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**Re: Woodhull Hospital's Commitment to Implement and Maintain  
Policies and Procedures for the Provision of Language Services to  
Patients with Limited English Proficiency**

Dear Ms. Williams and Mr. Carter:

I enclose a copy of the Policies and Procedures for the Provision of Language Services to Patients with Limited English Proficiency ("Language Assistance Policy") that Woodhull Medical and Mental Health Center ("Woodhull") has developed in consultation with your respective offices and which has been informed by your investigation of Woodhull's current practices.

The Language Assistance Policy represents an innovative, yet cost-effective approach to providing language assistance services. We have adopted it because we understand that for patients with limited English Proficiency ("LEP Patients"), these services are an integral part of their care. As you know, New York City safety net hospitals such as Woodhull face significant challenges in providing patient care to an extremely diverse population. We estimate that the cost of implementing the Language Assistance Policy at Woodhull will be in excess of \$1.5 million with ongoing costs of at least \$850,000 annually. Undertaking this expense in the face of these existing challenges, underscores the commitment of both Woodhull and the Health and Hospitals Corporation ("HHC") to serve the needs of our LEP Patients and to ensure compliance with the letter and spirit of applicable federal, State and City laws.

*Woodhull Medical &  
Mental Health Center  
Cumberland Diagnostic  
and Treatment Center  
Bushwick Communicare  
Williamsburg Community  
Health Center  
Bushwick Community  
Health Center  
Bushwick-Hylan  
Health Center  
Eleanor Roosevelt Houses  
Child Health Clinic  
Fort Greene Child  
Health Clinic  
Greenpoint Community  
Health Center  
Jonathan Williams Houses  
Child Health Clinic  
Lafayette Houses Child  
Health Clinic  
Sumner Avenue Houses  
Child Health Clinic  
Williamsburg Child  
Health Clinic  
Wyckoff Cordens Houses  
Child Health Clinic  
Intermediate School 49  
850 Grand Street Campus*

Woodhull Medical &  
Mental Health Center  
760 Broadway  
Brooklyn, New York  
11206-5317

A Member of  
New York City Health and  
Hospitals Corporation

Consistent with this language assistance initiative and the commitment it represents, Woodhull has already adopted the Language Assistance Policy and will fully implement its provisions by July 1, 2003. Woodhull commits to maintaining the Language Assistance Policy for two years after that date. Woodhull also commits to taking the steps outlined in the balance of this letter (the "Commitment Letter"). We believe these steps will help to ensure that the Language Assistance Policy is successfully implemented and continues to evolve to reflect changes in the needs of Woodhull's patient population and in the resources available to Woodhull.

In order to thoroughly integrate the Language Assistance Policy into our current operations, within 30 days of the date of the Commitment Letter, Woodhull will produce a one-page summary of the language assistance procedures set forth in Section V of the Language Assistance Policy (the "Summary"), and will distribute the Summary to all employees with patient contact responsibilities. Woodhull will also post the entire Language Assistance Policy on the Hospital's Intranet system so that it may be accessed through any computer in the Hospital. Summary revisions or updates will be distributed expeditiously if Woodhull subsequently revises the Language Assistance Policy.

For a period of two years from July 1, 2003, Woodhull will notify your offices in advance and in writing of any changes it intends to make to the Language Assistance Policy, as well as the reasons for such changes, so that your offices will have an opportunity to discuss the planned changes or alterations with us. Woodhull will make changes to the Language Assistance Policy only in the event that Woodhull encounters significant adverse financial changes, the needs of Woodhull's LEP population change, or our monitoring efforts reveal that a procedure does not advance the goals of the Language Assistance Policy. We will make good faith efforts to ensure that changes to the procedures for providing LEP Patients with language assistance are consistent with the principle that face-to-face interpreter resources (*e.g.* staff interpreters, bilingual patient navigators and language bank volunteers) are preferable to telephonic ones in most circumstances.

Because monitoring and overseeing the implementation of Woodhull's language assistance policy is a priority, Woodhull has designated a senior manager as the Language Assistance Coordinator ("LAC").

Additionally, because we recognize that the Staff Interpreter and Bilingual Patient Navigator programs are integral to the services we provide for LEP Patients, Woodhull will maintain staffing levels set forth in the Policy subject to changes in patient need or significant adverse financial changes. Consistent with its commitment set forth above, Woodhull will notify OAG and OCR in writing of any changes to the Staff Interpreter and Patient Navigator staffing levels outlined in the Language Assistance Policy, and will make a good faith effort to replace, on an expedited basis, individuals who have resigned or have been fired.

As part of the implementation of the Language Assistance Policy, Woodhull will also continue to explore ways to structure its registration and admission system to facilitate access to information about patients' language needs. These efforts will include exploring the option of capturing this information through its computerized registration and admissions system.

On or before September 1, 2003, the office of the LAC will complete an analysis of whether French Creole and Polish meet the five-percent threshold and are accordingly designated Woodhull Primary Languages. The office of the LAC will conduct this analysis using the data and methodology set forth in item number 1 below.

On July 1, 2004, and on July 1, 2005, the Language Assistance Coordinator will prepare, and will share with your offices, a report (the "Assessment Report") that includes the following information:

1. The approximate number of LEP Patient encounters at Woodhull during the preceding 12 months, the percentage that LEP Patient encounters represent of all Woodhull patient encounters, and the LEP Patient population broken down into percentage terms by language. For purposes of these calculations, a patient "encounter" is defined as an inpatient stay or an outpatient or emergency room visit. These data will be extrapolated from LEP Patient identifying information recorded on triage forms, outpatient routing slips and inpatient assessment forms and will be collected for the first seven days of every month. Information concerning the general hospital population will be generated from the Hospital's registration and admissions system.
2. The percentage of encounters by LEP Patients in which (i) the LEP Patient received language assistance services; (ii) the LEP Patient declined language assistance services; (iii) there is no record of either the receipt or refusal of language assistance services. The LAC Office will gather these data by reviewing information recorded in no fewer than 150 LEP Patient charts that have been randomly selected based on the information described in item 1 above.
3. For the encounters in which LEP Patients received language assistance services, a breakdown of the language assistance resources used in terms of percentage. The LAC Office will gather these data by reviewing information recorded in no fewer than 150 LEP Patient charts that have been randomly selected based on the information described in item 1 above.
4. A summary of the results of the patient satisfaction surveys conducted during the preceding 12 months. The summary will

include, for each language assistance resource, the percentages of (i) patients who were satisfied with such resource and (ii) patients who were dissatisfied with such resource. The patient satisfaction survey analysis will be based on information from no fewer than 60 LEP Patients during the year.

5. A summary of the results of the provider surveys conducted during the preceding 12 months, including feedback regarding timeliness of the provision of language assistance services.
6. A summary of each patient complaint made in the preceding 12 months related to Woodhull's language assistance services, including the resolution thereof.
7. A summary of the findings of spot checks conducted by the LAC Office throughout the preceding 12 months.

Woodhull will use the Assessment Report to evaluate the efficacy of its language assistance services and to determine the need for corrective measures or modifications in the amount or allocation of language assistance resources. Woodhull will consider, in particular, whether the data in the Assessment Report reflect lapses or substantial delays in language assistance services. To the extent the report reflects such lapses or delays, the Language Assistance Coordinator will devise and implement appropriate and timely corrective measures, which may include retraining, more frequent spot checks, and/or reallocations or increases in Woodhull's language assistance resources. These remedial steps will be directed, to the extent possible, to the departments, shifts, and/or personnel at issue.

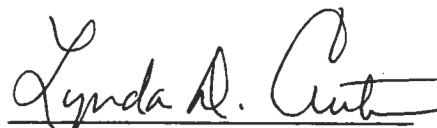
In conjunction with the Assessment Report, the Language Assistance Coordinator will also prepare and share with your offices a report describing any changes Woodhull has made or plans to make within a specified time frame in response to the Assessment Report and the reasons for these changes ("Program Modification Report").

In addition to developing and sharing the Assessment Reports and Program Modification Reports with your offices, and consistent with our practice throughout your investigation to be as open as possible with respect to our operations, Woodhull will provide the OAG and OCR access to review, subject to patient confidentiality restrictions, any Woodhull documents relating to language assistance services or the implementation of the terms of this Commitment Letter for a period of two years and sixty days starting on July 1, 2003.

Your signature below indicates your agreement that, based on the commitments in this letter and evidenced by the Language Assistance Policy, your offices will close their respective inquiries into Woodhull's language assistance policies and procedures.

We look forward to continuing to work together.

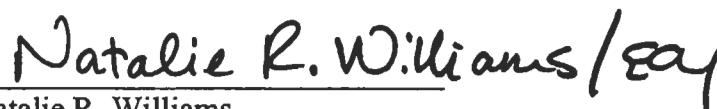
Sincerely,



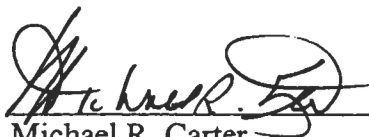
Lynda Curtis  
Senior Vice President  
North Brooklyn Network  
Executive Director  
Woodhull Medical and Mental  
Health Center

Dated February 27, 2003

Agreed to by:



Natalie R. Williams  
Deputy Bureau Chief  
Civil Rights Bureau  
Office of the New York State Attorney General



Michael R. Carter  
Regional Manager  
Office for Civil Rights, HHS

**WOODHULL HOSPITAL'S POLICIES AND PROCEDURES FOR**  
**THE PROVISION OF LANGUAGE SERVICES TO PATIENTS**  
**WITH LIMITED ENGLISH PROFICIENCY**

**INTRODUCTION**

Woodhull (or the "Hospital") is committed to providing high-quality care to all patients who seek its services. It serves an extremely diverse community and encounters many patients with limited English proficiency ("LEP Patients"). Woodhull therefore makes it a priority to provide LEP Patients with meaningful access to care. These Policies and Procedures describe the initiatives that Woodhull has undertaken and intends to undertake in order to further increase LEP Patients' access to care. They also provide guidance to Hospital staff as to the appropriate resources to use when they come into contact with LEP Patients.

Woodhull's obligation to provide language assistance services to LEP Patients and the methods used for providing these services are reviewed on an annual basis as part of the in-service training curriculum for all Hospital staff, and are included in the initial in-service orientation and training curriculum for new employees. The training curricula may also include a segment on the cultural needs of Woodhull's diverse patient population, including any barriers to accessing care that may be specific to particular segments of Woodhull's patient population. This training is crucial to Woodhull's ability to serve its patients successfully and it is therefore mandatory that staff attends. The office of the Language Assistance Coordinator (the "LAC Office") maintains attendance records for all training sessions. Training for current employees will be incorporated into annual in-service training. New employees will receive this training within four weeks of their start date. All staff will receive written materials describing these Policies and Procedures.

Please read these Policies and Procedures carefully. It is important for Hospital staff to be aware of all of the services Woodhull provides to LEP Patients so that we can work together to ensure access to the full range of these services.

**I. COMPLIANCE WITH LAW**

Woodhull has developed these Policies and Procedures to ensure full compliance with the obligations, terms and conditions set forth in Title VI of the 1964 Civil Rights Act and the regulations promulgated thereunder; N.Y. Public Health Law §§ 2801-c, 2803 and the regulations promulgated thereunder; 10 N.Y.C.R.R. § 405.7; and N.Y.C. Admin. Code § 17-174.

The law allows health care providers considerable flexibility in implementing programs to provide language assistance to LEP Patients. Some features of Woodhull's language assistance program, therefore, are not required by law. In implementing these Policies and Procedures, Woodhull strives to exceed minimum legal requirements while balancing its limited resources with the complex demands of its patient population. Because the demographics of Woodhull's patient population and the resources available to Woodhull are always in flux, these Policies and Procedures are regularly reviewed and revised to reflect those changes. Updates will be provided as appropriate.

## II. KEY TERMS

**Interpreter:** A Bilingual Patient Navigator, Staff Interpreter, or member of the Language Bank as described in Section III.

**Language Assistance Coordinator:** The Deputy Director of Clinical Operations has been designated the Language Assistance Coordinator ("LAC") for Woodhull. The LAC is responsible for carrying out, overseeing, and ensuring the full implementation of these Policies and Procedures, deploying such staff as he or she deems appropriate.

**LEP Patient:** A patient whose primary language is not English and who cannot speak, read, write or understand the English language at a level sufficient to permit such patient to interact effectively with health care providers.

**Medical Information:** Any communication about a patient's medical condition, medical ailments, medical history or any course of medical treatment proposed, followed or discussed with a patient.

**Patient's Primary Language:** The language primarily spoken by an LEP Patient and in which such patient requires language assistance.

**Patient Population:** All persons who have visited Woodhull for medical services during a given calendar year.

**Woodhull's Primary Languages:** Any languages spoken by five percent or more of Woodhull's Patient Population, as calculated by Woodhull at the end of each calendar year. As of the date of this Policy, the Primary Languages are Spanish and English. Data are currently being collected to determine whether French Creole and Polish meet the five-percent threshold.

## III. WOODHULL'S AVAILABLE TRANSLATION AND INTERPRETATION RESOURCES

Woodhull has a range of interpretation and translation resources that include:

A. **Staff Interpreters** - Woodhull employs full-time Staff Interpreters who are collectively multilingual in English and Woodhull's Primary Languages. Currently there are four Staff Interpreters who are collectively fluent in Woodhull's Primary Languages as well as Polish and French Creole.

1. **Assessment and Training:** Staff Interpreters are assessed by the New York University Center for Immigrant Health within three months of their hire date to ensure that they are sufficiently fluent to interpret effectively to and from the foreign language(s) and English. Those that pass the assessment undergo approximately 40 hours of formal medical translation/interpretation training at the NYU Center for Immigrant Health within four months of their hire date. The timing of assessment and training for Staff Interpreters is subject to scheduling availability at NYU. If the programs at NYU are unavailable or impractical, Woodhull will use

a substantial equivalent. The LAC Office is responsible for overseeing this assessment and training.

2. Hours: Staff Interpreters report directly to the LAC, who is responsible for their work assignments and schedules. Staff Interpreters are generally available from 9:00 AM through 5:00 PM Monday, Wednesday, Thursday and Friday, and 12:00 PM through 8:00 PM on Tuesdays. This schedule corresponds with the Hospital's clinic hours.
3. Identification: Each Staff Interpreter wears a button or badge stating in large conspicuous print, "I Speak [language(s)]," written in the applicable language(s).
4. Documenting Interactions: Staff Interpreters are required to record, in a written log, details of each encounter during which they provide translation or interpretation services. This information includes the LEP Patient's name, the date and time of the request for LEP services, the date and time services were provided, the department in which the services were provided, the language spoken and the approximate length of the encounter.

**B. Patient Navigators** - Woodhull currently has 10 positions for Patient Navigators. Woodhull's Patient Navigators are responsible for guiding patients, including LEP Patients, and other hospital visitors to appropriate hospital departments and services. Five of Woodhull's Patient Navigators are bilingual and they collectively speak Woodhull's Primary Languages as well as Polish and French Creole.

1. Assessment and Training: Bilingual Patient Navigators are assessed by the NYU Center for Immigrant Health within three months of their hire date to ensure that they are sufficiently fluent to interpret effectively to and from the foreign language(s) and English. Those that pass the assessment undergo approximately 40 hours of formal medical translation/interpretation training at the NYU Center for Immigrant Health within six months of their hire date. If the programs at NYU are unavailable or impractical, Woodhull will use a substantial equivalent. The LAC Office is responsible for overseeing this assessment and training.
2. Hours: Patient Navigators report directly to the LAC Office, which is responsible for their work assignments and schedules. Patient Navigators are available in the Hospital from 8:00 AM through 8:00 PM, seven days a week.
3. Identification: Each Bilingual Patient Navigator wears a button or badge stating in large conspicuous print, "I Speak [Language(s)]," written in the applicable language(s).

C. **Bilingual Clinical Staff** - Woodhull actively recruits bilingual staff and is fortunate to have an extremely diverse clinical workforce - including nurses, residents and attending physicians, who are fluent in a broad range of languages (with Spanish being the most commonly spoken non-English language). Woodhull encourages all bilingual clinical staff members to communicate with LEP Patients who speak a language in which the staff member is fluent. However, only staff members who have been assessed as set forth below may communicate Medical Information to an LEP Patient in the non-English language. The LAC Office encourages all departments to maximize the availability of bilingual clinical staff in all shifts.

1. Assessment: The LAC Office, in conjunction with the Human Resources Department, is responsible for assessing clinical staff members who self-identify as bilingual to ensure that they are sufficiently fluent to communicate Medical Information to the patient in the Patient's Primary Language. However, if the bilingual clinical staff member is a "native speaker" of the non-English language, that staff member does not need to be assessed in order to communicate Medical Information to LEP Patients in the non-English language. For purposes of these Policies and Procedures, a "native speaker" is defined as an individual who lived in a non-English speaking country for 16 years, or had a comparable level of schooling in a non-English language.

The Human Resources Department will note in the individual's personnel file if that person is a native speaker of a non-English language or has been assessed as competent to provide Medical Information in a non-English language.

D. **Language Bank** - Woodhull's multilingual staff is an important resource in providing access to care for LEP Patients. Woodhull encourages all bilingual staff members to communicate with LEP Patients who speak a language in which the staff member is fluent. However, only staff members who have agreed to be members of Woodhull's Language Bank, and have been assessed and trained as set forth below, may interpret Medical Information for an LEP Patient in the non-English language. Language Bank members will be called upon when interpretation services are needed and other interpretation methods are unavailable or impractical.

1. Assessment and Training: The LAC Office, in conjunction with the Human Resources Department, is responsible for assessing staff who wish to participate in the Language Bank to ensure that they are sufficiently fluent to interpret effectively to and from the foreign language(s) and English.

Staff members who pass the assessment will then receive training that addresses issues including the role of interpreter, the mechanics of interpreting effectively, interpreter ethics, medical and anatomical

terminology, and relevant cultural issues; is taught by a qualified instructor; and involves post-training competency evaluation. This training supplements the initial and annual in-service training on this Policy that all Hospital staff receives.

Current members of the Language Bank will be assessed and trained within six months of the date of these Policies and Procedures in order to ensure that they are qualified to continue participating in the Language Bank.

The Human Resources Department will note in the individual's personnel file if that person has been assessed and trained.

2. Volunteering: Bilingual staff interested in participating in the Language Bank should contact the Human Resources Department, which, in consultation with the LAC Office, oversees the Language Bank and the assessment and training of participating employees. The list of staff who have agreed to participate in the Language Bank is updated annually, but individuals may join at any time.

**E. Telephonic Interpretation Services** - Woodhull employs a telephonic interpretation service for use when one of Woodhull's other interpretation resources is not available.

1. CyraCom: Woodhull currently uses CyraCom, a service that provides telephonic interpretation in over 120 languages employing a dual handset. It is available to employees at all times. CyraCom handsets are located in all exam rooms and in other areas throughout the hospital and hospital clinics. All staff members with direct patient contact are trained in the use of the CyraCom as part of annual in-service training. CyraCom also has conferencing capabilities that can be used when contacting an LEP Patient over the telephone. As of this date, there are in excess of 100 CyraCom handsets located throughout the Hospital.

CyraCom records the LEP services provided by date and by language, however, staff members should document in the patient's chart when they have provided interpretation services using CyraCom. The LAC Office receives data automatically generated by CyraCom on a periodic basis.

#### **IV. OTHER RESOURCES TO SERVE LEP PATIENTS**

In addition to the interpretation and translation services described above, staff members should help LEP patients make use of the following resources in order to obtain the services they need.

- A. **Language Identification Cards** - Language Identification Cards list at least 20 languages and allow patients to identify their spoken language by pointing, so that an appropriate Interpreter may be located for the patient. Language Identification

Cards are available at each patient admission or registration cubicle, information desk, nurse's station, Emergency Department information desk, department registration desk, security guard post and in the financial services and billing office.

- B. Translated Directional Information** - Woodhull has directional signage in its Primary Languages to assist patients in navigating the Hospital. Woodhull's directional signage is also number-coded. When and if Woodhull's Primary Languages change, Woodhull will either modify its signage, or will make available directional information in the Primary Language in pamphlets. Signs posted at all Hospital entrances will notify patients of the availability of this additional directional information.
- C. Translated Patient's Bill of Rights** - Woodhull posts and maintains the Patient's Bill of Rights in its Primary Languages, in a conspicuous manner, at all points of entry into the Hospital, at the patient information desk, in all waiting rooms, in each Emergency Department waiting room, in the patient registration and admission areas, at each nursing station, in each main hallway, in the financial and billing office, in the cafeteria, and by the elevators.
- D. Translated Signs Informing Patients of Complaint Procedure** - The procedure for filing complaints about Hospital services, including language assistance services, is posted conspicuously at the bottom of each Patient's Bill of Rights poster.
- E. Translated Signs Informing Patients of Language Assistance Services** - Woodhull posts and maintains signs informing patients in its Primary Languages that "Interpretation Services Are Available" in a conspicuous place at all points of entry into the Hospital, at the information desk, in all waiting rooms, in each Emergency Department waiting room, at each patient registration cubicle, at each admission area cubicle, at each nursing station, at the security guard stations, in the financial and billing office, in the Patient Relations office, in each main hallway, in the cafeteria(s), by the elevators, and in other appropriate areas.
- F. Kiosks** - Kiosks at the main hospital entrances provide basic information about the hospital in English and Spanish.
- G. Plasma Screen** - A plasma screen that provides directional and programmatic information about the hospital in both English and Spanish is located in the Hospital's main lobby.
- H. Call Center** - Woodhull employs Call Center staff who are fluent in its Primary Languages and French Creole to receive incoming calls from patients. When there are no available Call Center staff who speak an LEP Patient's language, the Call Center uses the conferencing capacities of the telephonic interpretation service (CyraCom) to speak with a patient. The Hospital regularly checks to

ensure that the queue for LEP Patients is not substantially longer than that for English-speaking patients.

1. Triage Nurses: Triage nurses are available in the Call Center to answer treatment-related questions by phone. When there is no available triage nurse who speaks an LEP Patient's language, the triage nurse uses the conferencing capabilities of the telephonic interpretation service (CyraCom) to communicate with the patient.

