Speaking Together
National Language Services Network

Building a High-Quality Language Services Program Toolkit

Robert Wood Johnson Foundation

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Building a High-Quality Language Services Program Toolkit

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Getting Started

What is this toolkit?

This toolkit is a unique resource for building and maintaining a high-quality language services program. It provides the information and resources you need to:

1) Identify individuals, strategies and tools to build and improve language services in your organization

2) Evaluate and improve the quality of a language services program, including;

    I. The foundation of a high-quality language services program; and

    II. The tools necessary to embed high-quality language services into the health care organization

3) Generate ideas for measuring, monitoring and making improvements in the delivery of language services

4) Integrate advanced practices around language services into your organization.

Who can use this toolkit?

Anyone interested in facilitating patients' language needs in a health care setting can use this toolkit. This information covers a wide spectrum of language services needs and will be useful to organizations that are building a new language services program or that are improving their current programs. While based on the hospital setting, this toolkit may be applied to other health care organizations.

What should you know before reading this toolkit?

Feel free to skip around to select chapters relevant to you. Depending upon the needs of your organization's language services program, you may wish to select only a few chapters or you may wish to read the entire toolkit.

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Acknowledgments

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Chapter 1

Laying the Foundation for a High-Quality Language Services Program

The Goal: To lay the foundation for a high-quality language services program.

Why it's important: A successful language services program begins with a strong foundation. Structuring policies, procedures and other elements to reflect and build on the organization's priorities will lead to an integration of language services into the organization.

How to build it: Language services programs vary in size, number of languages served, systems and modalities of interpretation provided. Before you build your program, ask several questions about your organization—Step 1 (below). Steps 2-5 detail what you need to do in order to build your program's foundation.

1. Take a snapshot of language services within your organization
2. Develop a language services plan
3. Create a budget and monitor the financial performance of your language services program
4. Evaluate and assess your organization's performance
5. Develop an improvement plan for language services delivery

1. Take a snapshot of language services within your organization

- Review your current policies, procedures and structure for the provision of language services:
  - What policies and procedures are currently in place? Do any require revision and updating?
  - Do current policies and procedures reflect standards of practice for language services?
  - Are language services policies and procedures reviewed by an organization-wide policy committee?
  - Has your organization addressed language services in its strategic plan? If so, does the plan need to be updated?
  - Where is the language services department physically located (i.e., at your organization or another facility in your system)?

- Gauge the extent to which language services is embedded into clinical care and the overall organization:
  - What is the relationship between language services and other departments, such as the quality improvement department?
  - How do senior leaders support language services?
  - Is the language services department represented on clinical teams and committees within the organization?
  - Under which department is language services housed?

- Determine whether your organization values language services:
  - Do staff appear to understand the importance of language services?
  - Are staff aware of policies and procedures around language services?
  - Do staff actually use language services? How?

- Conduct an organizational needs assessment to:

  Assess demand for language services, considering:
  - Languages spoken by your patient population
  - Geography of your service area
  - Areas of high demand within your organization
  - Times of high demand within your organization.

  Assess capacity, including internal and external resources available to meet demand:
  - Systems, staff and equipment currently supporting the delivery of language services, including internal and external resources
  - Translated materials and signage within the organization.

  Tip: See Chapter 3, "Building a Language Services Workforce," and Chapter 4, "Getting the Interpreter Service to the Patient," for information on the various types of systems, staff and equipment used to deliver language services in health care organizations.

2. Develop a language services plan

- Form an interdisciplinary team to construct the language services plan, including:
  - Clinical leaders
  - Frontline staff
  - Language services staff and managers
  - Quality Improvement.

- Construct a language services plan that fits your organization's priorities and needs, in a manner consistent with safe and effective practice.

- Consider defining and incorporating the following elements in your plan:
  - Mission and goals for the plan

    Stop: Setting goals is essential to improvement. Be sure to include these goals in your plan.

  - Scope of the plan
  - How the plan complies with federal, state and local laws, as well as accreditation standards
    - How the plan addresses regulatory compliance and risk
    - The department's location, both physically and organizationally
    - Key terms
    - Structure of the department and responsibilities of staff

    Access the Joint Commission's "Requirements Related to the Provision of Culturally and Linguistically Appropriate Health Care" at www.jointcommission.org , and the Office of Minority Health National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) at http://www.omhrc.gov/.

