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|  <p>BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI</p> | <p>INTERPRETERS - USING AN INTERPRETER</p> | <p>Policy 1.5.1 Protocol 1</p> |
| <p>INTERPRETER SERVICES PROTOCOL</p> | | |

GUIDELINES

1. When to Use an Interpreter

BOPDHB staff will determine the need for an interpreter and should decide what is reasonable in each situation with regard to cost versus need.

2. Arrangements for an Interpreter

- 2.1 Contact an interpreter on the BOPDHB Approved Interpreter list. Family / whanau should only be used if the urgency of the situation warrants and / or no other interpreter is available, however family / whanau are not preferred due to the need for neutrality.
- 2.2 Where a patient / client, who is identified as needing an interpreter, is to attend a clinic or other appointment, the person organising this appointment must arrange to have an interpreter present.
- 2.3 Booking clerks are also responsible for organising interpreters for pre assessment clinics, if required.
- 2.4 Be aware of cultural sensitivities for example requesting an interpreter of a particular gender and allow extra time for the appointment to be held.
- 2.5 Where costs are different to those detailed in 4.2 below, prior approval to be obtained from Service Manager prior to booking.

3. Responsibilities of the Interpreter

- 3.1 The interpreter shall to the best of that person's ability interpret faithfully and accurately between the parties; omitting nothing said by either party nor adding anything which the parties did not say, except with the full knowledge and agreement of all the parties.
- 3.2 The interpreter must discuss terminology and background information with the staff member before the meeting. The staff member must be confident that the interpreter has an adequate understanding of the clinical issues to convey the information accurately.
- 3.3 The interpreter must inform a staff member if they believe it is beyond their technical knowledge of a subject.
- 3.4 All the information gained by the interpreter in the course of that person's duty shall remain strictly confidential.

4. Cost and Invoicing

- 4.1 The department requesting the service will be charged for services rendered.
- 4.2 The service will be charged at a flat rate of \$50.00 per hour (or part thereof) plus GST if applicable. This flat rate applies to the time spent interpreting and does not include any additional associated costs such as travel to and from the appointment. Any additional associated costs may be negotiated under exceptional circumstances. All costs negotiated with the interpreter are the responsibility of the service area booking the interpreter.
- 4.3 The interpreter must complete an invoice, with the following details:
 - a) invoice number
 - b) patient / client's name
 - c) date and time of meeting
 - d) who requested their services

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| <p>Protocol Steward: Quality & Patient Safety Manager</p> | <p>Authorised by: GM Governance & Quality</p> | |

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- e) interpreter's name and address
- f) amount charged
- 4.4 The invoice must include the cost centre of the department which booked the interpreter and be authorised by a staff member with delegated authority, then forwarded to the Finance Department.
- 4.5 A staff member providing interpreting services during their normal work time does not get additional reimbursement. If the interpreting service is provided out of hours, an invoice can be submitted.
- 4.6 Managers must budget for access and delivery of interpreter services in their area.
- 4.7 There is no charge to the patient / client if they are eligible for free healthcare in New Zealand.
- 4.8 For patients / clients who do not qualify for free healthcare the costs are to be included when the patient is invoiced.

ASSOCIATED DOCUMENTS

- Bay of Plenty District Health Board policy 1.5.1 Interpreter Services
- Bay of Plenty District Health Board policy 1.5.1 protocol 0 Interpreter Service Standards
- Bay of Plenty District Health Board policy 1.5.1 protocol 2 Interpreters - Guidelines for Meetings
- Bay of Plenty District Health Board Form FM.I9.1 Interpreters - Confidentiality Clause
- Bay of Plenty District Health Board Form FM.I9.2 Interpreters - Invoice

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