I. **"I Speak" Cards** - Woodhull will make available, in a conspicuous location near all points of entry to the hospital, the patient information desk and any other appropriate areas, for each Woodhull Primary Language, wallet-sized "I Speak" cards that state in English and the Primary Language that the patient is an LEP Patient and requires language assistance services in that Primary Language.

## V. PROVIDING LANGUAGE ASSISTANCE SERVICES TO LEP PATIENTS

### A. General Procedures

1. Informing Patients of Their Right to Free Language Assistance Services: If a staff member encounters an LEP Patient who the staff member believes requires language assistance, the staff member should inform the LEP Patient in a language that the LEP Patient can understand (using available interpretation and translation resources if necessary), that Woodhull will provide an interpreter free of charge. Staff need not do this where, previously during the same hospital visit, a staff member has recorded the LEP Patient's refusal of Woodhull's language assistance services (see Section V(F)).
2. Identifying an LEP Patient's Language: If a staff member encounters an LEP Patient who requires language assistance and cannot identify the LEP Patient's Primary Language, the staff member should use the following resources: Language Identification Card (see Section IV(A)); an "I Speak" card (see Section IV(I)); or the telephonic interpretation service. If necessary, the staff member should contact the LAC Office for assistance.
3. Steps for Providing or Securing Language Assistance: After identifying the LEP Patient's Primary Language, staff should take the following steps to provide or secure language assistance services for the LEP Patient:
  - (a) If a staff member is fluent in the Patient's Primary Language, he or she may communicate with the LEP Patient in that language, subject to the restrictions set forth in Section III(C) & (D).
  - (b) If the staff member is not able to communicate directly with the LEP Patient (because the staff member does not speak the Patient's Primary Language or has not been deemed qualified to communicate Medical Information in that language), the staff

member should contact the LAC Office, who will then secure an Interpreter (Staff Interpreter, Bilingual Patient Navigator, or Language Bank member).

- (c) If no Staff Interpreter, Bilingual Patient Navigator or Language Bank volunteer is available who can provide the necessary language assistance within a reasonable time, the staff member should use the telephonic interpretation service (Cyracom) to assist the patient. The staff member should document the use of Cyracom in the patient's chart.
4. Time Limit on Securing Language Assistance Services: New York State Department of Health Regulations require that language assistance services be available to LEP Patients in the inpatient and non-emergency outpatient settings within twenty (20) minutes of a request for such services by the patient or the patient's representative.
5. Assisting LEP Patients while Awaiting an Interpreter: While waiting for a Woodhull interpreter resource, employees may use non-verbal communication tools, such as language and/or pictorial boards or telephonic interpretation services, to determine whether the LEP Patient has any immediate needs.
6. Documenting the Provision of Language Assistance: Treating personnel present should record in the patient's chart every instance in which Medical Information is provided to an LEP Patient in a non-English language by any means (by a bilingual clinical staff member directly, by an Interpreter, through Cyracom or by telephone). The clinician should note in the patient's chart how and by whom language assistance services were provided and the language, time and date that such services were provided.

Documentation is important because it allows the Hospital to monitor how well its language assistance services are working. Documentation is particularly important when bilingual clinical staff or Language Bank members provide Medical Interpretation services or communicate Medical Information to LEP Patients in Patients' Primary Languages, because there is no independent method of tracking the provision of these services.

## **B. Procedures for Documenting Patients' LEP Status**

1. Woodhull staff responsible for opening outpatient visits should ask all patients whether they require an interpreter and if so, in what language. If staff have difficulty determining the Patient's Primary Language, they should use the resources described in Section III. Staff should record this information on the outpatient routing slip.

2. In inpatient departments, nurses who conduct inpatient assessments should indicate in the designated field on the assessment form whether a patient is an LEP Patient and the Patient's Primary Language.

**C. Emergency Department Procedures**

1. Time Limits on Securing Language Assistance Services for Emergency Department Visits: New York State Department of Health Regulations require that language assistance services be available to LEP Patients in the Emergency Department within ten (10) minutes of a request for such services. In light of the large number of Spanish-speaking patients that Woodhull serves, however, Spanish interpretation services (through one or more of the services listed in Section III(A) through (E)) are available in the emergency room at all times.
2. Procedures for Assessing the Language Needs of Patients Arriving in the Emergency Room: When a patient arrives in the Emergency Room and is conscious, the triage nurse is responsible for determining whether the patient requires LEP services. The nurse can make this determination either through information from the emergency medical technician (if the patient arrives by ambulance) or through other available assessment tools such as the Language Identification Card (see Section IV(A)). If the nurse is not fluent in the Patient's Primary Language, the nurse should follow the general procedures for interacting with LEP Patients outlined in Paragraph A of this Section. The nurse should then advise the treating clinician of the patient's LEP needs, and document any interpretation services provided in the patient's emergency record. Securing further LEP services for the patient is the responsibility of the treating personnel.
  - (a) The triage nurse should also indicate in the designated field on the triage form whether a patient is an LEP Patient (if known) and, if so, the Patient's Primary Language.

**D. Clinics Procedures**

1. Scheduled Appointments: When an LEP Patient schedules an appointment, Woodhull's appointment coordinators note on the Daily Appointment Report the Patient's Primary Language and that the patient requires an interpreter for the appointment. The LAC Office reviews the Daily Appointment Report for each department or clinic twenty-four (24) hours in advance to assign, where possible, Staff Interpreters to provide language assistance to these LEP Patients. If no Staff Interpreter is available, the clinic staff should follow the procedures in Section V(A)(3) above.

- (a) Clinic staff should indicate on the patient's routing slip, in the designated field, whether the patient is an LEP Patient, and the Patient's Primary Language.
  2. Walk-ins: When patients arrive at clinics without scheduled appointments, the receptionist indicates on the routing slip that the patient is in need of LEP services. Employees of the clinic should then follow the steps outlined in Section V(A)(3) to locate and secure translation services.
  3. Off-Site Clinics: The LAC Office will develop, issue, and implement language assistance policies and procedures for Woodhull's off-site clinics.
- E. Telephone Contact with LEP Patients** - As noted in Section IV(H), Woodhull employs a number of Call Center staff who speak Woodhull's Primary Languages and French Creole. If none of the telephone operators who speaks an LEP caller's Primary Language is available within a reasonable time, the operator who answers the call should use the conferencing capabilities of Woodhull's telephonic interpretation service (CyraCom) to assist in communicating with the LEP caller.
1. Calls to Clinics and Departments: When LEP Patients call clinics and departments directly, employees answering those calls should either find an Interpreter who speaks the Patient's Primary Language, or if there is no such employee who can assist, conference in Woodhull's telephonic interpretation service (CyraCom).
  2. Calling LEP Patients: If staff need to reach an LEP Patient by phone and require assistance, staff should seek the assistance of an Interpreter or Woodhull's telephonic interpretation service (CyraCom).
- F. Refusal of Language Assistance Services and the Use of Family Members**
1. Inform the Patient of the Right to Free Services: If an LEP Patient wishes to use a family member, friend or other non-Woodhull interpreter resource to provide language assistance (an "Outside Interpreter"), the LEP Patient should be informed, through one of the Woodhull interpretation or translation resources, that Woodhull will provide an interpreter at no cost to the patient.
  2. If Using the Outside Interpreter is Unsuccessful: If, at any time during the visit, a staff member concludes that the Outside Interpreter is frustrating effective communication with the LEP Patient, the staff member should secure one of Woodhull's interpretation resources.
  3. The Use of Individuals Less Than 16 Years of Age: Absent extraordinary circumstances, staff should not use a person less than 16 years of age as an interpreter, even at the LEP Patient's request. If a patient insists on using a

person under 16 years of age as an interpreter, staff should strongly discourage such use.

4. Documentation: Staff should document in the patient's chart the patient's refusal of language assistance services and the Outside Interpreter's name and relationship to the patient.

## **VI. TRANSLATED DOCUMENTS AND WRITTEN MATERIALS**

### **A. Translated Documents** - Woodhull has translated or is in the process of translating these documents into Woodhull's Primary Languages:

1. Consent forms;
2. Advance directives;
3. Health Care Proxies;
4. Select patient education materials; and
5. Woodhull's Patient Information Guide (available in English, Spanish and Polish).

Further, Woodhull has translated certain medication labels into Spanish, and Pharmacy staff will use these translated labels as appropriate.

### **B. Translation or Interpretation of Written Documents**

1. In the Hospital: If an LEP Patient notifies staff that he or she requires assistance with document interpretation while in the hospital, staff should secure interpretation services for the patient. This may be achieved either through an Interpreter or the telephonic interpretation service, whichever staff deems most appropriate for the circumstance.
2. Over the Telephone: LEP Patients who require assistance understanding documents may contact Woodhull's Call Center (see Section IV(H)) with questions regarding any issues, including medication or billing. Woodhull employees who answer these calls should either secure an Interpreter or conference in Woodhull's telephonic interpretation service (CyraCom). If necessary, the employee will arrange for the patient to bring the relevant document to the hospital for further language assistance.
3. Updating the List of Translated Documents - On an ongoing basis, Woodhull reviews its patient-related documents and determines which material should be translated into Woodhull's Primary Languages. While it is impossible to translate all materials, staff is encouraged to inform the LAC Office of additional documents that they believe should be

translated. Woodhull will inform staff of all newly-available translated documents.

## **VII. COMPLAINTS**

- A. Procedures for Taking Complaints** - The Patient Relations Department receives complaints about Woodhull's language assistance program orally, and records the substance of the complaint and the time and date the complaint is made.
1. Providing Information to Individuals with Complaints: The staff member recording the complaint must provide the complainant with a copy of the Patient's Bill of Rights.
  2. Investigating Complaints: The LAC Office is responsible for reviewing, investigating and responding to complaints about language assistance services. The office investigates and resolves complaints within two weeks and must report the results of complaint investigations to Woodhull's Deputy Executive Director on a regular basis.

## **VIII. ENSURING COMPLIANCE AND QUALITY OF LANGUAGE ASSISTANCE SERVICES**

- A. Monitoring** - In keeping with Woodhull's commitment to providing effective, high-quality language assistance services to all LEP patients, the Hospital periodically monitors both staff compliance with the above policies and procedures and the overall effectiveness of the language assistance program through a variety of measures. Such measures include:
1. Patient Satisfaction Surveys - On a quarterly basis, Woodhull's Patient Relations Department conducts patient satisfaction surveys and includes a reasonable number of LEP Patients in the surveyed patient population. The questions in these surveys cover a wide range of Woodhull's services, including language assistance services. Separate surveys exist for the Emergency Room, the Outpatient Department and the Inpatient Department respectively, and all surveys are translated into Woodhull's Primary Languages. The LEP Patients chosen for the surveys represent all of Woodhull's Primary Languages, in approximate proportion to Woodhull's LEP Patient population. The surveys cover a range of departments and shifts, including night and weekend shifts; and question participants regarding, among other things, the availability and quality of Woodhull's translation and interpretation services. The surveys also request suggestions for improving Woodhull's language assistance services.
  2. Provider Surveys: Clinical staff are surveyed twice annually regarding their experience with securing language assistance services. These surveys address what language assistance services providers use most

frequently, and whether they have experienced any substantial delays in securing language assistance services.

3. Review of Census Data: The Hospital uses United States Census Bureau data on English language ability for the population residing in the zip codes 11206, 11211, 11221, 11222, and 11237 (the "Relevant Zip Codes"), and bilingual education data for the Relevant Zip Codes to evaluate the language needs of the population in the geographic area Woodhull serves. The Hospital works with community groups to identify the linguistic profiles of, and LEP population trends in, the Relevant Zip Codes. The LAC Office uses this information to ensure that no group is deterred from seeking care at Woodhull because of a deficiency in Woodhull's language assistance services.
4. Records Review: On a quarterly basis, the LAC Office reviews data collected from a sample of the following records, each of which has a field that asks whether the patient is an LEP Patient, and if so, the Patient's Primary Language: (a) routing slips for outpatients; (b) assessment forms for inpatients; (c) triage forms for emergency department patients. The LAC Office also reviews Staff Interpreter logs, which are required to be submitted to the LAC Office on a monthly basis; and CyraCom data, which record the interpretation services provided by date, language and department. The LAC uses the records listed in this subparagraph to develop a log of LEP Patient encounters that allows them to track the number of LEP Patient encounters, monitor staff compliance with the Language Assistance Policy, and monitor the performance of those staff persons involved in providing language assistance services to LEP Patients.
5. Spot Checks: The Language Assistance Coordinator conducts spot checks of staff in various departments to ensure compliance with the Policies and Procedures.

**IX. MODIFICATIONS** - The LAC Office will take appropriate corrective action to remedy any deficiencies or problems identified through its monitoring efforts. In addition, the LAC Office will make appropriate adjustments to the language assistance program to reflect changing needs of Woodhull's LEP patient population or more effective means of serving this population, considering available resources.

- A. **Modification of Primary Languages** - If, through its monitoring efforts (using the records listed in Section VIII(A)(3) & (4)), the LAC Office determines that any additional languages should be designated Woodhull Primary Languages, within six months of this determination, the Hospital will reallocate or add language assistance resources. This process may include the hiring, assignment and training of Staff Interpreters and Bilingual Patient Navigators, and the translation of signs, forms, consents and other materials to correspond with the standards set forth in these Policies and Procedures.

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