

Language Access Policy

1. Introduction

The Provincial Health Services Authority (PHSA) is committed to organisational policies that reflect and respect the experiences of diverse peoples that decrease inequities (based on race, sex, gender, ethnicity, religion, age, disability, geography, culture, income, education, sexual orientation) and that disrupt systemic discrimination and racism. Mutual understanding and provision of accurate information to patients is fundamental in demonstrating respect, supporting and strengthening trust and contributing to patient safety. Effective communication reduces [Risk](#) and liability issues such as uninformed consent and misdiagnosis due to miscommunication. PHSA recognizes that Risk issues related to language barriers remain consistent across all geographic locations and within all limited English proficiency (LEP) and Deaf, Deaf-Blind and Hard-of-Hearing (DDBHH) communities, however large or small. PHSA works to mitigate this Risk wherever and whenever possible. When patients share a common language with the health care provider or are provided with the appropriate means to communicate and gain understanding, [Patient Safety](#) is enhanced.

PHSA endorses quality health services that are culturally and linguistically appropriate and recognizes that mutual understanding between patients and health care providers is essential to delivering effective care and achieving positive health outcomes. Barriers to communication that exist in the health care encounter for LEP or DDBHH patients can be pervasive in health care. PHSA is committed to ensure a positive experience for patients and family members with LEP as well as those who are DDBHH. PHSA's commitment to effectively serve these communities is embedded in principles of ensuring [equitable](#), [anti-racist](#) and discrimination-free practises that ultimately lead to meaningful and appropriate care.

PHSA respects the values, [Culture](#) and self-determination of Indigenous Peoples. PHSA has signed the [Declaration of Commitment on Cultural Safety and Humility in Health Services](#), and is mandated to implement the actions iterated in the [B.C. Declaration on the Rights of Indigenous Peoples Act](#) and the [Calls to Action of the Truth and Reconciliation Commission of Canada \(TRC\)](#). These documents affirm the rights of Indigenous Peoples to self-determination and meaningful decision-making. Within a health care context, this means exercising the inherent right to quality health care while challenging the [Systemic Racism](#) that is embedded within health care systems. PHSA recognizes that all structures within health care systems participate in ongoing [Systemic Racism](#). PHSA is committed to the application of [Indigenous Cultural Safety](#) to all policies and processes to address and decrease health inequities for Indigenous Peoples. [Wise Practices](#), the inclusion of diverse Indigenous knowledge and health practices that contribute to sustainable and equitable conditions, are given equal space and weight with [Best Practices](#), a Western evidence-based approach to care reflecting current medical and therapeutic perspectives on standards or points of view.

1.1.Purpose

This Policy directs [PHSA Staff](#) on the appropriate use of language services to reduce or eliminate language barriers wherever possible and to enable two-way communications that optimizes the delivery of safe and equitable care.

1.2.Scope

This Policy applies to all PHSA Staff working with LEP or DDBHH patients.

2. Policy

PHSA Staff are aware of the language services available to them and will seek out effective language access when communicating with LEP and DDBHH patients. See [Accessing Interpreting and Translation Service in PHSA Protocols](#). DDBHH patients have a Charter right to communication access to health care encounters.

2.1 Qualified Interpreters & Translators

Effective language access is achieved with the use of [Qualified Interpreters](#) for verbal communication and [Qualified Translators](#) for written communication, including the translation of patient medical records.

Qualified Interpreters and Translators adhere to a Code of Ethics that includes following guiding principles:

- Accuracy and fidelity - preserves the meaning, style, and register of the source information;
- Confidentiality and privacy of the information provided for the purpose of interpreting or translation;
- Impartiality – ensures personal bias or beliefs does not impact or influence the interpreting or translation; and
- Limitations of practice – linguistic limitation, time limitations, subject matter knowledge.

When PHSA staff recognize that they are unable to speak directly with the patient because of a language barrier, a [Qualified Interpreter or Translator](#) is required. All reasonable efforts are to be made to obtain the services of a [Qualified Interpreter or Translator](#) through channels described in the [Accessing Interpreting and Translation Service in PHSA Protocols](#).

Sign Language interpreting services includes access to [Deaf Interpreters](#) and [Intervenors](#).

2.2 Ad Hoc Language Resources

A Qualified Interpreter or Translator must be used over an ad hoc language resource like bi-lingual volunteers, other patients, the general public, etc. whenever possible. Ad hoc language resources can be used for simple communication that will not increase Risk for staff and the patient if there is miscommunication and in situations in which no Qualified Interpreter or Translator is available.

Machine translation, such as Google Translate, are only to be used for non-medical conversation that do not require verification, do not increase the Risk in case of miscommunication or breach of confidentiality and when no other resources are available. Refer to the PLS [Communication Continuum](#) (internal link).

2.3 Translated Education Materials

All translated patient education documents for spoken languages must note the name of the translated language on the document. Titles must be dual translated to include the source language (English). See [Accessing Interpreting and Translation Service in PHSA Protocols](#) for details.

2.4 Consent to Health Care

During consent to health care discussions, a Qualified Interpreter is to be used to gain consent should there be a language barrier between PHSA Staff and the patient or patient's spouse, or any near relatives or close friends who accompany the patient and offer their assistance. For Indigenous languages, an Indigenous Patient Liaison or Elder may assist with consent in lieu of a Qualified Interpreter. Please refer to PHSA's [Consent to Health Care policy](#)

2.5 Privacy and Confidentiality

All matters covered by this Policy are subject to PHSA's [Privacy and Confidentiality policy](#). All patient information collected during the course of an [Interpreting](#) or [Translation](#) request is deemed, and will remain, confidential. Information is only disclosed to those directly responsible for carrying out all aspects of the service provision.

2.6 Documentation

The need for an interpreter and the language required to communicate with the patient must be noted in the patient record. Refusal of a Qualified Interpreter by a patient must also be noted in the patient record in addition to what type of language resource was used (e.g. family).

2.7 Health Record

PHSA staff shall use qualified translators to translate patient medical records. If the documents requiring translation are two pages or less, the document can be [Sight Translated](#) by a Qualified Interpreter. The health care provider will be responsible for documenting the information interpreted by the Qualified Interpreter.

3. Responsibilities

3.1 Provincial Language Service

Provincial Language Service (PLS) will:

- Provide the highest quality of service and make public health service as equitable and accessible as possible by reducing language barriers in health care;
- Ensure effective ways to provide the highest quality of service;
- Provide training and educational opportunities for PHSA Staff using PLS services;

- Promote the services and any issues related to language access; and
- Provide Quality Assurance in all aspect if service delivery.

3.2 Managers and Leaders

Managers and leaders will:

- Ensure that their Staff are aware of the language resources available;
- Ensure that the appropriate equipment is provided for Staff access to Interpreting services;
- Inform Staff of training resources available and strongly encourage uptake of training resources;
- Ensure patient area is equipped with patient facing access material that facilitate language access (Point to Language Cards, etc.);
- Advocate for patient facing documents to be translated for patient population needs; and
- Access appropriate translation and video messaging services that are delivered by qualified sign language interpreters when requiring documents to be accessible to DDBHH patients.

3.3 All PHSA Staff

All PHSA Staff will:

- Understand and be in compliance of this policy;
- Ensure that they are familiar with accessing Interpreting services in different care settings;
- Make all reasonable efforts to obtain the services of a Qualified Interpreter through the appropriate channels;
- Follow appropriate training on how to work with interpreters; and
- Use translated materials for patient education when they are available.

3.4 Qualified Interpreters and Translators

Qualified Interpreters and Translators will:

- Ensure they comply with their contract;
- Understand and be in compliance of the Policy; and
- Abide by their professional Code of Ethics and the guiding principles outlined in section 2.1.

4. Compliance

All Staff members are responsible for adhering to this Policy and monitoring their activities in accordance with the Policy. Staff members may remind others to comply with this Policy. Failure by Staff to comply with this Policy may result in disciplinary action up to and including termination of employment, services or privileges.

5. Supporting Documents

5.1 Related Policies

- [PHSA Managing Privacy and Confidentiality Breaches](#)
- [PHSA Privacy and Confidentiality policy](#)

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5.2 Guidelines/Procedures/Forms

- [Language Access Protocols](#)
- [Lower Mainland Interpreting Services \(LMIS\) Service Catalogue with Usage Guidelines](#)
- [Communication Continuum](#)

6. Definitions

"Anti-Racism" recognizes the existence of systemic racism, and actively seeks to identify, remedy, and prevent racially inequitable outcomes, power imbalances between groups and the structures that sustain these inequities.

"Best Practices" means an evidence-based approach to care reflecting Western medical and therapeutic perspectives on standards or points of view.

"Culture" is a social system of meaning and custom that is developed by a group of people to assure its adaptation and survival. Cultural groups are distinguished by a set of unspoken rules that shape values, beliefs, habits, patterns of thinking, behaviours and styles of communication.

"Deaf Interpreter (DI)" is an individual who is Deaf or Hard of Hearing and possess communication skills in both American Sign Language and English. The DI has been trained in the role and ethics of an interpreter, and may also have specialized training and/or experience in use of gesture, mime, props, drawings, home signs, and matching sentence structure and language development of the Deaf person for whom they are interpreting. A DI has an extensive knowledge and understanding of Deafness, the Deaf community, and/or Deaf culture.

"Equity" is the system or person level practise of treating everyone with fairness so that they have the same outcomes, even if it means treating people differently.

"Indigenous Cultural Safety" is the process of making spaces, services and organizations safer and more equitable for Indigenous people by considering colonial history and seeking to eliminate structural Racism and Discrimination. Cultural safety is also an 'outcome' based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system; it is when Indigenous people feel safe when receiving Health Care.

"Interpreting" is the oral or signed rendering of one language into another and vice versa to facilitate the exchange of communication between two or more persons speaking different languages.

"Intervenors" act as patient navigators for Deaf-Blind patients. The role of the intervenors to assist the Deaf-Blind patient in getting to and from the medical appointment as well as navigating to and from procedures/appointments within the health care system (e.g. lab work, prescription pick-up, diagnostic imaging, etc.) An intervenor facilitates the interaction of the person who is Deaf-Blind with other people and the environment.

"Language Resource" is a person or device, other than a Qualified Interpreter or Translator, used to communicate with LEP or DDBHH patients.

“Patient Safety” is the reduction of risk of unnecessary harm associated with healthcare to an acceptable minimum.

“Qualified Interpreter/translator” is one who:

- Has proven language proficiency in both target and source languages;
- Has training from a recognized interpreting/translation education or training program or has been certified as an interpreter by a recognized professional association;
- Adheres to the Professional Ethics and Standards;
- Can accurately, faithfully and completely render communication from one language to another

“Risk” is an uncertainty about outcomes that can either have a negative or positive impact on PHSA’s ability to achieve its objectives. Risk is unavoidable and exists in every organization and is measured in terms of its likelihood of occurrence and severity of impact to the organization.

“PHSA Staff or Staff” means all unionized and non-contract employees (including management and leadership), medical staff members (including physicians, midwives and dentists), nurse practitioners, residents, fellows and trainees, health care professionals, students, volunteers, contractors, researchers and other service providers engaged by PHSA.

“Sight Translation” is the conversion from written material in one language to a spoken version in another language. It also occurs when an instant oral version is required of a written text that is normally no longer than 2 pages and is not technical in nature.

“Systemic Racism” refers to the arrangements and practices that maintain racial hierarchies and racial inequality. It comprises policies, behaviours and practices that are part of the social, cultural or administrative elements of an organization or system and which produce or maintain positions of disadvantage for individuals who are Indigenous, Black and People of Colour (IBPOC).

“Translation” is the written rendering of one language into another written language ensuring equivalency in meaning.

“Wise Practices” are Indigenous actions that contribute to sustainable and equitable conditions for Indigenous people.

7. References

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7.1 Legislation

Freedom of Information and Protection of Privacy Act, RSBC 1996, c. 165.

Health Care (Consent) and Care Facility (Admission) Act, RSBC 1996, c. 181.

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