

# Language Access Patient Safety Risk Checklist

Survey Readiness Assessment for Healthcare Compliance & Risk Leaders



Carol Velandia  
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This checklist maps the language access gaps most commonly flagged during Joint Commission and CMS surveys, civil rights investigations, and adverse event reviews. Each item reflects a documented point of regulatory or legal exposure. Use it to identify where your organization's current practices leave gaps in accountability, documentation, or governance.

## Risk Level Key

- High** Directly cited in accreditation findings, adverse events, or litigation
- Medium** Operational gaps that compound to create larger exposure
- Low** Infrastructure gaps that weaken defensibility over time

## How to Use This Checklist

1. Work through each section with the person responsible for language access oversight.
2. Check items your organization can document with written policy, a system record, or verifiable training data.
3. Leave unchecked any item where the answer is uncertain, informal, or undocumented, even if the practice exists.
4. Use the scoring guide on page 7 to prioritize remediation.

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## Policy & Written Standards

Does your policy create accountability, or just intent?

- ☐ A language access policy exists, is current, and has been reviewed within the last two years. **High**
- ☐ The policy names specific roles responsible for language access oversight and compliance. **High**
- ☐ The policy covers both spoken language interpretation and written translation, including for telehealth encounters. **Medium**
- ☐ Staff receive training on the policy at hire and at defined intervals thereafter. **Medium**
- ☐ The policy explicitly prohibits the use of untrained staff, volunteers, or family members as interpreters for clinical or consent-related communication. **High**

## Interpreter Qualification & Use

Who interprets, and under what conditions?

- ☐ Interpreters used for clinical encounters hold a documented credential/certification in interpreting AND have completed an organization-approved language proficiency assessment. **High**

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## Interpreter Qualification & Use

Who interprets, and under what conditions?

- ☒ A formal process exists for assessing and documenting interpreter competency before clinical deployment. High
- ☒ Remote interpretation services (video or audio) are available 24/7 for all languages with significant patient volume. High
- ☒ Staff know when to use professional interpretation vs. bilingual staff, and that distinction is documented in policy. Medium
- ☒ Ad hoc use of family members or untrained bilingual staff is tracked, reviewed, and addressed when identified. Medium

## Consent & Clinical Documentation

Is your documentation defensible?

- ☒ Language of the patient is documented in the medical record and accessible at all points of care. High
- ☒ Informed consent is obtained with a qualified interpreter present when the patient's primary language is not English. High

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## Consent & Clinical Documentation

Is your documentation defensible?

- ☐ The name and credential of the interpreter used in consent conversations are documented in the medical record. **High**
- ☐ Discharge instructions are provided in the patient's identified primary language, not exclusively in English. **High**
- ☐ Vital documents (consent forms, rights notices, discharge summaries) are available in languages that reflect patient population demographics. **Medium**
- ☐ A process exists to track when translated materials are unavailable and what action was taken. **Medium**

## Complaints, Adverse Events & Reporting

Can you trace language-related failures?

- ☐ A process exists for patients to report language access concerns, and that process is communicated in at least top 10 languages in your area. **High**

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## Complaints, Adverse Events & Reporting

Can you trace language access related failures?

- ☐ Language access is treated as a core patient safety issue: all patient safety events and complaints are systematically reviewed to identify whether language access failures contributed to the harm.
- ☐ Language access issues are tracked in the quality or risk management reporting system—not just informally handled.
- ☐ Grievance data is reviewed periodically for patterns linked to language access failures.
- ☐ Near-miss events involving language barriers are captured and fed into quality improvement processes.

High

High

Medium

Medium

## Staff Training & Competency

Do your staff know what they're accountable for?

- ☐ All clinical and frontline staff receive documented training on how to access interpretation services.
- ☐ Staff training addresses legal obligations under Title VI and Section 1557, not only internal policy.

High

Medium

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## Staff Training & Competency

Do your staff know what they're accountable for?

- |                          |   |        |
|--------------------------|---|--------|
| <input type="checkbox"/> | Supervisors and department leaders receive training on language access oversight and escalation: Effective Inclusion Through Language Access. <a href="#">Available here.</a> | Medium |
| <input type="checkbox"/> | Training completion is tracked and auditable by department, role, and date.   | High   |
| <input type="checkbox"/> | Full language access training is integrated into new employee onboarding.   | High   |
| <input type="checkbox"/> | Language access refresher training is a required component of the annual competency review process.   | Medium |

## Governance & Audit Readiness

Who owns this, and can you prove it?

- |                          |   |        |
|--------------------------|---|--------|
| <input type="checkbox"/> | A designated leader or office has primary accountability for language access compliance and is named in policy.     | High   |
| <input type="checkbox"/> | Your organization can produce an audit trail of interpreter use, documentation, and training upon surveyor request. | Medium |
| <input type="checkbox"/> | Language access performance metrics are reviewed at least annually at the governance or quality committee level.    | Medium |



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## Governance & Audit Readiness

Who owns this, and can you prove it?

- |                          |  |        |
|--------------------------|--|--------|
| <input type="checkbox"/> | An internal language access assessment or audit has been conducted in the last 18 months.  | Medium |
| <input type="checkbox"/> | Your organization has a defined process for responding to Office for Civil Rights (OCR) complaints and other civil rights investigations that involve alleged failures in language access. | High   |
| <input type="checkbox"/> | Leadership at the executive level can articulate the organization's language access obligations and current status.  | Low    |

## Score Your Results

- 1.Count your unchecked boxes.
- 2.Five or more HIGH-risk gaps indicate significant survey and legal exposure.
- 3.Three or more gaps in Sections 1, 3, or 6 suggest systemic governance risk that warrants immediate attention before your next survey cycle.

This checklist identifies gaps, but gaps alone do not create accountability. Moving from identified risk to documented governance requires written procedures, trained leaders, and systems that produce an audit trail.