

Language Access Plan

Cincinnati Children's

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1. Introduction

This language access plan contains Cincinnati Children's expectations for working with people who are deaf, hard of hearing, blind, or use a language other than English. It describes what we are able to do today. There are many [opportunities for improvement](#), but we must start with what is possible today. By doing what is described in this plan, we can pursue our potential so all kids can pursue theirs, even when someone in their family uses a language other than English.

Additionally, because communication is critical to providing safe care, so is language access.

This language access plan is also available as a [website](#).

2. Policy

Cincinnati Children's is required by federal law to take reasonable steps to provide meaningful access to all our services for people who are deaf, hard of hearing, or use languages other than English (LOE). A formal description of these steps is provided in the [Language Access Policy MCP-F-106](#).

If you feel like there is harm or potential harm connected with a failure to receive appropriate language access services, [file a safety report](#) and select "language barrier" as a contributing factor.

The Section 1557 Coordinator required by federal law is the Director of Family Relations who can be reached at advocates@cchmc.org.

3. Inpatient Quick Reference

 *Acute/Critical Care*

Admission

- [Identify language preferences](#).
- [Schedule in-person interpreters](#) for rounds.
- If necessary, review [when family/friends can interpret](#).

Rounds

Plan in advance for rounds by:

1. Engaging the family:
 - Explain how rounds work on your unit and explore their communication preferences. What parts of the rounding conversation do they want to be involved in?
 - What time will they be available for rounds?
2. [Requesting an in-person interpreter](#). Consider:
 - Does your team or unit need to work with the in-person interpreter for multiple patients?
 - Will other members of your multidisciplinary team need time to work with the in-person interpreter during that visit
 - Units that designate a role that is responsible for this have more success with obtaining in-person interpreters.

When a family is not at bedside, consider [calling them with a phone interpreter](#).

Rounding with Phone or Video Interpreters

[Phone](#) and [Video](#) interpreters for spoken languages cannot interpret simultaneously. Chunking and turn-taking are required.

MyRounds

MyRounds is only available in English. Explain this to families who use languages other than English and enroll them if they would like to use MyRounds in English.

Overnight

To reduce disturbances to patients and families overnight, communicate the plan to families with an interpreter before they go to sleep. When the plan changes during the night, work with an interpreter. [See more details here](#).

Discharge

- [Schedule in-person interpreters](#) for teaching.
- [Schedule in-person interpreters](#) for reviewing discharge instructions.
- [Translate](#) discharge instructions and, if applicable, medication lists.
- Provide [appropriate external resources](#).

4. Home Health Quick Reference

Home Health

Admission to HHC Services

- Meet with the patient and caregivers to [identify interpreter needs](#) across the spectrum of HHC services. Document these preferences as applicable (e.g. case communication and care plan).
- If applicable, discuss when [patient/family/friends](#) may interpret and complete form J1011.
- Provide resources in preferred language as able: [direct interpreter access line](#) phone number, HHC folder, consents, documents, Knowing Notes, and instructions.
- As able, [request urgent translation](#) for critical home care procedure instructions.

Working with Interpreters in the Home

- [In-person interpreters](#):
 - Plan to meet outside of the home and enter and leave together when possible.
 - If an in-person interpreter was scheduled for a visit, notify interpreterservices@cchmc.org if that visit is cancelled, the time changes, or the location changes.
- [Phone](#) and [video](#) interpreters:
 - Consider using speakerphone to limit the handling of the phone during hands-on training or care.
 - Schedule phone interpreters for [rare languages](#).

5. Language Preference Identification

Ask:

- “Do any of you speak languages other than English?”
- If yes, ask one of these follow-up questions:
 - “Cincinnati Children’s has free interpreters who are quickly available. What languages would you all want us to speak to you in?”
 - “Cincinnati Children’s has free interpreters who are quickly available. What languages would you all like to use for medical conversations?”
 - “Cincinnati Children’s has free interpreters who are quickly available. Will an interpreter be needed for this visit?”
 - “Cincinnati Children’s has free interpreters who are quickly available. In what language would you like to discuss your child’s health care today?”

Communicate this language preference to other team members during handoffs.

If someone is unable to say which language they speak:

1. Use a language identification card (shown below) or the list of languages on the [Alvin](#).



2. Call the [phone interpreter line](#) and ask the operator to assist you in identifying the language.

Acute/Critical Care

If anyone wants to use a non-English language, document their name, relationship, and the languages in a place that is visible to the care team (e.g. whiteboard in the patient’s room).

Repeat this process:

- During long admissions
- When a new caregiver arrives
- Prior to obtaining consent

- Whenever you think it is necessary

Home Health

Patients and caregivers who prefer to use interpreter services in the hospital or ambulatory setting but not the home, should continue to have "Interpreter Needed" set to "Yes." The plan for language access in the home should be discussed with the patient and caregivers prior to the Home Health start of care. Preferences are communicated for planning of care via case communications, the HHC care plan, and scheduling notes. These preferences should be updated as needed.

5.1. Demographics in Epic

For patients where at least one person sometimes wants to communicate in a language other than English, ensure the patient-level demographic fields have that language listed as "Preferred Language" and "Interpreter Needed" is set to "Yes."

This is a patient-level field so it should reflect the family's needs for the future, not just a single visit.

6. Verbal Communication

Work with an interpreter anytime the person you are communicating with wants to use a language other than English.



You cannot force someone to work with an interpreter. If they want to communicate in English, but you think you are not understanding each other:

1. Check understanding by asking the person, in a caring way, to explain or show back, using their own words.
2. If the person is unable to teach back correctly, teach again in a different way in English.
3. Again, check understanding by asking the person to explain or show back using their own words.
4. If the person is still unable to teach back correctly, point out that you're having trouble explaining this clearly. Ask if they would like you to try explaining it again with the help of an interpreter.
5. Offer to switch back to English once teach-back has demonstrated understanding.

Consider their health literacy and communicate in plain language.

Use [teach-back](#) to verify understanding.



Qualified Bilingual Staff can speak or sign in the languages for which they're qualified, i.e. do their job while speaking those languages. However, they cannot interpret, translate, or facilitate communication for other staff, i.e. repeat someone else's words in the other language.

Interpreters are available via:

- [In-person](#)
- [Phone](#)
- [Video](#)

Each time you work with an interpreter for an interaction that you document in Epic, also document the modality (phone, video, in-person) of interpreter you worked with. This can be done in a flowsheet or notes using `.INTERPRETER`. Interpreter names, ID numbers, and language are helpful but not required.

Also document when "Preferred Language" in the patient's chart is not English but everyone wants to communicate in English for that encounter. You may use the smartphrase `.INTERPRETERNOTNEEDED` for this documentation.



Speech Therapy supports patients who use communication boards. They should be consulted when a patient has a new barrier to communicating verbally, e.g.

intubation.

Periop

When documenting consent for a surgical/medical procedure, if "Interpreter Needed" is set to "Yes" in the patient's chart but everyone wants to communicate in English, write on the "Print name of interpreter and ID number" line that everyone chose to communicate in English for this consent discussion.

Acute/Critical Care

Overnight

At the start of an overnight shift, work with an interpreter to:

- Introduce yourself.
- Review the overnight care plan: medication times, vital checks, labs, and anything else expected.
- Let the family know how to request an interpreter overnight if they need one.

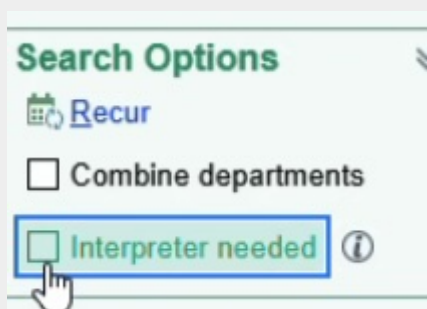
Routine overnight tasks (scheduled medications, vital checks) do not require an interpreter each time if they were already explained and there is no change. Avoiding unnecessary interpreter calls helps patients and their families sleep.

Work with an interpreter overnight when:

- The care plan changes.
- The patient or family initiates communication.
- New symptoms or concerns arise.
- A significant clinical event occurs (e.g., rapid response, urgent imaging).

Ambulatory

Uncheck the "Interpreter needed" box when scheduling appointments in Epic for families who sometimes need an interpreter but not for that particular visit.



6.1. Accessing Interpreters



Video interpreters are not effective for some people who are deaf or hard of hearing. In those cases, always try to get an in-person interpreter.

+ *Emergency Services*

[Request an in-person Spanish interpreter](#) if one is signed into Secure Chat for your location.

If an individual who is deaf or hard of hearing says that video remote interpreting isn't effective for them, federal law requires that we [request an in-person interpreter](#).

For immediate needs, work with a phone interpreter or Alvin (video interpreter). Use an Alvin when you need both hands for clinical work.

Acute/Critical Care

For complex discussions, request an in-person interpreter.

Radiology

Because phones and Alvins cannot enter MRI Zone 4, all communication should happen outside of Zone 4 unless there is an in-person interpreter. You must request for Spanish/Arabic at Base.

For instructions that must be provided during the MRI scan in languages other than English, work with the family before the scan to develop an effective method such as teaching the patient the English words for "in," "hold," and "out."

6.1.1. In-Person

Lab

Do not request in-person interpreters if one does not arrive with the patient.

This is because visits are short and unscheduled.

Radiology

Do not request in-person interpreters when visits are short or communication will be minimal. See below.

+ Emergency Services

Spanish interpreters work in the Emergency Department most afternoons and evenings, including on weekends. Secure Chat either *Interpreter Spanish - Burnet ED* or *Interpreter Spanish - Lib ED*. When there is more than one patient who needs a Spanish interpreter, work with the interpreter via Secure Chat to determine which patient they should help.

For languages other than Spanish, or when a Spanish interpreter isn't working in the ED, ED staff can request in-person interpreters for:

- Trauma
- ROSA
- ROPA
- End of life
- Other situations where remote interpreting is found to be ineffective



Be prepared to explain which of these reasons led you to request an in-person interpreter.

Business hours (Monday -Friday, 8am-5pm): Call 6-1444

Outside business hours:

Spanish:	Secure Chat either <i>Interpreter Spanish - Burnet ED</i> or <i>Interpreter Spanish - Lib ED</i> . If no interpreter is signed into Secure Chat, call the Spanish interpreter listed in Who's On Call*.
Arabic:	Call the Arabic interpreter listed in Who's On Call*.
All other languages:	Call Lango at 513-745-0888*. If they cannot help within 30 minutes, call the Language Access Services Manager listed in Who's On Call.

*It may take more than 45 minutes for these interpreters to arrive.

 Acute/Critical Care  Ambulatory  Radiology  Periop  Mental Health

Spanish & Arabic at Base during Business Hours

keywords: logistics servicetasks

In-person Spanish & Arabic interpreters are deployed in real-time, on-demand for Locations A-G & R-T on weekdays between 8am and 5pm.

- To place a request, Secure Chat the *Interpreter Flow Lead* or use the Service Tasks button in Epic. See the [job aid](#) for more details.
- Interpreters' average response time is 15 minutes. Work with a [Phone](#) or [Video](#) interpreter until the in-person interpreter arrives.
- Interpreters will leave if you expect more than 15 minutes of downtime.

- To avoid duplicate requests in Ambulatory areas, clarify who will be submitting the requests. Options include Registration, Medical Assistant, Nurse, and Provider.

Arabic at Base 8am-4:30pm on Weekends and Holidays

In-person Arabic interpreters are deployed in real-time, on-demand for Locations A-G & R-T on weekends and holidays between 8am and 4:30pm.

- To place a request, Secure Chat the Arabic interpreter directly or use the Service Tasks button in Epic. See the [job aid](#) for more details.
- Interpreters' average response time is 15 minutes. Work with a [Phone](#) or [Video](#) interpreter until the in-person interpreter arrives.
- Interpreters will leave if you expect more than 15 minutes of downtime.
- To avoid duplicate requests in Ambulatory areas, clarify who will be submitting the requests. Options include Registration, Medical Assistant, Nurse, and Provider.

 *Acute/Critical Care*  *Inpatient/Residential Mental Health*

All Other Languages, Times, or Locations

In-person interpreters should be scheduled in advance via the [Interpreter Request Form on CenterLink](#). Units that designate a role that is responsible for this have more success with obtaining in-person interpreters.

For same-day needs, call 6-1444 during business hours (Monday - Friday, 8am-5pm). Outside business hours, call the Operations Coordinators at 6-0348.

If the language you need is not available, Language Access Services or the Operations Coordinators will let you know.

On-call in-person interpreters are also available by calling the Operations Coordinators at 6-0348 for:

- End-of-life situations
- Acute events or critical imaging findings that require intervention
 - This includes conversations about and consent for the intervention.

Arabic interpreters may offer to interpret over-the-phone if that's more appropriate for the situation, allowing the clinical team to communicate through them immediately instead of waiting 45 minutes while they drive in.

 *Ambulatory*  *Periop*  *Home Health*  *Radiology*  *Outpatient Mental Health*

All Other Languages, Times, or Locations

Language Access Services automatically schedules in-person interpreters for Ambulatory,

Period, and Home Health encounters whenever possible, prioritizing in the following order:

1. Codes & traumas
2. Rule out physical abuse (ROPA) and rule out sexual abuse (ROSA)
3. Minors without parents or guardians who speak the same language
4. End of life
5. Home Health visits without cellular or WiFi coverage - please inform interpreterservices@cchmc.org if this is the case.
6. MRI
7. Forensic interviews (e.g. Mayerson Center)
8. Mental health group settings (e.g. College Hill)
9. Care conferences
10. Rounds
11. Aquatic therapy
12. Shifts where interpreters are deployed on-demand (e.g. Emergency Department and [Spanish & Arabic at Base during Business Hours](#))
13. Encounters with complex medical terminology
14. All other needs

Do not re-schedule appointments because an in-person interpreter is not available for a spoken language. Work with a phone or video interpreter instead.

