

**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
CALIFORNIA EMERGENCY DEPARTMENT AND
AMBULATORY SURGERY DATA REPORTING MANUAL,
MEDICAL INFORMATION REPORTING FOR CALIFORNIA, FOURTH EDITION**

Reporting Requirements:

- Enter only **one** 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 designations is not allowed.

DISCUSSION

Preferred Language 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.

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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 Principal Language.