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Owner: Dir, Soc Wrk  
 Area Patient Rights  
 References CARF

## Rights to Effective Communication

<b>Policy/Procedure Number</b>	PR-1005
<b>Supersedes</b>	1.3163, Policy: Patient & Family, Rights for Effective Communication 1.3163, Policy: Patient & Family, Patient and Family's Right for Effective Communication

### Purpose Statement

The purpose of the policy is to address access to culturally and linguistically appropriate health care services. The Joint Commission (TJC) standards promote the provision of care, treatment, and services in a manner that is conducive to the cultural, language, literacy, and learning needs of individuals and addresses any barriers to communications between the patient, family and the medical care providers. Communication problems are the most frequent cause of serious adverse events (as recorded in TJC database) and arise due to language barriers, cultural differences, and low health literacy, all of which are particularly important issues for racial and ethnic minority patients.

### Policy

The policy addresses federal law requiring hospitals and healthcare organizations to ensure meaningful access for individuals with physical, cultural, or linguistic barriers. The Joint Commission has standards that are embedded under patient rights and the provisions of care regarding effective communication, cultural competency and patient/family centered care. In addition to the accountability for providing language assistance and translation services to persons with LEP (limited English proficiency) the Network is accountable for providing assistive devices to address the needs of those individuals with vision, speech, hearing, and cognitive impairments.

Valley Children's Healthcare is responsible for ensuring patient/family access to telephone, mail services and other forms of external communication. In the event that the organization restricts a patient's

visitors, mail, telephone calls, and other forms of communication, the Network has a defined process on how the restrictions are determined based upon reasonable cause. The patient's guardian or the adult patient may elect to restrict communication with others.

Valley Children's is responsible for the creation, implementation, and oversight of the LEP Access Plan (See Appendix I). Every 3 years, the Cultural and Linguistic Appropriate Services Committee in Action (CLAS-A) shall apply the four-factor test provided below to determine the potential needs of LEP persons and the potential actions the hospital should take in meeting the needs of LEP patients and/or his or her legal representative(s). The Department of Health and Human Services Office for Civil Rights (OCR) has responsibility for enforcing compliance with the LEP requirements. The OCR will assess compliance on a case-by-case basis, using the following 4 factors:

1. The number or proportion of LEP persons eligible to be served or likely to be encountered by Valley Children's Healthcare.
2. The frequency with which LEP individuals come in contact with the hospital's program, activity or service.
3. The nature and importance of the program, activity, or service provided by the hospital.
4. The resources available to Valley Children's Healthcare and the costs for these services.

## Qualified/Applicable Personnel

Valley Children's Healthcare staff who are fluent in English and a second language have established language competency to speak the second language while performing their job. Competency is established through the hospital Bilingual Fluency Assessment process.

## Definitions

### **LEP (Limited English Proficiency) persons**

Individuals who do not speak English as their primary language and who have a limited or no ability to read, write, speak, or understand are eligible to receive language assistance.

### **Language or Communication Barriers**

1. With respect to spoken language, barriers which are experienced by individuals who are limited English speaking or non-English speaking. Those individuals who speak the same primary language may comprise at least 5 percent of the population of the geographical areas served by Valley Children's Hospital or of the actual patient population of Valley Children's Healthcare.
2. With respect to sign language, barriers which are experienced by individuals who are deaf and whose primary language is sign language.

### **CLAS-A (Cultural and Linguistic Appropriate Services Committee in Action)**

This subcommittee is a formal committee subordinate to the Patient and Family Experience Steering Committee. This committee has oversight and is responsible for ensuring culturally and linguistic appropriate health care services are provided throughout the Network.

### **Hospital**

Any use of the term "Hospital" is in reference to Valley Children's Hospital.

## **Healthcare/Network**

Use of the term "Healthcare" or "Network" is in reference to the entire organization's network including outlying primary care and subspecialty practices.

## **Interpreter**

A person who is fluent in English and in the necessary second language and who mediates spoken or signed communication between people speaking different languages without adding, omitting, or distorting meaning or editorializing. An interpreter acts as an intermediary between people with language needs. An interpreter does not provide direct service in a second language.

## **Medical or Healthcare Interpreter**

A specially trained professional who is fluent in both English and another language, who is trained and proficient in healthcare interpreting; adheres to the professional code of ethics and protocols of healthcare interpreters; is knowledgeable about medical terminology; and can accurately and completely render communication from one language to another. Communication typically takes place between a patient (or the patient and one or more family members) and a healthcare provider (doctor, nurse, therapist, etc.).

## **Translation**

The conversion of a written text into a written text in a second language corresponding to and equivalent in meaning to the text in the first language.

# **Procedure**

1. When a patient is admitted to the hospital or registered for the ambulatory clinics, emergency department, inpatient units, or day surgery, the staff will determine if there is a need for interpretation and language assistance. The staff will access the Hospital Interpreter Services department or an external vendor. The process for language assistance is detailed in PRHC-5001 Access to Interpreter Services. The family or patient may request language assistance to be provided.
2. In the event that the care providers are requesting translation of vital documents or medical information, a request for this service is made through Interpreter Services. To ensure timely response, the care provider should notify Interpreter Services by submitting a request for written translation via the George page under "Forms". The translation of the written English language to a LEP person is to be completed concurrently in conjunction with the Clinical Education department.
3. A person who has a hearing impairment is to be referred to Interpreter Services for assistance. Assistive devices are available as well as access to an American Sign Language Interpreter through the same process for language assistance.
4. When a staff member identifies individuals with speech and cognitive impairments, a referral is made to Speech and Audiology Department to assess and address the needs of the individual. The Speech-Language Pathology Practice at the Hospital provides diagnosis and treatment of pediatric speech, language and swallowing disorders in both inpatient and outpatient settings. This department will provide assistive communication devices as appropriate. During the course of a patient's hospitalization or changes in medical condition of the patient that affects the oral speech or cognitive function of the patient to communicate,

the Speech and Audiology Department will develop an alternative means for communication between the patient and the care providers. Child Life may support in developing assistive tool/s for communication for the patient.

5. To ensure that the family or patient has access to external communications, the following procedure is followed for facilitating communication with external contacts:
  - A. During the admission process, the Admission Counselor will ask the family and patient if there are to be any restrictions in visitations or communications.
  - B. In the event that the patient and/or family requests visitation and telephone restrictions, a referral will be made to the Social Worker to determine if there are other external privacy needs or restrictions.
    1. Should a patient or legal representative decide not to include some or all information in the facility directory, the Admissions Counselor is responsible for facilitating the process of "opting out of facility directory" according to policy PRHC-5028, Facility Directories.
    2. In the event that the family elects not to use the "opt out" option at admission, the patient/legal representative may choose to exercise this right any time during the hospitalization. A referral will be made to the social worker to determine if restrictions are appropriate for specific individuals.
6. During the inpatient nursing assessment, the nurse will determine if there are any legal or personal reasons for any restrictions to visitations or telephone contacts based upon information identified on the Admission Navigator or through the course of the interview with the family. Any restrictions will be documented in the care plan. A referral to a Social Worker will be made as necessary.
7. The patient and family will be informed about how to communicate outside the hospital to friends, family, or interested parties providing there are no restrictions. They will be informed about access to computer email, local telephone calls from the room, facsimiles (FAXES) and mailing services from the nurses' station.
  - A. Writing materials are made available to the patient and family upon their request providing there are no restrictions.
  - B. In the event that a patient and family does not have their own access or ability to make a long-distance call to family or significant other, the nursing staff or Social Worker will make arrangements for making these calls. In the event that the patient needs to make an international telephone call, the Social Worker will facilitate this call for the patient and family depending upon the circumstances/status of the patient.

During extended hospitalizations, the Social Worker will assess ongoing communication needs of the family. The Social Worker will determine if the patient and family are financially unable to pay for a long-distance telephone charge. The Social Worker will access its departmental resources such as a phone gift card or some other means to facilitate this call.

- C. The Social Workers and the patient representatives will provide the patient and family information about the hospital computer internet web site to communicate by

email externally.

8. Through the Hospital's School Program, Child Life staff will work with the patient and family, to contact the patient's teacher and class, to facilitate communication during extended hospitalizations. In some instances, arrangements will be made for the teacher and/or classmates to visit the patient while hospitalized.

For ambulatory care patients needing to make long distance calls to the clinics for continued care but who lack the financial resources, a referral may be made to a Social Worker to assist in this situation. Working with the family, the Social Worker may provide a toll free (800) number to the family to enable the family to make long distance calls to the physician or clinic staff.

9. The Social Worker will provide assistance to families in need of securing a "lifeline telephone" through the telephone company.
10. Restrictions of patient visitors, mail, telephone calls, and other forms of communication are addressed in the following policies:
  - A. PC-0137, Designation of High-Risk Patient Status
  - B. PE-0215, Visitor Conduct
  - C. PRHC-5005, Child Abuse Reporting

Aside from these specified policies, restrictions of contacts or visitations may be established in legal court orders or family court custodial orders. The hospital will comply with these legal documents. The Social Worker will note in the Social Work notes and the restrictions will be notated in the EMR FYI flag.

## Education

Patients and families receive education of Patient Rights upon admission.

## Documentation

1. Document in the Plan of Care
  - A. Any restrictions identified in Plan of Care and FYI flag.
  - B. Referrals to Social Services and Child Life as appropriate.
2. The Social Worker will document any interventions regarding actions taken to facilitate patient/family communications in the patient's medical record.

<b>References/Regulations</b>	The Joint Commission, Standard: NPG.07.01.01  <i>California Health and Safety Code Sections 1259(c)(4) and 123147</i>  <i>California Health and Safety Code Section 1376.04. retrieved from <a href="http://law.onecle.com/california/health/1367.04.html">http://law.onecle.com/california/health/1367.04.html</a></i>
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	<p><i>Nondiscrimination in Health Programs and Activities Section 1557 of the Affordable Care Act</i></p> <p><a href="https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.html">https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.html</a></p>
<b>Other Related Policies/ Procedures</b>	<p>PC-0137, Designation of High-Risk Patient Status</p> <p>PE-0215, Visitor Conduct</p> <p>PRHC-5005, Child Abuse Reporting</p> <p>PRHC-5028, Facility Directories</p> <p>DP 7802.019, Child Life, Hospital School Program</p>

## Attachments

[Rights to Effective Communication \(Spanish\)](#)

## Approval Signatures

Step Description	Approver	Date
Exec Hospital	Accreditation Coordinator	07/2025
Executive Nurse Council	Nursing Admin Specialist	06/2025
PFCC	Nursing Admin Specialist	06/2025
CLAS-A Committee	Admin Asst - Patient & Fam Svcs	05/2025
Content Expert(s)	Dir Wrkfrce Engmnt, Dev & Vlntrs	04/2025
Policy Owner	Dir Social Work	04/2025

## Standards

No standards are associated with this document