Contact interpreterservices@cchmc.org if:

- Interpreters are routinely scheduled for too little time.
- An interpreter fails to arrive when scheduled.

Home Health

Meet the interpreter outside of the home prior to the visit. Enter and leave the home together if possible.

If an in-person interpreter was scheduled for a visit, notify interpreterservices@cchmc.org if that visit is cancelled, the time changes, or the location changes.

Troubleshooting

If you are ready but the in-person interpreter has not arrived yet, please work with a [Phone](#) or [Video](#) interpreter.

When the in-person interpreter arrives, you may switch to working with them or choose to continue with the phone/video interpreter. Get input from all parties (clinicians, interpreter, and

family) to make this decision. Note that power dynamics may make this tricky.

6.1.2. Phone

Phone interpreters are available by calling a number that is listed on [CenterLink](#) and employee badge backers. You can call via hospital phones, clinical smartphones, work cell phones, or personal cell phones.

Tell the interpreter what department you are calling from and the chief complaint or purpose of the interaction.

Give the interpreter a brief heads up if you expect there to be background noise, traumatic content, or other challenges.

Phone interpreters cannot use ASL because it is a visual language. Work with a video or in-person interpreter instead.

Use speakerphone or pass the phone back and forth.

If the language you need is not available, follow the [Rare Language Process on CenterLink](#).



When families call us, they should use the language-specific [Direct Interpreter Access Lines](#) (if available for their language) which connect with an interpreter and then the Cincinnati Children's operator. Avoid directing families to phone trees whenever possible since they are difficult to navigate with an interpreter on the line.

Home Health

When working in the community, if your phone calls are not working due to inadequate cell service, use a [video interpreter](#) instead.

Inbound Phone Calls

If you receive a call from someone who wants to communicate in a language other than English, conference in a [phone interpreter](#).

Outbound Phone Calls

To call a family with an interpreter on the line, first call the [phone interpreter line](#). The interpreter can then place a three-way call to the family.



For people who are deaf or hard of hearing and use American Sign Language (ASL), call the family directly as you would a family that speaks English. An ASL interpreter will connect automatically, communicating verbally with you and via video with the patient or family member.

6.1.3. Video

Video interpreters are available on Alvins using the InSight app. You can search by language or country. Watch [this video](#) for more details.

Tell the interpreter what department you are calling from and the chief complaint or purpose of the interaction.

Give the interpreter a brief heads up if you expect there to be background noise, traumatic content, or other challenges.

Collaborate with the interpreter to determine the best way to position the Alvin.

Alvins are iPad tablets on carts. There are currently two types of Alvins, both of which can be used to call interpreters or for telehealth purposes:



Figure 1. LanguageLine Alvin



Figure 2. Telehealth Alvin

Consider creating designated space for Alvins within your clinical area.

Share Alvins with other teams, units, or departments as needed. Return them to that group when you are finished. If your area needs more Alvins, email interpreterservices@cchmc.org.

If the language you need is not available, follow the [Rare Language Process on CenterLink](#).

Acute/Critical Care

In addition to Alvins, video interpreting is available on MyChart Bedside iPads and in-room telehealth systems where available.

On Alvins or MyChart Bedside iPads, use the InSight app to call an interpreter.

On the in-room telehealth system, look for interpreters in the Contacts Directory.

Troubleshooting

If calls repeatedly drop, switch to a [phone interpreter](#) for spoken languages. For sign languages, call

Language Access Services at 6-1444 (or the manager in Who's On Call after hours) for assistance.

Open a ticket with the Service Desk at 6-4100 so the issue can be fixed.

Home Health

If video functionality is spotty, change to audio only.

6.1.4. AI or Machine Translation

Do not use Google Translate, CoPilot, ChatGPT, or any other automated translation tool. It is **against federal law** for any communication (both medical and non-medical) because it is **not accurate enough** and therefore **puts patient safety at risk**.

If a patient or person accompanying a patient uses a translation app to communicate:

1. Acknowledge their attempt to communicate.
2. Respond to their immediate need if it is clear (e.g. getting a requested item).
3. Return with a professional interpreter to check that we understood and see if anything else is needed.
4. Explain kindly why we use interpreters instead of machine translation in healthcare.

