DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION CALIFORNIA EMERGENCY DEPARTMENT AND AMBULATORY SURGERY PATIENT DATA REPORTING MANUAL, FIFTH EDITION

PREFERRED LANGUAGE SPOKEN

Section 97267

Effective with encounters occurring on or after January 1, 2011, the patient's preferred language spoken shall be reported using one of the following three alternatives:

- (a) If the patient's preferred language spoken is known and is included in the following list of alternatives, report the code from the list: See list below
- (b) If the preferred language spoken is known, but is not listed in subsection (a), report the full name of the language.
- (c) If the preferred language spoken is unknown, report the three digit code 999.

Specifications for reporting this data element with the Record Entry Form for online web entry of individual records or online data file transmission:

PREFERRED LANGUAGE SPOKEN

Enter only one 3-digit value from the list below. If the language is not on this list, then consult the ISO 639-2 (<u>www.loc.gov/standards/iso639-2</u>). If the patient's preferred language is not listed in the ISO 639-2, then enter the full language, up to 24 alpha characters.

| FNO | Fueliel | | | DUO | Duccion |
|-----|-------------------------|-----|-------------------|-----|---------------|
| ENG | English | HMN | Hmong | RUS | Russian |
| AMH | Amharic | HUN | Hungarian | SGN | Sign Language |
| ARA | Arabic | ILO | llocano (lloko) | SMO | Samoan |
| ARM | Armenian | IND | Indonesian | SRP | Serbian |
| YUE | Cantonese (Yue Chinese) | ITA | Italian | SPA | Spanish |
| CHI | Chinese | JPN | Japanese | SWA | Swahili |
| HRV | Croatian | KOR | Korean | TGL | Tagalog |
| PES | Farsi | LAO | Lao | TEL | Telugu |
| FRE | French | CMN | Mandarin | THA | Thai |
| CPF | French Creole | IUM | Mien (Iu Mien) | TON | Tonga |
| GER | German | MKH | Mon-Khmer | UKR | Ukrainian |
| GRE | Greek | NAV | Navajo | URD | Urdu |
| GUJ | Gujarati | PAN | Panjabi (Punjabi) | VIE | Vietnamese |
| HEB | Hebrew | PER | Persian | YID | Yiddish |
| HIN | Hindi | POL | Polish | YOR | Yoruba |
| | | POR | Portuguese | 999 | Unknown |

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Reporting Requirements:

- Enter only <u>one</u> 3-digit value.
- You may use up to 24 alpha characters to report the full name of languages not already listed.
- Indicating more than one language designation is not allowed.

DISCUSSION

Preferred Language Spoken (PLS) would be the language the patient prefers to be used in communicating with those in the health care community. A bilingual patient would presumably state the language in which he or she would have the best comprehension of health-related terminology.

Unknown should be used when a patient's language can not be determined, such as when a patient arrives alone, in a comatose state and the encounter ends without the patient ever speaking. If the patient never coherently communicates, there is no medical chart history, and there is no family/caregiver communication, Unknown is appropriate. A patient who is clearly able to communicate or is accompanied by someone who can indicate the patient's PLS should not be reported as PLS "Unknown". The Unknown category is not to be used to report patients who refuse to self-declare a language. If a patient refuses to self-declare their language preference, report the language the patient is using to communicate with staff.

A child's language can be the language of the parent or caretaker used for communicating with the physician on the child's behalf. The language on subsequent visits could change based on the language preference of the adult accompanying the child.

Use the write-in field for languages only. Reporting "Other", "Multiple", or "Refuse to Declare" (or similar phrases) in the write-in field is not appropriate. A language must be reported.

Be sure to use the regulatory 3-digit code where applicable for the appropriate language or spell the language out completely and accurately. Misspellings and use of non-regulatory abbreviations will result in the language being grouped to a miscellaneous "Other" category once the data is standardized.

Data quality deteriorates when assumptions based on the patient's name, physical appearance, place of birth, race, or ethnicity are the basis for the determination of Preferred Language.