

**UPMC  
POLICY AND PROCEDURES MANUAL**

**POLICY: HS-HD-PR-06 \***  
**INDEX TITLE: Patient Rights /**  
**Organizational Ethics**

**SUBJECT: UPMC Communication Assistance Services in Outpatient Care**  
**DATE: July 10, 2023**

**I. POLICY**

UPMC is committed to treating all people with dignity and respect and to providing patient-centered care and a therapeutic environment. This includes taking appropriate steps to ensure that we communicate effectively with all patients, visitors and guests, including those with Limited English Proficiency (LEP) and those with disabilities, including persons that are deaf, hard of hearing, blind, deaf-blind, or who have other sensory or physical disabilities, such that all have an equal opportunity to participate and have meaningful access to our services, activities, programs or other benefits.

UPMC physicians and staff are required to provide interpretation and translation services during critical aspects of care, which include but are not limited to health care decision-making (living wills or powers of attorney), obtaining a history and physical, informed consent (for surgery, blood, etc.), and discussing symptoms, diagnoses, surgical options or treatments, or organ donations. UPMC physicians and staff are also required to provide interpretation and translation services when discussing billing or insurance matters, or similar information.

There is no cost to patients, visitors and guests who require interpretation and/or translation services. The specific services provided will be determined on a case-by-case basis.

Links to policies referenced/related within this policy can be found in Section VI.

**II. PURPOSE**

The purpose of this policy is to accomplish these objectives: 1) to ensure effective, accurate and comprehensible communication between patients, their families and healthcare providers, consistent with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, the ADA Amendments Act of 2008, Section 1557 of the Affordable Care Act, and other applicable federal, state, and local laws. The implementation of these guidelines is essential to UPMC's goal of providing all persons meaningful access to our services, activities, programs and benefits; 2) to notify UPMC physicians and staff about the system's commitment to effectively communicating with patients, visitors and guests; 3) to inform UPMC physicians and staff about the process for providing qualified medical interpreters, foreign language interpreters, sign language

interpreters, tactile interpreters, and Certified Deaf Interpreters, as well as for the appropriate use of the Teletypewriter (TTY) or Video Relay Service and video remote and over-the-phone interpreting; and 4) to promote patient safety.

**III. SCOPE**

This policy applies to UPMC outpatient clinics and offices, both freestanding and those included as part of the following licensed hospitals and ambulatory surgery centers:

[Check all that apply]

<input checked="" type="checkbox"/> UPMC Children’s Hospital of Pittsburgh	<input checked="" type="checkbox"/> UPMC Pinnacle Hospitals
<input checked="" type="checkbox"/> UPMC Magee-Womens Hospital	<input checked="" type="checkbox"/> Harrisburg Campus
<input checked="" type="checkbox"/> UPMC Altoona	<input checked="" type="checkbox"/> West Shore Campus
<input checked="" type="checkbox"/> UPMC Bedford	<input checked="" type="checkbox"/> Community Osteopathic Campus
<input checked="" type="checkbox"/> UPMC Chautauqua	<input checked="" type="checkbox"/> UPMC Carlisle
<input checked="" type="checkbox"/> UPMC East	<input checked="" type="checkbox"/> UPMC Memorial
<input checked="" type="checkbox"/> UPMC Hamot	<input checked="" type="checkbox"/> UPMC Lititz
<input checked="" type="checkbox"/> UPMC Horizon	<input checked="" type="checkbox"/> UPMC Hanover
<input checked="" type="checkbox"/> Shenango Campus	<input checked="" type="checkbox"/> UPMC Muncy
<input checked="" type="checkbox"/> Greenville Campus	<input checked="" type="checkbox"/> UPMC Wellsboro
<input checked="" type="checkbox"/> UPMC Jameson	<input checked="" type="checkbox"/> UPMC Williamsport
<input checked="" type="checkbox"/> UPMC Kane	<input checked="" type="checkbox"/> Williamsport Campus
<input checked="" type="checkbox"/> UPMC McKeesport	<input checked="" type="checkbox"/> Divine Providence Campus
<input checked="" type="checkbox"/> UPMC Mercy	<input checked="" type="checkbox"/> UPMC Cole
<input checked="" type="checkbox"/> UPMC Northwest	<input checked="" type="checkbox"/> UPMC Somerset
<input checked="" type="checkbox"/> UPMC Passavant	<input type="checkbox"/> UPMC Western Maryland
<input checked="" type="checkbox"/> Main Campus	
<input checked="" type="checkbox"/> Cranberry	
<input checked="" type="checkbox"/> UPMC Presbyterian Shadyside	
<input checked="" type="checkbox"/> Presbyterian Campus	
<input checked="" type="checkbox"/> Shadyside Campus	
<input checked="" type="checkbox"/> UPMC Western Psychiatric Hospital	
<input checked="" type="checkbox"/> UPMC St. Margaret	

**Provider-based Ambulatory Surgery Centers**

- UPMC Altoona Surgery Center
- UPMC Children’s Hospital of Pittsburgh North
- UPMC St. Margaret Harmar Surgery Center
- UPMC South Surgery Center
- UPMC Center for Reproductive Endocrinology and Infertility
- UPMC Digestive Health and Endoscopy Center
- UPMC Surgery Center – Carlisle

**Free-Standing Ambulatory Surgery Facilities:**

- UPMC Hamot Surgery Center (**JV**)
- Hanover Surgicenter
- UPMC Specialty Care York Endoscopy
- Susquehanna Valley Surgery Center (**JV**)
- West Shore Surgery Center (**JV**)

- ☒ UPMC Surgery Center Lewisburg
- ☒ UPMC Pinnacle Procedure Center
- ☒ UPMC West Mifflin Ambulatory Surgery Center
- ☒ UPMC Community Surgery Center
- ☒ UPMC Leader Surgery Center

#### IV. PROCEDURE

##### A. **WHO MAY OBTAIN INTERPRETATION AND TRANSLATION SERVICES**

UPMC provides language assistance and communication support, including interpretation and translation services, to *any* patient, family member, visitor or guest who requires assistance in order to effectively communicate with care providers and/or obtain services or benefits. UPMC physicians and staff may access these resources twenty-four (24) hours a day, seven (7) days a week.

##### B. **IDENTIFYING THE NEED FOR COMMUNICATION ASSISTANCE**

###### 1. **Assessment**

- a. **Initial Assessment (Oral):** Every patient's ability to communicate effectively should be assessed during the initial assessment or visit. If a provider determines that the patient needs assistance and/or if the patient requests such assistance, the provider should document that need in the patient's medical record. The provider should also document the type of required assistance in patient's medical record and/or the patient's preferred language. With input from the patient, the provider should also select the most appropriate type of language or communication assistance.
- b. **Initial Assessment (Written):** Every patient's ability to understand written documents should be assessed and documented in the patient's medical record. In addition to being a Limited English Proficiency (LEP) individual or an individual with a hearing or vision disability, some patients also have needs for literacy assistance. Providers should be sensitive to indicators that a patient cannot read and/or understand written documents. If a provider determines that the patient needs assistance and/or if the patient requests such assistance, the provider should document that need in the patient's medical record. For patients who speak limited English, they should be provided with translated documents that are vital to their healthcare experience or such documents shall be read to them in their preferred language (e.g., informed consent forms, advanced directives, discharge instructions, etc.) Patients who are low vision or blind should be provided with documents in an alternative format.

- c. **Identifying the Type of Assistance Provided:** UPMC understands that effective communication is a key component of patient safety. To that end, we are committed to working with the patient to identify an effective language assistance option from our available “communication resources”. UPMC is also committed to ensuring that its visitors and guests are able to fully enjoy the products and services that it provides.
- d. **Assessing Understanding (“Teach Back Method”):** Studies have shown that patients forget and misunderstand a great deal of information shared with them by their care providers. That problem is compounded when there is some sort of communication barrier. Employing the “Teach Back Method” is an easy way to close the gap of communication between the care provider and the patient. When utilizing the “Teach Back Method” the health care provider confirms patient understanding by asking the patient to explain the information that has been shared with them as opposed to asking the closed ended question, “Do you understand?” The “Teach Back Method” can also be used as a tool to assess a patient’s literacy as well. Provider assessment of a patient’s understanding of shared information should be noted in the patient’s medical record.

## 2. Medical Record Documentation

Documentation of the interventions and accommodations for patients with disabilities and/or foreign language needs should include information about:

- The initial needs assessment
- Preferred method of communication for discussing health care
- Preferred language (spoken and/or written)
- A plan of care to incorporate appropriate communication assistance
- Assistive services used by patient (i.e. interpretation services, translated documents, communication assistive devices)
- Reassessment of patient/family/caregiver response to interventions implemented
- Revisions to plan of care as needed
- Attempts to obtain an interpreter should be documented in the medical record

## C. RESOURCES

### 1. Communication Resources

UPMC provides a variety of communication resources. Resources vary by location but may include:

- On-site staff who are fluent in English and a particular foreign language and/or sign language may provide interpretation services on a case-by-case basis. However, if the staff has not been classified as a qualified medical interpreter, they may only provide “bridge services”, i.e., explain how the video equipment will work or provide temporary services while the facility is awaiting the arrival of a qualified medical interpreter.
- Approved independent contractor and/or agency interpreters for foreign language and/or sign language (the agencies shall ensure that the interpreters comply with UPMC requirements)
- Video remote and over-the-phone interpreters (CyraCom or another UPMC contracted third-party vendor)
- Verbal communication for patients with visual disabilities
- Translation of documents into non-English languages (United Language Group), large print, and Braille (Vision Resources of Central PA)
- Written instructions for caregivers
- Rooms with low distraction
- **Effective Communication iPads**
- **Effective Communication Tool Kit:** May include the following: hand held magnifier, writing guide kit, signature guides, bold lined paper, communication boards, personal amplification device, door knock signaler, bump dots, and dry erase board.

## 2. Disabilities Resources Center (“DRC”)

The DRC was established to ensure that health care is accessible to people with disabilities. Areas of focus are education and training, facility accessibility, community engagement, policy and serving as a resource for both patients and staff. The DRC can be reached by phone at (412) 605-1483 or email at [DRC@upmc.edu](mailto:DRC@upmc.edu). Any patient disability related grievances must be reported to the Business Unit’s Section 504 Disability Coordinator and immediately entered into Risk Master. Information regarding the UPMC Section 504 Grievance Process can be found on Infonet at <https://upmchs.sharepoint.com/sites/infonet/ClinicalTools/ComplianceRiskManagement/Pages/Section-504-Grievance.aspx>

## 3. Qualified Medical Interpreters

Language interpreters and translators used within UPMC facilities must meet the following minimum requirements:

- a. Eighteen (18) years of age or older.
- b. A high school diploma or equivalent.
- c. Fluent bilingual speaker in the selected language and English.
- d. Ideally, experience as a medical interpreter or some formal education/training in interpretation.
- e. Language certification preferred.

Interpretation services obtained under contract shall comply with UPMC Policies HS-MM0300 Guidelines for Purchasing Materials, Good and Services and HS-EC1606 Privacy and Security Training Related to Protected Health Information (PHI). Accordingly, such interpreters shall have received privacy and security training in accordance with the requirements set forth in this policy regarding Protected Health Information.

In the state of Pennsylvania, sign-language interpreters must comply with the 2004 Sign Language Interpreter & Transliterator State Registration Act (Act 57).

#### 4. Family Members/Friends as Interpreters

A third-party interpreter is strongly encouraged. Because of reliability and privacy concerns, physicians and staff should not rely on family members or friends to provide interpretation services unless it is an emergency. If the patient insists on using a family member or friend, they may do so. However, the physician or staff member should also use a UPMC provided interpreter to assist them.

#### D. REFUSAL OF INTERPRETER AND TRANSLATION SERVICES

Physicians and staff should document any refusal of communication assistance services in the patient's medical record. If desired, staff may also use the waiver form below.

- [Waiver of Free Interpreter Service Form](#)

They should also notify their supervisor of all refusals.

#### V. DEFINITIONS

<b>Braille</b>	A system of writing using a series of raised dots to be read with the fingers by people who are blind or whose eyesight is not sufficient for reading printed material.
<b>Certified Deaf Interpreter</b>	A specialist who is deaf or hard of hearing and provides interpretation, translation, and transliteration services utilizing ASL and other visual and tactile communication forms.
<b>Cognitive / Intellectual Disability</b>	Disturbances in brain functions, such as memory loss, problems with orientation, distractibility, perception problems, and difficulty thinking logically.
<b>CyraCom</b>	UPMC's primary contracted provider of video remote interpreting (VRI) and over-the-phone interpreters (OPI) in 170 non-English languages trained in health care terminology. VRI is used for ASL and a limited number of foreign languages when a visual cue is needed. These services are accessible via

	video remote interpreting service and on “the blue phone” and can be accessed via a speaker phone. Document translation is also available.
<b>Deaf or Hard of Hearing</b>	Inability to hear clearly enough to understand and respond to verbal communication. Hearing loss is a decrease in ability to hear and can occur at birth, suddenly, or gradually over time.
<b>Deaf-Blind</b>	Simultaneous inability to see and hear clearly enough to understand and respond to visual and verbal communication. Individuals who are deaf-blind often require communication methods through touch, such as Braille and tactile signing.
<b>Foreign Language</b>	Any spoken or manual language other than English or sign language.
<b>Illiteracy</b>	Inability to comprehend and/or communicate in written language.
<b>Informed Consent</b>	Refer to system-wide policy HS-RI1302 Patient Informed Consent.
<b>Interpreter</b>	An individual that takes communication spoken in one language and converts it into another language either in-person, via telephone, Internet or video.
<b>Interpretation and Translation Services</b>	Services offered by UPMC that provide free access to language interpretation to all individuals that are patients, family members or visitor and have limited English proficiency or other communication disability such as deaf or hard of hearing.
<b>Language Barriers</b>	Limited ability or inability to speak or understand the English language.
<b>LEP</b>	Individuals with limited English proficiency, including low literacy, English-as-a-second-language speakers, and/or those with little to no understanding of the English language (commonly individuals from outside English-speaking countries and communities).
<b>Living Will</b>	Also known as advance directives, a document that outlines a patient's preferences regarding treatment if faced with a serious accident or illness and cannot speak for themselves.
<b>Low Literacy</b>	Noticeable or express difficulty with comprehension and/or communication in written language.
<b>Personal Amplification Devices</b>	Any device that is used to improve the perception of speech by persons who are deaf or hard of hearing. This could apply to a variety of devices including hearing aids, cochlear implants, FM systems, assistive listening devices, and systems (such as “pocket talkers”), amplified telephones, etc.
<b>Power of Attorney</b>	A document, signed by a competent adult, i.e., "principal," designating a person that the principal trusts to make health care decisions on the principal's behalf should the principal be unable to make such decisions. The individual chosen to act on the principal's behalf is referred to as an "agent."
<b>Sign Language</b>	Manual (hand, facial expression, body language) language with its own syntax and grammar used primarily by persons who are deaf. Each country has its own sign language, as with spoken language, and there are regional differences in signs within the United States.

<b>Speech, Language, and/or Voice Disability</b>	Limitations in speech and language potentially resulting from a number of different impairments and disorders, often manifested as problems with articulation, voice strength, language expression, and/or non-vocal.
<b>Tactile Signing/Interpreting</b>	Signing into the palms of the hands of a person who is deaf-blind, done by a skilled interpreter.
<b>Translator</b>	An individual who transfers written text from one language to another.
<b>Video Remote Interpretation (VRI)</b>	Video Remote Interpretation (VRI) is a fee-based interpreting service conveyed via videoconferencing where at least one person, typically the interpreter, is at a separate location. VRI is used to facilitate communication between those in the same room.
<b>Visual Disability</b>	Inability to see or see clearly enough to read and understand written materials. Vision disabilities often result from conditions that range from the presence of some usable vision, low vision, to the absence of any vision, total blindness.

**VI. RELEVANT POLICIES**

[HS-HD-PR-03 Non-discrimination in Patient Care](#)

[HS-HD-PR-01 Patients' Notice and Bill of Rights and Responsibilities](#)

[HS-NA0401 Patient and Family Education](#)

[HS-RI1302 Patient Informed Consent](#)

[HS-MR1000-PA Release of Protected Health Information \(Pennsylvania\)](#)

[HS-MR1000-NY Release of Protected Health Information \(New York\)](#)

[HS-AD0811 Consent for Treatment and Use and Disclosure of Information for  
Treatment/Payment/Health Care Operations](#)

[HS-EC1606 Privacy and Security Training Related to Protected Health Information \(PHI\)](#)

[HS-MM0300 Guidelines for Purchasing Materials, Good and Services](#)

[HS-FM0222 Vendor Access](#)

[HS-HD-PR-08 Americans with Disabilities Act \(ADA\) Patient Accommodations for  
Outpatient Care](#)

**The relevant Hospital Patient Complaint and Grievance Policy**  
**The relevant Hospital Section 504 Grievance Policy/Procedure**



**SIGNED:** Joel Yuhas, FACHE  
EVP/UPMC and President, UPMC Hospitals/HSD

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**SPONSOR:** Senior Associate Counsel/Vice President of Risk Management/Disability Services

**\* With respect to UPMC business units described in the Scope section, this policy is intended to replace individual business unit policies covering the same subject matter. In-Scope business unit policies covering the same subject matter should be pulled from all manuals.**