Kapiolani Medical Center for Women and Children (KMCWC)
Language Access Plan
10/24/07

The purpose of this plan is to assure that reasonable steps are taken to provide meaningful access to services, programs and activities to persons with limited English proficiency (LEP). “Meaningful access” means LEP persons are informed of, participate in and benefit from the services, programs, and activities offered by KMCWC. This language access plan was developed to be in compliance with the Hawaii Revised Statutes, Title 21. Labor and Industrial Relations, Chapter 317, Sections 371-31 – 371-37.

The provision of language services, pursuant to HRS 371-33(a)(1)-(4), is subject to the following factors:

- The number or portion of LEP persons served or likely encountered in the eligible service population;
- The frequency with which LEP persons come in contact with the services, programs or activities;
- The nature and importance of the services, programs, or activities; and
- The resources available to the State agency and the costs.

I. Oral Language Services:

A. Policy for Hospital services: It is the policy of KMCWC to provide services to all patients/parents/guardians assessed to have limited English proficiency and who have consented to language accommodations. All patients/parents/guardians are assessed upon scheduling, pre-registration or admission to all services. The scheduling, registration and admission process covers all points of access or entry into KMCWC’s services. Due to the sensitive nature of the services provided at the hospital, the rights of patients to refuse interpretation services are always respected.

B. Departments receiving state purchase of service funds:

The departments identify LEP clients requiring language access services, and similarly provide services to all in need for services. In addition to following the hospital’s policies and procedures, these programs interface with other state agencies and have some additional processes or relationships which are unique to the departments:

1. Kapiolani Child Protection Center: Patients access this service through DHS’ Child Welfare Services and are under the legal custody of the Department of Human Services. Thus all vital documents are read and signed by the child protective service
worker who is English proficient. Interpreters are used in evaluation and counseling sessions for LEP clients.

2. SATC: Patients access these services through the KMCWC Emergency Department, and through SATC’s outpatient service. Interpreter services are provided for all services to consenting LEP individuals, and SATC has translated several critical forms into high demand languages. By the end of the year, SATC will develop a department specific comprehensive Language Access Plan for services to limited- and non-English speaking clients. In connection with the Language Access Plan, SATC will assess the need for language services and examine its current methods of delivery of services to linguistic minorities. The Language Access Plan will cover: appropriate forms of language assistance for SATC’s various services, including oral interpretation and material translation; procedures for obtaining language assistance; outreach to linguistic minority communities; staff education; data collection mechanisms; and guidelines for periodic evaluation.

3. Rehabilitation Services: Patients receiving services reimbursed through health insurance plans follow the hospital’s policy as noted in this plan. In addition, Early Intervention Services are provided through two state-funded grants, Kapiolani Early Intervention Services (formally known as Mobile Therapy Team) and the Central Program. Patients access this service through HKISS, the Department of Health’s central intake point for services for children ages 0 to 3 years. The need for an interpreter can be identified at any point of Early Intervention Services by the H-KISS referral staff, by the care coordinator, or by the program staff. The care coordinator arranges language interpreter services through the authorization for services (AFS) process and schedules visits to coincide with family conferences and therapy sessions in the home.

4. WIC: Oral interpreter services are provided for all LEP individuals. Clients are registered in the state’s WIC program, and are provided interpreter services for the registration process as needed. The program’s rights and responsibilities documents have been translated into the following languages by the State and provided to our WIC program: Chinese, Ilocano, Spanish and Vietnamese. Due to the statewide nature of the program which is served through multiple providers, it is anticipated that KMCWC will not directly translate state documents but continue to rely on the State WIC office to provide translated documents.

II. Provision and Notice of Oral Language Services:
A. The following notice will be developed:

Multi-lingual sign/notice asking LEP patients to identify the language they need provided upon registration/admission and informing them of the oral services available.

B. KMCWC contracts with the following groups for oral language services:

1. Cyracom is contracted for a 24 hour per day/365 days a year telephonic interpretation service for languages commonly spoken in Hawaii and the rest of the U.S. As KMCWC sees many tourists from foreign countries, a national level service contract with an extensive availability of worldwide languages is necessary. This telephonic service is particularly critical as it is an immediately available service thereby making it particularly helpful for medical emergencies.

2. Helping Hands:  a 24 hour per day/365 days a year for languages commonly spoken in the community.

3. Pacific Gateway is contracted for a 24 hour per day/365 days a year for languages commonly spoken in the community.

4. Chuukese/Marshallese/Pohnpeian/Chamorro/other related dialect interpreter contracts: Two individual individuals with expertise in these languages are contracted, as the other services are not always able to fulfill needs for this group of languages.

C. Oral language services are provided at no cost to the patient.

D. Formal interpreters should generally be used for all informed consent procedures and vital information sharing unless refused by the patient/parent/guardian.

E. Family members may be used for routine care if desired by the patient/parent/guardian. However, for situations where there may be ethical considerations at stake (privacy issues, cultural considerations, domestic violence, etc.) a formal interpreter should also be used to ensure accuracy of interpretation.

F. Bilingual employees may translate information within their job roles or scope. For example, a bilingual physician or nurse may interpret medical information, and a patient registrar may interpret registration information. Generally, judgment should be exercised when using non-medical personnel for interpreting of medical information.
III. Written translation of Vital documents:

Because of the extensive technical legal and medical requirements of health care documents, the written translation of documents will be handled in several phases.

A. Phase 1: First phase of written translation will include documents which have been identified in the development of the current plan. The target date for this phase is 3/31/07.

1. Vital Documents:
   a. Patient Rights and Responsibilities Brochure
   b. Terms and Conditions of Admission (Consent to Treatment)
   c. Notice of Privacy Practices
   d. Advance Healthcare Directives

2. Multi-lingual sign/notice asking LEP patients to identify the language they need provided upon registration/admission.

3. Required notices of oral interpretation and written translation services, including:
   a. written notice of the right to receive competent and free oral interpretation of written materials:
   b. Multi-lingual notice of written translations
   c. Multi-lingual written notice of right to receive oral interpretation of written materials

B. Phase 2: The second phase will include identification of other materials determined to be vital and determination whether materials that are produced by other parties can legally and appropriately be translated. The identification process will be completed by 1/31/08. Because some of these materials are produced and required by federal agencies, completion of translations is targeted for 12/31/08.

IV. Needs Assessment:

Data from one year’s hospital payments for oral interpretations services were analyzed for utilization. The total number of claims was 894. All languages which had more than one utilization for services in the year were extrapolated. An ethnicity analysis of hospital admissions for the last 12 months was then conducted. While ethnicity is not entire predictive of need for oral translation services, it was useful to validate the potential size of the LEP group. All groups
greater than 5% or having more than 1000 admissions were then included in the list. Thus a group of 13 languages for written translations was identified using both methods combined.

List of most common languages identified for translation:

Japanese

1. Marshallese
2. Chuukese
3. Samoan
4. Vietnamese
5. Cantonese
6. Korean
7. Spanish
8. Mandarin
9. Laotian
10. French
11. Thai
12. Ilocano

Only one encounter of each of the following languages was identified in our claims data: German, Czech, Portuguese, and Russian. There were no instances of Burmese, Cambodian, Hawaiian, Kosraen, Pohnpeian, Tagalog, Tongan, Visayan or Yapese identified (languages included in the State's list of languages on the state provided notice).
It is anticipated that oral interpreters will be available for all these low-volume languages through KMCWC’s various contractors. However, we do not anticipate doing written translations for those languages with only one or no encounters.

V. Data collection and reporting system:

A. Demographic data is gathered in the hospital’s patient data base. This information is gathered through the patient/parent/guardian’s declaration of ethnicity, and is a proxy for interpretation and translation needs.

B. Utilization of services: invoices for interpretation and translation services will be analyzed to look at utilization patterns. All invoices for services are routed to administration for tracking.

C. Complaints will be tracked through Peminic, KMCWC’s data base used to track incident, complaints, and other problems. Complaints are resolved on an ongoing basis, and the data is summarized periodically and analyzed for trends.

VI. Evaluation Process:

A. All data sources will be reviewed to determine whether there is a change in demand for foreign language services, and whether materials need to be translated into additional language.

B. Complaints will be analyzed, and adjustments to services made on the basis of the complaint resolution will be evaluated.

C. This plan will be reviewed, evaluated and resubmitted on a biennial basis to the State’s Office of Language Access.

VI. Training for Staff:

A. A training program will be implemented for all access points and for management staff, who will provide training for their staff.

B. Training will focus on state and federal requirements for language access, the plan and processes and procedures.
VII. LEP Plan Coordinator or contact:

A. The language access contact will be Willow Morton, Vice President, Hospital Operations.

B. Duties of the contact are:

1. Overall implementation of the plan
2. Responding to any inquiries or comments/complaints regarding the LEP plan.
3. Making any revisions and modifications to the LEP Plan, as necessary.
4. Assuring that training is provided to appropriate staff
5. Conducting an evaluation of the LEP plan.

WM: 10/24/07