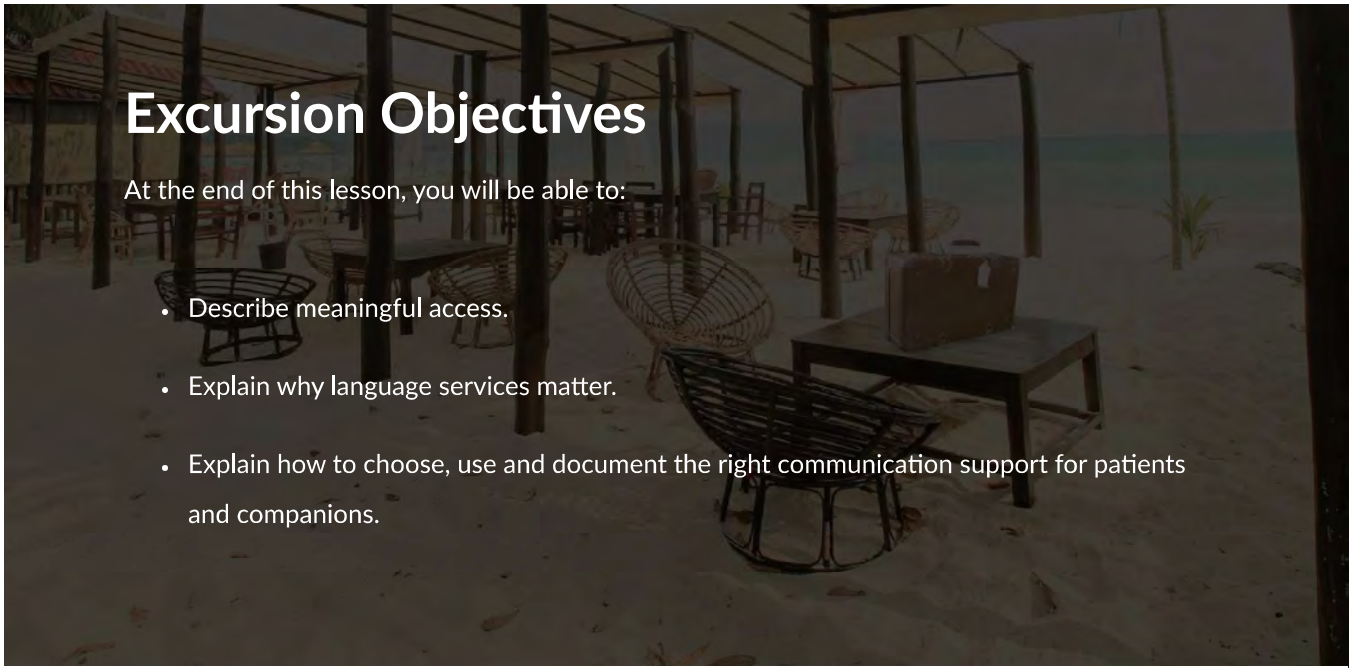
EXCURSION 11 of 13

Language Access & Meaningful Communication



Excursion Objectives

At the end of this lesson, you will be able to:

- Describe meaningful access.
- Explain why language services matter.
- Explain how to choose, use and document the right communication support for patients and companions.

What is Meaningful Access?

Meaningful access to communication means patients can understand and participate in their care as effectively as someone who does not experience communication barriers. It goes beyond simply providing information. It ensures communication is timely, accurate, understandable, and usable.

Meaningful access applies to:

- Limited English Proficient (LEP) patients
- Deaf, Hard of Hearing, Deaf Blind, or low vision patients

- Patients with speech, sensory, or physical disabilities
- Patients with low health literacy (avoid assumptions about literacy)

Patients and companions cannot be denied equal access to care, services, or programs because of language or disability.

CONTINUE

Advocate Health Commitment: No-Cost Language Assistance

Advocate Health provides auxiliary aids, qualified medical interpreters, and qualified translations upon request. Language assistance must be available free of charge, accurate, timely and protect patient privacy and independent decision-making.

Select each tab to learn about the Language Assistance we provide.

Interpreter Modalities

- Video Remote Interpreting (VRI)
- Over the Phone Interpreting (OPI)

- In person interpreters (when appropriate)





Auxiliary Aids

Auxiliary aids may include:

- Audio amplifiers
- Video relay services
- Communication boards
- Note-taking or writing boards
- C-print
- Pictographs
- Captioned phones
- Written documents
- Magnifying devices and large-print materials

Written Translations

- Provided upon request
- Must follow the appropriate division process for requesting or printing translated materials

Knowledge Check

Which of the following statements is true?

- ◯ Language services are optional if a family member can interpret.
- ◯ Advocate Health must provide qualified interpreters and auxiliary aids at no cost
- ◯ Only clinical areas must comply
- ◯ Translation apps are allowed for routine communication.

SUBMIT

CONTINUE



Interpreting & Translation Standards

- Spoken language interpretation must be provided only by qualified medical interpreters
- Approved bilingual teammates may speak directly with patients in their shared language but may not interpret
- Use of Google Translate, automated translation tools, or generative AI for interpreting or translation is strictly prohibited, except in emergent situations as defined by policy

All translations must go through the vetted process and be reviewed by a Qualified Human Translator.

Why Meaningful Access Matters

Select each card to learn more about the risks of not providing meaningful access.

Patient Safety Risks

Misunderstandings about symptoms, medications, instructions, or consent can lead to errors

Poor Clinical Outcomes and Misdiagnosis

Inaccurate communication increases delays and incorrect assessments

Limited Patient Participation

Patients may not understand their condition or care plan

Legal, Regulatory and Accreditation Risk

Noncompliance with policy and external requirements

Loss of Trust and Inequitable Care

Communication barriers lead to frustration, disengagement, and inequitable outcomes

Benefits of Meaningful Access

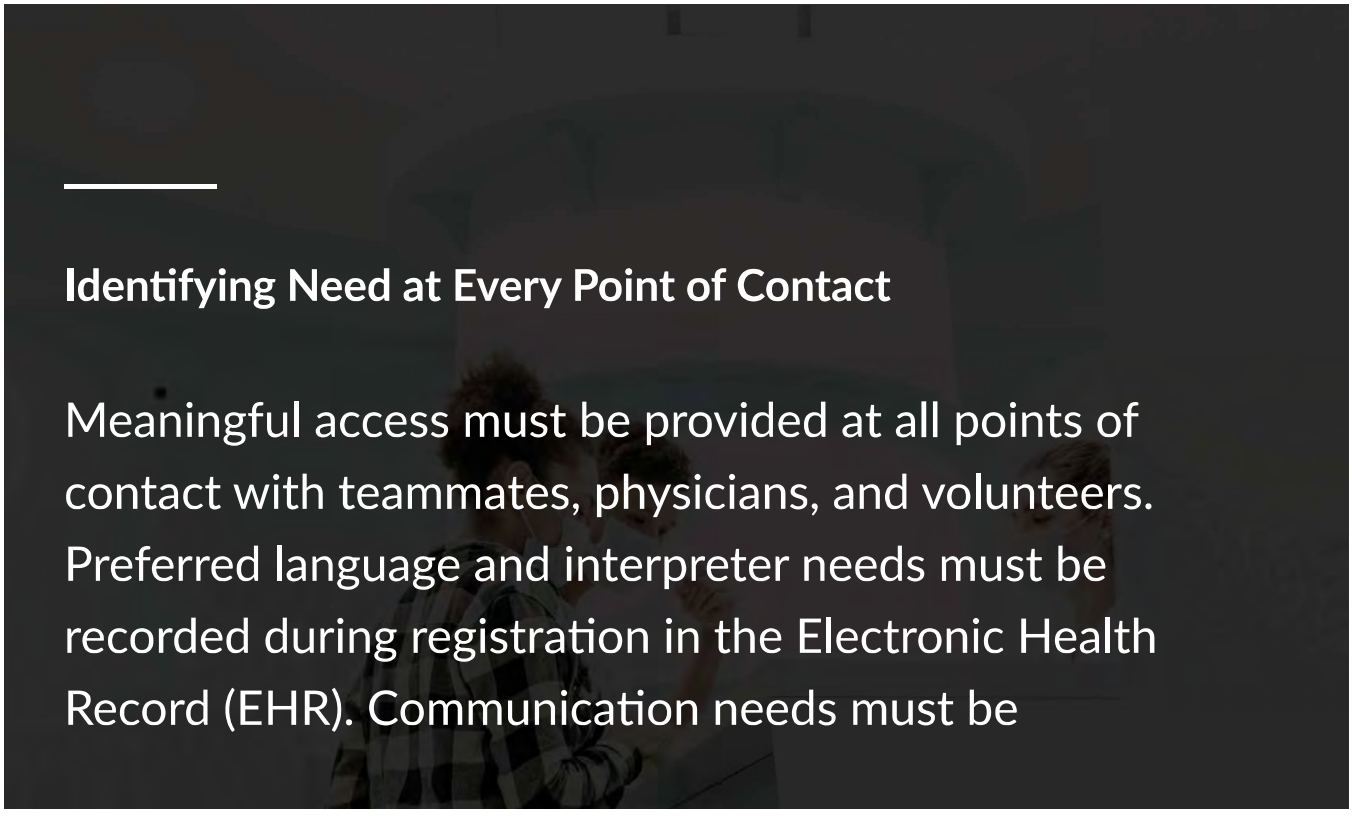
- **Improves patient safety**
- **Supports accurate, two way communication**
- **Allows patients to actively participate in their care**
- **Promotes equity and inclusion**
- **Meets legal requirements and aligns with Advocate Health values**

Test Your Knowledge

Which outcomes are benefits of providing meaningful access to communication?
Select all that apply.

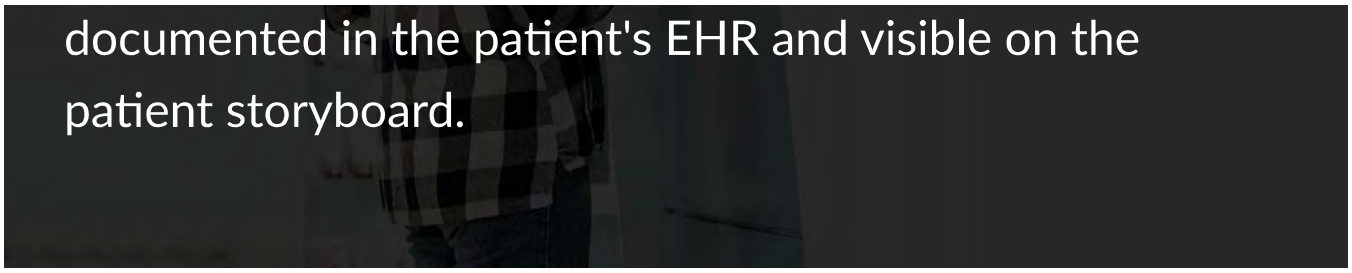
- [ ] Improved patient understanding and satisfaction
- [ ] Reduced risk of misdiagnosis and inadequate treatment
- [ ] Stronger compliance with legal and regulatory expectations
- [ ] More patient participation in care decisions
- [ ] Longer length of stay

SUBMIT



Identifying Need at Every Point of Contact

Meaningful access must be provided at all points of contact with teammates, physicians, and volunteers. Preferred language and interpreter needs must be recorded during registration in the Electronic Health Record (EHR). Communication needs must be



Primary Consideration

Patients with disabilities or communication needs must have the opportunity to express their preferred auxiliary aid or interpreter modality.

When determining what support is appropriate:

- Consider the nature, length, complexity, and importance of the interaction
- If the preferred method is unavailable, use an alternate modality and document it

Test Your Knowledge

If a patient's preferred interpreter modality is unavailable, staff may proceed without assistance.

True or False?

- ◯ True
- ◯ False

SUBMIT

CONTINUE

Qualified Medical Interpreters

Qualified Medical Interpreters demonstrate language proficiency, understand medical terminology, receive interpreter ethics and cultural competency training and interpret accurately and impartially.

Qualified interpreter resources include:

- Over the Phone Interpreters
- Video Remote Interpreters

- In-person staff or contracted interpreters

Minors as Interpreters

The use of minor children under age 18 as interpreters is prohibited, except in an emergency involving imminent threat when no qualified interpreter is immediately available.

Test Your Knowledge

Which of the following is allowed?

- ◯ Using a patient's 14 year old to interpret discharge instructions
- ◯ Using a minor only during an imminent threat when no qualified interpreter is available

SUBMIT

Documentation of Interpreter Use

Interpreter use or refusal must be documented when it affects care, safety and/or financial responsibility.

Documentation responsibilities include:

- Teammates document per departmental workflow
- Physicians document in flowsheets or progress notes
- Follow downtime procedures when EHR is unavailable

Select the tab for your work location below to learn what must be documented.

IL/WI | NC/GA

Teammates in Illinois or Wisconsin must document:

- Who the interpreter was for (patient/family/companion)
- Interpreter modality
- Interpreter ID number
- Interpreter name (if disclosed)

IL/WI | NC/GA

Teammates in the NC & GA Division must document:

- Interpreter name

- Interpreter ID number (if served by a contracted virtual entity)

Test Your Knowledge

Teammates are required to document interpreter use when it affects:

- ◯ Financial Responsibility
- ◯ Safety
- ◯ Care
- ◯ All of the above

SUBMIT

Patient Right to Refuse Interpreter Services

Patients may refuse a qualified medical interpreter only after one has been offered at no cost. Required elements of refusal include:

- Patient acknowledgment
- Staff involvement

- Interpreter involvement (when applicable)

Refusals must be documented using the applicable state/division process:

- **IL/WI:** Acknowledgement and Refusal of Interpretation Service form in EHR
- **NC/GA:** Interpreter (or effective method of communication) must be used if patient refuses



REMEMBER: Family or friends should not be used as interpreters except in limited, policy-defined circumstances.

Provider Safety Override & EMTALA

Providers may request interpreter services for safety concerns. If a patient refuses interpreter services and the provider believes serious harm risk exists, the encounter may be ended except where EMTALA obligations apply.

Test Your Knowledge

A patient refuses interpreter services during a high-risk discussion, and the provider believes the communication barrier creates a serious safety concern. What is the best next step?

- ○ Continue the encounter using a family member to interpret
- ○ Respect the refusal and proceed without language support, even if safety is a concern
- ○ Request a qualified interpreter and consider ending the encounter if safety concerns persist, except where EMTALA obligations apply
- ○ Delay documentation until after the visit

SUBMIT

Using Bilingual Skills Correctly

Even if a teammate is bilingual, they must be approved in order to speak directly with patients. Here are the differences:

Bilingual Teammate	Approved Bilingual Teammate
Speaks English and another language	Formally assessed and approved to speak directly with patients in their shared language within their job scope

Important Rules

- Language Services must approve bilingual communication
- Approved bilingual teammates may not interpret between patients and any other teammate, including providers

Test Your Knowledge

An approved bilingual teammate may interpret between a provider and patient.

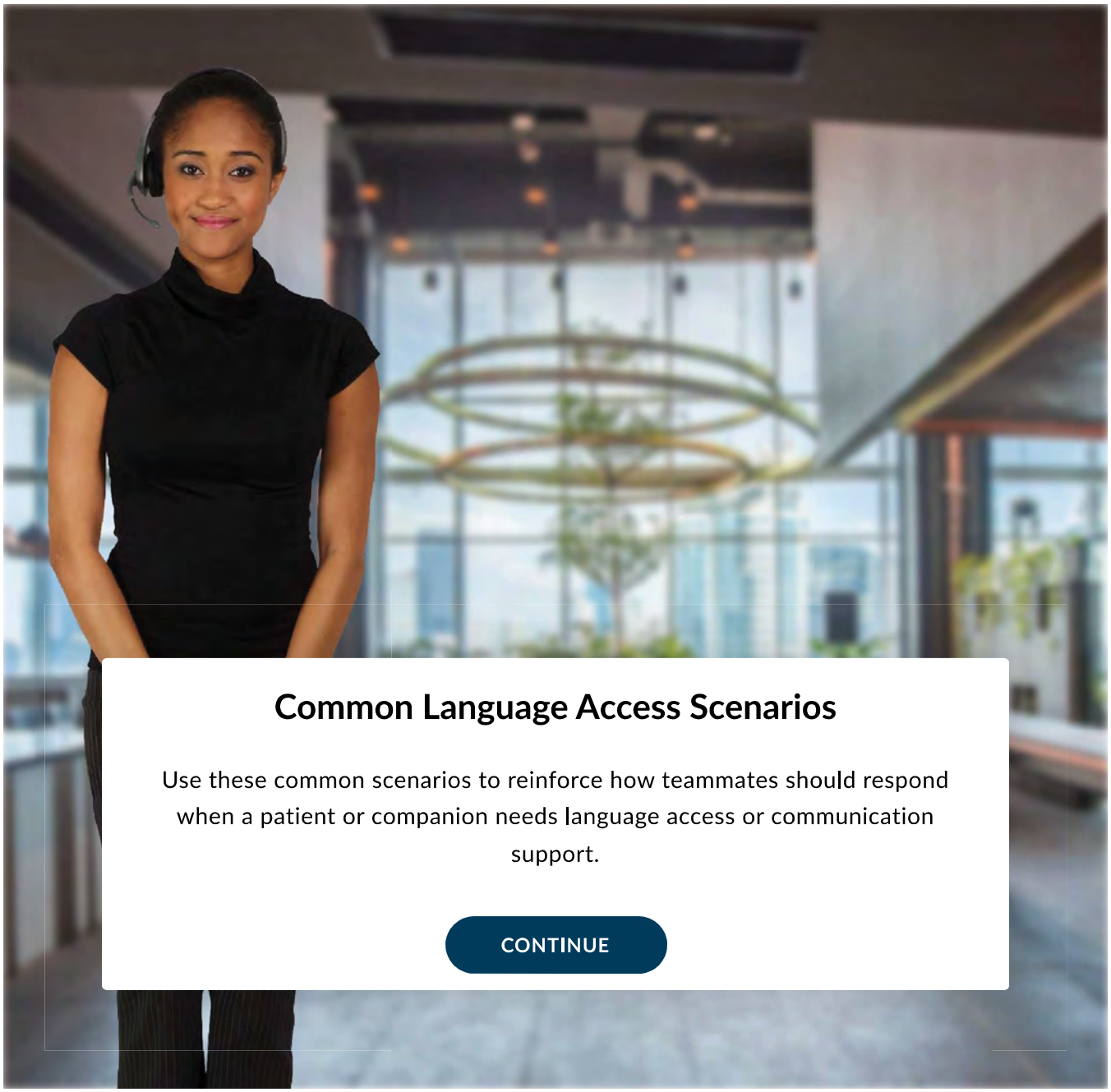
True or False?

- ◯ True

False

SUBMIT

CONTINUE



Scene 1 Slide 1

Continue → Scene 2 Slide 1



Scene 2 Slide 1

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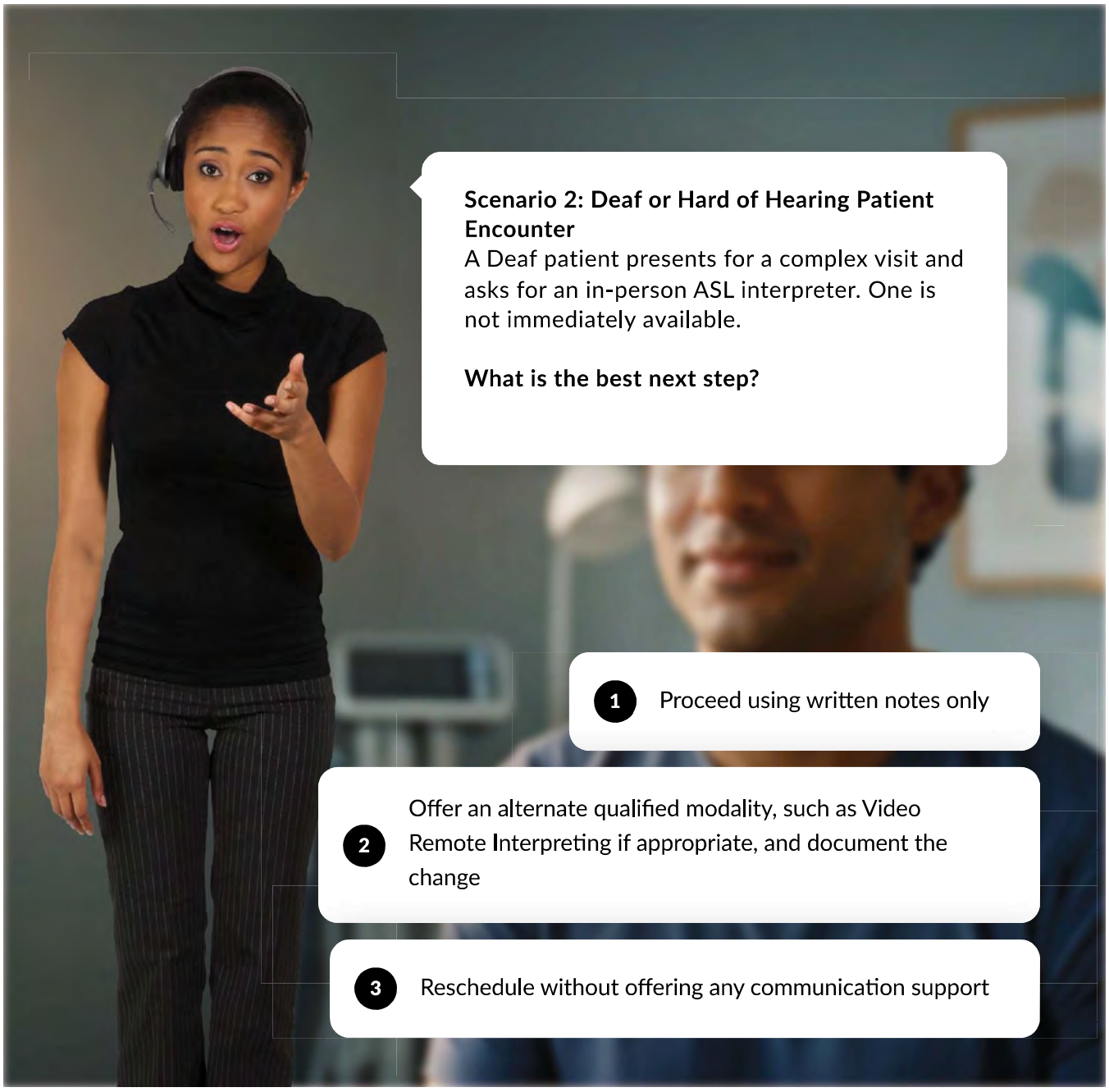

Scene 3 Slide 1

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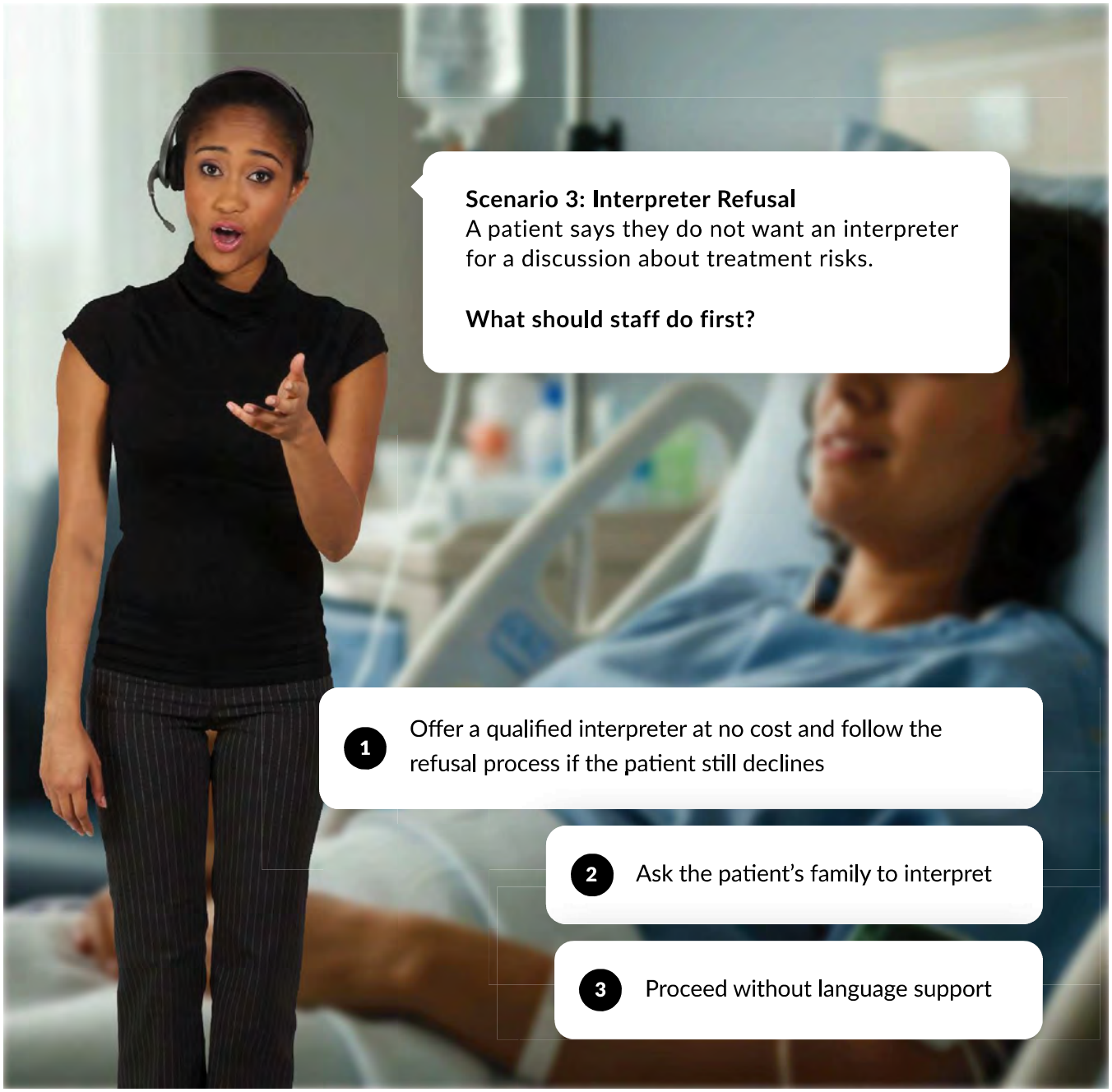

Scene 4 Slide 1

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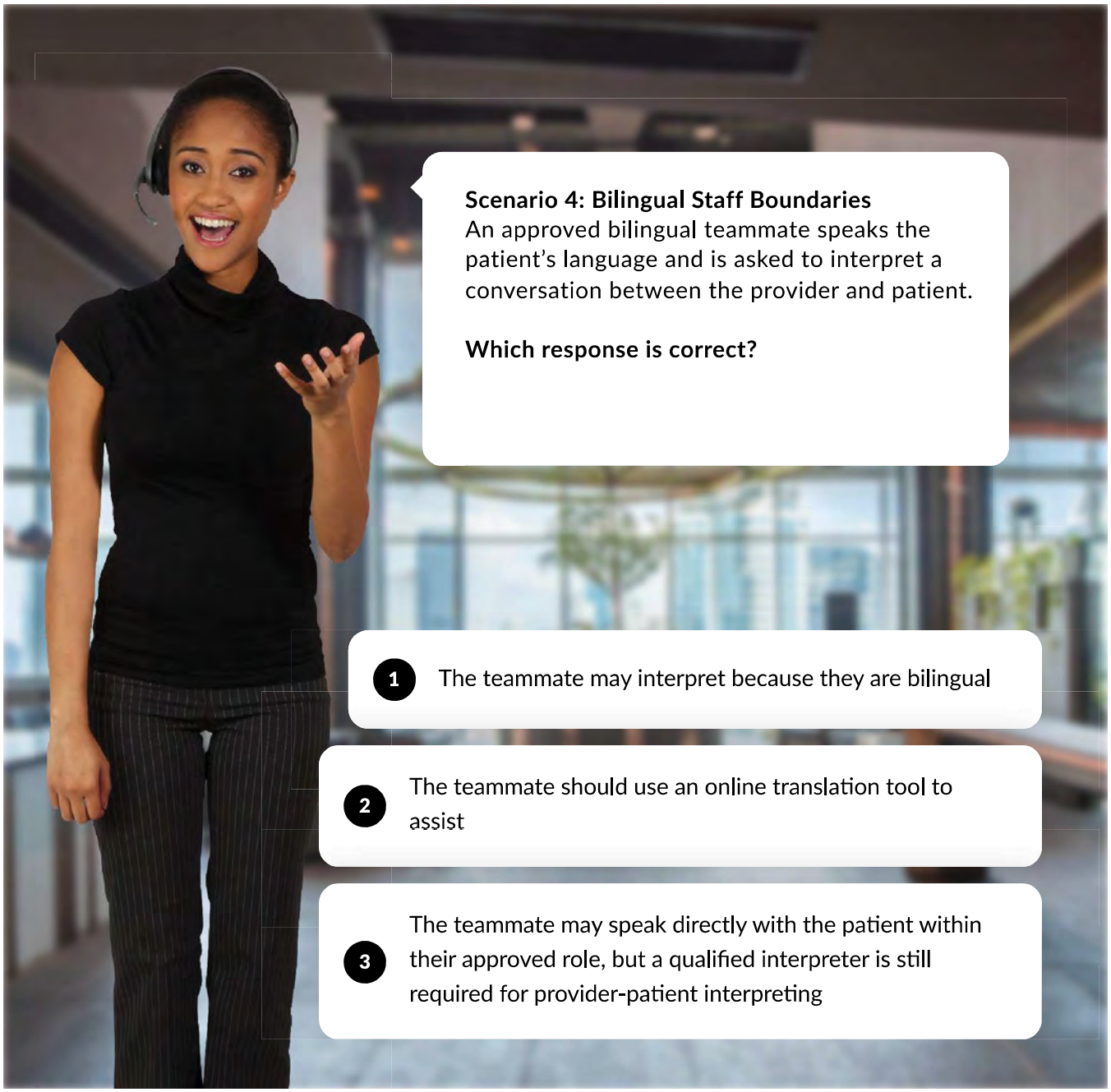

Scene 5 Slide 1

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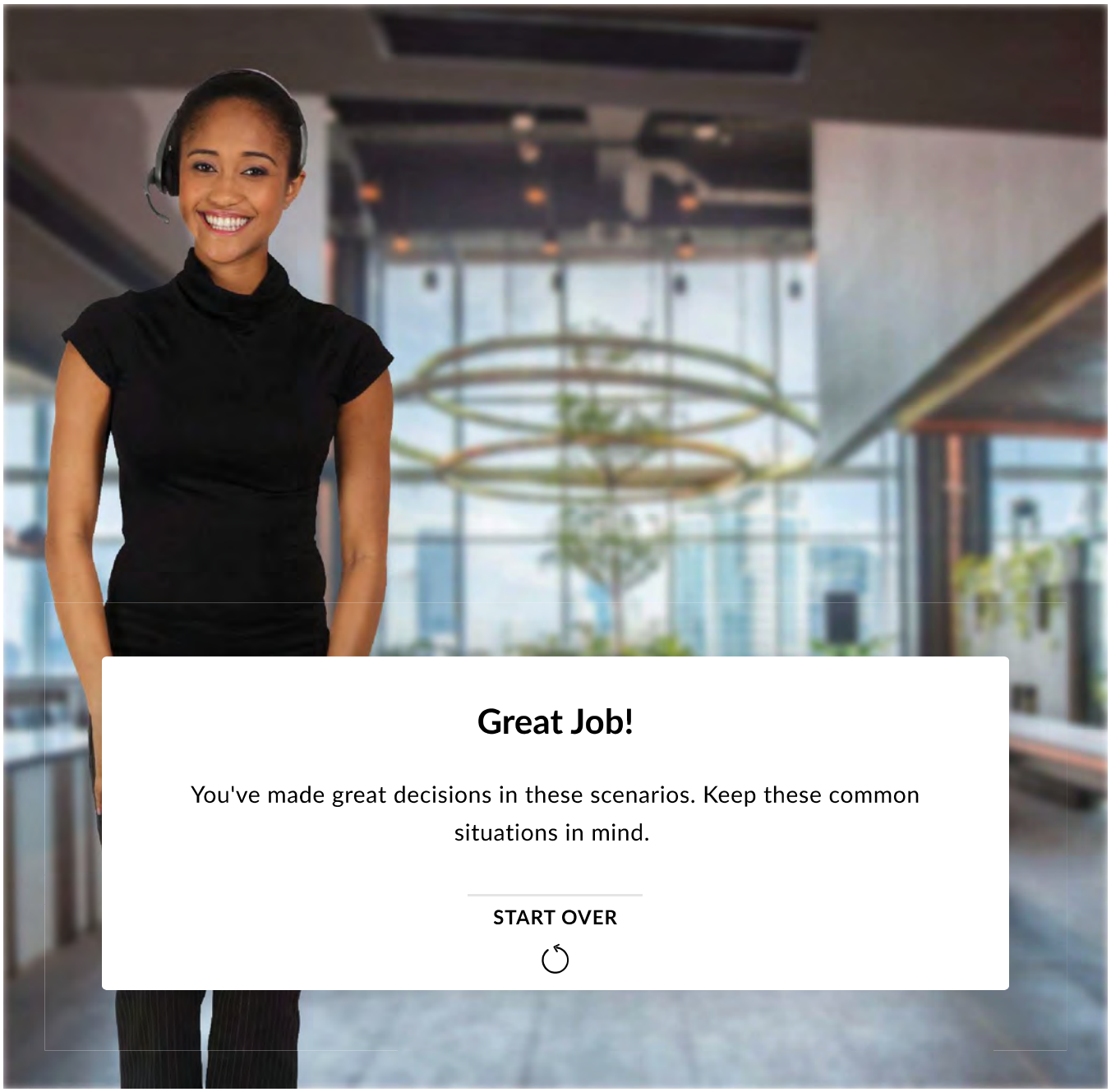

Scene 5 Slide 2

Continue → End of Scenario

CONTINUE

Key Takeaways & Resources

- Provide meaningful access and effective communication
- Use qualified interpreter resources and auxiliary aids at no cost
- Document interpreter and aid use consistently
- Follow refusal and waiver procedures
- Bilingual does not mean interpreter
- Avoid unapproved translation tools except in defined emergencies

Resources

Select the tab for your location for a list of resources you can use to best support our patients.

IL/WI

- Assistance for Persons with Communication Needs (Language Services) Policy (IL & WI Divisions)

- IL/WI Language Services SharePoint Site

NC/GA _

- Language Assistance Plan Policy (NC/GA Division)
- NC/GA Language Access Services SharePoint Site

CONTINUE

Quiz

It's time to review what you know! Complete the following quiz. There are a total of 17 questions and you must receive an 100% to pass. You will have unlimited attempts.

If you need to re-review content, use the navigation menu on the left to revisit any section of the course.

When you have passed the quiz, you must select the 'CONTINUE' button to continue onto the last lesson and receive credit for this lesson.

Good luck!

Question

01/17

Law enforcement presents at ED with person in custody and requests psychological evaluation. Hospital psychiatric beds are full and a nurse tells them there is no capacity so they go to another facility. Is this an EMTALA violation?

- ◯ Yes
- ◯ No

Question

02/17

A specialty physician is on call but refuses to answer the page and come in. The hospital is unable to locate another physician in the same specialty to examine the patient within the time limit. Consequently, the patient is transferred to another hospital that has a physician in the appropriate specialty to evaluate the patient. Is this an EMTALA violation?

- ◯ Yes
- ◯ No

Question

03/17

A teenager comes to the ED complaining of chest tightness, wheezing and shortness of breath and has a history of asthma. Physician does the MSE and determines it is an asthma attack and is an EMC. He gives her medication and oxygen to stabilize her. He then discharges her home. Is this an EMTALA violation?

- ◯ Yes
- ◯ No

Question

04/17

Patients who are most vulnerable to abuse are:

- Patients with psychiatric disorders
- Needy/demanding patients
- The elderly
- Patients totally dependent upon a caregiver
- All of the above

Question

05/17

If patient abuse is suspected, wait until your shift is over to contact your leader.

- ◯ True
- ◯ False

Question

06/17

Lifting or assisting with patient handling tasks of greater than 35 lbs. in an ideal situation, 25 lbs. in less-than-ideal situations, puts teammates at risk of injury.

- ◯ True
- ◯ False

Question

07/17

Use of Safe Patient Handling & Mobility (SPHM) equipment, tools and programming can reduce the risk of injury for teammates and improve patient outcomes.

- ◯ True
- ◯ False

Question

08/17

Using proper body mechanics is enough to prevent injuries during patient handling tasks.

- ◯ True
- ◯ False

Question

09/17

Which of the following is a benefit of ensuring visitation rights for patients?

- ◯ Emotional support
- ◯ Enhanced patient experience
- ◯ Promote healing
- ◯ All of the above

Question

10/17

Select the **three** clinically necessary restrictions to visitation.

- [ ] Infection Control
- [ ] Patient Safety and Care
- [ ] Special Circumstances
- [ ] Understaffing

Question

11/17

What is the primary route of exposure to hazardous drugs?

- Intraocular
- Dermal absorption
- Injection

Question

12/17

Which Personal Protective Equipment (PPE) provides protection when handling hazardous drugs? **(Select all that apply)**

- [ ] Chemotherapy gloves
- [ ] Impervious Chemotherapy gown
- [ ] Eye goggles/face shield (if there is a risk for splash)
- [ ] Surgical mask

Question

13/17

There are fertility risks associated with handling hazardous drugs. Pregnant or breastfeeding individuals, or individuals attempting pregnancy may request exemption from handling hazardous drugs. Do you understand the fertility risks associated with handling hazardous drugs?

- ◯ I understand the fertility risks associated with handling hazardous drugs.
- ◯

Question

14/17

What are the goals of antimicrobial stewardship?

- Slow antimicrobial resistance
- Optimize patient outcomes (drug selection, dosing, duration, and route of administration)
- Preserve antimicrobial effectiveness
- All of the above

Question

15/17

Which of the following statements about antibiotic resistance is true?

- Antibiotic resistance is not a concern due to increasing development of new drugs
- Although increasing, antibiotic resistant infections are not associated with worse outcomes to patients or the healthcare system
- Many factors contribute to the development of antimicrobial resistance, but a significant contributor we can impact is antibiotic prescribing.
- Overuse of antibiotics in humans and animals is not a contributing factor to the development of antimicrobial resistance

Question

16/17

You are a nurse in a primary care clinic. A patient's physician has confirmed that he has a respiratory virus and has explained she will not be prescribing antimicrobials. As you are finalizing details with the patient and family, a family member expresses frustration and concern that an antibiotic was not prescribed to their loved one. How can you support and reinforce antimicrobial stewardship with this family?
Select all that apply.

- [ ] Explain antibiotics don't treat viral infections
- [ ] Emphasize avoiding unnecessary side effects
- [ ] Agree with the family and request antibiotics from the MD

Question

17/17

Which of the following statements about communication access at Advocate Health are true? (Select all that apply)

- [ ] Consumers may be asked to bring their own interpreter if one is not available.
- [ ] Qualified medical interpreters must be tested for baseline competency in English and their target language.
- [ ] Services may be delayed until the consumer's preferred interpreter is available.
- [ ] Advocate Health must provide free interpretive resources to consumers who are deaf, hard of hearing, blind, or have Limited English Proficiency (LEP).
- [ ] Over-the-phone and video remote interpreting are examples of qualified medical interpreting resources.

EXCURSION 13 of 13

Conclusion



Congratulations on completing 2026 ARL: Passport to Patient Spaces!

You've collected a BONUS souvenir water bottle on your trip!

Where is your next trip to? Return to Workday to choose!

To download your VIP Patient-Facing water bottle souvenir, select the png image file below.

FILE

VIP Patient Facing waterbottle-transparent.png

75.2 KB

EXIT COURSE

To exit the course, click the button to the right and you will return to Workday Learn.

EXIT COURSE

REVISIT COURSE

If you want to revisit another lesson of this course, you can either use the navigation pane to the left or click the button to the right.

REVISIT COURSE