6.2. Qualified Bilingual Staff (QBS)

Qualified Bilingual Staff (QBS) may speak or sign directly with patients, families, or the public in the qualified language, i.e. do their job while speaking or signing that language.

To get qualified, follow the [process on CenterLink](#).



Qualified bilingual staff are not interpreters or translators. They cannot interpret, translate, or facilitate communication for others, e.g. relay someone else's words in the other language. Translating documents and written communication with patients, families, or the public are also prohibited.

Some employees who have a non-interpreter job are also qualified interpreters. These dual-role staff do not interpret in their work area except in the [On Call Situations](#).

A list of QBS can be found [here](#).

6.3. Declining an Interpreter

Sometimes we expect people to want to work with an interpreter but in fact they do not. This could be because:

- Epic says we should work with an interpreter for this patient.
- Their English is hard to understand.

- Their responses to questions seem to suggest they do not understand English.

This could be because [they want someone else who is with them to be an interpreter](#), or [they want to speak in English](#). Follow the links to the relevant parts of this plan for more details.

6.4. Friends and Family as Interpreters

Federal law only allows an adult accompanying a patient or individual with limited English proficiency to interpret in two situations:

1. As a temporary measure, while finding a qualified interpreter in an emergency involving an imminent threat to the safety or welfare of an individual or the public where there is no qualified interpreter for the individual with limited English proficiency immediately available and the qualified interpreter that arrives confirms or supplements the initial communications with an initial adult interpreter.
2. Where the individual with limited English proficiency specifically requests, in private with a qualified interpreter present and without an accompanying adult present, that the accompanying adult interpret or facilitate communication, the accompanying adult agrees to provide such assistance, the request and agreement by the accompanying adult is documented, and reliance on that adult for such assistance is appropriate under the circumstances. This conversation must be had in private without the adult present.

It is not generally appropriate for these adults to interpret or facilitate communication for the purposes of informed consent or discharge. However, when you cannot get a qualified interpreter through the [Rare Language process](#), this may be the only option.

Form J1011 must be completed whenever an adult accompanying an individual with limited English proficiency interprets or facilitates communication. To find the form, search for "J1011" in [PolicyTech](#).

This includes one parent/caregiver interpreting for another parent/caregiver.

A minor child can only interpret or facilitate communication in the emergency situation described above.

Discussing these requests is often uncomfortable and culturally sensitive. These steps may help:

1. Explain the legal requirement. Inform the accompanying adult that federal law mandates a private discussion with the individual to confirm their preferences about interpretation.
2. Use empathetic language. Acknowledge the accompanying adult's role and express appreciation for their support, emphasizing that this step is a standard procedure to ensure the individual's comfort and understanding.
3. Offer alternatives. If the accompanying adult is uncomfortable leaving, suggest we work with a professional interpreter instead, allowing them to focus on supporting the family and clarifying any possible miscommunication.

Prior to the Start of Care, talk to the patient and family about expectations for working with interpreters during Home Health Care encounters.

Complete form J1011 as needed prior to the Start of Care.

6.5. Best Practices for Working with Interpreters

The National Council on Interpreting in Health Care published a [Guide for Partnering with an Interpreter](#).

Take a few moments before the session to brief the interpreter and created shared expectations.

6.6. Rare Languages

If the language you need is not available via the resources under [Accessing Interpreters](#) above, follow the [Rare Language Process on CenterLink](#).

6.7. Emergency Situations

When seconds matter and an interpreter isn't already present, call (or ask a colleague to help you call) a [phone](#) or [video](#) interpreter.

Do not use Google Translate, CoPilot, ChatGPT, or any other automated translation tool. It is [against federal law](#) for any communication (both medical and non-medical) because it is [not accurate enough](#) and therefore [puts patient safety at risk](#).

In an emergency involving an imminent threat to the safety or welfare of an individual or the public where there is no qualified interpreter immediately available, an adult or minor child may interpret or facilitate communication as a temporary measure while finding a qualified interpreter. The qualified interpreter (in-person, phone, or video) that eventually arrives must confirm or supplement the initial communication that occurred via the non-qualified interpreter.

6.8. Waiting Rooms

Work with an interpreter when getting a patient from the waiting room if the patient or someone accompanying the patient would [prefer to communicate in a language other than English](#). "Wrong patient" safety events can result from miscommunication in the waiting room.

6.9. Groups, Community Events, and Conferences

It is complex to provide interpreting in large group settings such as community events and conferences. Email interpreterservices@cchmc.org to arrange a consult with Language Access Services about your event as early as possible.

Possible solutions include simultaneous interpreting ([with equipment](#) or ["whispered"](#)) and dedicated events conducted entirely in the language other than English.

6.10. Telehealth

Audio and video interpreters are available on-demand for Telehealth on Microsoft Teams. For details, see <https://centerlink.cchmc.org/department/interpreter-services/telemedicine>



+ *Emergency Services*

For patients seen on CincyKids Health Connect, add an interpreter by following the on-screen instructions.

🏠 *Home Health*

For Remote Patient Monitoring (RPM), use Teams instead of Vivify for calls where an interpreter is needed.

6.11. Voicemail

If you receive a voicemail in a language other than English, call a phone interpreter and conference in the voicemail system. You can then play the voicemail for the interpreter.

6.12. Phone Trees

Phone trees (automated telephone menus) are difficult to navigate with an interpreter. Provide families who use languages other than English (LOE) with direct phone numbers which bypass automated menus whenever possible.

6.13. Troubleshooting

Common issues include:

- This interpreter seems bad. What do I do?
- I speak the language and perceive some translation mistakes. What do I do?
- Why aren't these side conversations being interpreted?

A single solution works for all of them: talk to the interpreter directly about the problem. If this does not resolve it, ask the interpreter to leave and work with a different interpreter via phone or video.

Report problems via the [Interpreter Complaint Form on CenterLink](#).

For urgent situations, call Language Access Services at 513-636-1444.

7. Written Communication

7.1. Acute/Critical Care, Home Health, and Inpatient/Residential Mental Health

 *Acute/Critical Care*  *Home Health*  *Inpatient/Residential Mental Health*

Consider literacy and health literacy before providing written translations. These needs are documented in the [Learning Assessment](#).

Translate commonly used patient- and family-facing forms, resources, and [education materials](#) into languages that are used by 1% or more of patients seen on the unit.

Provide discharge instructions in the preferred language of each caregiver whenever possible. Follow the [Epic Job Aid](#). In the absence of translated discharge instructions, we can:

1. Ask the family to use their smartphone's Voice Recorder app to record the conversation you have with the help of an interpreter. That would allow them to listen back to the instructions at home.
 - A video recording is also permitted as long as any staff member who is recorded gives the family verbal permission to record them. See [Policy MCP-G-114](#) for more details.
2. Only communicate verbally with help of an interpreter, relying on teach-back to ensure understanding. Provide pen and paper and ask the parent to write down key information.
3. Ask the in-person interpreter to provide written translation of short discharge instructions.

Do not translate progress notes or test results. To provide this in writing to families, summarize them in a letter using words the family can easily understand and request translation of the letter via the [Translation Request Form on CenterLink](#).

Translation is available for Spanish MyChart messages. [See below for details](#).

Translation is not currently available for MyChart messaging (except [Spanish](#)), text messages (except for automated reminder messages), and emails to families. If you receive a message in a language other than English, request a translation from the [Translation Request Form on CenterLink](#).

 *Home Health*

There is not a safe way to translate text messages to and from families. To communicate our expected arrival times, our options are phone calls or sending the text messages in English. Present these options to families and let them choose.

7.2. Emergency Services

+ *Emergency Services*

When providing any documents to someone who sometimes uses a language other than English, ask the person what language(s) they would like the particular documents in.

Consider assessing health literacy by asking a question such as:

- "How confident are you filling out medical forms by yourself?"
- "How often do you have problems learning about your medical condition because of difficulty with written information?"

Translate commonly used patient- and family-facing forms, resources, and [education materials](#) into languages that are used by 1% or more of patients seen in Emergency Services.

Provide discharge instructions in the preferred language of each caregiver whenever possible with AVS attachments. In the absence of translated discharge instructions, we can:

1. Ask the family to use their smartphone's Voice Recorder app to record the conversation you have with the help of an interpreter. That would allow them to listen back to the instructions at home.
 1. A video recording is also permitted as long as any staff member who is recorded gives the family verbal permission to do so.
2. Only communicate verbally with help of an interpreter, relying on teach-back to ensure understanding. Provide pen and paper and ask the parent to write down key information.
3. Ask the in-person interpreter to provide written translation of short discharge instructions.

7.3. Periop

Periop

When providing any documents to someone who sometimes uses a language other than English, ask the person what language(s) they would like the particular documents in.

Consider assessing health literacy by asking a question such as:

- "How confident are you filling out medical forms by yourself?"
- "How often do you have problems learning about your medical condition because of difficulty with written information?"

Translate commonly used patient- and family-facing forms, resources, and [education materials](#) into languages that are used by 1% or more of patients seen in Periop.

Provide discharge instructions in the preferred language of each caregiver whenever possible with Knowing Notes. In the absence of translated discharge instructions, we can:

1. Ask the family to use their smartphone's Voice Recorder app to record the conversation you have with the help of an interpreter. That would allow them to listen back to the instructions at home.
 1. A video recording is also permitted as long as any staff member who is recorded gives the family verbal permission to do so.
2. Only communicate verbally with help of an interpreter, relying on teach-back to ensure understanding. Provide pen and paper and ask the parent to write down key information.
3. Ask the in-person interpreter to provide written translation of short discharge instructions.

7.4. Ambulatory and Outpatient Mental Health

Ambulatory Outpatient Mental Health

When providing any documents to someone who sometimes uses a language other than English, ask the person what language(s) they would like the particular documents in.

Consider assessing health literacy by asking a question such as:

- "How confident are you filling out medical forms by yourself?"
- "How often do you have problems learning about your medical condition because of difficulty with written information?"

Translate commonly used patient- and family-facing forms, resources, and [education materials](#) into languages that are used by 1% or more of patients seen in the clinic.

Patient/Encounter Specific

Do not request translation for all AVSs. Instead communicate verbally. Use [Epic templated translations](#) when available. Only request translation for AVSs when:

1. You have a secure method for getting the translation to the family.
2. The information on the AVS will still be accurate and relevant by the time the family receives the translation.

In the absence of translated discharge instructions, we can:

1. Ask the family to use their smartphone's Voice Recorder app to record the conversation you have with the help of an interpreter. That would allow them to listen back to the instructions at home.
 - A video recording is also permitted as long as any staff member who is recorded gives the family verbal permission to record them. See [Policy MCP-G-114](#) for more details.

2. Only communicate verbally with help of an interpreter, relying on teach-back to ensure understanding. Provide pen and paper and ask the parent to write down key information.
3. Ask the in-person interpreter to provide written translation of short discharge instructions.

Do not translate progress notes, reports, or test results. To provide this in writing to families, summarize them in a letter using words the family can easily understand and request translation of the letter via the [Translation Request Form on CenterLink](#).

Translation is available for Spanish MyChart messages. [See below for details](#).

Translation is not currently available for sending MyChart messages (except [Spanish](#)), text messages, or emails to families. If you receive a message in a language other than English, call the family with a [phone interpreter](#) or request a translation from the [Translation Request Form on CenterLink](#).

For any other patient/encounter specific translations, contact translations@cchmc.org to start the process. We will consider the importance of the materials and other resources which could serve this purpose.

7.5. AI or Machine Translation

Do not use Google Translate, CoPilot, ChatGPT, or any other automated translation tool. It is [against federal law](#) for any communication (both medical and non-medical) because it is [not accurate enough](#) and therefore [puts patient safety at risk](#).

7.6. Documents in Languages other than English

If patients or families bring documents in languages other than English, in-person interpreters can perform site translation, reading the document aloud in English. When working with phone or video interpreters, ask the family to read the document aloud and pause so the interpreter can interpret.

Interpreters will decline requests to sight translate documents when they believe it would not be an effective way of communicating the information. Complex or critical documents such as consent forms often are not appropriate for sight translation.

7.6.1. Medical Records

International patients should arrive through [Destination Excellence](#). Their process requires that patients provide translations of relevant medical records before we accept them as Cincinnati Children's patients.

For other patients, request translation of the specific portion(s) of the records you need via the [Translation Request Form on CenterLink](#).

7.7. Forms, Surveys, and Screeners






Give people paper and digital forms in the language they want the forms to be in. When that language is not available, ask the questions verbally.

Ambulatory

If giving these documents at Registration, tell the family we will ask the questions verbally during the clinical visit.

7.8. Existing Translations

Useful translations include:

- The [Cincinnati Children's app](#) is available in Spanish and Arabic
 - [Wayfinding on the web](#) is also available in Spanish and Arabic, including QR codes for families to scan.
- [Knowing Notes](#)
- [Perioperative Patient & Family Education for Procedure \(Surgery\)](#)
- [Visitor Guide / Patient Rights & Responsibilities](#)
- [Forms and Consents for Surgical/Medical Procedure](#)
- Cards for [Direct Interpreter Access Lines](#) are available by from interpreterservices@cchmc.org
- [Spanish telehealth visit instructions](#)
-  Acute/Critical Care:
 - [Patient menus](#)
 - [Family Guide](#)
 - Welcome videos
-  Ambulatory:
 - [GenPeds Provider and Patient Resources](#)
-  Emergency Services:
 - AVS attachments
-  Periop:
 - [Knowing Notes](#)
 - The Periop folder is available in Spanish and Arabic
-  Home Health:
 - HHC Folders in Spanish and Arabic

7.9. Medication Labels

The Cincinnati Children's Pharmacies can print labels in Spanish for common sigs. Outside pharmacies can print labels in many languages for common sigs.

Some families may not be familiar with the concept of refills.

Acute/Critical Care

Inpatient pharmacists can create bilingual MedActionPlans for patients with complicated medication needs.

7.10. Digital Touchpoints

MyChart is available in Spanish. Some functionality is still only available in English.

New Cincinnati Children's owned or purchased apps, webpages, or other digital communication should be designed to support Spanish for all patient- and family-facing communication within 12 months of going live. Additional languages and existing digital touchpoints can be considered on a case-by-case basis. Contact translations@cchmc.org for support.

When the language you need isn't available, find a different way to provide the value of the app, webpage or digital communication.

7.10.1. MyChart Messaging in Spanish

The **MYC Spanish Translation** In Basket Pool in Epic allows Language Access Services employees to provide translation of Spanish messages to and from families. The expected turnaround time is less than 24 hours (excluding weekends and holidays).

See the [Spanish MyChart Messaging & Forms Knowledge Base article](#) for details.

7.11. External Resources

Before sharing an external resource with a family such as a website, app, book, or video, check if it is available in their language. If it is not, consider finding other resources for the family, or asking if the particular resource will be helpful despite only being available in English.

The same goes for providing phone numbers to external organizations. Check to see if they offer interpreter services before referring the family.

Emergency Services

The [Spanish resource list \(English version\)](#) addresses many common needs.

7.12. People with Blindness and Visual Impairments

Braille materials can be created when specifically requested by a patient or person accompanying a patient. Contact translations@cchmc.org for support.

Many people who are blind prefer using digital documents and a screen reader. Provide digital documents upon request. For help, contact translations@cchmc.org.

8. Videos for Patients and Families

Videos created for patients and families should be made in English and Spanish. Additional languages can be considered on a case-by-case basis. Contact translations@cchmc.org for support.

These videos are usually stored and linked alongside the English videos. Many can be found on the [Cincinnati Children's YouTube channel](#).

+ *Emergency Services*

- [Spanish: Fevers \(English version\)](#)
- [Spanish: Cough, Congestion, Runny Noses \(English version\)](#)
- [Spanish: Oral Rehydration Therapy \(English version\)](#)

9. Cultural Considerations

See [HHS's Effective cross-cultural communication skills checklist](#) for guidance on how to effectively communicate across cultures.

The [Cultural and Religious Toolkits](#) also provide valuable information.


10. Language Access Training

Many areas include language access in their orientation and onboarding.

All employees are given a blue badge card with basic information about accessing interpreters ([catalog item 124763](#)).

Additional training is available from Language Access Services. Contact interpreterservices@cchmc.org for support.

On-demand training includes:

- [Teach Back Training](#)
- "Bridging the Experience Gap Utilizing Language Access Services" in [Workday Learning](#)
-  Ambulatory:
 - [Access Services "Bridging the Experience Gap Utilizing Language Access Services"](#)

11. Language Access Quality Improvement

Any language access quality improvement projects should involve staff from Language Access Services. Contact interpreterservices@cchmc.org for support.

In creating this plan, we compiled a [list of possible improvement projects](#).

There is also a Spanish-Speaking Family Forum to discuss issues and co-create solutions. Contact [Karla Eysoldt](#) to get on the agenda.

11.1. Current and Past QI Projects

- 🏠 Acute/Critical Care:
 - [Improving Discharge Instructions for Hospitalized Children with Limited English Proficiency](#)
 - [NICU Audio Recorded Discharge Instructions for LOE Families](#)
 - Multi-language patient welcome videos
- 🏥 Ambulatory:
 - Telehealth Spanish QI lead by Courtney Sump
 - DEI Fellows (Audiology, Speech, OT/PT)
- + Emergency Services:
 - Equity dashboard
 - [A Quality Improvement Initiative Using Discharge Education Videos to Improve Communication with Families in a Pediatric Urgent Care](#)

12. Language Access Research

Consult Language Access Services when planning research projects related to language access or with participants who use a language other than English.

Include the cost of translation in your budget:

- Translating consent forms costs about \$100 per page.
- Transcribing and translating Spanish audio into English costs about \$18 per audio minute.

Work with translations@cchmc.org to get a more accurate cost estimate. This is especially important if you need transcription, videos, or instrument validation.



Transcription of languages other than English is considered language access. Cincinnati Children's policy and federal law require that we work with qualified human transcriptionists through Language Access Services.

13. Approvals

All revisions of this document are approved by Language Access Services. This document is reviewed every three years or sooner if deemed necessary. Authority for this document resides with Language Access Services. This guideline is approved by the Director, Language Access Services.

13.1. History

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