Increasing Language Access In Oregon: Learning Modules

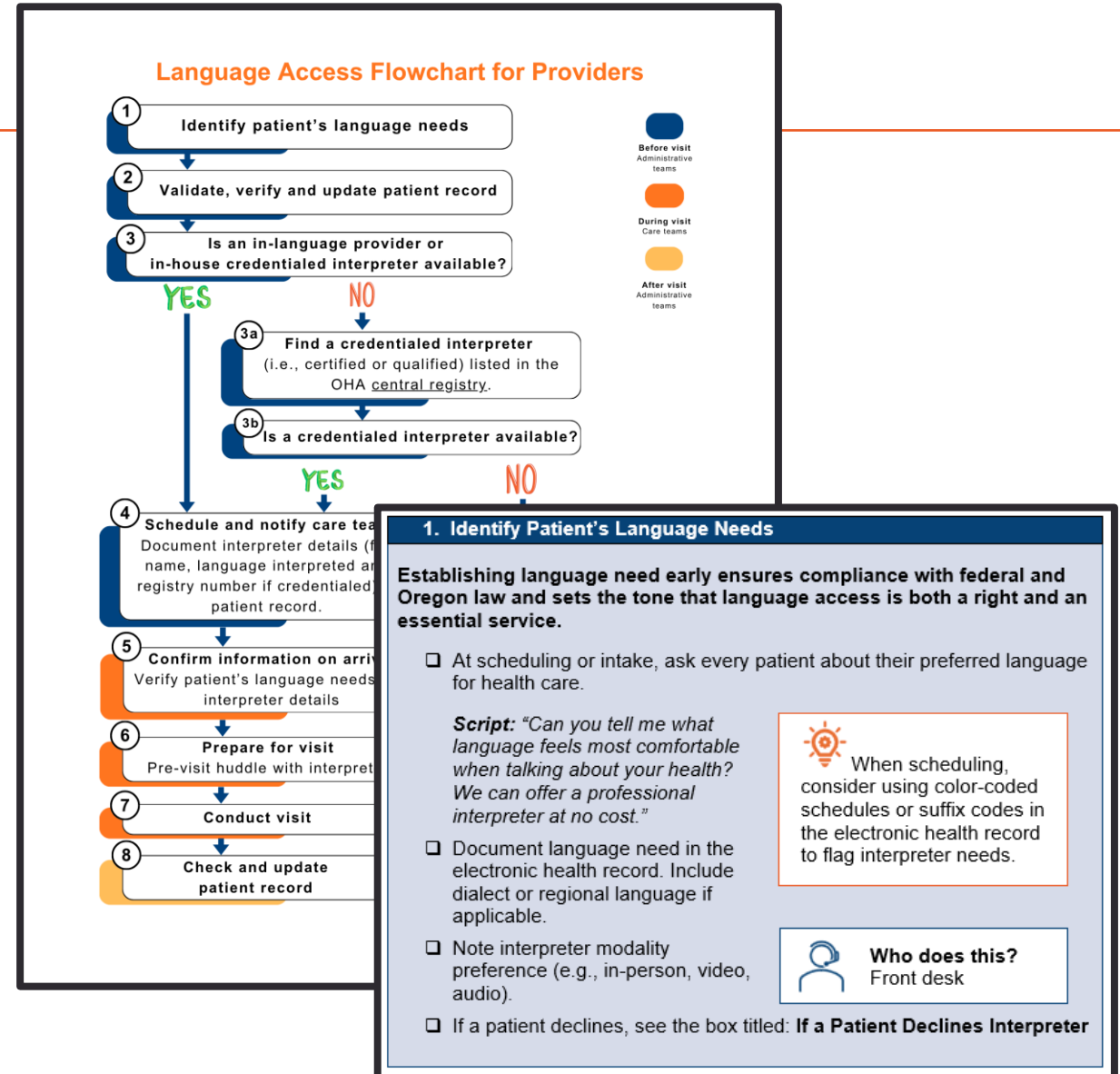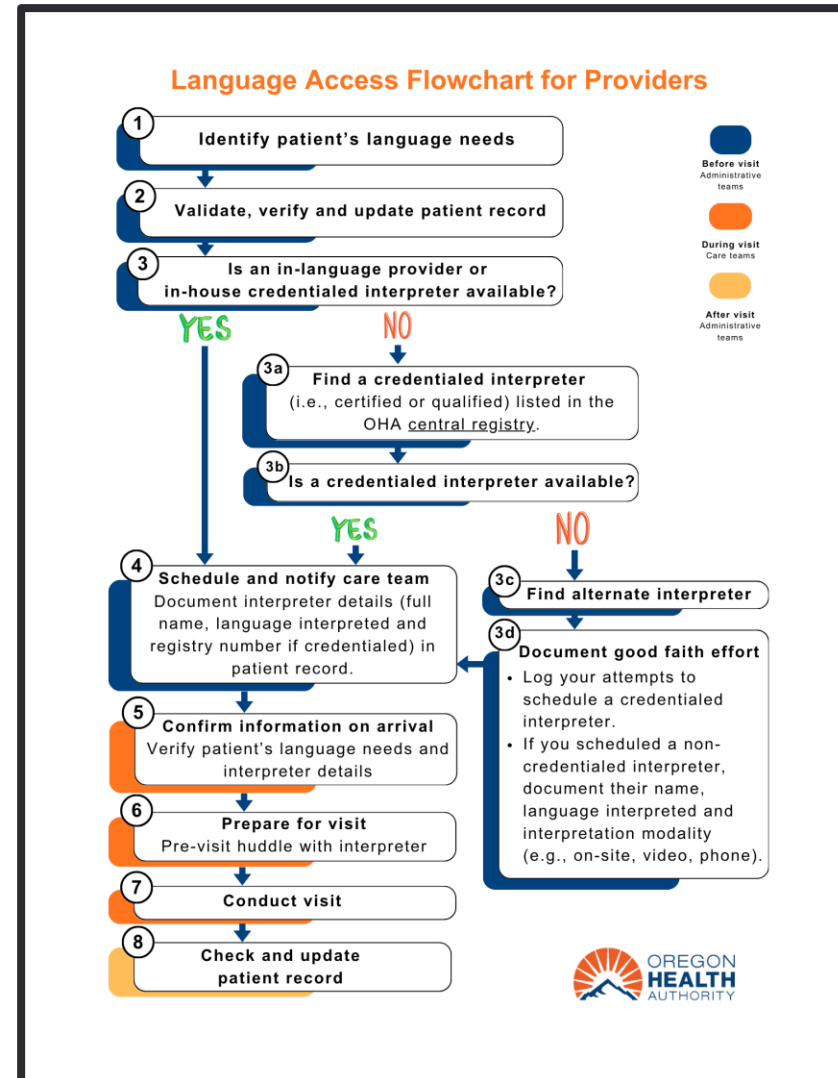# **Appendix 1: Workflow for Providing Language Services in Oregon**

Appendix 1: Workflow

- Includes an example flowchart and workflow for providing language services (including interpreters) that providers and health care organizations can adapt to best fit their needs

Language Access Flowchart for Providers

1. Identify patient's language needs
2. Validate, verify and update patient record
3. Is an in-language provider or in-house credentialed interpreter available?

YES / NO

3a. Find a credentialed interpreter (i.e., certified or qualified) listed in the OHA central registry.

3b. Is a credentialed interpreter available?

YES / NO

4. Schedule and notify care team. Document interpreter details (name, language interpreted and registry number if credentialed) in patient record.

5. Confirm information on arrival. Verify patient's language needs and interpreter details

6. Prepare for visit. Pre-visit huddle with interpreter

7. Conduct visit

8. Check and update patient record

Before visit — Administrative teams
During visit — Care teams
After visit — Administrative teams

1. Identify Patient's Language Needs

Establishing language need early ensures compliance with federal and Oregon law and sets the tone that language access is both a right and an essential service.

- At scheduling or intake, ask every patient about their preferred language for health care.

  Script: "Can you tell me what language feels most comfortable when talking about your health? We can offer a professional interpreter at no cost."

- Document language need in the electronic health record. Include dialect or regional language if applicable.

- Note interpreter modality preference (e.g., in-person, video, audio).

