

LANGUAGE ACCESS PLAN Checklist

Use this checklist to get you started on building out your language access plan, or reviewing your current plan for any areas that could be improved.

I. Determine what you need to provide

- Collect language and ethnicity data for your facility locations.**

Sources can include:

- Census
- American Community Survey
- Department of Education
- Office of Refugee Resettlement

- Create data from intake info by asking patients their primary or preferred language.**

- Use the Department of Justice's Four Factor Analysis to determine when to provide language services.**

1. The number and proportion of non-English speakers and LEP persons served by the agency in its services, programs and activities
2. The frequency with which non-English speakers and LEP individuals come in contact with the service, program or activity;
3. The nature and importance of the service, program or activity provided by the agency; and
4. The fiscal resources available to the agency and/or costs incurred by the agency.

II. Establish your language access resources

Options for language interpretation

Your plan may include a mixture of language services to cover 24 hours a day, seven days a week, and for various circumstances.

- Bilingual staff or providers
- In-house staff interpreters
- On-site interpreters from an agency
- Remote interpreters – both audio-only and video

Interpretation – converting spoken and sign languages into other spoken languages.



Utilizing current bilingual staff or providers

- List languages spoken by providers who would like to add interpretation to their job duties:**

Stakeholder buy-in – consider working with your talent acquisition department to target professionals who speak your LEP patients' most frequent languages. Be mindful of creating a burden on staff members who volunteer for interpreting services.

- Update providers' official job descriptions to include interpreting or communicating with patients in their second language.**
- Determine language proficiency assessments, interpreter training/certification, or education for minimum qualifications:**

For sign language interpreters, consider requiring Registry of Interpreters for the Deaf (RID) certifications or an equivalent.

If you cannot assess language proficiency in-house, many external vendors can [perform language proficiency assessments](#) for you.

- Determine required continuing education opportunities, training, or reassessment policy:**

Hiring in-house staff interpreters

- List in-house staff interpreter languages:

- Write staff interpreter job descriptions (for Joint Commission compliance).
- Determine language proficiency assessments, interpreter training/certification, or education for minimum interpreter qualifications:

For sign language interpreters, consider requiring Registry of Interpreters for the Deaf (RID) certifications or an equivalent.

- List of local agencies that can provide on-site interpreters for above languages:

- Ask agencies for interpreter qualifications/proof of vaccination/background check confirmation.

Remote interpretation vendors

- Ask the number of languages they offer:

- Audio:

- Video:

- Telehealth integrated:

- Average connection times:

- Ask what kind of interpreter training/assessment they use to control the interpretation quality.
- Ask which externally-verifiable accreditations or standards support their vetting and training processes.
- Ask what information security practices and protocols they have to protect Private Health Information and prevent data breaches.
- Ask what their implementation and account support consist of.

On-site interpreters from an agency

- Decide which languages will likely need on-site interpreters:

Options for translation and localization

You may also decide to use a mixture of employees/staff or outside vendors for delivering translation services. When choosing which vendor to go with or whether to develop materials in-house, consider things such as:

Translation – converting written text from one language into the written text of another language.

- Number of languages available.
- Kinds of translation/localization services they offer (localization - refers to when translators reframe the messaging, imagery, and layout to suit the target culture, so it appears as if you created the written materials specifically for your non-English audiences).
- What processes/checks they have in place to control the translation quality.
- What language proficiency assessments, translator training/certification, or education required for minimum translator qualifications.
- Do they offer desktop publishing/work with design programs to match the look of the original materials?
- If the vendor will provide a dedicated account or project manager.

- Determine which documents need to be translated into which languages to meet the needs of your patient population.

Options for patients with visual impairments

- Braille
- Large-print transcription
- Digital Audio Format

Options for patients who are deaf/hard of hearing

- Pre-recorded sign language video content
- [Captioned videos](#)

Examples of vital documents to provide translation and localization for:


- Informed consent documents
- Complaint forms
- Information about free language assistance programs or services
- Notices of eligibility criteria for, rights in, denial or loss of, or decreases in benefits or service
- Intake forms that may have clinical consequences

Examples of non-vital documents to provide translation and localization for:

- Menus
- Third-party documents, forms, or pamphlets distributed as a public service
- Large documents such as enrollment handbooks
- General information intended for informational purposes only

- Add taglines as needed to other materials.

HHS provides [translated taglines in many languages](#)

 [Click here for a full, detailed list of questions to ask language service providers.](#)

III. Create guidance for how and when staff should use language services

Create a clear, step-by-step guide so staff members feel confident when to contact a staff interpreter, bilingual provider, or call a remote interpreter.

Scenarios

Will the kind of scenario change the kind of interpreter chosen?

- Emergencies
- Scheduled procedures or surgeries
- Routine interactions
- Nurse rotations
- Intake
- Discharge
- Serious diagnoses
- Other



Languages

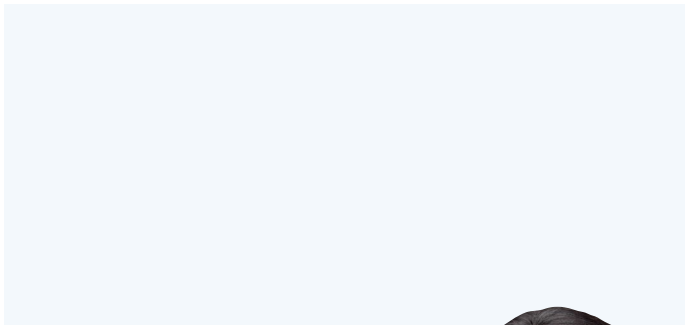
Which languages should staff try to contact staff interpreters or bilingual providers for first? What should they do if staff interpreters/bilingual providers are not available? What should they do for rare languages if the scenario is serious?

How staff should request interpreters

IV. Gain stakeholder support

Once you complete your assessment, you'll need [buy-in from stakeholders](#). Work together to develop a budget and plan that allow you to provide meaningful, timely access to competent language assistance at no cost to the patient.

Consult with stakeholders:



Basic Sample Strategy for Hospital Staff

1. When to use in-person interpreting

- [Spanish, Mandarin, Somali](#) (your hospital's top 3 languages)
 - Staff interpreters:
Monday – Friday 7 am-7 pm
- [Spanish, Hindi, Portuguese, Haitian Creole](#)
 - Contact the language services department to request a qualified bilingual care provider at your facility to provide interpretation or in-language services
- [Other languages](#): if there are unique scenarios, such as terminal diagnoses, scheduled appointments, or procedures, please contact the language services department to book [external vendor on-site interpreters](#)

2. When to use [telephone](#) or [video interpreting](#)

- Spanish, Mandarin, and Somali: outside staff interpreter hours
- Hindi, Portuguese, and Haitian Creole: when qualified providers are unavailable or busy
- Other languages: for routine scenarios

V. Provide staff training

- Create language access annual training for all employees who interact with patients.**
- Include language access module in new hire training.**
- Make training and access info easy to find/access for staff.**
 - Policies easy to find (e.g. on intranet):
 - Badge cards with phone numbers/access stickers on phones

Training should focus on:

- 1. Why it is important to provide language assistance services.**
Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act, Section 1557 of the Affordable Care Act, Joint Commission Standards, quality of care, etc.
- 2. Your organization’s policies and procedures related to providing language access services, including the availability of interpretation and translation services at no cost to the patient.**
Post these policies and procedures where staff can easily find them, such as on an intranet site.
- 3. How to effectively and respectfully communicate and interact with individuals with limited English proficiency.**
For example, advise asking open-ended questions such as “how may I be of assistance?” to help staff assess whether the patient needs language services.
- 4. How staff can capture data around language needs and preferred language.**
For example, use language identification charts and record preferred language on patient charts. The patient may speak more than one language, or may have limited proficiency in a secondary language.
- 5. When to use which service and kind of interpreter.**
Create step-by-step guidance for how staff should access language services. See above.
- 6. How to access remote interpretation services (audio and video):**
 - Phone number/portal website/ app info
 - Account numbers, PINs, usernames, passwords
 - Client services support phone number/email address/web address
- 7. How to request bilingual staff for interpretation or in-language provider services:**
 - Phone number/email/submit form/other
- 8. How to request staff interpreters or on-site agency interpreters:**
 - Phone number/email/submit form/other
 - Approval process and contact info for agencies
- 9. What type of translated information is available and where it can be found:**
 - Physical locations/intranet/drives/etc. and organized files with clear descriptions
- 10. When and how to request new translations:**
 - Approval process and contact info

VI. Distribute language access materials and equipment

- Notify patients of their right to an interpreter free of charge.**
 - Print or order posters in your facility's top 15 languages and post at main entrances and reception areas.
 - Upload multilingual notices of the right to request free interpretation services onto your website. [HHS provides translated resources.](#)
- Consider adding an automated greeting or interactive voice response (IVR) in other languages to your telephone line, i.e., Press/Say 2 for Spanish.**
- Consider making remote interpretation more convenient for your staff with speed dial. Program the vendor's phone number and/or your account information into your phone or phone system.**

Distribute staff materials

- Compile a list of staff names and the languages they speak and give a copy to appropriate staff.**
- Compile list of qualified third-party interpreter agencies and their contact information and give a copy to appropriate staff.**
- Distribute language identification materials to staff at in-take locations so patients can point to the language they speak.**
- Provide staff with simple instructions on how to add an interpreter to the line if a patient calls in or if a provider has to call a patient at home.**
- Upload training materials or quick access instructions to your internal intranet where staff can find the information they need.**



Create and develop access points for remote interpretation

- Identify areas where language services are most needed. Where would your LEP patients most benefit from remote interpretation? Common interaction areas may include:

- Pre-Admission/Inbound Call
- Admission
- Points of Care
- Discharge
- Post-Discharge/Follow-up Call

- Determine which hospital phones will be used to access language services. For reporting purposes, consider creating a separate PIN for each access point to help you track different phone location usage. Think about everyone who will need to know about this service:

- Physicians
- Nurses
- Technicians
- Admission Staff
- Transporters
- Case Managers
- Other Staff Members



- If you have equipment that you would like specifically used for language services (e.g., video carts or dual-handset phones), place these in easy-to-access areas such as nurses' stations.

- Place access stickers or attach badges to phones or video carts: some remote interpretation vendors provide stickers or badges with quick access instructions to make it easy for your staff to call interpreters. Use a permanent marker to write down account and PIN information for each access point.

VII. Review and update your language access plan

At least every two years, you should review and update your language access plan. Survey LEP patients, interview your staff, and analyze reports to identify challenges and solutions.

Assess:

- Whether there have been any significant changes in the composition or language needs of the patient population.
- If additional vital documents require translation.
- If any issues or problems regarding LEP patients have emerged since the LAP was last updated.
- If there are any opportunities to provide more responsive and effective language services (for example, adding documents to be translated, creating or expanding partnerships with community organizations, or changing staffing priorities).



CyraCom is a leading language services provider with over 25 years' experience helping healthcare organizations like yours connect with patients.

We offer free consultations — contact us at getstarted@cyracom.com today to learn how our language services can help complete your language access plan.