



ST VINCENT'S  
HOSPITAL  
MELBOURNE

A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

*St. Vincent's Hospital (Melbourne)  
Caritas Christi Hospice  
St. George's Health Service  
Prague House*

## INTERPRETER SERVICES

### Policy

#### Policy Statement

St. Vincent's Health Melbourne (SVHM) is committed to ensuring that all consumers receive optimal medical treatment and that effective communication as a feature of cultural responsiveness supports this process.

The Australian Charter of Healthcare Rights in Victoria and the Victorian Department of Health (DoH) Language Services policy states that patients are entitled to request an accredited interpreter when they access clinical services in a public hospital or DoH funded agency. SVHM is responsible for ensuring that patients are made aware of their rights to communicate in their preferred language.

An accredited interpreter should be provided at all critical points in the continuum of care when essential information needs to be communicated to a culturally and linguistically diverse (CaLD) patient regarding their health and wellbeing. This includes Deaf and hard of hearing patients who require an Australian Sign Language (Auslan) interpreter. The organisation may be placed at risk of medico-legal liability if injury, loss or damage is suffered by a CaLD patient as a consequence of failing to engage an interpreter when necessary to facilitate communication and obtain informed consent.

#### Objectives

This policy ensures that patients/consumers and their family/carers have access to interpreter services where appropriate to enable them to make informed decisions about their care in their preferred language.

The main objectives are:

- To raise awareness among staff about their duty of care to CaLD patients and the requirement to use interpreters to communicate effectively with a patient
- To raise awareness of the role of interpreters in the context of family support
- To provide procedures for staff when booking and working with interpreters
- To encourage the provision of appropriately translated information by National Accreditation Authority of Translators and Interpreters (NAATI) accredited professionals regarding clinical care and health issues to CaLD patients in a range of most requested languages

#### Scope

This policy applies to all staff, patients/consumers at SVHM. Interpreter booking procedures exclude Mental Health Services, MBS clinics, non-resident patients and research projects.

**Definitions**

**Interpreter**

An interpreter conveys verbal or sign information from one language to another. This can be done face-to-face, by telephone or videophone.

**Translator**

A translator conveys information in writing from one language to another.

An interpreter or translator is either accredited at para-professional or professional level by NAATI. This is the only qualification officially accepted for the profession of interpreting and translating in Australia.

**Functional English**

The ability to speak/understand/read and/or write English to manage day-to-day situations and everyday activities.

**Acronyms**

**Auslan**

Australian Sign language

**CaLD**

Culturally and Linguistically Diverse

**DoH**

Department of Health

**IS**

Interpreter Services

**LEP**

Limited English Proficiency

**LOTE**

Language Other Than English

**MBS**

Medicare Bulk billed Services

**NAATI**

National Accreditation Authority for Translators and Interpreters

**PAS**

Patient Administration System

**SVHM**

St Vincent's Health Melbourne

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## Procedure

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### 1. Responsibilities

All SVHM staff are responsible for ensuring the implementation of this policy. The policy assists staff in identifying CaLD patients who may require interpreters and, provides guidelines to meet their language and cultural needs thus ensuring optimum communication between patients and their health provider. An accredited interpreter should be provided at all critical points in the continuum of care when essential information needs to be communicated to a CaLD patient regarding their health and wellbeing.

#### 1.1. **An interpreter should be requested when:**

- the patient shows no effective understanding of English or they are only able to communicate in limited functional English
- the patient is under stress which reduces their ability to communicate adequately in English
- the patient is Deaf or hard of hearing
- a CaLD or Deaf/ hard of hearing carer requires an interpreter (in a LOTE or Auslan) to communicate on behalf of the patient

#### 1.2. **An interpreter should be requested for CaLD or Deaf / hard of hearing patients when it is necessary to:**

- inform the patient of their rights, (e.g. privacy, confidentiality) and responsibilities (e.g. fees)
- communicate essential information (e.g. take a medical history, explain diagnosis and treatment)
- obtain consent for a medical procedure (e.g. treatment) or legal matter (e.g. Power of Attorney, guardianship)
- discuss issues which require a patient to make significant decisions concerning their lives
- explain how to take medications
- discuss discharge planning
- establish cognitive status

Both patient and clinician have the right to request an interpreter to communicate effectively with each other.

#### 1.3. **Reasons why staff should work with a NAATI accredited interpreter**

A NAATI accredited interpreter is trained to have the language skills and contextual knowledge to enable information to be exchanged between parties in a culturally and linguistically appropriate manner.

An accredited (professional) interpreter abides by a code of ethics to provide accurate, impartial and confidential communication between all parties.

#### **This leads to:**

- access and equity of care for all patient groups in the SVHM demographic
- improved communication and understanding between parties
- better compliance with treatment
- a reduction in patient readmission rates
- improved patient safety and quality through a reduction in medication errors and medical adverse events
- improved consumer satisfaction

#### 1.4. Risks involving bilingual family/friends/staff who interpret

Serious medico-legal issues can arise from using bilingual family, friends or staff to interpret medical information. For this reason they must not be asked to act in the place of an accredited interpreter in relaying health information between staff and patient. Bilingual family, friends or staff can, however, assist in providing low risk information which is not legally binding.

##### **It is inappropriate to use family, friends or staff to interpret because:**

- they are unable to discharge the duty of care owed by a healthcare provider to his/her patient
- they are not bound by a code of ethics ensuring confidentiality of information, accuracy of content or impartiality
- they are untrained in interpreting skills and techniques
- they are unfamiliar with medical contexts and terminology and may not ask for clarification if they do not understand something
- they often omit, add or misinterpret information. There is little awareness among the parties involved of the language competence of the person interpreting and their language limitations, nor whether any miscommunication is occurring. Family relationships may be compromised and a person unintentionally emotionally harmed if a family member interprets for another in an emotionally distressing situation

The use of machine or electronic translation Apps (e.g. Google translate or iPhone) is not recommended for use at SVHM. Cue cards, too, as a pictorial communication aid, have limited effectiveness in enabling meaningful communication with patients as they are used to elicit answers from closed questions (e.g. requiring yes/no, either/or answers).

Best practice suggests that the human component in healthcare interpreting and translating remains essential at critical points in the continuum of care for accurate communication and the provision of safe, equitable and quality healthcare. Staff should ensure that either an onsite interpreter or a phone interpreter is available at these points.

#### 1.5. Documentation

All episodes of care involving an interpreter, for both onsite and telephone interpreting, should be documented in the medical record. This includes occasions when an interpreter has been booked but not used or when a Limited English Proficiency (LEP) patient has declined to use an interpreter. Episodes of care where bilingual family, friends or staff interpret should also be documented and an accredited interpreter should be used immediately afterwards as is practical to verify the accuracy of information exchanged.

## 2. Procedures for booking interpreters

SVHM identifies LEP and CaLD patients through the PAS alert which signals that they require an interpreter and the language required.

SVHM Fitzroy has staff (in-house) interpreters in the most requested languages. All other languages are booked through the Interpreter Services (IS) with an external interpreting and translating agency.

## 2.1. How to book/request a staff interpreter at STV Fitzroy:

Staff interpreters are available **Monday to Friday** from **9.00am – 4.30pm**.

They can be contacted as follows:

Greek	(pager 254)
Italian	(pager 253)
Vietnamese	(pager 258)
Mandarin/Cantonese/Hakka	(page 411)
Arabic	(pager 478 – Wed/Thurs)

### All other languages:

Call the office on ext 3483 or ext 3482 to book an interpreter in a non-staff (agency) language. Agency languages need to be booked in advance with as much notice as possible. Agency bookings are for a minimum of 90 minutes and the service may need to be shared between patients for cost effectiveness. 24 hours' notice is required to cancel a booking to avoid agency cancellation charges.

### Auslan interpreters

Please refer to contact information at the end of this document.

### Out-of-Hours interpreting requests

A telephone interpreting service is available through All Graduates interpreting service for all interpreting requests after hours, weekends and public holidays. Onsite interpreters are unavailable out-of-hours. Please refer to contact information at the end of this document.

## 2.2. How to book/request an interpreter at St George's, Kew and residential sites

Refer to: [The Guide to working with interpreters](#)  
or <http://intranet/Departments/InterpreterServices/Pages/AboutUs.aspx>

Each department at St George's books its own interpreters through an agency and is responsible for payment of the invoice.

## 2.3. Interpreter booking procedures for non-resident CaLD patients who are ineligible for SVHM interpreter services

CaLD patients who are non-residents of Australia, regardless of their medical insurance status are ineligible for SVHM funded interpreter services (see SVHM's [Overseas patient billing policy](#))

Patients attending MBS clinics and SVHM clinics with specific funding streams are also ineligible for SVHM funded interpreter services. Options for booking interpreters for patients in these categories are available by contacting Interpreter Services for further information.

Non-resident patients have a choice whether to pay for an onsite interpreter or to use the telephone interpreter (funded by IS). The patient is required to book an interpreter through Interpreter Services (or the clinic or unit can do this on their behalf) and the Finance Department will invoice the patient on discharge from SVHM.

The person making the booking is responsible for the coordination of all parties regarding date, time and location of the meeting/consultation and for notification of cancellation if relevant.

## 2.4. Preferred interpreting and translating agency providers

On-site/face-to-face interpreting (agency business hours 8am – 6pm):

On Call Interpreters and Translators agency:

Tel: 9867 3788 • Fax: 9867 4472

All Graduates Interpreting and Translating Service:

Tel: 9605 3000 • Fax: 9600 0048

Telephone Interpreting:

Telephone interpreting is an alternative when an on-site interpreter is unavailable. It is a three-way telephone conversation between patient, health provider and interpreter and can be used in an emergency and for short consultations. Telephone interpreters can be used to obtain informed consent from a patient.

Whereas telephone interpreting is not ideal compared to onsite interpreting, it is available 24 hours a day and should be used at the discretion of the clinician in preference to using family and friends as interpreters. Communication through this mode may be difficult with patients who are hard of hearing, have cognitive difficulties, require demonstration of a procedure or who are about to receive bad news.

All Graduates Telephone Interpreting Service: 1 300 739 731

## 3. Auslan Interpreters

Auslan interpreters use Australian Sign Language to communicate with Deaf and hard of hearing patients. Each unit/department is responsible for booking its own Auslan interpreters through an agency and for payment of the service. Please refer to the Deaf and Hard of Hearing program resource information on the SVHM intranet:

[Deaf and Hard of Hearing program resource information.](#)

Preferred providers for Auslan interpreters:

Sign Language Communication Victoria (SLC, formerly VicDeaf):

Tel: 9473 1117 or 1 300 123 752

SLC Emergency after hours: Tel: 9280 1965

All Graduates: Tel: 9605 3000

On Call: Tel: 9867 3788

## 4. Translations

Translations are outsourced to a translating agency and coordinated by IS. Each unit/department is responsible for payment of translations. IS will quote on translation costs, commission the translations and arrange for text checking and layout. IS can also provide information about whether a text contains appropriate language and cultural content for the health literacy of the target audience. Currently available translated patient information is listed on the IS intranet site.

## 5. Complaints/Feedback

Complaints and feedback about an issue concerning interpreter services can be referred to the manger of Language Services ext 3482.

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## References

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1. Department of Human Services (2005) Language Services Policy publication [www.dhs.vic.gov/multicultural](http://www.dhs.vic.gov/multicultural)
2. Victorian Multicultural Commission (formerly Victorian Office of Multicultural Affairs) (2003) Improving the use of Translating and Interpreting Services: A guide to Victorian Government Policy and Procedures [www.multicultural.vic.gov.au](http://www.multicultural.vic.gov.au)
3. Australian Charter of Healthcare Rights: [www.patientcharter.health.vic.gov.au](http://www.patientcharter.health.vic.gov.au)  
St. Vincent's Health Standards Compliance
4. St. Vincent's Health (2006) Guide to Working with Interpreter Services  
G:\Int\_SubAcuteCare\Cultural Diversity\Public\Interpreting and Translating
5. Australian Council on Healthcare Standards – Continuum of Care Information Management
6. National Accreditation Authority for Interpreter and Translators  
[www.naati.com.au/accreditation](http://www.naati.com.au/accreditation)
7. Flores G, Laws MB, Mayo SJ, Zuckerman B Abreu M, Medina L, et al. Errors in medical interpretation and their potential clinical consequences in the pediatric encounter, Pediatrics 2003; 111: 6 – 14
8. Flores G The impact of medical interpreter services on the quality of health care: a systematic review. Med Care Res Rev 2005; 62: 255-99
9. Baker DW, Parker RM, Williams MV, Coates WC, Pitkin K. Use and effectiveness of interpreters in an emergency department; JAMA. 1996;275:7830
10. Lavizzo-Mourey R, Improving Quality of US Health Care Hinges on Improving Language Services J Gen Med 227 (Suppl 2) 279-80), Society of General Internal Medicine, 2007
11. Lindholm et al, Professional Language Interpretation and Inpatient Length of Stay and readmission Rates J Gen Intern Med, April 2012

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## Authorship Details

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