

DIVISION SCOPE OF SERVICE

Division: CONTINENTAL			
Classification: INTERPRETER-PLEASE SELECT TYPE BELOW			
	SIGN LANGUAGE INTERPRETER		ORAL or WRITTEN INTERPRETER
Applicant Name:			

Interpreter:

The Interpreter must have equivalent qualifications, competence and function in the same role as employed individuals performing the same or similar services at the facility, as defined by facility job description.

Definition of Care or Service:

The Interpreter is able to interpret effectively, accurately, and impartially using any necessary specialized vocabulary. Scope of Service:

- Follows appropriate policies, procedures, hospital protocol and completes necessary documentation.
- Meets Health and Human Services, Environment Health and Safety requirements and/or all other applicable regulatory requirements.
- Maintains patient confidentiality at all times.
- Performs duties in a spirit of teamwork and cooperation.
- Interprets information such as as the reason for a medical visit, past medical history, family medical history, explanations for medical and surgical procedures, medical care instructions, drug information, and scheduling follow-up appointments.
- Follows the HCA Healthcare Code of Conduct core fundamentals in daily interactions with patients, families, co-workers and physicians.

Setting(s): Healthcare facilities including but not limited to hospitals and outpatient treatment facilities

Supervision:

• Direct supervision by department director, site manager or designee

Evaluator: Department director or designee

Tier Level: 2

eSAF Access Required: YES

Qualifications:

- High School/GED or higher
- Fluency in English and one or more foreign language in both oral and written or sign language.

If you are Interpreting in Sign Language:

 American Sign Language (ASL) Interpreters should be registered/certified/licensed (see state requirement)

Preferred Qualifications:

• Certification by the National Board of Certification for Medical Interpreters preferred or proof of medical interpreter qualifications.

NOTE: Where education may not be defined in qualifications area of the Scope, HCA Healthcare requires the highest level of education completed (not training or courses) confirmed on your background check.

State Requirements:

- Colorado: American Sign Language Interpreters must be Registered or Certified through the Registry for the Interpreters of the Deaf.
- Kansas: American Sign Language Interpreters must be Registered or Certified through the Kansas



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Commission for the Deaf and Hard-of-Hearing. **Experience:** N/A **Preferred Experience:** • Experience in a Healthcare setting as a medical interpreter preferred. **Competencies:** The Interpreter: Has strong linguistic and cultural awareness skills Selects appropriate mode of interpretation for each situation Understands variety of regional accents and linguistic styles and registers Maintains professional distance and integrity Diffuses conflict between parties by remaining calm and impartial Communicates instructions in an effective manner Infection Prevention: Practices consistent hand hygiene Uses personal protective equipment (PPE) o Completes immunizations per Division requirements o Complies with Isolation precautions Disposes biohazardous materials per hospital policy Possesses familiarity and ability to work with diverse cultural/socio-economic backgrounds Demonstrates interpersonal, organizational, and time-management skills References: National Council on Interpreting in Health Care. National Council on Interpreting in Health Care Develops National Standards for Interpreters. http://www.ncihc.org/ethics-and-standards-of-practice Registry of Interpreters for the Deaf, Inc. (RID) https://www.rid.org/ Kansas RID https://rid.org/advocacy-overview/state-information-and-advocacy/kansas-state-information/ Kansas Commission for the Deaf and Hard-of-Hearing http://www.dcf.ks.gov/services/RS/Pages/KCDHH.aspx **Document Control:** • Created 3/2/2020 Your signature confirms you will be able to comply with the Qualifications and Competencies listed within this Scope of Service and that you will confirm education via your background check. Applicant Printed Name: ______ Signature: