POLICY

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Purpose:

To provide respectful, compassionate, and quality care by meeting the language and communication needs of clients and their families.

Keywords: language

Policy Statement:

Providence Care strives to ensure effective and clear communication with clients and their families who receive our services, including those whose language preference is not English. We recognize the importance of providing care in the language of choice as it ensures quality and safe treatment and linguistically appropriate care.

The client or their Substitute Decision-Maker (SDM) and families will, whenever possible, be provided with interpretation and/or translation services if they do not speak English, or sign language interpreting service if they are Deaf, Deafened, or Hard of Hearing and communication is required for the purposes of care.

Providence Care encourages the voluntary use of conversational language skills by all personnel who have such skills and abilities in interacting on a day to day basis with clients, families, and others when there is a need.
The manager of the functional client care area is responsible for the costs associated with the provision of translation or interpretation services if payment is required under contract.

**Definitions:**

**Clients**

Clients includes patients, clients, residents.

**Interpretation (spoken language) services**

A contracted service provides interpretation service to Providence Care for all language interpretation needs.

**Scope of services provided**

- *Over the phone spoken language interpretation:* Spoken language interpreter communicates with the client or SDM after being briefed by Providence Care personnel.
- *Telephone messaging:* Spoken language interpreter available for 3-way telephone conference or accessed via speakerphone to share brief messages, i.e. time and date of appointment.
- *Face to face* interpretation. Arrangements are made for an interpreter to travel to place of client/SDM.

Specific instruction and/or goals of the conversation should be shared with the interpreter.

**Personnel**

Personnel includes physicians, medical residents, staff, students, volunteers, and Experience Partners.

**Translation services of clinical and non-clinical documentation**

A contracted service provides translation service to Providence Care for all language translation needs.

- Translation services are for anything expressed in the written form. Translation of clinical documentation is available through Clinical Records. Translation of non-clinical documentation is available through the Communications department.
# PROCEDURE

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Advise the Program or Service Manager that there is a need for translation or interpretation services and receive authorization.</td>
<td>Registration/Access to Care and Transitions Specialists/Admissions Coordinator/designated Interprofessional Care Team member</td>
</tr>
<tr>
<td>2.</td>
<td>Access language translation or interpretation services using Appendix 1 ‘Accessing Translation or Interpretation Services’.</td>
<td>Registration/Access to Care and Transitions Specialists/Admissions Coordinator/designated Interprofessional Care Team member</td>
</tr>
</tbody>
</table>

**For French language needs, also refer to the ‘French Languages Resources’ page on the intranet.**

| 3.   | Document the translation/interpretation in the client’s personal health information record and continue to develop the client’s plan of care with the client/SDM and Interprofessional Care Team members. | Designated Interprofessional Care Team member |
| 4.   | Notify Volunteer Services of language requirements for the client. | Registration/Access to Care and Transitions Specialists/Admissions Coordinator/designated Interprofessional Care Team member |
| 5.   | Arrange for a volunteer with language requirement, if available, to assist the client with conversational activities and orientation. If none are available, access language translation or interpretation services using Appendix 1 ‘Accessing Translation or Interpretation Services’. | Volunteer Services |
References:

Kingston General Hospital Administrative Policy Manual #13-370 ‘Translation and Interpreting Services’ 2016.07

Related Policies:

Providence Care Administrative Manual Policy and Procedure #ADM-CR-5 ‘French Language Services’

Providence Care Administrative Manual Policy and Procedure #ADM-CR-6 ‘Accessibility for Individuals with Disabilities’
## Translation and Interpreting Services #ADM-ADM-8

### ACCESSING TRANSLATION OR INTERPRETATION SERVICES

<table>
<thead>
<tr>
<th>INTERPRETATION SERVICES (all languages except American Sign Language)</th>
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<tbody>
<tr>
<td><strong>Interpretation services via PHONE</strong></td>
<td><strong>IN-PERSON</strong> interpretation services</td>
</tr>
<tr>
<td>▪ Is rapid access to interpretation required?</td>
<td>▪ Is face-to-face interpretation required?</td>
</tr>
<tr>
<td>▪ Is message relay required, i.e. appointment date/time?</td>
<td>▪ <em>Requires time for booking and travel</em></td>
</tr>
<tr>
<td>▪ Is someone on the phone or at reception who does not speak English?</td>
<td>e.g. New client referral, treatment plan, and procedure based treatments or diagnostic testing.</td>
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</table>

View languages offered: [https://cdn2.hubspot.net/hub/470255/file-2549875348.pdf](https://cdn2.hubspot.net/hub/470255/file-2549875348.pdf)

<table>
<thead>
<tr>
<th>If yes, call Language Line at:</th>
<th>If yes, call Central Eastern Ontario Translation and Interpretation Service (CEOTIS) at:</th>
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</thead>
<tbody>
<tr>
<td>1-866-874-3972 Providence Care Client ID #749657</td>
<td>1-888-968-1065</td>
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</table>

▪ Press 1 for Spanish  
▪ Press 2 for all other languages and clearly state the language  
▪ Press 0 for agent assistance if the language is unknown or a gender-specific translator has been requested

Provide CEOTIS booking clerk with the following information:  
▪ Date, start and end time of service required  
▪ Service location (PCH, PM, Community Site) and address  
▪ Room number/location of service  
▪ General nature of the appointment  
▪ Requestor’s name  
▪ Requestor’s phone number  
▪ Requestor’s email address  
▪ Name of contact person – who will be at the service appointment  
▪ Billing information, i.e. what program or service is requesting the interpretation

Information required to access translation includes:  
▪ Name and MR number of the client  
▪ Name of the unit/service requesting  
▪ Name of the admitting program

Document the interpreter’s name and ID number for reference

Language translator will be connected  
CEOTIS booking clerk will call/email back to confirm or deny availability

Brief the language translator about goals of conversation.

Provide goals of conversation to face-to-face language translator upon arrival.

Add the limited English speaker to the conversation by passing the phone back and forth, or use the ‘hands free’ speakerphone option to converse.

If face-to-face translator is not available, follow Interpretation services via PHONE with Language Line path.

If a message relay is required, share the client’s phone number with the translator. They will generate a conference call with the client and staff to relay a message to the client or family, i.e. date, time and location of next clinic visit.

**Customer Service** – To provide feedback, commend an interpreter, or report any service concerns, call 1-800-752-6096 or go to [www.LanguageLine.com](http://www.LanguageLine.com) and click on the ‘Customer Service’ tab; scroll to ‘Provider Feedback’ and complete a ‘Voice of the Customer’ form.
**CREE LANGUAGE Interpretation Services**

Hotel Dieu Hospital – Ininew Patient Services 613-544-3310, ext. 3017

**SIGN LANGUAGE* Interpretation Services**

*Requires time for booking and travel

If yes, call Ontario Interpreting Services
1-888-656-3748

**Monday - Thursday** 0800 – 2000 hours  
**Friday** 0800 – 1700 hours

**After hours**  
1-866-256-5142

Information required to book:
- Date, start and end time of service required
- Service location (PCH, PM, Community Site) and address
- Room number/location of service
- General nature of the appointment
- Requestor's name
- Requestor's phone number
- Requestor's email address
- Name of contact person – who will be at the service appointment
- Name and phone number of the deaf participant(s)
- Approximate number of hearing participant(s)
- Billing information, i.e. what program or service is requesting the interpretation

Canadian Hearing Society (CHS) will confirm/deny service availability.

CHS sign language interpreter attends client/family and provides sign language interpreting.

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**TRANSLATION SERVICES**

### CLINICAL documentation translation
- Appointment/admission letters
- Any documentation with patient/client/resident information

If yes, email: ClinicalRecords@providencecare.ca or phone 613-544-4900, ext. 53443 during business hours.

### NON-CLINICAL documentation translation
- Administrative, corporate or business information, general correspondence including WeCare compliments and complaints
- Educational materials

If yes, email: ProvCare_Communications@providencecare.ca

Provide document in editable format i.e. Word, Publisher, etc.

Timeline for translation is dependent on total word count and priority of communication as determined by the Translation Network Guidelines of the SE French Language Health Services Regional Office.