 <p>Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé</p> <p>Guideline for Completion of a Regional Form</p>	Form Name: Language Access Interpreter Services (LAIS) Request/Confirmation/Cancellation	Form Number: <i>Per site specifications</i>
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1.0 Form Purpose:

The purpose of the form titled “Language Access Interpreter Services – Request/Confirmation/Cancellation” is:

1.1 To ensure a clear, consistent and efficient process for the following business operations pertaining to Language Access Interpreter Services (see definitions):

1.1.1 Notification of confirmation(s) for:

- Requestor
- Service Provider (if different from requestor)
- Interpreter

1.1.2 Notification of cancellations(s) originating with requestor office, e.g. doctor’s office has cancelled an appointment for which an interpreter has been scheduled.

2.0 Definitions:

2.1 Conference Call: A type of remote interpreting that involves interpretation of a telephone conversation between two or more people who do not speak a common language. Can be used to schedule appointments, follow up or check in with patients after an appointment, procedure, etc., or provide instructions prior to an appointment.

2.2 Face-to-face: WRHA Language Access interpreter is in same room as service provider and patient/client/resident. Also called on-site or in-person interpreting. (See current list of in-person languages at <http://www.wrha.mb.ca/professionals/language/languages.php>).


2.3 Home Visit: WRHA Language Access interpreter accompanies service provider to patient/client home and provides in-person interpreter services. (See current list of in-person languages at <http://www.wrha.mb.ca/professionals/language/languages.php>).

2.3.1 For safety reasons interpreter is not authorized to enter home visit premises until service provider has arrived. For this reason the cell phone number of the service provider **must** be included on the form.

- If service provider is late for a scheduled appointment, interpreter will call service provider on her/his cell phone to determine next steps.
- For safety reasons interpreters are only allowed to wait for a maximum of 15 minutes if this is reasonably practical.

2.3.2 IMPORTANT: Request will **NOT** be processed if service provider cell phone number is not indicated on request form.

2.4 MB Telehealth: WRHA Language Access interpreter provides remote interpreter services via MB Telehealth. (See current list of in-person languages at <http://www.wrha.mb.ca/professionals/language/languages.php>).

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2.5 Message Relay: WRHA Language Access interpreter calls patient/client to relay information that has been provided by a third party, such as appointment details (name of service provider; appointment date, time, location; special instructions).

2.5.1 Message Relay in target language is performed as applicable only for the following appointments:

- Face-to-face
- Home visit
- MB Telehealth
- Conference Call
- Video Conference

2.5.2 Demographic information should include patient/client phone number unless this is not applicable, e.g. message relay not required.

- When patient/client is under 18 years of age, requestor should include name of parent(s)/guardian(s) under “Additional Information”.

2.5.3 Interpreter calls patient/client (3 attempts) within 48 hours of assignment scheduling and notifies Language Access if attempts are unsuccessful.

- Language Access notifies requestor of unsuccessful message relay and determines next steps.

2.5.4 In cases where for safety and/or privacy reasons interpreter must not call patient/client regarding an upcoming appointment requestor **MUST** indicate this under “Additional Information” and **MUST** not include patient/client telephone number in the demographics.


2.5.5 Calls that may require in-depth conversation or clarification, or result in discussion and/or questions, require a Conference Call (see 2.1 Conference Call), and therefore are not appropriate for Message Relay.

2.6 Over-the-phone (OTP): Interpreter from third party contracted service provides remote interpreter service over the phone as needed 24/7/365.

2.6.1 OTP interpreter services can be used with hands-free speaker phones, dual handset phones, or less ideally with a regular phone handset that is passed back and forth.

2.6.2 Service provider:

- Places request by fax or phone for OTP.
- Dials toll free number as instructed by Language Access and follows AVR (Automated Voice Response) prompts. Interpreter is usually available within seconds. On rare occasions all interpreters for a particular language may be busy. If this is the case, service provider should call again in a few minutes.

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- Briefs the interpreter then engages in conversation with patient/client.

2.6.3 IMPORTANT: Message relay and reminder calls are **NOT** performed by OTP interpreters (OTP interpreter service is a third party contracted service). In these circumstances, it is the responsibility of requestor or service provider to use the OTP service to relay messages and place reminder calls.

2.6.4 OTP interpreter encounters might require use of a 3-way call phone feature depending on the circumstances, e.g. patient/client at home.

Service provider:

- Phones patient/client and instructs her/him to hold until an interpreter is connected. Dials toll-free number as instructed, uses the AVR (automated voice response) prompts accordingly and quickly connects interpreter to the call (3-way call).
- **OR...** Dials toll-free number as instructed, uses the automated voice response (AVR) and once interpreter is on the line asks her/him to make the 3-way phone connection as required (applicable for calls within North America only).
- Proceeds with conversation and ends the call as applicable.