- If a patient declines, see the box titled: **If a Patient Declines Interpreter**

When scheduling, consider using color-coded schedules or suffix codes in the electronic health record to flag interpreter needs.

Who does this? Front desk

Language Services Flowchart

Language Access Flowchart for Providers

Step 1. Identify Patient's Language Needs

Establishing language need early ensures compliance with federal and Oregon law and sets the tone that language access is both a right and an essential service.

❑ At scheduling or intake, ask every patient about their preferred language for health care.

 Script: *"Can you tell me what language feels most comfortable when talking about your health? We can offer a professional interpreter at no cost."*

❑ Document language need in the electronic health record. Include dialect or regional language if applicable.

❑ Note the preferred modality.

Who does this?
Front desk

If a Patient Declines Interpreter

Care team must ensure the patient understands key information about their care even if they decline interpreter services.

❑Explain confidentiality and accuracy standards associated with credentialed interpreters.

> **Script:** *"Our professional interpreters keep your information private and make sure you understand everything correctly. Would you like me to connect you with one for this visit?"*

❑If the patient still declines, document refusal in the electronic health record.

Who does this? Care team or front desk staff (at any step)

Step 2. Validate, Verify and Update Patient Record

Preferences can change over time and maintaining current records avoids missed appointments or unnecessary scheduling.

❑For returning patients, confirm or update the language preference and interpreter needs at each encounter.

❑Note interpreter modality preference (e.g., in-person, video, audio).

 Who does this? Front desk or clinical staff at check-in

Step 3. Find an In-Language Provider or Credentialed Interpreter (slide 1 of 2)

Organizations should meet language needs with a proficient in-language provider or a credentialed interpreter listed in the central registry whenever possible.

❑ 3a. Use the central registry and document your registry search.

  o If you are working with a language service company or other contracted vendor, you should require them to do the same.

❑ 3b. Organizations can work with an in-language provider or credentialed bilingual staff, credentialed in-house or staff interpreters, credentialed interpreters listed in the central registry, or with a language service company to schedule an interpreter.

Who does this? Front desk or care coordinator

Step 3. Find an In-Language Provider or Credentialed Interpreter (slide 2 of 2)

Organizations should meet language needs with a proficient in-language provider or a credentialed interpreter listed in the central registry whenever possible.

❑ 3c and 3d: *If a credentialed interpreter is not available*:

- o Record your attempts to schedule a credentialed interpreter.

- o Document which central registry interpreters were contacted and the reasons they were unavailable, or if a patient declines an interpreter.

- o Document if you worked with a non-credentialed interpreter, the interpreter's name, language interpreted, and interpretation modality.

Who does this? Front desk or care coordinator

Step 4. Schedule and Notify the Care Team (slide 1 of 2)

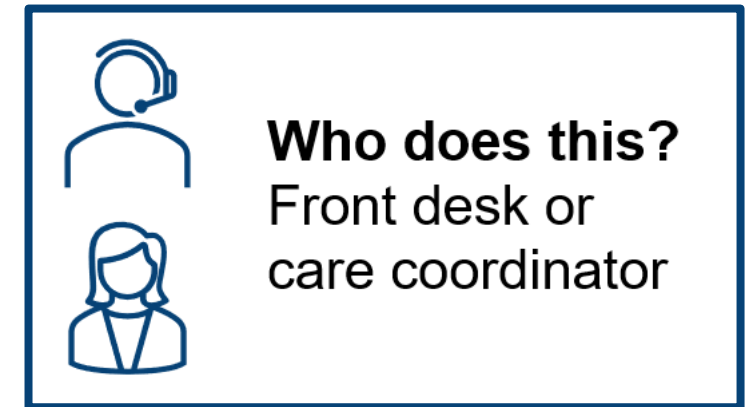**Keep everyone aligned and reduce last-minute surprises or missed connections.**

❑ Coordinate interpreter availability ahead of the appointment.

❑ Confirm interpreter's credentials in the central registry.

❑ Add interpreter details into the appointment notes or electronic health record. Inform the care team before the visit that there will be an interpreter.

Who does this?
Front desk or care coordinator

Step 4. Schedule and Notify the Care Team (slide 2 of 2)

Keep everyone aligned and reduce last-minute surprises or missed connections.
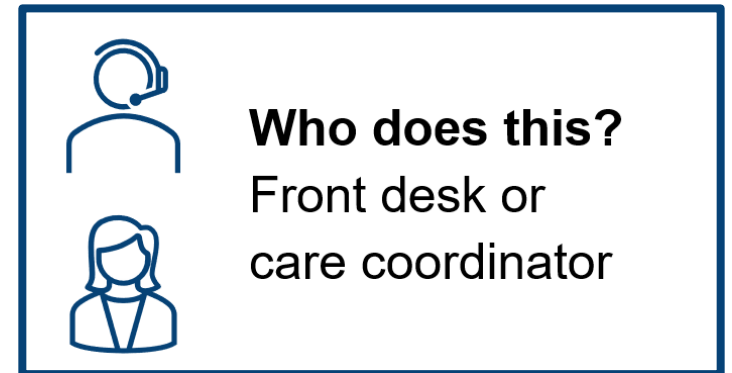
❑ Inform the care team before the visit that there will be an interpreter.

❑ Notify the patient.

❑ Have a pre-visit huddle between the interpreter and the provider to share relevant clinical context and terminology and ensure accurate interpretation.

❑ If the patient declines the interpreter, see the box titled: If a Patient Declines Interpreter.

Who does this?
Front desk or care coordinator

Step 5. Confirm Information on Arrival

Follow steps 1- 4 to reconfirm language needs when patient arrives.

❑Identify language needs and document specifics in the

electronic health record.

❑Check the existing record and update language preferences.

❑Confirm previously identified in-language provider or

credentialed interpreter.

❑Make updates to patient language needs and/or in language

provider or credentialed interpreter details, as needed.

Who does this?
Front desk or
care coordinator

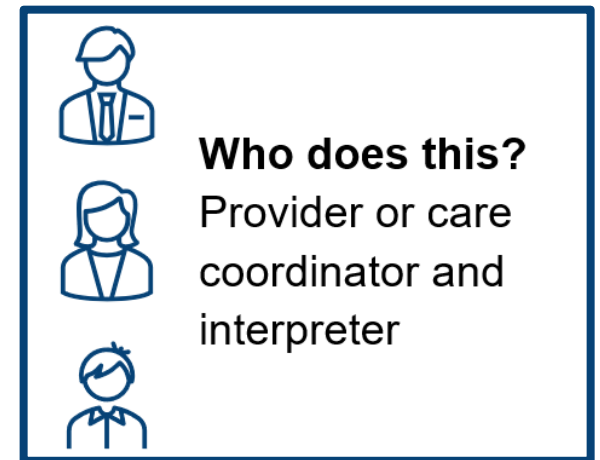# Step 6. Prepare for Visit (Pre-Visit Huddle) with Interpreter

A short pre-visit huddle is encouraged to ensure accuracy and build trust among providers, interpreters, and patients.

❑ Modality check:

- In-person: Plan seating/standing so providers can speak directly to the patient.

- Remote: Test video and audio connection before patient enters room. Have a phone backup available.

❑ Pre-visit huddle with interpreter (2-3 minutes): Share visit goals, sensitivities, and agree on pause signals.

Script: *"Today we'll be talking about [topics]. Please interpret everything said so the patient feels fully included in the conversation. If something isn't clear, let's pause and check in together. Does that approach work for you?"*

Who does this? Provider or care coordinator and interpreter

Step 7. Conduct Visit with Interpreter

Following best practices minimizes errors, maintains patient dignity, and ensures clear communication.

❑Position interpreter appropriately.

❑Speak directly to the patient in the first person.

❑Pause for interpretation and allow time for the response.

Who does this?
Provider, with interpreter present

Step 8. Check and Update Patient Record

Continuous improvement ensures reliable interpreter services and stronger patient–provider trust.

❑Capture patient and provider feedback on interpreter services.

❑Note interpreter modality preference.

❑Review interpreter data monthly.

❑Update preferred interpreter list and scheduling practice as needed.

Who does this? Clinic leadership

Thank You!

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