who are not fluent in English.

- 2.3** The provision of translation and interpretation services in SHR contribute to Health Equity¹ and Cultural Safety².
- 2.4** SHR has a responsibility to ensure that interpreter services are available where necessary, for effective communication in accessing and participating in health care services.
- 2.5** Interpreters/translators who are trained specifically for the health care context and have medical terminology training are the best option to provide these health care services.
- 2.6** Health-care providers must ensure that the patient/client/resident or substitute decision maker (SDM) has all the information needed to make an informed treatment decision.

3. POLICY

- 3.1.** SHR shall provide interpretation and translation services of health information for patients/clients/residents where the English language is not understood (including limited understanding) or heard for the purpose of providing health-care services.
- 3.2** SHR contracts external interpretation/translation services for the purposes of interpreting health-care information to patients/clients/residents.
- 3.3** Trained health-care interpreters and translators shall be used wherever possible.
 - 3.3.1 The external interpreter service is the preferred option for interpretation and/or translation for health care information.
 - 3.3.2 Health-care providers will make every effort to:
 - encourage the use of the external interpreter service;
 - understand and address patient/client/resident/SDM's requests for a family member to interpret;
 - consider the individual circumstance as to whether gender, cultural, social, religious, sexual orientation (of the trained health-care interpreter) and/or family dynamics are present and could

¹ Health Equity means the commitment, to incorporating fairness into health by reducing health inequalities. It implies that all people can reach their full health potential and should not be disadvantaged from attaining it because of their race, ethnicity, religion, gender identity, sexual/romantic orientation, age, disability, social class, where they live, socioeconomic status or other socially determined circumstances.

² Cultural Safety means an environment that is spiritually, socially and emotionally safe, as well as physically safe for people. It is about shared respect, shared meaning, shared knowledge and experience of learning together.

- Culturally safe practices include actions which recognize and respect the cultural identities of others, and safely meet their needs, expectations and rights.
- Culturally unsafe practices are those that "diminish, demean or disempower the cultural identity and well-being of an individual.

act as a barrier to communication and/or the safe provision of care.

3.3.3 Cree, Dené and Saulteaux language interpretation may be provided by First Nation and Metis Health in the three SHR tertiary (urban acute) sites.

3.4 Adult family members as interpreters will only be used if:

3.4.1 The external interpreter service is not available, or

3.4.2 When a delay would compromise patient/client/resident care (as determined by the health-care provider).

3.4.3 SHR recognizes there may be instances when the patient/client/resident/SDM requests an adult family member to interpret for them.

3.4.3.1 The health-care provider will determine whether interpretation by a family member is appropriate in the given situation (see 3.4 above).

3.4.3.2 In extenuating circumstances, health care providers will use an external interpreter to communicate to the patient/client/resident/SDM without their consent.

3.5 Interpreter services for deaf or hard of hearing persons whose primary means of communication is sign language and who require a professional interpreter are provided by the Saskatchewan Deaf and Hard of Hearing Services, Inc. (SDHHS).

3.5.1 SHR provides interpreter services from SDHHSI in situations where a sign language interpreter is required for health-care services.

3.5.2 SHR will pay for sign language interpretation in extenuating circumstances including financial hardship and unable to pay for a professional interpreter.

3.6 All non-English language/sign language interpreter services must be documented (see procedure).

3.7 SHR may provide translation of written materials. This may include the translation of non-English health information or health records required for client/patient/resident care. This is determined by the Director of the requesting Department (see procedure).

3.8 The use of other services/ means of interpretation/translation, other than mentioned in this policy is not an acceptable practice.

3.9 Circumstances of patients/clients/residents **not** being offered interpretation/translation services, where determined necessary or appropriate (e.g. post treatment/interaction), must be reported as a safety incident (see SHR Policy: *Safety Reporting*).

4. ROLES AND RESPONSIBILITIES

4.1 Health Care Providers

4.1.1 Determine when interpretation/translation services are required.

4.1.2 Determine the best means of interpretation/translation given the individual circumstance.

4.1.3 Document the interpretation interaction and the full name and/or interpreter # of the person utilized to interpret the clinical interaction, as specifically as possible (see procedure).

4.2 Director, Population and Public Health

- 4.2.1 Approve and coordinate any face to face interpretation situations in exceptional circumstances.
- 4.2.2 Provide informational materials for interpretation and translation services (see [brochure](#) (link inserted)).
- 4.2.3 Authorize payment, tracking and monitoring of usage of all interpretation and translation services as well as sign language services in SHR.
- 4.2.4 Negotiate contracts for external service providers.
- 4.2.5 Monitor external service providers for quality of service.

5. POLICY MANAGEMENT

The management of this policy including policy education, monitoring, implementation and amendment is the responsibility of the Director, Population and Public Health and Director, First Nation and Métis Service.

6. NON-COMPLIANCE/BREACH

Non-compliance with this policy may result in disciplinary action, up to and including termination of employment and/or privileges with SHR.

SHR staff that engage interpreters/translators in communication of health-care information outside the parameters of this policy puts SHR at varying degrees of risk.

7. REFERENCES

Access and Equality for Deaf, deaf and Hard of Hearing People: A Report to Stakeholders (Saskatchewan Human Rights Commission) (2016)

Government of Saskatchewan French-Language Services Policy (May 2009)

Report of the Saskatchewan's Advisory Committee on Francophone Affairs on Francophone Seniors' Care, Government of Saskatchewan (2016)

8. SUPPORTING DOCUMENTS

Saskatoon Health Region current contract with MCIS Non Profit Language Services

SHR Language Access Services: Fulfilling our Commitment to Putting Patients First – A Proposal to Create a Language Access Services Unit with SHR (February 2012)

SHR Policy: *Consent/Informed Consent*

Promotional materials (links inserted)

[MCIS Brochure](#)

[Quick Reference Guide](#)

[MCIS Client Menu](#)

[Language ID Card](#)

[MCIS 'Help Your Language Poster](#)

[First Nations and Metis Health Services \(Cree, Dene and Sauteaux interpreters\)](#)

PROCEDURE

Number: 7311-20-013

Title: Interpretation and Translation Services

Authorization

President and CEO

Vice President, Finance and Corporate Services

Source: Director, Population and Public Health and First Nation and Métis Health Service

Cross Index: 7311-50-002

Date Approved: June 10, 2013

Date Revised: February 17, 2017

Date Effective: March 16, 2017

Date Reaffirmed:

Scope: SHR and Affiliates

OVERVIEW

A **Quick Reference Guide** outlining how to access interpretation and translation services is attached (see Appendix A).

1. PURPOSE

The purpose of this procedure is to establish the process for obtaining interpretation, translation and sign language services.

2. PRINCIPLES

2.1 Effective communication is an integral component of providing safe health care services.

2.2 Trained health care interpreters and translators should be used wherever possible.

3. PROCEDURE

Non-English Language Telephone Interpretation (Preferred Option)

(Multilingual Community Interpreter Services (MCIS))

3.1 Contact MCIS by calling (888) 990-9014 to arrange for services.

3.1.1 Provide the following information:

- the language spoken by the patient/client/resident/SDM,
- the SHR client number (the SHR client number is 4827)
- the site and name of the department you are calling from,
 - Site choices are: Royal University Hospital, Saskatoon City Hospital, St. Paul's Hospital, Humboldt District Hospital, Population and Public Health and General (all other sites)
 - Department examples: Emergency Department, Social Work, Home Care etc.
- your name.

3.1.2 Determine if written consent is required by SHR or department protocols.

3.1.2.1 If written consent is required, obtain written consent from the patient/client/resident/SDM, noting on the consent form that an interpreter was used and the name and/or number of the interpreter.

3.1.2.2 If written consent is not required, document in the patient/client/resident's health record the following information:

- name and/or number of the interpreter,
- external service provider name: MCIS,
- date and time of interpretation session, and
- the clinical interaction, as specifically as possible.

3.1.3 Quality and process issues with the service may be directed to the Director, Population and Public Health.

3.1.4 After services are rendered and payment made, a selected number of departments who utilized the services may be sent a short electronic survey regarding their experience.

Non-English Language Face-to-Face Interpretation (exceptional circumstances)

3.2 Contact the Director, Population and Public Health, to review the need for face-to-face services.

3.2.1 Face-to-face services are at the discretion and approval of the Director, Population and Public Health, except interpretation services provided by First Nations and Metis Health.

3.2.2 After services are rendered, a selected number of departments who utilized the services may be sent a short electronic survey regarding their experience.

3.3 Quality and process issues with the service may be directed to the Director Population and Public Health.

3.3.1 Quality and process issues with First Nation and Metis face to face interpretation may be directed to the Director, First Nation and Métis Health.

Sign Language Interpretation

3.4 Ask the individual in writing whether they wish to have an interpreter or use another means of communication.

3.4.1 Identify whether individual requires American Sign Language or signed English interpreter.

3.5 Contact Saskatchewan Deaf and Hard of Hearing Services, Inc. directly at (306) 665-6575. Services are available 24/7 with an after office hours on call system who can arrange services.

3.6 Document in the patient/client/resident's health record the following information:

- Name and/or number of the interpreter,
- Saskatchewan Deaf and Hard of Hearing Services, Inc.,
- Date and time of interpretation session,
- The clinical interaction, as specifically as possible.

3.7 Quality and process issues with the service may be directed to the Director, Population and Public Health.

3.8 After services are rendered and payment made, a selected number of departments who utilized the services may be sent a short electronic survey regarding their experience.

Translation of Written Materials (French and Other Languages)

- 3.9** French translations can be provided at no cost to SHR and can be arranged by the SHR Director, Population and Public Health.
- 3.9.1 Requests for translation services are evaluated and coordinated through the Senior Policy/Legislative Analyst, Risk and Relationship Management, Saskatchewan Ministry of Health.
- 3.9.2 The provider is The Francophone Affairs Branch, who has the provisions and privacy protocols in place to translate written documents for the Provincial Government of Saskatchewan and its Ministries.
- 3.9.3 The availability of this service, especially for large translation requests, may be subject to budget/workload considerations.
- 3.10** Languages other than French may be arranged through the Director, Population and Public Health who seeks a quotation from MCIS for the originating department to review.
- 3.10.1 Payment for the translation of written materials required for delivery of health care services or for health education is the responsibility of the originating department.

NOTE: Centralized billing for SHR and Affiliates (for telephone and face to face interpretation, other than interpretation provided by First Nation and Metis Health Service) is available through the Office of the Director, Population and Public Health with the exception of written translation services that may have a cost that is invoiced to the requesting Department.

The contract with MCIS has articles regarding the protection of personal health information.

4. PROCEDURE MANAGEMENT

The management of this procedure including procedures education, monitoring, implementation and amendment is the responsibility of the Director, Population and Public Health and Director, First Nation and Métis Health Service.

5. NON-COMPLIANCE/BREACH

Non-compliance with this procedure may result in disciplinary action, up to and including termination of employment and/or privileges with SHR.

SHR staff that engage interpreters/translators in communication of health care information outside the parameters of this procedure put SHR at varying degrees of risk.

6. REFERENCES

Language Access Services: Fulfilling our Commitment to Putting Patients First – A Proposal to Create a Language Access Services Unit with SHR (February 2012)
Senior Policy/Legislative Analyst, Risk and Relationship Management, Saskatchewan Ministry of Health (January 2013)
SHR Policy: *Consent/Informed Consent*
Southlake Policy, Language Interpreter Services (November 2011)
The Saskatchewan Deaf and Hard of Hearing Services, Inc. (January 2013)
University Health Network (UHN) Policy, Interpretation and Translation Services (December 2010)