  - Policies and procedures for:
    - Identifying and recording a patient's language needs
    - Informing patients of their right to an interpreter
    - Addressing a patient's refusal of an interpreter
    - Requesting a language service
    - Meeting patients' spoken and written language needs, including how and when to use an interpreter
  - Documenting the use of a language service
  - Defining who is qualified or permitted to interpret
  - Training and assessing interpreters, translators and bilingual clinical providers
  - Monitoring and evaluating the quality of interpretation and translation
  - Monitoring and evaluating the quality of language services delivery.

    Tip: Detailed information about policies and procedures can be found throughout this toolkit.

3. Create a budget and monitor the financial performance of your language services program

- Develop a budget based on existing resources and projected demand.
- Consider the following items when developing your budget:

  - Staff
    - Interpreters and translators employed in the organization
    - Vendors, such as telephonic, contract and freelance interpreters
    - Administrative staff
    - Management staff
    - Training and assessment of staff and vendors
    - Differentials for bilingual providers and dual role staff
    - Continuing education

  - Equipment
    - Phones
    - Fax machines
    - Computers, printers and scanners
    - Software
    - Equipment for interpreters, including pagers, cell phones or two-way radios
    - Other equipment for remote interpreting, including video and remote simultaneous interpreting
    - Equipment maintenance

  - Space
    - Central office
    - Satellite offices

  - Translated materials and signage for patients
  - Training and educational materials for clinical staff
  - Travel for interpreters to offsite locations.

4. Evaluate and assess your organization's performance

- Use information from your snapshot and needs assessments to identify strengths and weaknesses of existing language services in your organization.

- Routinely evaluate policies and procedures, as well as the language services plan itself, to ensure that they are up to date and effective.

  Measure it: Measure the performance and quality of language services delivery and operations, including the effectiveness, timeliness and efficiency of services.

- Routinely monitor budget needs and financial performance, particularly as your program grows and/or changes.

  Tip: Many language services departments report the number of interpreted encounters to justify their budgets. Consider adding information about how enhancing your program can improve the quality of health care (see Chapter 7, "Measuring and Improving the Performance of your Language Services Program," for more information), or seek testimonials from patients and clinical providers using your services.

5. Develop an improvement plan for language services delivery

- Work with an interdisciplinary team, including quality improvement staff, to develop plans for improving language services delivery.
- Work with a team of language services staff, and others as necessary, to develop plans for improving language services operations.
  - Tip: See Chapter 10, "Working in Health Care Organization Teams," for more information.
- Identify a framework for quality to guide your improvement plan for language services.
- Use data related to the quality and performance of language services to make improvements.
- Search for opportunities to detect errors and improve efficiency.
- Involve clinical and language services staff, as well as any other staff who might be affected, in the development, testing and implementation of new strategies.
- Test changes before bringing them to the organization as a whole.
- Regularly report information on the performance of your program to health care organization teams and leadership.
- Think strategically before building elements into your program:
  - Do the benefits of building an element of your program outweigh the costs of purchasing a service or product?
  - Is there internal capacity to provide translation services in your organization?
  - Is there potential for partnership with another organization?
  - Should services be centralized or decentralized within your organization?

Other Resources Associated with this Chapter:

See the "Tools to Help" section for the following resources on laying the foundation for a high-quality language services program:

- IOM Domains of Quality: Adapted for Language Services
- Organizational needs assessment: *Speaking Together* program
- *Performance Measures*: *Speaking Together* program

Other resources available at www.SpeakingTogether.org:

- *Fact Sheet*: Overview of *Speaking Together* Program
- *Issue Brief*: Addressing Language Barriers in Health Care: What's at Stake?
- *Issue Brief*: The Case for Language Services from the C-Suite
- *Video*: Speaking Together for Better Care

Chapter 2

Screening Patients for their Language Needs

The Goal: To screen all patients for their language needs in order to determine true demand for language services.

Why it's important: Providing appropriate language services depends on a health care organization's ability to accurately screen for language needs among its patients and to identify patients' preferred language for health care encounters. The use of standardized practices to collect this information will provide the hospital an accurate assessment of the need for interpreter services, translated materials and signage.

How to build it: Registration and scheduling staff are typically the first to communicate with incoming patients and have the first and most important opportunity for collecting patient language data. The following five steps emphasize the importance of partnering with registration/scheduling in hospital settings and outpatient clinics:

1. Develop a relationship with registration/scheduling staff
2. Give registration and scheduling staff the tools they need to screen for language needs
3. Work with registration/scheduling, information technology and leadership to develop policies and procedures around the collection of language needs data
4. Evaluate and assess your organization's language needs screening process
5. Develop strategies to improve the language needs screening process

1. Develop a relationship with registration/scheduling staff

- Become familiar with registration/scheduling department staff, structure and mechanisms for communication.

