



# Language Barriers or Sensory Impairment Resources

H-PC 09-007

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**Facility Specific Addendum Attached - Review All of Policy and Addendum Pages**  
 (Check if State Specific and/or Facility Specific Policy Addendum is attached)

## PURPOSE

This policy establishes a mechanism to provide resources available for patients with special communication needs. The Hospital respects the patient’s right to effective communication appropriate to the age, understanding, and language of patients served.

## POLICY

The Hospital provides or assists patients in obtaining interpretation or translation services as necessary and addresses the need of those with vision, speech, hearing and cognitive impairments.


## DEFINITIONS

Not applicable

## PROCEDURE

1. Upon admission and as appropriate throughout the course of care, a registered nurse will assess the patient’s level of cognitive functioning and means of communication. Considering assessment findings, the nurse may determine if any of the following communications mechanisms should be used:
  - a. Lip Reading
  - b. Written materials
  - c. Communication board
  - d. Interpretive Services
  - e. Orally reading written material to the patient and/or patient representative
  - f. Using materials printed in the patient’s primary language
  
2. When the mechanism of communication is determined, the nurse should provide the patient with appropriate communication items (as applicable). Documentation in the clinical record should identify which mechanism is used along with the patient’s ability to use any and all equipment. Based on nursing assessment and identification of needs individual case referrals will be made to a Speech Language Pathologist for evaluation and treatment per physician’s order.
  
3. The following are guidelines for staff who may be communicating with a patient who uses one of the above communication mechanisms.
  - a. Lip Reading Method
    - i. Speak slowly, directly and use good enunciation
    - ii. Be natural and do not exaggerate sounds
    - iii. Stand so the patient clearly sees your face and mouth
    - iv. Avoid having anything such as gum or candy in your mouth when you speak
    - v. Speak using simple non-jargon phrases
    - vi. Rephrase the question if you feel the patient has not properly understood your message
    - vii. Use hand gestures and examples to describe the subject of conversation, as applicable

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- viii. Maintain eye contact with the patient
- b. Written Message
  - i. If a patient communicates via written messages, make sure that documentation is clear, concise and in simple phrases.
  - ii. Allow time for the patient to comprehend the message and respond in his/her own penmanship.
- c. Communication Boards
  - i. To properly use a communication board, the individual communicating with the patient should select a letter or symbol on the board that corresponds to the subject of the communication.
  - ii. Assess the patient’s response to board letters and symbols.
  - iii. The individual communicating with the patient who uses a communication board must understand the patient’s unique comprehension of the letters and symbols.
- d. Interpretative Services
  - i. For the Hearing Impaired. The Hospital shall provide sign language interpreters for patients and staff to facilitate effective communications for the hearing impaired. These services shall be made available upon request through Social Services.
  - ii. The interpreters should be engaged at no cost to the patients or family. The patient may choose to have a family member or friend serve as the sign language interpreter; however, Kindred Healthcare will not pay families or friends who serve as interpreters.
  - iii. Translation/Interpreting Services for Non-English Speaking Patients. The Hospital shall provide services through the use of resources that have been identified as able to provide multi-lingual translation/interpreting services.
    -  H-PC 09-006 Translation Services
- e. Orally Reading Written Materials
  - i. For patients with visual impairments or literary issues, reading material aloud may be helpful. Be considerate of the patient’s need for privacy and where necessary or appropriate, leave a copy of the material with the patient.
- f. Alternative Language Formats
  - i. Some common materials, such as admission information or diabetic teaching, should be considered for translation into the primary language of the patient. (i.e., Spanish, Taglog)



References

1. TJC: RI.01.04.01
2. MS: 482.13