



MASSACHUSETTS
GENERAL HOSPITAL

**Freelance
Medical Interpreters
Handbook**

MISSION STATEMENT

The Interpreter Services at MGH is committed to support the MGH mission of serving the community and providing the highest quality health care. As an integral part of the MGH, the Interpreter Services serves both internal and external clients to increase value and successful outcomes. We are dedicated to help providers establish a direct relationship with their non-English speaking patients through accurate and complete interpretation. We are committed to support all hospital departments in their delivery of services and to take on a leadership role in facilitating access to hospital services for non-English speaking patients.

The Interpreter Services staff adheres to all Partners and MGH policies. To ensure quality and consistency of performance at both the individual and department level the department staff adheres to the Interpreters Code of Ethics and all the policies, protocols and guidelines as set forth in the Interpreter Services Handbook.

CURRENT GOALS

The Interpreter Services Department is committed to help Partners reach some of their year 2002 goals. The department will focus on contributing specifically on 7 of the 12 goals.

1. Integration of Patient Care between academic medical centers and community settings
 - a. quality of patient care
 - continue translation of patient care materials
 - train staff to provide appropriate referrals within MGH
 - standardize protocols to define baseline expectations for internal and external clients and to present to the hospital a unified working team aiming towards a common goal
 - b. physician relationships
 - provide systems so that physicians can make efficient use of medical interpreter resources: distributing Guidelines for Providers, renewing participation in the orientation for new residents
 - c. system operations
 - continue integration into hospital systems: PMIS training, radiology schedule training, OR schedule training
2. Non-acute services
 - Continue to support the care services areas
3. Volume increase
 - optimize use of existing resources to meet needs of volume increase
4. Academic mission
 - continue participating in the training of medical students in the effective use of a medical interpreter
5. Partners-Wide quality measurement and improvement initiatives.
 - promote the MGH as a hospital that serves the community by carrying out our work in a way that promotes patient compliance and self sufficiency
 - continue providing translation services for signage
 - continue training current staff to improve quality service
6. Employee development
 - develop in-service trainings to familiarize interpreters with patient support departments to enable appropriate referrals
 - seek out opportunities for staff development in language and interpreting skills
7. Professional staff recruitment and retention.
 - improve coordination of on-call medical interpreters for the most efficient use of resources
 - continue assessing new candidates' ability to render a high quality job.
 - offer support to staff in to retain them in the department

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I. General Information

This handbook standardizes protocols to ensure quality and consistency of performance and defines baseline expectations for internal and external clients.

Standardized protocols present the department to the hospital as a unified working team aiming towards a common goal of successful patient/provider encounters.

Medical interpreter compliance with these working guidelines is essential to the accountability, efficiency and reputation of the department.

These working guidelines also ensure successful teamwork and individual accountability, providing a tangible way in which medical interpreters can monitor the quality of their own performance.

A. Job Description

OVERVIEW:

Under the direction of the Program Manager, the incumbent serves as a medical interpreter for patients and staff. Relays information accurately and completely between speakers of two different languages in compliance with all office and hospital policies and procedures, particularly relating to patient confidentiality and informed consent, the MMIA Standards of Practice, and the Interpreter Services Code of Ethics.

PRINCIPAL DUTIES AND RESPONSIBILITIES:

These items should be evaluated throughout the year and included in the written annual evaluation.

Provide accurate and skilled interpretations to help facilitate successful delivery of services to non-English speaking consumers. Explain MGH resources, office protocols, and limitations to clinicians and patients; make appropriate referrals; serve as a resource to both patients and providers to contribute to successful outcomes.

Face to face interpretation for all types of encounters in the hospital setting, such as:

- medical appointments and nurse assessments
- family meetings
- psychiatric and social work consultations
- teaching
- informed consents and explanation of tests and procedures
- patient visits
- administrative encounters

Interpretation over the phone in various situations such as:

- helping patients obtain information
- making, confirming or re-scheduling appointments
- giving simple medical instructions
- helping patients with any questions

Written translations, as required in patient encounters, such as filling out forms and medical instructions, and medication schedules; administrative translations such as letters to patients, documents, and patient materials.

*Document all encounters on the On-Call Medical Interpreter Tracking Sheet.

SKILLS/ ABILITIES/ COMPETENCIES REQUIRED:

Strong linguistic skills:

- understands variety of regional accents and linguistic styles and registers
- selects appropriate mode of interpretation for each situation
- interprets with highest degree of accuracy and completeness
- self-corrects, understands own linguistic limitations, seeks clarification and accepts correction
- picks up cues from encounter participants regarding level of understanding and/or need for clarification
- possesses strong writing skills and understanding of translation process
- ability to learn and retain new terminology

Strong cultural awareness competencies:

- understands language as an expression of culture, recognizes the underlying assumptions of each party about medicine, the encounter, the illness etc.; uses this understanding to empower patient and provider to better understand each other.
- avoids generalizations and stereotyping
- uses culturally appropriate behavior and is able to choose appropriate time to clarify or interject by respecting the goals of the encounter
- is aware of own personal values, beliefs and cultural characteristics which may be a source of conflict or discomfort in certain situations, is able to acknowledge these and/or to withdraw from encounters when these may interfere with successful interpretation

Strong interpreting skills:

- explains role of the interpreter to patient and provider
- recognizes the complexity of the clinical encounter and added factor of linguistic barrier
- sets tone of the patient/provider encounter to manage spatial configuration and flow of communication to preserve accuracy and completeness, and to assess and address potential areas of discomfort for patient (age, gender of interpreter, no previous experience with interpreters)
- encourages and fosters direct communication between provider and patient
- maintains professional distance and integrity
- diffuses conflict between parties by remaining calm and impartial
- clarifies instructions, follow up steps in a diplomatic, effective manner

Ethical competency:

- understands and abides by hospital policies on patient confidentiality, informed consent, non-discrimination and by interpreters code of ethics

Interpersonal and customer service skills:

- projects positive attitude about the department and the hospital, and offers services to ensure positive experience
- works as a team with colleagues and providers
- addresses concerns raised during or after an encounter by encouraging providers to make appropriate referrals and/or assisting with making of appointment with right resources and booking interpreters as needed

Organizational skills:

- works well under pressure to manage stressful situations
- is flexible meeting scheduling needs and handling often unpredictable changes
- uses sound judgment, able to follow work and safety policies
- handles multiple tasks; good time management skills
- is detail-oriented and accurate in documentation

WORKING CONDITIONS:

Fast paced clinical and office environment, with frequently changing priorities.

Physical-long periods waiting, standing and walking.

Exposure to diseases, blood borne pathogens, hazardous waste materials. All safety precautions must be followed.

B. Code of Ethics

Governing Principle: A medical interpreter will use all available knowledge, skills and techniques to provide an accurate interpretation of all communication; verbal, non-verbal, contextual and cultural, between the providers of medical services, the patient and other individuals involved in the care and the treatment of the patients.

- 1) **Confidentiality.** All patient information of any kind is confidential and privileged and may not be divulged to anyone except MGH medical staff, nursing, social work or the interpreter services management as necessary to achieve the goal of best care for the patient.
All written documents related to patients are confidential and should be treated as such.
The above provisions apply both during and after working hours and continue after my work at MGH.

Any questions regarding the appropriateness of sharing patient information with a particular person should be addressed to the manager of Interpreter Services before the information is shared, except where the information is needed in a medical emergency.

- 2) **Accuracy:** The commitment of interpreting the exact meaning of what is being said without editing or deleting anything and with awareness of the educational, cultural and regional variations; the commitment to explaining cultural differences or practices to health care providers and patients as appropriate.
- 3) **Impartiality:** The commitment to recognizing and subsequently eliminating the interpreter's own opinions and values from the interpreting interaction.

The commitment to remain committed to the communication between the healthcare provider and patient; not taking the side of either party.

The commitment to refrain from interpreting when impartiality is compromised.

- 4) **Discretion:** The commitment to making sound judgments in all situations so that no individual is put into jeopardy and so that the professional appropriateness of the interpreter is not questioned. This includes acknowledgement of one's limits in language, in interpreting skills and in cultural mediation.
- 5) **Professionalism:** The commitment to behaving and presenting oneself in a professional manner at all times regardless of the familiarity or unfamiliarity with the individuals involved.

The commitment to asking questions to clarify unfamiliar medical terms or idioms of speech without embarrassment.

The commitment to admitting when you are uncertain about something, and to asking for meaning.

- 6) **Humanitarianism:** The commitment to upholding humane and unprejudiced treatment between individuals. The commitment to communicate any special needs of the patient to the provide

C. Medical Interpreter's Guidelines

I. Cultural Issues

Working with patients and providers of many different cultures broadens and enriches the experience of the medical interpreter. Each “provider-patient encounter” is also an encounter of cultures: the provider’s culture, the medical culture and the patient’s culture. The medical interpreter who recognizes, acknowledges and tries to understand the cross-cultural nature of the encounter can more easily build a successful therapeutic relationship between the provider and the patient.

II. Language issues

Language differences are an added challenge to providing services in a setting where many cultures come together. Providers hold the key to successful communication and to building a successful therapeutic relationship with patients. Medical interpreters facilitate this process by being the conduits through which information is exchanged with non-English speaking patients. The clear exchange of information, the development of trust, the provider’s personal concern and honest dialogue empower patients and medical interpreters to communicate information effectively.

III. Working with providers

Medical interpreters help patients articulate their needs and work with providers to facilitate the exchange of personal and technical information. Medical interpreters also provide important background in the language and culture of the patient when appropriate.

A. Interview Protocol:

1. **Pre-interview meeting with the provider**

- Introduce yourself
- Ask for the main medical facts briefly to get a sense of the situation.
- Agree with the provider on the mode of interpretation:
 - Consecutive – interpreting at the end of each idea, used in most cases
 - Simultaneous- interpreting at the same time the provider is talking used only in psychiatric evaluations and cases when patients are speaking agitatedly.

2. **Etiquette**

- Providers should maintain primary eye contact with the patient. In order to help providers, look at the patient while the provider is talking and vice versa when the patient is talking.
- Use judgment and common sense when providers “think out loud” or make inappropriate comments. State to the provider that the medical interpreter should interpret everything for both provider and patient
- Accurate interpretation into the target language requires sentences longer than the original language; never leave the provider out of the loop. Explain to the provider why it is taking longer to interpret something.

3. **The Dialogue-** getting and giving information across cultures and languages

- Work with the provider to set a good rhythm for the encounter:
 - tell the provider to speak at a pace that allows you to understand and retain their “message”.
- Give pertinent comments when there is a conceptual, linguistic or cultural misunderstanding without interfering with provider’s work.
- If you notice or have any reason to believe the patient does not understand, advise the provider to use simpler words and explanations for you to interpret in order for the patient to understand. (Do not take the responsibility of giving an explanation in your own words)
- If the patient is taking a long time to answer a question and he/she is using “mono syllables” (hemming and hawing) inform the provider so he/she does not feel out of the loop.
- If the patient is giving a long answer take notes and ask the patient to pause to give you time to interpret back to the provider. (Do not summarize or let the patient go on and on because you will lose the provider’s attention)
 - Take notes, in order to interpret accurately the interpreter should take notes of key terms and facts or use (when appropriate) the counting system with their fingers to remember the number of terms mentioned.
- Avoid using medical jargon and note the patient’s language register, when speaking to patients take note of the level of language they use and address them at their linguistic level. Advise the provider to use diagrams and write down information for patients. Make sure that the complexity of the language is not beyond the patient’s medical knowledge and/or their familiarity with institutional protocols and procedures.

- Listen and do not interrupt either the patient nor the provider, but if you get interrupted while interpreting, you have two options:
 - 1- Ask to be allowed to finish the interpretation.
 - 2- Hear the provider or patient and then interpret what is said but should remind the interrupting party that the other party had more to say.

To enter into a therapeutic relationship, patients must feel that the provider is interested in their perceptions. If you notice that the provider is getting impatient when patients are being repetitive or giving irrelevant information, encourage the provider to restate their goal for the interview or restate their question as a close-ended question and respectfully help the patient to refocus. Remember, patients are not trained.

- Eliciting responses and compliance, interpret the complete information on diagnoses, tests, procedures and treatments as given by the provider. If the patient doesn't seem to know what questions to ask they may not have sufficient background information. Encourage the provider to ask for feedback and to be prepared to repeat and clarify if the patient has any doubts. Many times it helps if the providers explains in detail the expected result of the treatment and its benefits as compared to the risks of another treatment. Patients of any ethnic background may not follow the providers' orders unless they understand the need and the reasons behind them. Patients need to know why it is in their best interest to comply. They are not "being difficult". The patient may be working to integrate the advised treatment with his or her particular health model or therapeutic tradition.
- Body language and non-verbal behavior can make an important difference for the patient. A large part of communication is through non-verbal language. Match your gestures and body language to your words. If you are translating sad news do not smile. If the patient is sharing information that is private or difficult for him/her use a respectful and understanding demeanor. Look at the patient for signals that will give you an indication of their emotional affect. It is important to be aware of signals that may be misunderstood.

4. Debriefing

- If necessary give feedback to the provider. After the interview, speak privately with him/her. As a medical interpreter one may perceive cultural and emotional subtleties more clearly than the provider.
- Do not generalize about people's culture only because they come from a specific country; remember that the aspect of individual experience has to be considered too.
Do not convey feedback as factual be very clear that it is strictly your perception, encourage the provider to rule out or confirm.

IV. ISSUES OF ACCURACY AND CONFIDENTIALITY

A. Providers With Second Language Skills - Accuracy Issues

Unless the provider is thoroughly fluent in the patient's language it is advised that he or she work with a medical interpreter. If you notice that the language level of the provider is low use your judgment and in a respectful way offer to stay and tell them that you do not have any problem on staying and helping them.

Through the medical interpreter the provider can clearly understand the patient's illness and the patient can fully understand the diagnosis, treatment and recommendations given by the provider. When the provider has a limited ability to speak and understand another language but does not use the right verb tenses, correct genders or nouns, the information is, at worst, unintelligible and, at best, confusing to the patient. Patients depend on providers and may not risk expressing themselves clearly about not understanding the provider's "broken" Spanish (or other language) because:

B. Non-Qualified Hospital Support Staff used as medical interpreters - Accuracy Issues

Staff should not be used as a medical interpreter. Not only can this compromise accuracy but it can put the staff person in an uncomfortable position where they feel obligated to do a job for which they have not been trained and may not be qualified.

C. Family Members used as medical interpreters - Accuracy and Confidentiality Issues.

Family members (and/or the patient's friends) should not act as medical interpreters.

The use of relatives or friends as medical interpreters not only jeopardizes the accuracy, completeness and impartiality of the interpretation and thus of the whole interview, but also jeopardizes patient confidentiality. Providers who use family members may encounter the following:

- losing control of the interview
- their information might be edited or changed because the relative's emotional involvement often results in a tendency to protect the patient from bad news.
- may often receive incomplete information because the family may decide that you do not need all the "extra information" the patient is giving.
- may get the family's opinion rather than the patient's point of view

A patient who deems him/herself independent may not want to have their independence hampered. He/she may not want to burden relatives with information that would constitute their added involvement or guilt. **NEVER USE ANOTHER PATIENT OR HOSPITAL ROOMMATE TO INTERPRET.**

D. Children used as medical interpreters - Accuracy, Confidentiality and Social Consequences

The use of children as a medical interpreter presents all the problems encountered in the use of adult relatives or friends and more serious consequences. The issues of accuracy and confidentiality are exacerbated and compounded by the guilt the child may feel in being the one to communicate bad medical news. In addition, the parent-child relationship is eroded as parents lose some of their legitimate authority when children are given the power to act as medical interpreters.

D. Massachusetts Medical Interpreters Association Standards of Practice Summary

I. Interpretation Standards

1. Introduce yourself and explain your role
2. Manage spatial configuration – situate yourself appropriately
3. Maintain linguistic register – get to understand patient’s language level
4. Address comfort needs, as appropriate, when is related to patient’s background
5. Use consecutive mode to relay information
6. Transmit information accurately
7. Encourage direct communication between patient and provider
8. Make sure that the listener understands message
9. Make sure you understand the message
10. Manage flow of information
11. Respect each player at the encounter
12. Manage personal internal conflict
13. Manage conflict between patient/provider
14. Self check for accuracy and correct mistakes
15. Assist on identifying further needs appropriately and as needed.
16. Ensure concerns are addressed and referred to the appropriate resources
17. Document encounters appropriately

II. Cultural Interface Standards

1. Use culturally appropriate behavior
2. Recognize when to address cultural issues

III. Ethical Behavior Standards

1. Maintain patient information confidential
2. Recognize when culture will interfere with the message to ensure completeness and accuracy
3. Maintain impartiality
4. Respect patient’s privacy
5. Maintain professional distance – know how to set boundaries as a medical interpreter
6. Maintain professional integrity – adhere to the scope of the medical interpreter role
7. Deal with discrimination as appropriate to ensure quality

NOTE: You should review the MMIA Standards of Practice. It is your responsibility to sign with the MMIA using the form provided to you. The Standards of Practice will be sent to you by the MMIA after you have signed up with them.

MGH Interpreter Services Information

Location: Clinics 141 **Telephone:** 726-6966
Fax : 726-3253 **Main beeper number:** 27403
Office hours: Monday through Friday 7:00 a.m. to 12:00 a.m.(midnight)
Saturday and Sunday 7:30 a.m. to 10:00 p.m.

Manager: lsanchez@partners.org **Lourdes “Lulu” Sanchez - Spanish**
On-call Coordinator: iarocho@partners.org **Ileana M. Arocho - Spanish**
Staff Coordinator: anunes@partners.org **Anabela Nunes - Spanish/Portuguese**
Office Liaison Coordinator: ortega1@partners.org **Inês Ortega – Spanish/Portuguese**

Staff languages include:

Individuals on site throughout the course of the day.

Spanish (M-F 7am to midnight/Sa-Su 7:30am to 10pm)	Italian (M-F 8am to 2pm)
Arabic (M-F 7am to 9:30pm)	Russian (M-F 9am to 3pm)
Chinese (M-F 9am to 5pm)	Vietnamese, French Creole, Khmer, French (M-F 9:00 am to 1:00 PM)
Portuguese (M-F 9am to 5pm)	

On-call languages include:

Over 34 languages served by a pool of freelancers who are off site and are called in as needed during the day and at night, they need authorization from our office to come to the hospital and will need authorizing signatures when going to an encounter.

TO REQUEST STAFF LANGUAGES: Schedule 24 business hours in advance on *IDX* or by calling our office

TO REQUEST OTHER LANGUAGES: Schedule 48 business hours in advance on *IDX* or by calling our office

Priority will be given to scheduled appointments and emergency situations

TO REQUEST AMERICAN SIGN LANGUAGE: Schedule 2 weeks in advance by calling the office or sending the information via fax. The office will forward the request to the Commission for the Deaf

*Provide required info: Patient’s name, DOB, MRN, length needed as well as the nature of the encounter.

TO REQUEST OFF-HOURS: Page the interpreter directly: through 4-5700 or The **Partners Web Directory**

Spanish Interpreter, MGH	30001
Interpreter Other Languages, MGH	30009 (For languages not listed above and phone authorization)

Backup phone interpretation available when face to face resource is unavailable. Phone number and access code will be given to you by our office to access this service. **Unauthorized use** of the system will be charged to your unit/floor cost center.

Time Saver Tips

Outpatient	Inpatient
<ul style="list-style-type: none"> • Book interpreters for appointments, tests and procedures ahead of time using the PMIS system to ensure interpreter availability. • If you do not have PMIS call our office, and we will book the interpreter for you. • Call our office to make conference calls for patients to: <ol style="list-style-type: none"> 1. give normal test results 2. do a phone consultation 3. make follow up appointments 4. give instructions for an upcoming procedure 	<p>If you receive a non-English speaking patient on the floor, advise our office. We will coordinate an interpreter for rounds and discharges as needed.</p> <ul style="list-style-type: none"> • If a patient is going to be discharged, fax us simple-basic instructions to be translated before we go up. • Call our office to make conference calls into the patient’s room to: <ol style="list-style-type: none"> 1. check if they need anything 2. give simple instructions 3. advise patient about tests that they will have 4. understand patient’s request

Other resources

- The **TTY machine** for deaf and hard of hearing patients is available for check out from Materials Management call 6-2255.
- **“Point to Talk”** booklets are available for patients in 19 languages. Arrange for someone from your floor to obtain one for the patient.
- Inpatient front desks have a **“Communication Tool”** binder with booklets, guidelines and helpful information such as the [Sign Language List and the Communication Access Mini-Guide](#).
- Written translations:
Having patients’ handouts translated and available in the most frequently used languages can help with patient care. If you have patient material to translate, contact our office we will refer you to one of the vendors we use. Services are also available at no charge for brief notes to and from individual patients.

REMEMBER, THAT THE USE OF PROFESSIONAL MEDICAL INTERPRETERS PRESERVES PATIENT CONFIDENTIALITY, ACCURACY AND THE PATIENTS’ RIGHTS TO INFORMED CONSENT.

II. Program Information

A. Policies

Rate of Pay

Face-to-Face Interpretation

The rate of pay depends on the results of both preliminary and oral/written assessment, the number of languages known, the number of trainings taken, the medical interpreting experience, and availability. The office pays a 2-hour minimum for coming to the hospital regardless of the outcome. Sometimes the medical interpreter may be requested to see other patients during the 2-hour block. The office does not pay per patient. After the 2-hour minimum payments are made in 15-minute increments. In order to get the 2-hour minimum again, 2 hours need to lapse between assignments.

In order to get the 2-hour minimum payment the interpreter must:

1. be punctual.
2. wait 30 minutes at the assigned area when the patient is running late.
3. take any unscheduled assignment which falls into the 2 hour block already scheduled.
4. adhere to the office policies.

MGH Employees – During the day

When you are a regular MGH employee and you get called during your regular working hours you will not get paid the 2-hour minimum. You will get paid for the actual time in 15-minute increments and you will need to make the proper arrangements (if any) with your supervisor to make up the time.

MGH Staff Medical Interpreters

Staff medical interpreters with a schedule of less than 40 hours will be paid the 2-hour minimum for encounters that occur after their shift has ended. Such encounters need to be approved by the Medical Interpreter Services management to be processed as on-call. All weekend encounters will be processed as on-call encounters.

Phone Interpretation

For phone call interpretations during the day interpreters will be paid a rate of \$20 per hour, prorated by the time spent, in 15-minute increments. Calls from 10:00 pm to 7:00 am will be prorated in a 30-minute increment.

- When you are in the hospital seeing a patient and you get a request from our office to make a phone call for a patient and it falls into the 2-hour block that was already scheduled include it in you On-Call Tracking Sheet but do not submit a separate invoice.
- If the phone call is requested after the 2 hour block ends you can submit an invoice.
- If you get more than one request from our office to call several patients you will get paid as stipulated above.
- The payment for phone call interpretations will be made only for actual interpretations.

MGH Staff Medical Interpreter

During an emergency if a staff is assigned to make a phone call when out of the office under UET, the time will be credited to their regular payroll. In addition, if you are doing phone call interpretations during your regular working hours for other institutions, which we support, you must submit an On-Call Tracking Sheet for documentation but cannot submit an invoice. This is done as a courtesy to the other institutions.

Cancellation of assignments

You must call the office the day before if you are unable to come to an assignment for which you are already scheduled. Encounters should not be canceled the same day. If you tend to cancel on short notice i.e. the same day, you will be penalized in the future for assignments cancelled on the same day for which we would otherwise pay you. The office does not pay for assignments that we cancel the day before. In addition, the office does not pay for appointments given on the same day and cancelled before the time you come to the hospital.

Dress code

It is the department's policy that medical interpreters who interact with patients may not wear jeans, T-shirts, shorts, very short skirts, or open-toe sandals.

E-mail

Check your email on a weekly basis. Information that needs to be distributed will be sent via email to those who provide their email address. All notifications/correspondence, whether via email or mail that requires follow-up from the medical interpreter, he/she will be responsible for the appropriate follow-up with the department. Failure to do so will result in termination from the on-call pool.

Encounters

When coming to the MGH Main Campus for appointments the process is as follows:

- Report to our office to be signed in as usual; you can not go to the appointment directly.
- Our department will call the area where you scheduled to go to make sure the patient has arrived and if the patient is ready to be seen.
- If the patient has not arrived or is not ready to be seen, you will remain in our office* until the department calls us. Once the department is ready, you will go to see the patient.
- You will be provided with a clipboard to take notes and a beeper (if you do not have one) for us to be able to locate you if needed.
- You will be asked to leave your belongings in the office and they will be locked in a secure area.

*The amount of time to wait for a patient to arrive is ½ hour per the On-call guidelines. If the patient has arrived we will verify with the department/area if the medical interpreter is needed before you are signed out for the encounter.

On-Call Tracking Sheets (DOCUMENTATION)

- You must keep track of all your encounters done either face to face or over the phone on your On-Call Tracking Sheet.
- During our working hours: Monday – Friday from 7:00 am to 12:00 am and Saturday and Sunday from 10:00 am to 10:00 pm you must come to the office to pick up your tracking sheet from our office for a face-to-face interpretation at the MGH main campus.
- You must get your time in signed by the On-Call Coordinator or her designee or by the provider if the encounter is at one of the health centers.
- You must use one On-Call Tracking Sheet per week.
- You must submit your On-Call Tracking Sheet to be processed for payment every week. You can submit it via fax.

Parking

You are entitled to obtain a parking voucher only when you come to the hospital to interpret for a scheduled patient. During office hours you need to park at the Nashua Street Lot located next to Spaulding Rehabilitation Hospital. You will need a Volunteer ID in order to use this parking. This ID can be obtained from our office as well as the parking voucher needed to exit the parking. Our office is located on Clinics 141. You must show your tracking sheet and parking spitter ticket in order to get a parking voucher. During "off hours" you may pick up a parking voucher from Police and Security. They are located in the Gray Basement,

room 011. The vouchers are only valid for the Fruit and Parkman Street garages. Our office does not give vouchers or reimbursement for other parking garages.

Response to pages and messages

You must respond to pages and messages to inform the office **whether you are available or not**. The office monitors on a quarterly basis the number of times medical interpreters have failed to respond. Medical interpreters who are found to have a large number of unanswered pages/messages will be removed from the On-Call program.

TB testing

TB testing is a hospital policy and it needs to be done on a yearly basis. Medical interpreters will receive notification when their test is due. It will be the medical interpreter's responsibility to arrange an appointment with either OHS (Occupational Health Service) at MGH or with their provider to obtain a TB test. If the medical interpreter has had a positive reaction to the TB test in the past, a "Symptom Analysis Sheet" will be provided for completion. Failure to comply with this hospital policy will result in termination from the on-call pool.

Vacation

If you are going to be away from the area you must call our office to let us know. This way we will know that you are not available and we will not call you.

Yearly oral assessment/shadowing

As a freelance medical interpreter, you must be evaluated every year. The yearly evaluation will either be in a written format or by being observed by one of the office supervisors. At the time of the observation, the interpreting skills will be evaluated based on the MMIA (Massachusetts Medical Interpreter Association) Standards of Practice. Failure to comply with this policy will result in termination from the On-Call pool.

B. Regulations to follow

1. Do not give **your telephone number** to patients or any provider. If patients or providers call you directly to help them you cannot submit an invoice.
2. **You must always wear your MGH picture ID when interpreting for patients at the hospital.** Patients and providers need to be aware you are an MGH medical interpreter.
3. You have to be **authorized by the Interpreter Services** to do an assignment either face to face or over the phone. Always write down the name of the person who called you from our office. You **cannot accept assignments directly** from departments and patients. The department needs to make their requests through our office. Then, our office will make the pertinent arrangements.
4. You must **be on time** for the assignment; otherwise the **time will be subtracted**, in 15-minute increments from the 2-hour minimum.
5. When you cannot come to an assignment that you were scheduled to do, **you must cancel the day before.** Usually you get paid if we do not cancel the day before, but if you have a history of canceling at the last minute we will not pay you for same day cancellations of scheduled assignments.
6. On-Call Tracking Sheets **must be signed** by the provider/secretary in the appropriate section.
7. When your assignment is at the MGH main campus you must come to the office first so the **On-Call Coordinator or her designee can fill out the time in section of the On-Call Tracking Sheet. The time out section must be completed by the provider/provider's secretary.** If your assignment is at any of the MGH affiliated health centers, **the provider/provider's secretary must complete both time in and time out.**
8. If you are asked to go to **more than one place** with the same patient you must call our office to receive further authorization for the new encounter(s). You will need to get the signature, time in and time out for each encounter signed by each provider/provider's secretary.
9. When an encounter is taking longer **than 2 hours** you must call our office to give an update and document the reason on the back of the On-Call Tracking Sheet.
10. During the day when you are given an assignment you are expected to **block yourself for a 2 hour period.** You may be assigned more than 1 patient during those 2 hours. After the 2 hour minimum you will get paid in 15 minute increments.
11. From 7:00 am to 10:00 pm the time required in between encounters is 2 hours in order for you to get the 2 hour minimum again.
12. **During the day, when you are finished** with the assigned encounter return to the office before leaving the hospital.
13. **Every Friday by 4pm** you must submit the completed On-Call Tracking sheet for that week*. Assignments submitted for payment that are more than 1 week old will not be processed. If you have assignments during the weekend make sure you leave the On-Call Tracking sheet at the office. *You may fax the tracking sheets as well.

NOTE: If there's a Monday holiday, On-Call Tracking sheets are due **Friday at 4pm.**

At Night

1. You must document the name of the person who called you for an assignment, either face-to-face or a phone interpretation. Take the patient's name, medical record number and the location.
2. From 10:00 pm to 7:00 am there is no minimum time required between encounters.
3. From 10:00 pm to 7:00 am phone interpretations will be paid at \$20.00 in 30 minute increments.

C. Encounter Protocols

Encounter protocol

1. *Outpatient clinics*

- when you arrive introduce yourself to the secretary. He/she will tell you where the patient is located. If they can't locate the patient by name give them the MRN to help them find the patient.
- if the patient is not ready to be seen, **update our office** and check if there is an assignment pending or any phone call(s) to make while you wait. Do not leave the area without advising our office.
- if you are an MGH regular employee of another area, **you must update our office** of any outcome and developments.

2. *Inpatient areas*

- when you arrive on the floor speak with the Operations Assistant (OA)/receptionist to advise them that you have arrived and they can locate the person who needs to see the patient.
- because floors are busy places and many consultants go to floors independently, they might not know who needs the interpreter. This is why it is so important for you to have all the required information.

3. *Patients – Do's and Don'ts*

- do introduce yourself to patients.
- do not sit with the patient in the waiting room or do not wait inside the exam room. Patients tend to give you medical history and assume that you will talk for them or think that talking to you is the same as talking to the provider. People can make the assumption that you are a friend or relative and not a professional medical interpreter.
- if the provider leaves the exam room, step out of the room and wait outside the door for the provider
- to preserve patient's privacy rights, if the patient needs to change into a gown, step out of the room and if there is a curtain pull it closed.
- if after the appointment the patient needs to go to other areas of the hospital, do not go with them. Call the office first or tell the patient to come to our office and we can try to fit them into the daily schedule.
Remember: most of the time there are other patients waiting.
- do not promise patients or providers that you will help them every time they have an appointment. There are a lot of requests and we need to try to fulfill all of them with the resources we have.
- make appropriate referrals to meet patient's needs. **Do not take responsibility to help patients with things other than interpreting for them.**

*When you go to an assignment and you have taken all the required information, but you can't locate the provider or patient you were assigned, **DO NOT DROP THE BALL!**

Run through this checklist:

- Are you on the right floor or department?
- Did you speak to the right contact person?
- Did you look for the patient's name on the floor list?
- Did you page the provider?
- Did you ask the operations coordinator to try and locate the patient through PATCOM (inpatient records)?

If after going through the checklist you still can't locate the patient or provider do not leave the assigned location.
During office hours call the office 6-6966. During off hours page the nursing supervisor at 724-5700, dial ID#25101, then call back #

D. Guidelines To Fill Out Payment Forms

You must turn the On-Call Tracking Sheet by Friday 4:00pm. If there is a Holiday that falls on a Monday, On-Call Tracking Sheets are due on Friday by 4:00pm.

1. Separate tracking sheets must be filled out for each institution, for each mode of interpretation, and for each week.

For example: If in a given day or week you get the following assignments:

2 phone calls for MGH – MGH On-Call Tracking Sheet

1 face to face for MGH – MGH On-Call Tracking Sheet

1 face to face assignment for SPAULDING – SRH On-Call Tracking Sheet

2. On-Call Tracking Sheets must have all the required information:

- a) week ending date (Always Saturday) you must enter the week ending date for the week the encounter was done. Example: You did the assignment on July 5th, you must enter July 7th (Saturday) as your week ending.
- b) your name
- c) your language(s)
- d) date of encounter(s) – **do not include two weeks in one On-Call Tracking Sheet**
- e) starting time as signed by the On-Call Coordinator or her designee at the Interpreter Services
- f) actual finishing time as signed by the provider

3. On-Tracking Sheets must match the information that we have in the office.

III. Hospital Information

A. MGH and PARTNERS

MGH Facts

The MGH is the oldest voluntary, nonprofit general hospital in New England and the third oldest in the United States. It is also a teaching hospital; the first and largest affiliated with Harvard Medical School. The MGH was the first hospital to demonstrate the use of anesthesia, to successfully replant a severed human limb, to develop artificial skin for victims of severe burns, and, most recently, the first to locate the genetic markers for several disorders, including Huntington's and Alzheimer's diseases.

(Excerpted from the Admitting Guide to patients)

Partners

Formed in 1994 by the Massachusetts General Hospital (MGH) and the Brigham and Women's Hospital (BWH), Partners is one of the world's leading health care delivery systems. Additional members now include The North Shore Medical Center and its affiliates; McLean Hospital, a prestigious psychiatric facility; Spaulding Rehabilitation Hospital, the largest rehabilitation hospital in the U.S, Faulkner Hospital, Newton-Wellesley Hospital and PCHI.

The renowned Dana-Farber Cancer Institute has formed a joint venture with the MGH and BWH to offer an innovative adult cancer program. Partners brings together leading specialists at three world-class institutions, creating one extraordinary resource for patients with cancer.

(Excerpted from the International Patient Brochure)

Harvard Medical School Affiliation

As major affiliates of Harvard Medical School, MGH and BWH are widely recognized as leading centers of medical education, patient care, and pioneering research.

B. Patient Support Departments

Admitting (Gray 1)

726-2294

Patients undergoing a procedure usually go to the **Admitting Department** prior to their procedure. At that time an interviewer will check the patient's demographic and financial information. After the interview, the patient will be directed to the **Pre-testing area**. If the patient is going to be admitted directly no pre-test is necessary.

Pre-Testing (Jackson 1)

726-3383

Patients go to this area for blood tests, undergo an evaluation by an anesthesiologist and a nurse and maybe undergo a physical with another physician. After that the patient goes home and returns on the date of the procedure.

Same Day Surgery Unit (SDSU) – Adult (WANG 309)

726-8588

Same Day Surgery Unit – Pedi (WANG 309 immediately to the right)

726-8598

The day of the procedure the patient reports to the **SDSU** at the time indicated by the physician's office. The patient will be prepared for the procedure and from there will be taken to the operating room. If the patient is scheduled to be admitted, the family will need to wait in the **Gray Family Waiting Area**. If the patient is scheduled to be discharged home after the procedure, the family will wait at the Same Day Surgery Unit.

GRAY Family Waiting Area (Gray 1)

726-2078

This is the area where families wait for patients while they are in the operating room. One of the family members will need to leave their name at the reception area so that the receptionist is aware that a family member is around. When the procedure is completed, the receptionist will advise the family member(s) and direct them where to go to see the patient.

International Patient Center (Blake 180)

726-2787

This office helps international patients with their appointments, admissions and financial issues including estimates in advance. In addition, this is the office where international patients make deposits before procedures and subsequent payments.

Patient Care Representatives (WANG LOBBY)

726-3370

This office assists with concerns and issues, which patients and their families may have about their care. This office acts as a liaison with the hospital to assure quality care.

Patient Financial Services (WANG LOBBY AND 1ST FLOOR)

726-6777

This office helps patients with their billing issues. They may review patient's accounts prior to patient's making a payment. Also, if a patient is eligible, they will help them to fill out an application for a medical assistance program(s). Medical Assistance programs are Mass Health, MGH Free Care, Medicaid or Disability.

Police and Security (Gray Basement 011)

726-2121

If you, a patient or an employee is in imminent danger please call Security at 726-2121 and say “CAN YOU PAGE DR.JOHNSON”. Security will respond to the call. The Interpreter Services is equipped with a PANIC BUTTON, which is a security device located at the front desk under the counter near the computer. The device is a blue bottom that advises the security system when we have an emergency.

Social Services Department (WANG 027)

726-2645

Social Workers are available to help outpatients and their families with social issues. They are also assigned to hospital floors for inpatients. They perform psychological assessments of the social and environmental impact of illness on patients and their families and provide them with counseling. In addition, they make referrals and assist with housing and early intervention for children.

HAVEN (Domestic Violence Program)

726-6976

A program run by Social Services and the Employee Assistance Program to improve health services offered to patients and employees whose lives have been affected by violence, in particular domestic violence.

Registration (WANG 1ST FLOOR) Phone Registration

726-9090

Toll Free Number

1-877-726-9090

All new patients need to be directed to register in the hospital system. The patients are asked to provide their demographic and insurance information and are issued a blue card. The “blue card” is required to access all hospital services. Patients who are already on the system and need to update their information should also be directed to registration.

C. Hospital Services

CONVENIENCE SERVICES

ATM's

There are two Bank Boston ATM machines or terminals; one is located on the White Bldg. main corridor and the other on the Cox Bldg. corridor. There is also a Citizens ATM machine located on the White Bldg. main corridor and the Harvard University Employees Credit Union has an ATM located on the Clinics building, 1st floor.

Cancer Resource Room (COX 1st floor)

724-1822

Offers walk-in access to information on cancer care, treatment, complimentary therapies and wellness and is a clearinghouse for MGH and community resources. Open Monday through Friday.

General Store and Flower Shop (Blake 1st floor)

726-2227

Offers a variety of products and services. Hours of operation are Monday through Friday, 8:30 a.m. to 7:30 p.m. and Weekends, 10:00 a.m. to 6:00 p.m.

“Images” Beauty Salon (1st floor COX Corridor)

726-3211

Located behind the general store and flower shop. With physician's permission patients can call to make an appointment to be seen in the room. Appointments are available from 8:30 a.m. to 4:30 p.m. Also open to the public.

MGH Backup Child Care Center (Warren 1st floor)

724-7100

This is an on-site center, which provides emergency childcare to MGH employees and patients with children between the ages of 15 months and 12 years of age. It is intended to assist patients during the time they are receiving medical care at MGH.

Outpatient Pharmacy (WANG 107)

724-3100

Patients and employees can get their prescriptions filled at the Outpatient Pharmacy. It is open Monday through Friday, 9:00 a.m. to 5:30 p.m. and Weekends and Holidays, 9:00 a.m. to 12:30 p.m.

Patient and Family Learning Center (White 1st fl. Main Corridor)

724-7352

The Learning Center is designed to provide a relaxed and comfortable atmosphere for patients, families and friends to access information about health, illnesses and treatments. Materials are available in a variety of languages. Hours of Operation: Monday through Friday from 9:30 a.m. to 6:30 p.m.; Thursdays until 9:00 p.m. and Saturdays from 11:00 a.m. to 3:00 p.m.

Warren Library (Bulfinch Basement)

Offers tickets to the movies and other events to employees at discounted prices. It is open Monday through Friday

RELIGIOUS SERVICES

Chapel

Located on the first floor of the Ellison Building. Ecumenical prayer services M-F at 12:15. Roman Catholic Mass daily at 4:00 p.m. and 7:30 p.m. on Saturdays. Catholic services are televised on WMGH channel 16. The Muslim Prayer Room is located at Founders 1st floor.

Chaplaincy Services

726-2220

Available 24 hours. Services offered include spiritual assessments, pastoral support for patients and families, sacrament, ministry at the time of death, memorial services and referrals to community clergy with diverse religious traditions and languages.

INPATIENT SERVICES

Escort Services (White Lobby)

726-2283

Volunteers are available Monday through Friday from 10:00 a.m. to 7:00 p.m. to escort discharged patients from their bedside to their car. Pink jackets identify the volunteers.

Television Services

726-8888

A full range of television programming is available from Granada Hospital Group for a daily rental fee of \$5.00. The patient can call directly to request the service or ask the nurse for assistance.

PARKING AND TRANSPORTATION

Parking Services

MGH has two garages: the Fruit Street Garage and the Parkman Garage. After 3 hours patients and family members can validate their parking ticket for MGH lots and pay a reduced rate. Validation is required and can be obtained at the parking desk located just off the main lobby across from outpatient pharmacy.

Shuttle Service

726-2250

Provided for the use of employees, patients and visitors traveling to and from one of the Partners affiliated facilities. Shuttle services include: North Station, MGH East, Charlestown Health Center, North End Health Center, Revere Health Center, Chelsea Health Center, Prudential Center, BWH, Haymarket Square, 101 Merrimac Street, Nashua St. Lot, Red Lot, Brown Lot and Science Museum Lot. For a schedule refer to the "Shuttle Service Schedule" booklet included. Schedules for patients are available at any lobby desk.

D. Department Phone Numbers and Locations

Department	Location	Telephone	Department	Location	Telephone
Admitting	GRAY 1	6-2294	EEG Lab	BIG 12	6-3640
Allergy Associates	ACC 626	6-3850	EMG	BIG 12	6-3640
Anti-Coagulation	CLN 144	6-2768	Endocrine	ACC 730	6-8720
Arrhythmia/EP Lab	GRAY 109	6-5036	Endoscopy	BLK 4/Inside 6-3732	6-8084
Arthritis	ACC 730A	4-0637	ER APS	ELL 1	6-2994
Beacon Hill Assoc.	CRP 5 th fl.	6-4900	ER Front Desk	ELL 1	44100
Blake 7	In-House	6-8048	ER Major Multipurpose	ELL 1	44190
Blake 11	In-House	4-9110	ER Minor Surgery	ELL 1	4-4134
Blake 12	In-House	6-8071	ER Pediatrics	ELL 1	4-4113
Blake 12 Neuro ICU	In-House	6-8071	ER RDU	ELL 1	4-4149
Blake 13	OB/Postpartum	4-9310	ER Registration	ELL 1	4-4139
Blake 14	OB/Delivery	4-9410	ER Trauma	ELL 1	4-4170
Blake 6	In-House	4-8610	ER Triage	ELL 1	4-4141
Blake 8 SICU	In-House	4-4410	Genetics	50 STN/#504	6-1561
Blood Bank	GRAY 1/FND 6-3620	6-3623	Geriatrics/Senior Health	100 CRP	6-4600
Bone Density	10 Emerson Pl.	6-3840	GI Associates (inpat. check-in)	BLK 4	6-3732
Brace Shop	60 STN	6-2950	GI Associates (outpat. check-in)	BLK 4	5-5995
Brain Tumor Center	COX 315	6-3779	GI/Endoscopy	BLK 4	68084
Breast Center	ACC 240	6-5005	Gillette Center	COX 120	6-8037/4-4800
Bulfinch Medical Group	FND 3	4-6620	Gray/Bigelow 11	In-House	4-1500
Bulfinch Medical Group	POB 2 (BMG2)	4-6633	Gray/Bigelow 13	In-House	6-3354
Bulfinch Medical Group	POB 4 (BMG4)	4-6672	Gray/Bigelow 14	In-House	6-6100
Burn Associates	BIG 13	6-3712	Gray/Bigelow 4 GRACU	In-House	6-8905
CAPD Unit	CRP 5 th fl.	617-720-1317	Gray/Bigelow 4 RICU	In-House	6-8975
Cardiac Associates	POB 3	4-6750	Gray/Bigelow 9	In-House	4-9000
Cardiac Failure Center	BIG 800	6-9230	Gray Family Waiting Area	GRAY 1	6-2078
Cardiac Rehab	RSL	6-1843	Gyn	ACC 231/237	6-1615/6-1762
Cat Scan	BLK 2	4-1036	Gyn/Colpo Clinic/Nurse 4-0251	COX 501	6-1927
Cath Lab	BLK 9	6-7400	Gynecology	VBK 1	6-3001
Cyclotron	CAMBRIDGE	495-2885	Hand Clinic - Ortho	ACC 527	6-8530
Dental Group	100 CRP 4	6-1076	Hemat/Onco. Clinic	COX 2	4-4000
Dermatology	ACC 489	6-2745	Hemat/Onco. Clinic	10 Emerson	4-6193
Dermatology	ACC 477	6-2914	Holter Lab	ACC 221H	6-7737
Derm Laser Center	POB 503	4-6960	ICD Clinic	Gray 109	4-4925
Diabetes	50 STN/340	6-8722	IMA 10	ACC 635F	4-4600
Dialysis	BIG 10	6-3700	IMA 1A	ACC 608	6-2370
Echo Lab	VBK 5	6-8871/6-1840	IMA 1B	ACC 612	6-2374
Ellison 10	In-House	4-5010	IMA 1C	ACC 616	6-3456
Ellison 11	In-House	4-5110	IMA 2	ACC 605C	6-7930
Ellison 12	In-House	4-5210	IMA 3	ACC 605C	4-8400/6-7738
Ellison 13	In-House	4-5310	IMA 4A	ACC 615D	4-6200
Ellison 14	In-House	4-5410	IMA 4B	ACC 615D	6-2674
Ellison 16	In-House	4-5610	IMA 4C	ACC 634	4-0909
Ellison 17	In House	4-5710	IMA 5	ACC 635E	6-7939/after 4pm 4-5056
Ellison 18	In-House	4-5810	IMA 6	ACC 625E	6-2375
Ellison 19	In-House	4-5910	IMA 7	ACC 645G	4-2700
Ellison 3 NICU	In-House	4-4310	IMA 8	ACC 645G	6-2368
Ellison 3 PICU	In-House	4-4350	IMA 9	ACC 635F	6-8157
Ellison 3 PACU	In-House	6-2835	Infectious Disease	FND 8	6-3906/4-9248
Ellison 4 SICU	In-House	4-5100	Infertility Clinic	VBK 2	4-3500
Ellison 6	In-House	4-4610	Infusion	BIG 12	4-2500

Department	Location	Telephone	Department	Location	Telephone
Ellison 7	In-House	4-4710	Infusion	BLK 260	4-2277
Ellison 8	In-House	4-4810	International Office	BLK 180	6-2787
Ellison 9 CCU	In-House	4-4910	Lab	ACC 219	6-3215
Learning Disorders	0 Emerson/2E	6-2664	PT Financial Serv/In	GRAY 1	6-2191
Mammogram	ACC 240	6-0192	PT Financial Serv/Out	ACC LOBBY	6-6777
MGH Med. Group	50 STN/300	4-8050	Pulmonary	BIG 645	6-1721
Medical Walk-In	ACC 108	6-2707	Pulmonary Function Lab	BIG 952	6-1200
MRI	ELL 2	4-4226	Radiation	COX B	6-8650
MRI	FND 138	4-5356	Radiology	ELL 2/ACC.219	6-1784
Neurology	ACC 853/4-3366(7)	6-2777	Registration	ACC LOBBY	6-2702
Neurosurgery (Dr. Medlock)	5 Longfellow Pl. 201	6-7870	Renal Associates	GRAY 1003	6-5050
Nuclear Cardiology	VBK 3	4-3600	Reproductive Endocrine	BHX/4	6-8433
Nuclear Medicine	WHT 2	6-8352	Same Day Surgery Unit	ACC 309	6-8588
Nutrition Services	CRP/402	6-2779	SDSU - Recovery Room	ACC 309	6-2856
OB/GYN Clinic	BLK 10	4-2229	Sleep Lab	BIG 12	4-7426
OB/GYN Clinic	BLK 10/Genetics	4-3358	Social Services	ACC 028	6-2643
OB/GYN Clinic	BLK 10/Ultrasound	4-0570	Speech & Language	ACC 737	6-2763
Operating Rooms	GRAY 3	6-8910	Surgical Clinic	ACC 457	6-2760
Operating Rooms	WHT 3	6-2835	Surgical Oncology	COX 626	4-4093
Oral Surgery	ACC 230/4-1384	6-2740/4-8479	Thoracic Surgery	BLK 1570	6-6826
Ortho	ACC 525	6-3499/6-2753	Thoracic Oncology	COX 315	4-6862
Ortho – Hand Clinic	ACC 527	6-8532	Thyroid	ACC 730S	6-3872
Ortho Private	GRAY 607	6-8501	Transplant Unit	BLK 6	6-5277
Ortho Private	WHT 1003	6-2290	Travel Clinic	FND 8	4-1934
Ortho – Shoulder Serv.	POB 403	4-7300	Ultrasound	WHT 2	6-3074
OT	ACC 127	4-65756-2960	Urodynamics	GRAY 11	6-8475
Outpatient Pharmacy	ACC 1	4-3100	Urogynecology	VBK 113	6-7635
Pacemaker Lab	GRAY 109	4-2820	Urology	ACC 528	6-2797/6-2799
Pain Center	ACC 324/332	4-1672	Urology/Dr. Ongaro	ACC 528	6-3012
Patient Care Reps	ACC 018	6-3370	Vascular Lab	WRN 9	6-2034
Pedi/Adolescent Care	ACC 715	6-2728	Weight Center	50 STN/4	6-4400
Pedi/Allergy/Cystic Fib	ACC 707	6-8707	White 10	In-House	6-3345
Pedi/Cardiology	VBK 615	6-3826	White 11	In-House	6-3348
Pedi/Dermatology/GE	ACC 715	6-2730	White 12	In-House	6-3351
Pedi/Endocrine	ACC 709	6-2909	White 13	In-House	6-3254
Pedi/GI & Nutrition	ACC 715	6-8705	White 6	In-House	6-6106
Pedi/Group Practice	ACC 715	6-2728	White 7	In-House	6-3336
Pedi/Hemat/Onco	BLK 255	6-2737	White 8	In-House	6-3339
Pedi/Nephrology	ACC 709	6-2908	White 9	In-House	6-3342
Pedi/Neurology	ACC 705	6-3402	Women's Health	BLK 1083	4-6700
Pedi/Ortho	ACC 507	6-8523			
Pedi/Radiology	ELL 2	4-4207			
Pedi/Same Day Surg	ACC 309	6-8598			
Pedi/Specialties	ACC 715	6-2730			
Pedi/Surgery - Donahoe	WRN 11	6-8839			
Pedi/Surgery - Doody	WRN 11	6-2913			
Pedi/Surgery-Kim/Lawlor	WRN 11	6-8858			
Pedi/Surgery – Ryan	WRN 11	6-8878			
PH 20 (Ellison Bldg.)	In-House	4-6010			
PH 21 (Ellison Bldg.)	In-House	4-6110			
PH 22 (Ellison Bldg.)	In-House	4-6210			
Podiatry	ACC 517	6-3487			
Pre-Admitting Testing	JCK 1	6-3383			
Proton Center	30 Fruit St.	4-9528			

Psych Assessment Ctr.	5 Emerson/105	6-3647			
Psychiatry	ACC 815	6-3483			
PT	ACC 128	4-0158/6-2961			
Additional Resources	Telephone		Patient's Resources	Telephone	
Dr. Betancourt (Spanish)	4-0909		Free Care	6-2171	
Dr. Crocker/POB 2 (Spa)	4-6670		HAVEN/Domestic/Violence	6-6976	
Chelsea Health Ctr.	884-8300		Page Change Status	4-5800	
Commission for Deaf	740-1600		Paging System	4-5700	
Help Desk	6-5085		Patient Care Reps	6-3370	
MEEI	573-3031		Patient Financial	6-6777/6-2193 Span	
Occ Health	6-2217		Physician's Referral	6-5800	
Revere Adult Med.	781-485-6300		Police & Security	6-2121	
Revere Health Ctr.	781-485-1000		Registration	6-9090	
Revere Pt. Referral	781-485-6345		Voice Mail	4-5000	
Spaulding	573-7144				

E. Safety Standard Precautions

I. Indication

Standard Precautions are applied to prevent occupational exposure to blood, body fluids, secretions, and excretions from all patients and contaminated medical equipment. Consistent use of Standard Precautions can prevent transmission of nosocomial pathogens between patients.

II. Hand Hygiene

Hand hygiene is the single most important means of preventing the spread of infection. Hands must be disinfected with an alcohol-based hand rinse after providing care that involves touching the patient, and after removing gloves, gowns, or respiratory protection devices, or touching contaminated items or surfaces. If hands are visibly soiled then wash hands with soap and water, dry hands, and apply an alcohol-based hand rinse.

III. Patient Placement

There are no special placement requirements for Standard Precautions; however, patients should be placed in a private room if their blood and body fluids, including feces and urine, contaminate their environment.

IV. Personal Protective Equipment

A. *Gloves*

Clean, non-sterile gloves must be worn when touching blood, body fluids, secretions, excretions, mucous membranes, and contaminated medical equipment. Contaminated medical equipment includes in-use respiratory tubing and soiled respiratory equipment. Remove gloves after use and before touching non-contaminated items or surfaces and before providing care for another patient. Disinfect hands immediately after removing gloves to avoid transfer of organisms to other patients.

B. *Gowns*

Clean, non-sterile gowns must be worn to protect skin and to prevent soiling of clothing during activities that may generate splashes or sprays of blood, body fluids, secretions, or excretions. Remove a soiled gown immediately upon leaving the patient's room and disinfect hands to avoid transfer of organisms to other patients.

C. *Mask, Eye Protection, Face Shield*

A mask, in combination with eye protection or a faceshield, is worn to protect mucous membranes of the eyes, nose, and mouth during activities that may generate splashes or sprays of blood, body fluids, secretions, or excretions.

E. Policy On Confidentiality

Confidentiality: Do's and Don'ts for Employees

Regarding Verbal Communication...

- Patient information should not be discussed where others can overhear the conversation, e.g., in hallways, on elevators, in the cafeterias, on the shuttle buses, on the "T", at restaurants, at social events. It is not okay to discuss clinical information in public areas even if a patient's name is not used. This can raise doubts with patients and visitors about our respect for their privacy.
- Dictation of patient information should occur in locations where others cannot overhear.

Regarding Written Information...

- Confidential papers, reports, and computer print-outs should be kept in a secure place.
- Confidential papers should be picked up as soon as possible from copiers, mail boxes, conference room tables, and other publicly accessible locations.
- Confidential papers should be appropriately disposed of, e.g., torn or shredded, when they are no longer needed.

Regarding Employee Conduct...

- Employees with access to information about patients, employees, or business matters may only obtain information that is necessary for job performance. Regardless of the format in which information is obtained, i.e., verbal, written, electronic, or other technologic formats yet to be developed, it must be treated with the same level of confidentiality.
- Accessing any information other than what is required to do your job is a violation of the Partners Confidentiality Policy, even if you don't tell anyone else.
- Accessing data must not occur simply to satisfy a curiosity. It is unacceptable to look up data, e.g., a friend's birthday, address, or phone number. Information is only viewed when required for one's job.

Regarding Reproducing Patient Information (e.g., faxing, photocopying)

- Fax machines are the least controllable technology when one transmits patient information. It is critically important when faxing that the sender has the correct fax number, that they know the receiving fax machine is in a secure location, and that the patient has signed a Release of Information that allows us to release their health information to another location.
- Fax cover sheets should contain the following wording:
"The documents accompanying this fax transmission contain confidential patient information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this patient information is prohibited from disclosing the information to any other party. If you have received this transmission in error, please notify the sender immediately and arrange for the return of these documents."
- When receiving faxed patient information:
 1. Immediately remove the fax transmission from the fax machine and deliver it to the recipient.
 2. Manage patient information received via fax as confidential in accordance with policy.
 3. Destroy patient information faxed in error and immediately inform the sender.
- Certain patient information is so sensitive that it must NEVER be reproduced, except in cases of medical emergency and then only through the Health Information Management Department. The following types of medical information are protected by federal and/or state statute and may NOT be faxed or photocopied without specific written patient authorization for each occurrence:
 - Communication between patient and psychotherapist or social worker;
 - Sexually transmitted disease test results or visit notes;
 - HIV tests and related information;
 - Substance abuse rehabilitation treatment records;
 - Sexual assault treatment records.
- Questions about faxing patient information, or routine patient information requests should be sent to the Health Information Management Department.

Regarding Computer Information...

- Sharing a password instead of having your own password is prohibited.
- Passwords must not be written down where others can find and/or use them.
- Employees must not log on and let someone else use a computer under their password.
- Employees should protect their data and computer against unauthorized use by:
 - Using virus protection software;
 - Locking up backup diskettes or keeping them securely offsite;
 - Locking offices whenever possible.
- Employees must log off the computer system when leaving a workstation.

F. Patient Rights and Responsibilities

Smoking Policy

The MGH strongly supports the Surgeon General's warnings about the adverse effects of smoking. The hospital has adopted a smoke-free policy and does not permit smoking in any hospital building. Patients and their visitors should be aware of these restrictions. Smoking room for patients, across from Back Up Day Care. Outdoor booth: near Fruit St. garage.

Patient Bill of Rights

The goal of the Massachusetts General Hospital is to provide you, our patient, with the most appropriate medical care and to return you to your optimum health as quickly as possible. The hospital aims to deliver this care with a clear understanding of and respect for your individual needs and rights as outlined in the Massachusetts law, the Patient Bill of Rights. We also recognize that the care of children and adolescents should respect the rights and responsibilities of the patient, dependent on his or her developmental stage, and the rights of the parents or guardians.

The following summary of your rights and responsibilities is a sincere statement of the Hospital's ideals, but is not a complete list. If you have any questions regarding patient rights or would like a copy of the Massachusetts Patient Bill of Rights, please contact the Office of Patient Care Representatives (617) 726-3370.

- You have the right to considerate and respectful care.
- You have the right to complete, current and understandable information on your illness, possible treatments, and likely outcome from your physician or other health professional.
- You have the right to know the names of people who treat you and their roles in your care, including when those involved are students, residents, or other trainees.
- You have the right to consent to or refuse treatment.
- You have the right to have an advance directive, such as a health care proxy.
- You have the right to privacy.
- You have the right to access your medical record and can receive a copy at a reasonable fee.
- If you are asked to participate in a research study, you have the right to consent or decline.
- You have the right to a prompt and adequate response, within our capacity, to all reasonable requests.

You, your family, or guardian have the right to present complaints, and your future care will not be compromised in any way if you present a complaint. If you have a problem you have not been able to resolve through your physician, nurse or other health professional, please contact the Office of Patient Care Representatives at (617) 726-3370.

Your Responsibilities

To provide you with the best possible care, we need your cooperation. We request that you:

- be honest with us concerning your present illness, previous hospitalization, and any other matters related to your health;
- tell us if you do not understand instructions given to you by our staff or if you think you will not be able to carry out these instructions;
- respect the right of other patients to receive medical care without disruption or interference;
- observe "No Smoking" rules;
- provide the hospital with necessary information regarding coverage of your hospital charges.

Making Decisions About Your Medical Care

A time may come when, because of illness or accident, you are no longer able to make your own decisions about your medical care. In such an event (if you are in a coma, for example), you do not lose your right to accept or refuse treatment. To ensure your wishes are respected, you can complete an "Advance Directive." This is a document that gives instructions, in advance, about your wishes regarding your health care. While there are different kinds of Advance Directives, the two that are most common are the Health Care Proxy and the Living Will.

Under the Massachusetts Health Care Proxy Law, you can appoint another person to make decisions about your health care for you. This person becomes your health care agent. He or she may act for you only if your physician determines in writing that you are unable to make or communicate your own health care decisions. Your agent would then have the legal authority to make all health care decisions for you, including decisions about life-sustaining treatments. He or she would be entitled to information and records from your doctors to help make decisions. The Health Care Proxy Law also allows you to put limits on your agent's authority, such as specifying what types of medical care you would or would not want.

You can designate an agent by completing a Health Care Proxy form, which is available in the Admitting Department or through your nurse. Before you complete the Health Care Proxy form we urge you to discuss the matter with your physician, the person you designate as your health care agent, and your family.

A Living Will provides your physician, your family, and others close to you with written instructions that describe your views and choices about your possible future medical treatment. Such a document provides evidence of your wishes; however, it may not necessarily carry the same legal authority as if you appoint someone to carry out your wishes for you.

You are not required to complete an Advance Directive, and you will receive the same quality of health care whether or not you complete one. If you become unable to make your own decisions and do not have an Advance Directive, your family or others

close to you may be asked to make decisions for you based on what they believe you would want. If you are under age 18, your parent or guardian usually would make decisions about your medical care.

If you have completed a Health Care Proxy form or another type of Advance Directive, please provide your doctor, nurse, or admitting officer with a copy to be placed in your medical record.

If you would like further information about Advance Directives or about the hospital's policies regarding decisions about your medical care, please feel free to contact the Office of Patient Care Representatives at 726-3370.

Patient Care Representative

The hospital and medical staff work to the best of their abilities to respond to your health care needs, special requests, problems, or disappointments. Should you have a problem you have not been able to resolve through your physician or nurse, or if you feel we have not taken care of your concerns to your satisfaction, patient care representatives are available to help.

The Office of Patient Care Representatives is responsible for operating the hospital's patient complaint process. Patient care representatives serve as liaisons between patients and the hospital and are available whenever you need administrative assistance. In addition, the Massachusetts Department of Public Health maintains a patient advocacy office.

The address is: Patient Protection Unit
Division of Health Care Quality
10 West Street, 5th floor, Boston, MA 02111.
(617) 727-8984 (Monday through Friday, 9:00 a.m. to 5:00 p.m.) or 1-800-462-5540
(24-hour number)

If you have a complaint relating to a physician, you may contact the Massachusetts Board of Registration in Medicine, 10 West Street, 3rd Floor, Boston, MA 02111. The Board's telephone number is (617) 727-3086.

Your Medical Record

Your medical record serves as a basis for planning your care, provides a means of communication between you and the professionals taking care of you, and furnishes documentary evidence of the course and treatment of your illness.

Although the medical record is maintained for the benefit of you and the staff caring for you, it is the property of the hospital. Any questions you have about your medical record while you are in the hospital should be directed to your primary physician. The contents are confidential and are only released to third parties such as insurance companies, government agencies, and employers if the hospital has your written authorization. Information from your record may be released without your written authorization to doctors, hospitals, other health facilities, or professionals concerned with your future care.

Availability of Free Care

The Massachusetts General Hospital, in accordance with M.G.L. c.6A, s.31-36 and 50-75, will make available medically necessary hospital services without charge to Massachusetts residents whose total family income on an annual basis is equal to or less than two times the applicable Federal Poverty Income Level based on family unit size.