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**Subject: *Limited English Proficiency Patients/Interpreter Services
Report 2020-13***

The final report for Limited English Proficiency Patients/Interpreter Services, Report 2020-13, is attached. We would like to thank all members of the department for their cooperation and assistance during the review.

Because we were able to reach agreement regarding management action plans in response to the audit recommendations, a formal response to the report is not requested. The findings included in this report will be added to our follow-up system. We will contact you at the appropriate time to evaluate the status of the management action plans.

UC wide policy requires that all draft reports be destroyed after the final report is issued. We also request that draft reports not be photocopied or otherwise redistributed.

Christa Perkins
Director
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Attachment

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UC San Diego

AUDIT & MANAGEMENT ADVISORY SERVICES

Limited English Proficiency Patients/Interpreter Services
Report No. 2020-13
March 2021

FINAL REPORT

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TABLE OF CONTENTS

I. EXECUTIVE SUMMARY 1

II. BACKGROUND..... 2

III. AUDIT OBJECTIVE, SCOPE, AND PROCEDURES 2

IV. CONCLUSION..... 3

V. OBSERVATIONS REQUIRING MANAGEMENT ACTION 4

 A. Interpreter Services Policy and Regulations..... 4

 B. Interpreter Services Website..... 7

 C. UCSDH Disabled Access to Programs and Services Policy 8

I. EXECUTIVE SUMMARY

Audit & Management Advisory Services (AMAS) has completed a review of Limited English Proficiency Patients (LEP)/Interpreter Services at University of California San Diego Health (UCSDH) as part of the approved audit plan for Fiscal Year 2019-20. The objective of our review was to evaluate whether internal controls provide reasonable assurance that processes related to services for LEP, hearing-impaired, and sight-impaired populations are effective and compliant with relevant policies and regulations.

Based on our review, we concluded that internal controls related to services for LEP and sensory-impaired populations needed improvement to provide reasonable assurance that processes were effective and in full compliance with relevant policies and regulations. While UCSDH policies and procedures related to interpreter services for LEP and sensory-impaired population, along with support from UCSDH Interpreter Services, provided a strong framework, additional improvement is needed to ensure full compliance with policies and regulations.

We noted opportunities for improvement related to documenting interpreter services provided within Epic, providing written documents in Spanish when required, ensuring that translated and updated information is available on the UCSDH public website, and updating the Disabled Access policy to reflect current practices related to issues, complaints, and grievances. Management Action Plans to address these findings are summarized below:

A. Interpreter Services Policy and Regulations

1. UCSDH Interpreter Services will communicate to UCSDH clinical leadership standards to implement consistent monitoring to ensure compliance with UCSDH policies and regulatory requirements.
2. UCSDH Interpreter Services will enhance existing training for providers and staff to include reminders of UCSDH policy requirements, and available resources. Interpreter Services is actively identifying groups to partner with in these efforts.
3. UCSDH Interpreter Services will provide confirmation whether the two interpreters noted with Language Proficiency Assessment (LPA) numbers are certified/qualified interpreters.
4. UCSDH Interpreter Services will update the Interpreter Services Policy to include how preferred language should be assessed, how interpreter services will be provided and documented for patient representatives, and how UCSDH faculty and staff can take the LPA to become qualified bilingual providers and team members.

B. Interpreter Services Website

1. UCSDH Interpreter Services will ensure the UCSDH public website with interpreter services information links to the updated Interpreter Services Policy.
2. UCSDH Interpreter Services will translate the interpreter services information on the public webpage into Spanish.

C. UCSDH Disabled Access to Programs and Services Policy

UCSDH Environment Health and Safety (EH&S), as policy owner, will coordinate with Patient Experience, Risk Management, the Office for Prevention of Harassment & Discrimination, and other departments to update the UCSDH Disabled Access to Programs and Services Policy to reflect current practices of addressing disability complaints within UCSDH.

Observations and related Management Action Plans are described in greater detail in section V. of this report.

II. BACKGROUND

Audit & Management Advisory Services (AMAS) has completed a review of Limited English Proficiency Patients/Interpreter Services at University of California, San Diego Health (UCSDH) as part of the approved audit plan for Fiscal Year 2019-20. This report summarizes the results of our review.

UCSDH services the Southern California community through four hospital locations, three Express Care locations, two Urgent care sites, numerous outpatient clinic locations throughout San Diego and Riverside Counties. UCSDH serves a significant population of Limited English Proficient (LEP) patients and their families. In order to provide quality patient care to patients who are LEP, hearing and/or sight impaired, it is essential that patients can effectively provide hospital staff with a clear statement of their medical condition and medical history, and understand the provider's assessment of their medical condition, discharge instructions, medication, and treatment options. The UCSDH Interpreter Services department provides interpreter support as needed through certified interpreters and other services. Interpreter services are available 24 hours per day and at no cost. Services may include in person interpreter service, telephone interpreters, Video Remote Interpretation (VRI) through 24 hours/7 days a week through Martti system, and TDD/TTY¹ (telecommunication device for the deaf).

State and Federal regulations, such as the Americans with Disabilities Act (ADA), Patient Protection and Affordable Care Act (ACA), Title VI Civil Right Act of 1964, California Government Code, and California Health and Safety Code, state that LEP and sensory-impaired individuals have certain rights to a qualified interpreter at no cost and devices to help communicate, such as a TTY. UCSDH is required to have a process to evaluate the patient's preferred language and provide competent and timely language assistance services at no cost. When the patient starts to receive care at UCSDH, the patient is assessed, and preferred language is identified and documented within the patient's electronic medical record, Epic.

Notices of interpreter services are required to be posted within the hospital and clinics and on the UCSDH website to the public. When competent and timely translation is provided to LEP patients or deaf patients, the services with interpreter and method should be documented in the medical record. It is required that certain health documents (consent forms and discharge summaries) are provided in Spanish to patients with preferred language identified as Spanish, which is the language that represents at least five percent (5%) of the San Diego population.

III. AUDIT OBJECTIVE, SCOPE, AND PROCEDURES

The objective of our review was to evaluate whether internal controls provide reasonable assurance that processes related to services for LEP, hearing-impaired, and sight-impaired populations are effective and compliant with relevant policies and regulations. In order to achieve our objective, we performed the following procedures:

- Reviewed:
 - Applicable UCSDH policies and procedures and state and federal regulations;

¹ A TTY is a special device that allows patients who are deaf, hard of hearing, or speech impaired to use the telephone to communicate, by allowing them to type messages back and forth without having to talk or listen through the phone.

- UCSDH Interpreter Services Champion Binder, Interpreter signs, Interpreter Services list, Language Proficiency Assessment (LPA) process, and Interpreter Service website;
- UCSDH Risk Management and other departments monthly audits related to provision of interpreter services;
- Epic, UCSDH's electronic medical record system, where patient preferred language and qualified interpreter is documented;
- Obtained information from other UC Health campuses to understand ADA governance structure;
- Interviewed the following:
 - UCSDH System Patient Revenue Cycle Director;
 - UCSDH Campus ADA Advisory Committee representative;
 - UCSDH Facilities Director;
 - UCSDH Nursing, Patient Access, and Patient Experience management;
 - Selected clinical staff within nursing, patient admission, and scheduling/call center;
 - UCSD Campus ADA Coordinator;
- Inquired with UCSDH Risk Management to determine if policies related to language assistance and communication barriers were reviewed annually;
- Evaluated whether Interpreter Services notices were posted in accordance with California Health and Safety Code 1259, which include but not limited to:
 - Notices of language assistance available and updated policy provided on the UCSDH public website and translated in language that represents at least 5% of population in area served other than English;
 - Notices posted within Emergency Services department (ED), admitting areas, the entrance, and outpatient areas advising patients and their families of the availability of the procedure for obtaining an interpreter, along with telephone number and TTD for the deaf where complaints can be filed concerning interpreter services;
- Judgmentally selected a sample of 15 LEP patients and performed the following:
 - Determined if interpreter services were provided and by qualified interpreters for consent forms and After-Visit Summaries (AVS);
 - Determined if written documentation for patient with preferred language of Spanish was provided for consent forms and AVS;
- Judgmentally selected a sample of 15 sensory-impaired patients, including patients with preferred language of American Sign Language (ASL), and performed the following:
 - Determined if interpreter services were requested and if so, were documented appropriately, and written documentation for patients with preferred language of Spanish was provided for consent forms and AVS; and
 - Determined how blind or visually-impaired patients are communicated the written documentation for consent forms and AVS.

IV. CONCLUSION

Based on our review, we concluded that internal controls related to services for LEP and sensory-impaired populations needed improvement to provide reasonable assurance that processes were effective and in full compliance with relevant policies and regulations. While UCSDH policies and procedures related to interpreter services for LEP and sensory-impaired population, along with support from UCSDH Interpreter Services, provided a strong framework, additional improvement is needed to ensure full compliance with policies and regulations.

In our review of a sample of patients, we noted instances of non-compliance with documenting interpreter services provided within Epic for consent forms and AVS, and providing written documents in Spanish, when required. Based on interviews, it appeared that monitoring processes within clinical areas were inconsistent. Staff may also benefit from additional or more frequent compliance training or communications, as some staff seemed to be unfamiliar with the resources available or certain aspects of the policy. We also identified areas where UCSDH Interpreter Services Policy could be enhanced to provide guidance on assessing preferred language when another authorized person signs forms on the patient’s behalf, and the need for interpreter services in those cases. Also, the policy did not contain information of the process for UCSDH faculty and staff to become qualified interpreters by completing the LPA.

We reviewed the UCSDH interpreter services information posted on the UCSDH public website, however the public website did not contain all the information that is required per California Health and Safety Code 1259. Based on regulations, the updated UCSDH Interpreter Services policy and translation of interpreter services should be made available in Spanish on the UCSDH public website. The UCSDH public website included a link to an outdated Interpreter Services policy, and interpreter services information was not translated into Spanish.

We also determined that the UCSDH policy for Disabled Access to Programs and Services did not reflect the current process for addressing patient ADA issues, complaints or grievances. The policy referred to principles established by a UCSD Campus ADA Advisory Committee and stated that UCSDH maintains representation on the Campus ADA Committee. However, we noted that UCSDH did not actively attend the Campus ADA Committee, and UCSDH ADA issues were not discussed in that forum. The UCSDH policy should be updated to reflect current UCSDH practices to address patient ADA issues, complaints, and grievances.

These observations are discussed further in the balance of this report.

V. OBSERVATIONS REQUIRING MANAGEMENT ACTION

A.	Interpreter Services Policy and Regulations
Interpreter services documentation within Epic for LEP patients was not in strict compliance with all regulatory and policy requirements, as we noted instances where interpreter services were not documented, or documents were not provided in Spanish when required. In addition, two UCSDH staff were documented as interpreters with UCSDH LPA numbers, however, confirmation of LPA completion was not available.	
Risk Statement/Effect	
Non-compliance with applicable regulations and policies could result in an increase in patient complaints and grievances, lawsuits, and possibly fines and penalties.	
Management Action Plans	
A.1	UCSDH Interpreter Services will communicate to UCSDH clinical leadership standards to implement consistent monitoring to ensure compliance with UCSDH policies and regulatory requirements.

A.2	UCSDH Interpreter Services will enhance existing training for providers and staff to include reminders of UCSDH policy requirements, and available resources. Interpreter Services is actively identifying groups to partner with in these efforts.
A.3	UCSDH Interpreter Services will provide confirmation whether the two interpreters noted with LPA numbers are certified/qualified interpreters.
A.4	UCSDH Interpreter Services will update the Interpreter Services Policy to include how preferred language should be assessed, how interpreter services will be provided and documented for patient representatives, and how UCSDH faculty and staff can take the LPA to become qualified bilingual providers and team members.

A. Interpreter Services Policy and Regulations – Detailed Discussion

Federal and State regulations mandate the use of certified/qualified medical interpreters for patients who designate a preferred language other than English. Per the UCSDH Interpreter Services Policy (UCSDHSP 301.9), UCSDH provides interpreting services as needed or referred for all patients or persons authorized to act on behalf of a patient. Interpreter services are offered at no charge 24 hours/day. The provider making use of an interpreter service should document in the patient’s electronic health record and include the date, time, and source of interpreter (e.g., on-site, telephonic, video, agency interpreter), along with the interpreter name or identification number, language, and when appropriate relationship to patient, and whether patient refused the use of a certified/qualified interpreter.

Sample Testing Results

We evaluated a sample of 15 LEP patients related to surgical or inpatient discharge visits from January 1, 2019 to December 31, 2019 and noted the following instances where the interpreter service was not appropriately documented². In two of these cases, the LPA number could not be verified to confirm that a qualified interpreter provided the service.

Document Reviewed	Interpreter Services Not Documented
Condition of Treatment/Admission (COTA) Consent	6 of 15
Surgical Consent	3 of 11
After Visit Summary (AVS)	1 of 15

Out of the 15 LEP patients selected, 13 patients had a Preferred Language noted as Spanish. Since Spanish is the language that represents 5% of the geographical area served, California Health and Safety Code 1259 states that written documentation related to consent forms and AVS are required to be provided in Spanish. Our sample review indicated inconsistencies in providing these documents in Spanish when required:

² In some of these cases, the patient’s preferred language was Spanish, however written documents were not provided in Spanish which would not require interpreter services to be documented.

Document Reviewed	Document Not Provided in Spanish
Condition of Treatment/Admission (COTA) Consent	4 of 13
Surgical Consent	3 of 10
After Visit Summary	1 of 13

We also evaluated a sample of 15 sensory-impaired patients related to surgical or inpatient discharge visits from January 1, 2019 to December 31, 2019. Since hearing impaired patients can read written documents, interpreter services are not required, unless requested. In the sample of 15 patients, 6 patients were noted as preferred language of Spanish. For these 6 patients, we noted the following instances where the interpreter services were not documented, or that the and written documents were not provided in Spanish.

Document Reviewed	Interpreter Services Not Documented or Written Document Not in Spanish
Condition of Treatment/Admission (COTA) Consent	3 of 6
Surgical Consent	1 of 6
After Visit Summary (AVS)	1 of 6

Monitoring Processes

UCSDH Risk Management had a monthly audit process to monitor compliance with UCSDH 301.9 policy for a few years, however this centralized audit was discontinued after results demonstrated a high level of compliance. At that point monitoring for compliance was essentially turned over to the units to implement.

Interviews indicated that inpatient nursing conducted compliance monitoring on a monthly basis, which included review to ensure interpreter services are provided to LEP patients for AVS. However, this audit process did not include review for surgical consent forms or COTA consent forms. The ED monthly reviews did not include monitoring for AVS or consent forms. Their review included confirming that preferred language was assessed and documented in patient’s medical records.

More consistent standards for review would provide a reference for units to ensure they are reviewing all relevant documentation, and reviewing for provision of documents in Spanish, where appropriate. Establishing a consistent monitoring process by the units will help ensure continuous compliance with UCSDH policy.

Policy Clarifications

We noted a few instances where the UCSDH Interpreter Services policy (UCSDHP 301.9) could be updated to provide additional guidance. The policy states that interpreting services are provided as needed or requested for all patients or persons authorized to act on behalf of a patient. However, the policy does not provide further guidance on requirements related to when a patient refers to a personal representative to sign medical documents, and how to assess the preferred language of that person and need for interpreter service. In some of the patient records we sampled, the native language of the person who was signing on behalf of the patient was not clear. This raises question whether the written document was understood by the person signing, and whether information of interpreter

services available at no cost was provided to the person. Also, we noted that the UCSDH policy does not provide guidance on how UCSDH faculty and staff can become qualified interpreters by taking a LPA.

Compliance Training

Interpreter Services provides training at Employee New Hire Orientation and on an ad-hoc basis for UCSDH departments. Based on interviews with various UCSDH departments and sample testing results, interpreter services compliance training may be needed more frequently. Staff could benefit from a reminder of the UCSDH Interpreter Services Policy and related regulations related to assessing the patient’s native language, documenting interpreter services in the medical record, and provision of written documentation in Spanish, if that is the preferred language. Some staff were also unaware of the LPA and benefits of taking this assessment to be a qualified Interpreter. In addition, some units have a practice to encourage the family member to translate. UCSDH policy allows a family member (with patient’s permission) to assist with providing limited, simple interpreting/translation services, such as simple patient instructions, making appointments, or registering and verifying insurance. However, if significant health information is communicated, a qualified interpreter should be used. Additional training could increase understanding among UCSDH faculty and staff of interpreter services requirements and new resources and tools available for providing interpreter services.

B. Interpreter Services Website	
UCSDH Interpreter Services information on the UCSDH public website did not contain all the information that is required per California Health and Safety Code 1259.	
Risk Statement/Effect	
Incomplete or outdated information on the public website may result in non-compliance with California Health and Safety Code 1259 which could lead to fines or penalties and reduced customer satisfaction.	
Management Action Plans	
B.1	UCSDH Interpreter Services will ensure the UCSDH public website with interpreter services information links to the updated Interpreter Services Policy.
B.2	UCSDH Interpreter Services will translate the interpreter services information on the public webpage into Spanish.

B. Interpreter Services Website – Detailed Discussion

UCSDH interpreter services information provided on the public website did not contain all the information that is required according to state regulations. California Health and Safety Code 1259 requires that hospitals provide the updated Interpreter Services policy available to the public on its Internet Web site. To serve the LEP population, the interpreter services information should be made available to the LEP population comprising of 5% of the population served which in San Diego County is Spanish.

We noted that the UCSDH public website includes UCSDH interpreter services information and link to the Interpreter Services Policy in English, however, it did not contain an option to translate the information in Spanish which is the language that comprises of five percent (5%) or greater of the

population in San Diego County. A separate tab on the UCSDH website contained some information in Spanish, however this page did not link to the Interpreter Services policy. Also, the Interpreter Services Policy displayed on the website and linked is not the most updated version as it contained a policy last revised March 1, 2016. The most updated version was revised on March 18, 2019.

Modification to the above sites to ensure that the current Interpreter Services Policy is provided in both English and Spanish will ensure compliance with regulations, and enhance access to this policy to the LEP population.

C.	UCSDH Disabled Access to Programs and Services Policy
The UCSDH policy for disabled access to programs and services did not reflect current UCSDH process of addressing patient ADA issues, complaints or grievances.	
Risk Statement/Effect	
Without clear guidance on who addresses patient ADA complaints, patient satisfaction may decrease if programs and services for disabled patients and/or visitors are not adequately provided or ADA issues are not addressed timely.	
Management Action Plan	
C.1	UCSDH Environment Health and Safety (EH&S), as policy owner, will coordinate with Patient Experience, Risk Management, the Office for Prevention of Harassment & Discrimination, and other departments to update the UCSDH Disabled Access to Programs and Services Policy to reflect current practices of addressing ADA issues within UCSDH.

C. UCSDH Disabled Access to Programs and Services Policy – Detailed Discussion

The UCSDH policy for disabled access to programs and services (UCSDHP 533.2 Disabled Access to Programs and Services, which is owned by EH&S) does not reflect current UCSDH process of addressing patient ADA issues, complaints or grievances. The policy refers to a UCSD Campus ADA Advisory Committee and principles established by this committee to guide consideration of access issues and further human potential of all UCSDH patients, faculty, staff, and visitors. It states that UCSDH maintains representation on the Campus ADA Advisory Committee.

Based on discussion interviews, UCSDH ADA issues were not discussed within the Campus ADA Advisory Committee and there was no active UCSDH representation on the committee. We learned that a representative from UCSDH attended occasionally, however the information discussed was not relevant for UCSDH purposes, therefore information was not disseminated more broadly within UCSDH.

We also noted that current practice of how UCSDH addresses ADA complaints, issues and grievances was not reflected within the UCSDH 533.2 Disabled Access to Programs and Services Policy. The Center for Medicare and Medicaid Services (CMS) requires that grievances are closed within 30 days, otherwise a letter describing the issue and what steps are being taken to resolve. All ADA related complaints are considered grievances. UCSDH policy indicated that if efforts to provide reasonable accommodations are not successful, then individuals should be informed of their right to file grievance with UCSDH or to file discrimination complaints with state or federal agencies, however the supplement of contact

information did not include a UCSDH department to contact, instead referenced Campus departments. The current practice is that most ADA concerns from UCSDH patients and visitors are generally reported to the Patient Experience department. Patient Experience utilizes a centralized system, iReports, to record the issues, date of complaint/grievances, track resolution, and date resolved. Patient Experience coordinates with various departments to resolve the complaints/grievances including EH&S, Facilities, Interpreter Services, Patient Access, and Risk Management. The UCSD Office for Prevention of Harassment & Discrimination is also involved as needed. Legal issues or interpretation of the ADA regulations are referred to Risk Management.

The UCSDH policy should be updated to accurately reflect the process for how UCSDH ADA complaints and grievances are reported, tracked, and resolved in a timely manner. The policy could also be enhanced to provide a resource list for where ADA issues can be routed to for resolution as additional guidance for staff.