2.7 Reminder Call: WRHA Language Access interpreter calls patient/client two (2) business days before scheduled appointment to remind him/her of appointment details (name of service provider, date/time, location and special instructions as applicable).


2.8 Video Conference: WRHA Language Access interpreter provides remote interpreter services via an online video conference platform selected by the requester (e.g. Zoom, Skype, Microsoft Teams, etc.).

2.8.1 The requester/service provider is responsible for ensuring that the selected video conference platform and procedure for scheduling the virtual visit comply with existing privacy and confidentiality guidelines.

2.8.2 The requester must provide Language Access with the required information for the interpreter to join the video conference on the date of the scheduled appointment. This might include a conference ID and password or a link to the meeting. The information can be provided in the Language Access Interpreter Services Request/Confirmation/Cancellation form, or in an email to languageaccess@wrha.mb.ca , as applicable.

3.0 Used By:

3.1 Service providers at multiples sites as listed in appendix A (attached).

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4.0 Guidelines for Form Completion and Submission:


The header of the form refers to Policy 10.40.210. See the policy for direction and guidance regarding appropriate use of interpreter services.

Fax the completed form to the Language Access Administrative Office only during the times indicated on the form (Monday – Friday 0800 – 1500 hrs). Requests outside of these hours must be placed by phone to Language Access Central Intake/After Hours by calling 204-788-8585.

- 4.1 Patient/Client Demographics:** Fully complete the upper right hand corner with the identification and contact information of the patient/client/resident.
- 4.2 Primary Language:** Indicate primary or preferred spoken language of patient/client/resident.
- 4.3 Other Language(s):** List one or two additional spoken languages as applicable (in order of proficiency if possible).
- 4.4 Client Requested Specific Gender of Interpreter:** Indicate gender preference only if this is specifically requested by patient/client (do not assume patient/client preferences).
- 4.5 Requestor Information**
 - **Name of Requestor:** Indicate your full name and title (name of person filling out the form).
 - **Phone #:** Indicate your (requestor) phone number.
 - **Fax #:** Indicate your (requestor) fax number.
 - **Name of Requesting Site:** Indicate name of your facility, program, name of organization, department, etc. as applicable, e.g. HSC.
 - **Department Name:** Indicate full department name, e.g. Women’s Clinic (formerly Clinical Practice Unit / CPU).
 - **Department Address:** Indicate street address and room number, e.g. 810 Sherbrook, 4th flr Rehab Hospital, Pink Goose Zone.

4.6 Appointment Information

- **Appointment is with:** Indicate name(s) and title(s) of service provider(s) and program name if applicable.
- **Address and Room # / Location:** Indicate name of facility, program, organization, department, etc. as applicable AND full street address/room number, e.g. HSC, Women’s Clinic, 810 Sherbrook, 4th flr Rehab Hospital, Pink Goose Zone.
- **Description/Purpose:** Briefly describe appointment purpose, e.g. Provide medication instructions and explanations of potential side effects, re: antiviral drug for herpes zoster (this information enables interpreters to prepare for specialized vocabulary required for assignment).

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- **Contact Phone Numbers:**
 - **Office:** Number that service provider(s) can be reached at if needed.
 - **Fax:** Number to which the service confirmation form should be sent.
 - **Cell:** Service provider cell phone number is required for all home visits (home visit request will not be processed without this information and will be returned to requestor).
- **Appointment Date:** Indicate day of the week, e.g. Friday, followed by date in Day/Month/Year format. The month must be filled out in alpha format, e.g. 01/Jan/2013.
- **Alternate Date:** It is helpful to include an alternate date/time in case there is no interpreter available for requested date/time.
- **Interpreter has verbally accepted?** Check appropriate check box if WRHA Language Access Interpreter Services (LAIS) interpreter, while on site for an assignment, has verbally agreed to interpret for a future, upcoming appointment. Indicate interpreter's name (also include date of verbal agreement if possible). **IMPORTANT:** Completed request form **MUST BE FAXED TO LANGUAGE ACCESS ASAP (SAME DAY)** to ensure that the LAIS interpreter is appropriately scheduled. Failure to do so may result in interpreter not being booked as agreed!


4.7 Select All that Apply

- **Face-to-face:** See definition 2.2
- **Home Visit:** See definition 2.3 and ensure that service provider's cell phone number is included on the request form
- **Over-the-phone (OTP):** See definition 2.6
- **Conference Call:** See definition 2.1
- **MB Telehealth:** See definition 2.4
- **Message Relay:** See definition 2.5
- **Reminder Call:** See definition 2.7
- **Video Conference:** See definition 2.8

4.8 Additional Information: Include other pertinent details as applicable, e.g. name of parent(s); special instructions.

4.9 Cancellation: Language Access must be notified of cancellations whenever a WRHA Language Access interpreter has been scheduled. Complete this section as indicated on the form and fax to Language Access at 204-940-8650.

- For last minute cancellations after regular business hours call 204-788-8585.

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4.10 Confirmation (Internal LAIS office use only): Language Access admin office will complete this section AND;

- Fax form back to requestor accordingly to indicate if interpreter has been scheduled, etc.
- **Confirmations** are typically sent to the requestor within 24-72 hrs of receipt of request form except for languages of lesser diffusion, e.g. Dinka, which may require more time to schedule.

4.11 Day of Appointment: Service provider (or designate) completes and signs this section at conclusion of scheduled appointment. Reason for discrepancy between scheduled start/end times and actual start/end times should be noted.

5.0 Routing /Filing Instructions:

5.1 Service provider or delegate:

5.5.1 If the form is for a **Request**, fax form to 204-940-8650 and then retain form until the **Confirmation** form is received from Language Access; retain the **Confirmation** form until the day/time of the appointment. Send the form for permanent filing in the health record when the appointment is over and the sign-off by the service provider (or delegate) and interpreter has occurred.

5.5.2 If the form is for a **Cancellation**, fax the form to 204-940-8650. If the appointment is rescheduled to a new date/time, complete a new **Request** form for the new date/time and fax form to 204-940-8650; retain the form until the **Confirmation** form is received from Language Access. Send the form for permanent filing in the health record when the appointment is over and the sign-off by the service provider (or delegate) and interpreter has occurred.


5.2 Retrieve the **Confirmation** form on day of appointment as applicable:

5.2.1 Indicate actual start time and end time of appointment.

5.2.2 For in-person appointments sign the interpreter's form (interpreters will have their own copy) and give it to the interpreter as applicable for internal processing.

6.0 References:

6.1 WRHA Language Access internal operating guidelines

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Appendix A

Language Access Interpreter Services (November 2012)

Interpreter service provision includes but is not limited to the following areas:

Community Health Services

- Access River East *
- Access Transcona *
- Assiniboine South Health & Social Services*
- Birth Centre
- Breast Health Centre
- BridgeCare Centre
- Centre de santé Saint-Boniface
- Corydon Ave Community Health Centre
- Dental Services**
- Fort Garry Community Health Office
- Access Downtown/Health Action Centre
- Hope Centre Health Care
- Immigrant Women's Counselling Services
- Inkster Community Services
- Klinik Community Health Centre
- Main Street Project
- Manitoba Adolescent Treatment Centre
- MFL Occupational Health Centre
- Mount Carmel Clinic
- Northern Connections Medical Centre
- Nine Circles Community Health Centre
- NorWest Co-op Community Health Centre/Bluebird
- Pan Am Clinic
- Point Douglas Community Health Office
- Rehabilitation Centre for Children
- River Heights Health & Social Services*
- Seven Oaks Health & Social Services*
- Sexuality Education Resource Centre (SERC)
- St. Boniface Health & Social Services*
- St. James Assiniboia Health & Social Services*
- St. Vital Health & Social Services*
- Travel Health Clinic
- Women's Health Clinic (Graham / Portage)
- Youville Centre (St. Boniface / St. Vital)

* Includes Family Services & Labour: EIA, Children's Special Services, Child and Family Services, Children with Disabilities, Child Day Care, Community Living Disability Services, Vocational Rehabilitation

Hospitals/Long Term Care Facilities

- Concordia Hospital
- Deer Lodge Centre
- Grace Hospital
- Health Sciences Centre
- Misericordia Health Centre
- Riverview Health Centre
- St-Boniface General Hospital
- Seven Oaks General Hospital
- Victoria General Hospital
- All Winnipeg Personal Care Homes (39)

WRHA Regional/Centralized Services

- Antenatal Home Care
- Community Mental Health
- Disaster Management
- Midwifery
- Public Health
- Quality/Patient Safety
- Quick Care Clinics

Manitoba Provincial Programs

- CancerCare Manitoba
- Manitoba Bleeding Disorders Program
- Manitoba Home Nutrition
- Transplant Manitoba – Gift of Life

Fee-for-service MD Offices— Services are provided at no cost to fee-for-service physicians and surgeons. Medical/Surgical offices are “registered” with Language Access Interpreter Services on an ongoing basis.

**Dental Service areas include: Deer Lodge Centre Dental Services, Access Downtown Dental Clinic, Mount Carmel Clinic Dental Services, HSC Pediatric & Adult Dental Clinics, S.M.I.L.L.E. Plus Program, St. Amant Dental Services