

TEXAS ADVISORY COMMITTEE ON
QUALIFICATIONS FOR HEALTHCARE
TRANSLATORS AND INTERPRETERS



Recommendations for Interpreters of
Foreign Languages and Foreign Signed Languages

Recommendation #1

Prohibit the practice of requiring patients to bring their own interpreters in health care settings.

Recommendation #2

Limit the use of uncertified or unqualified individuals to assist with communication—including but not limited to friends, family members, associates, and others—to those medical emergency situations—both physical and mental health emergencies—in which an interpreter not associated with the patient is not available by any other means, including but not limited to in-house, contracted, and remote interpreters.

In routine situations, a provider will use a certified or qualified interpreter not associated with the patient at no cost to the patient. The health care facility staff will inform the patient—in the patient's preferred language—that a qualified interpreter will be provided at no cost to the patient.

Definitions:

Remote interpreters shall be defined as certified or qualified interpreters who make their services available via communications technologies, such as telephonic interpreting and web-based videoconferencing systems.

Recommendation #3

Require qualifications and successful completion of HHS agency approved training as set out below for any individual in the state of Texas who provides interpreting services as part of his or her professional duties in a health care setting.

- Code of Ethics for Health Care Interpreters
- Standards of Practice for Health Care Interpreters
- Roles of the Health Care Interpreter
- Cultural Awareness
- Legislation and Regulations (ADA, Section 504 of Rehabilitation Act, Title VI of Civil Rights Act, HIPAA, HITECH, CLAS)
- General Medical Knowledge
 - Anatomical Terms for Major Body Systems
 - Medical Tests and Diagnostics
 - Common Specialties and Medications (including physical and mental health)
 - Acronyms and Abbreviations
 - Routine Medical Equipment
 - Infection Control
 - Onsite Mentoring
 - Mental/Behavioral Health
 - Common Disorders of Adults, Children/Adolescents
 - Common Medications
 - Psychiatric Tests and Diagnostics
 - Treatment Plans
 - Acronyms and Abbreviations
 - Legal Status (Voluntary, POEC, OPC)

An HHS agency shall have authority to establish, by rule, the minimum standards for approved training and interpreter qualifications.

Recommendation #4

That a registry of health care interpreters be established through a non-profit or government organization in which interpreters who have successfully completed an HHS agency approved training may register.

Texas Advisory Committee on Qualifications
for Healthcare Translators and Interpreters
[http://www.hhsc.state.tx.us/about_hhsc/
AdvisoryCommittees/HCT/default.shtml](http://www.hhsc.state.tx.us/about_hhsc/AdvisoryCommittees/HCT/default.shtml)

Resources for Interpreters and Translators in
Healthcare
<http://RITH.info>

Recommendation #2

To limit the use of uncertified and unqualified individuals to assist with communication—including but not limited to friends, family members, associates, and others—to those medical emergency situations—both physical and mental health emergencies—in which an interpreter not associated with the patient is not available by any other means, including but not limited to in-house, contracted, and remote interpreters.

In routine situations a provider will use a certified and qualified interpreter not associated with the patient at no cost to the patient. The health care facility staff will inform the patient—in the patient's preferred language—that a qualified interpreter will be provided at no cost to the patient.

Definitions:

Remote interpreters shall be defined as certified and qualified interpreters who make their services available via communications technologies, such as telephonic interpreting and web-based videoconferencing systems.

Recommendation #3

To require qualifications and successful completion of HHS agency approved training as set out below, for any individual in the state of Texas who provides interpreting services as part of his or her professional duties in a health care setting.

Recommend the following interpreter qualifications:

- Sign Language Certification recognized by the Department of Assistive and Rehabilitative Services (DARS)
- Experience as an Interpreter in a Health Care Setting
- Training in:
 - Interpreting Skills
 - Consecutive and Simultaneous
 - Interpreting
 - Sight Translation
 - Protocols (managing the session)

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Recommendation #3 Continued

Recommend the following interpreter qualifications:

- Certification by the Certification Commission for Healthcare Interpreters (CCHI) or the National Board of Certification for Medical Interpreters (NBCMI)
- Or all of the following:
 - Age 18
 - High School Education
 - Fluency in English and a Language Other Than English
 - Experience as a Translator or Interpreter in a Health Care Setting
 - Training in:
 - Interpreting Skills
 - Consecutive Interpreting
 - Sight Translation
 - Protocols (managing the session)
 - Code of Ethics for Health Care Interpreters
 - Standards of Practice for Health Care Interpreters
 - Roles of the Health Care Interpreter
 - Cultural Awareness
 - Legislation and Regulations (Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act, Title VI of Civil Rights Act, Health Information Portability and Accountability Act (HIPAA), Health Information Technology for Economic and Clinical Health Act (HITECH), National Standards on Culturally and Linguistically Appropriate Services (CLAS))
 - General Medical Knowledge
 - Anatomical Terms for Major Body Systems
 - Medical Tests and Diagnostics
 - Common Specialties and Medications (including physical and mental health)
 - Acronyms and Abbreviations
 - Routine Medical Equipment
 - Infection Control
 - Onsite Mentoring
 - Mental/Behavioral Health
 - Common Disorders of Adults, Children/Adolescents
 - Common Medications
 - Psychiatric Tests and Diagnostics
 - Treatment Plans
 - Acronyms and Abbreviations
 - Legal Status (Voluntary, Peace Officer Emergency Commitment (POEC), Order of Protective Custody (OPC))

An HHS agency shall have authority to establish, by rule, the minimum standards for approved training and interpreter qualifications.

Recommendation #4

That a registry of healthcare interpreters be established through a non-profit organization in which interpreters who have successfully completed an HHS agency approved training may register.

Recommendation #5

When a patient liaison/advocate is working as an interpreter, he or she should refrain from advocating during the interpreted session.

Recommendation #6

Recommend that the following quality assurance measures be implemented for translation of written documents:

- A request for translation should include the following information:
 - Function, overall purpose and end use of the source text
 - Description of target audience for translated text – literacy level, cultural concepts, regional language variations
 - Specific needs and special requirements, such as adaptation for low literacy level or specific terminology preferences
 - Specific deadline by which the document is required
- The translator should meet the following qualifications:
 - Ability to read and write at a professional level in the source and target language
 - Knowledge and experience with the culture of the intended audience
 - Knowledge of medical terminology and concepts
 - Experience as a medical translator
- The translation should be reviewed and edited by an experienced editor if a professional editor is not available, with the following criteria in mind:
 - Reliability – meaning of original text is clearly conveyed in new language
 - Completeness – nothing is omitted or added to the original message
 - Accuracy – text is free of spelling and grammatical errors
 - Cultural appropriateness – message is meaningful and appropriate for the target culture
- The translation function may be outsourced. If so, recommend the following criteria to ensure the translation provider:
 - Offers transparency in its processes
 - Uses up-to-date technology and tools (Including translation memory)
 - Uses HIPAA and HITECH compliant security measures
 - Includes editing, proofreading, language localization and formatting as steps in its process
 - Has mechanisms for Quality Assurance / Quality Control (such as ISO Certification which specifies requirements for a quality management system)



Recommendations for Interpreters of American Sign Language Interpreters

Recommendation #1

To prohibit the practice of requiring patients to bring their own interpreter in health care settings.

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