  Tip: For some organizations, registration/scheduling are decentralized and use different information systems.

- Assess the relationship between registration/scheduling and language services:
  - ? What questions related to language are asked at point of registration/scheduling?
  - ? How confident are you that these questions are being asked of every patient?
  - ? What information related to language needs is recorded at registration/scheduling?
  - ? What policies and procedures around collecting patient language data exist? Are registration/scheduling staff aware of these policies and procedures?

2. Give registration and scheduling staff the tools they need to screen for language needs

- Determine which questions related to language would best capture demand for language services, including at a minimum, "In what language would you prefer to receive your care?"

  Stop: Screening patients for their language needs does not replace the need to collect information on race, ethnicity and primary language.

  Tip: For more information on the importance of collecting race, ethnicity, and primary language data and tools to assist data collection, access the HRET Disparities Toolkit at http://www.hretdisparities.org/.

  Stop: Many hospitals struggle with whether to ask for preferred language versus primary language. Ideally hospitals should ask both questions of their patients and should keep in mind each question is designed to solicit different types of information. While primary language provides demographic information on a patient, such as the native language or language spoken at home, knowing the preferred language of a patient can help anticipate demand for language services. A patient's primary language may not necessarily be the language that they prefer to receive their health care in. Additionally, the patient's preferred language for oral communication may differ from their preferred language for written communication.

- Develop a script and offer related staff training and education to ensure that registration/scheduling staff ask the same questions of all patients and are prepared to address questions and concerns from patients regarding language information.

  Stop: Developing a good tool requires the involvement of the people who will use it. Ask registration/scheduling staff to assist in the script development process.

- Establish mechanisms for resolving the language needs of patients who cannot communicate with registration or scheduling staff.

  Tip: Examples include posting a language identification poster in the registration/scheduling area to identify the patient's language and providing patients with an "I speak" card.

3. Work with registration/scheduling, information technology and leadership to develop policies and procedures around the collection of language needs data

- Designate a location within the registration/scheduling screen or form for patient language information.

- Develop a list of languages to choose from that reflects your patient population and revise the list as needed.

  - Stop: For organizations serving communities with distinct dialects (e.g., European Portuguese, Brazilian Portuguese), educating registration staff on these distinctions can help reduce error rates at registration/scheduling.

- Establish mechanisms to ensure that registration/scheduling staff record language data.

  - Tip: These mechanisms might include implementing required fields or using pop-up reminders.

- Find a way to get patient language data collected at registration/scheduling to the clinical provider or other staff member who is responsible for requesting language services for the patient.

- Advanced: Determine points in a patient's care at which language information can be verified.

  - Tip: At many hospitals, this information is verified during the nurse assessment or during other points of care. This process can be particularly useful during a patient transfer, such as from the emergency department to the ICU.

4. Evaluate and assess your organization's language needs screening process

- Measure it: Assess the rate of patients being screened for their language needs in the organization. If language screening information is not readily available across the organization, try starting in two clinical areas within the hospital.

- Tip: The use of data is a powerful way to make change. Share this information with registration/scheduling staff and hospital leadership to illustrate how your organization's screening process performs.

- Take advantage of opportunities to double-check patient language information and detect errors.

  - Tip: For example, some language services programs cross-check a list of patients with language needs generated daily from registration with their own schedule of patients needing an interpreter service.

- Shadow and meet with registration/scheduling staff to determine:
  - Whether the same language-related screening questions are being asked of all patients
  - Whether current practices are preventing registration/scheduling staff from recording language data.

- Stop: Staff often consider it awkward to ask a patient about language needs, particularly when a patient's language preferences appear to be obvious. Be sure to explain the importance of following the procedure, even if the staff believes the answer is obvious, to reduce errors and ensure quality.

- Tip: Address errors made at registration on a case-by-case basis or through group trainings and refresher courses. Clear explanations of hospital policy, examples of "what not to do" and telling real-life stories of what can go wrong can help make a strong case.

- Tip: Assess barriers or reluctance toward screening for language needs through focus groups with registration/scheduling staff or by attending a registration/scheduling staff meeting. Improvements in screening are most likely to occur if these staff are involved in designing and testing new changes.

5. Develop strategies to improve the language needs screening process

- Work with registration/scheduling and leadership to revise policies around language data collection as necessary.

- Advanced:
  Modify the screening process for exceptions including:
  - Emergencies in which the patient is not screened at registration/scheduling
  - Patients who are clinically unable to speak
  - Caregivers who speak a language other than English.

  - Tip: One hospital addresses differences in language preference between minors and their parents by also asking the preferred language of the caregiver.

  Talk regularly with registration/scheduling to ensure that all staff are up to date on the policies and procedures of language data collection and to confirm that the tools used to collect this data meet their needs.

  - Stop: In some organizations, registration/scheduling departments experience high turnover. In these cases, plan on more frequent refresher courses and training sessions.

  - Tip: Consider the following forums for getting your message across: regular meetings with the department head or entire registration department and regular internal communications (e.g., an internal newsletter).

  Develop a process for reporting errors to the registration/scheduling departments.

Other Resources Associated with this Chapter*:*

See the "Tools to Help" section for the following resource on screening patients for language needs:

- *Performance Measures* (ST2): *Speaking Together* Program

See the "Innovations that Work" section for strategies for screening patients for language needs:

- Giving Registration Staff the Tools They Need to Provide Timely Services to Limited English Proficient Patients
- Training and Tools to Ensure Accurate Screening and Registration of Patient Language Needs

Chapter 3

Building a Language Services Workforce

The Goal: To strategically build an efficient, effective and qualified workforce for providing language services.

Why it's important: In health care, language services are frequently provided by self-declared bilingual clinical providers and ad hoc interpreters, such as family members, friends or staff who have not been trained and assessed in medical interpreting. Research demonstrates that the use of unqualified individuals results in increased medical errors, less effective patient-clinical provider communication and poorer follow-up and adherence to clinical instructions, as well as possible conflicts with patient privacy rights. The presence of a readily accessible, qualified language services workforce is necessary for a high-quality program.

How to build it: Hospitals are each unique in their resources and patient needs, and must consider the pros and cons of using a mix of language services modalities (e.g., telephonic, face-to-face) and staff, such as whether to use full-time or part-time employees or to use vendors). The following five steps toward building a language services workforce emphasize the importance of determining who is qualified to interpret and how they can most efficiently and effectively meet demand for language services in your organization:

1. Define "qualified to interpret" and "qualified to provide care in another language" for your organization
2. Identify the members of your language services workforce
3. Develop and disseminate policies and guidelines around the use of language services
4. Evaluate and assess your language services workforce
5. Develop strategies to improve the efficiency and effectiveness of your language services workforce

Please note the following terms before reading this chapter:

Interpreter: A person who translates a message spoken in one language into a second language. Health care organizations take a variety of approaches to employing interpreters, including: hiring interpreters as full-time or part-time staff, hiring contract or freelance interpreters or using dual-role staff.

Dual-role staff: A staff member with proficiency in more than one language who is asked to interpret for patients with language needs. This could be a clinical or non-clinical staff member.

Bilingual provider: A health care provider with proficiency in more than one language, enabling him or her to provide services directly to patients with language needs in their preferred language.

Ad hoc interpreter: An untrained person, such as a family member or friend, or a bilingual staff member who has not been trained in medical interpretation and assessed for medical fluency.

Translator: A person who translates written texts. Health care organizations take a variety of approaches to employing translators, including: hiring translators as full- or part-time staff or hiring contract or freelance translators.

1. Define "qualified to interpret" and "qualified to provide care in another language" for your organization

- Establish basic qualifications for interpreters and translators:
  - Medical fluency in English and the target language
  - Training in medical interpreting/translating
  - Experience in medical interpreting/translating.

- Create a process to assess the performance of interpreters and translators.

  Stop: In many organizations, interpreters provided by vendors, including telephonic interpreters, are not routinely evaluated for quality. Work with your vendors to meet the same standards that you have implemented within the organization and, if possible, integrate these standards into vendor contracts.

- Establish basic qualifications for bilingual providers, including fluency in English and the target language.

- Develop a process to assess bilingual providers.

- Adopt standards of practice and a code of ethics to reflect the performance expected of interpreters and translators.

  Tip: Access standards of practice and codes of ethics supported by interpreter associations:

  - California Healthcare Interpreters Association Ethical Principles, Protocols, and Guidance on Roles and Intervention can be accessed online at www.chiaonline.org.

  - International Medical Interpreters Association. Code of Ethics and Standards can be accessed online at: www.mmia.org.

- National Council on Interpreting in Health Care's National Code of Ethics for Interpreters in Health Care and National Standards of Practice for Interpreters in Health Care can be accessed online at www.ncihc.org.

- Advanced: Develop a plan to train interpreters and translators who don't meet qualifications.

2. Identify the members of your language services workforce

- Work with an interdisciplinary team to develop a language services workforce model that fits your organization. The team should include:
  - Clinical leadership
  - Front-line staff
  - Human resources
  - Risk management.

  Stop: Use information obtained from your organizational needs assessment such as languages spoken in your community and current capacity to meet language services demand to guide the development of your workforce. Input from patients also is critical to ensure that your model is driven by their needs.

  Tip: Many hospitals use a mixture of full- and part-time interpreters for the most commonly encountered languages, and vendors (e.g., telephonic, face-to face contract and freelance interpreters) for less common languages and offsite and after-hours encounters. A mixed staffing model allows flexibility and can be altered according to changing demand.

  Tip: Some hospitals employ staff who may be ideal for use as a dual-role staff. Before hiring outside help to function solely as medical interpreters, you may want to look within your organization for bilingual staff. Read about some of the bilingual staff models currently being used.

- Identify the modalities of interpretation to meet demand in your organization, such as:
  - Face-to-face interpreting
  - Telephonic interpreting
  - Video interpreting
  - Remote simultaneous interpreting systems.

  Tip: See Chapter 9, "Taking a Patient-Centered Approach to Meeting Language Needs," for information on factors that may affect the modality of interpretation requested by the patient.

- Work with human resources to identify and recruit individuals potentially qualified to interpret or provide care in another language.

  Tip: Examples of ways to identify bilingual providers and dual-role staff include conducting surveys, accessing information from the language-related questions asked during the hiring process and speaking to department managers who may be aware of their staff's bilingual abilities.

  Stop: Dual-role staff and volunteers who have been assessed for language fluency, but not trained in medical interpreting, can play a valuable role in providing non-medical information such as directions and billing. Reserve trained and assessed medical interpreters for medical encounters, while bridging the language gap in other departments with dual-role staff and volunteers.

- Identify and determine qualifications for the individuals responsible for management and administrative duties for the department, including those who are responsible for:
    - Overseeing the department
    - Scheduling and dispatching interpreters
    - Entering and managing operations data
    - Managing interpretation and translation staff and vendors
    - Monitoring and improving quality in the department.

- Advanced: Adapt procedures for providing interpreter services for certain high-volume areas in your organization.

- Tip: For example, departments such as billing and registration may find using the phone more efficient than requesting a face-to-face interpreter.

- Develop and disseminate policies and guidelines around the use of language services

3. Develop policies and guidelines around the provision of interpreter services.

- Tip: See Chapter 4, "Getting the Interpreter Service to the Patient," for information.

- Work with an interdisciplinary team of clinical providers, patients and interpreters to develop guidelines on the use of different modalities of interpretation available in your organization, taking into consideration:
    - Complexity of the medical encounter at hand
    - Patient condition and ability
    - Sensitivity of the issue being discussed
    - Emergent nature of the case
    - Location of the medical encounter
    - Availability of language services providers.

    - Tip: Examples of frequently provided guidance include: using the phone for interpretation in an emergency until an interpreter can be physically present; using an in-person interpreter for complex or serious cases such as delivering bad news; and using a telephonic vendor for routine outpatient visits in remote offsite clinics.

- Develop policies and guidelines around the provision of translated materials.

    - Tip: See Chapter 6, "Meeting Patients' Written Language Needs," for more information.

- Develop a curriculum and train clinical staff on how and when to use the various types of language services provided by your organization.

    - Tip: See Chapter 8, "Educating Clinical Staff on Meeting Patients' Language Needs," for more information.

4. Evaluate and assess your language services workforce

Measure it: Use performance measures to monitor the quality of your language services workforce.

Tip: You may wish to track the percentage of interpreters, dual-role staff and bilingual clinical providers who are interpreting in your organization and who meet basic qualifications.

Tip: Interpreters often spend time in tasks other than medical interpreting, such as traveling to appointments, paperwork, scheduling and non-medical interpreting. Consider using an internal efficiency or productivity measure to find out whether qualified, skilled medical interpreters are spending as much time as possible doing their primary job of medical interpreting. Keep in mind that interpreters also need time for breaks, staff meetings and professional enhancement activities.

Tip: Patients and clinical providers often report reluctance to using language services due to potential delays in obtaining an interpreter following a request. Interpreters can also experience delays when waiting for a clinical provider to arrive. Develop measures to address these concerns and to ensure that patients, clinical providers and interpreters do not wait too long.

- Assess whether your language services workforce is effective in terms of:
  - Meeting demand
  - Providing high-quality services
  - Budgeting for program elements.

Tip: In addition to examining your data, talk to clinical providers who use language services to determine whether the services are meeting their needs and the needs of their patients. Also, be sure to talk to those that do not use language services to identify barriers and ways to improve access to your services.

5. Develop strategies to improve the efficiency and effectiveness of your language services workforce

- