



Client Alert

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Joint Commission's New Hospital Standards for Interpreter Services Enter One-Year Pilot Phase

The Joint Commission released its standards for hospitals' use of interpreter services in 2010, and a one-year pilot phase began on January 1, 2011. Beginning January 1, 2012, compliance with these standards will affect accreditation decisions. Hospitals should act promptly to review their policies and practices with regard to the use of interpreters, and plug any holes before they jeopardize accreditation status.

Studies have confirmed that communication breakdowns in the hospital setting contribute to a high percentage of adverse events involving patients with limited English proficiency—as many as 3,000 adverse events annually according to the Joint Commission. The Joint Commission standards for interpreter services are aimed at reducing adverse events by ensuring that all patients receive appropriate information about their care, and that all providers receive necessary information from their patients. While hospitals already were subject to federal requirements for translators under Title VI of the Civil Rights Act, as well as Section 504 of the Rehabilitation Act of 1973, the Joint Commission standards establish a national standard for evaluating medical interpreters. Providers are required to:

- define and confirm staff interpreters' qualifications through language proficiency assessment, education, training and experience;
- document interpreters' proficiency and training;
- identify each patient's communication needs in the medical record, including preferred language for discussing healthcare;
- effectively communicate when providing care, treatment and services; and
- maintain a written policy on patients' rights that includes being respectful of cultural and personal values.

What should hospitals be doing? A recent Joint Commission survey of hospitals revealed that while 77 percent of respondents had some language assistance plan in place, 86.1 percent of those hospitals planned to evaluate and update their plans in light of the new Joint Commission standards. If a hospital contracts with a language services provider (most do use an outside service in light of the up to 170 languages and American Sign Language needed) it should be asking the following questions:

- How many hours of training are provided to the interpreters?
- What does the training cover?

- How are the interpreters monitored?
- Are interpreters required to maintain certification, such as through the National Board of Certification for Medical Interpreters or the new Certification Commission for Healthcare Interpreters?
- Do the hospital's written policies afford access at every patient point of contact (admission, assessment, treatment, end of life, discharge and transfer)?
- Has the hospital determined which key documents should be available in translation based on its patient population?
- Additionally, since protected health information is shared, does the hospital have a Business Associate Agreement in place with its language services provider?

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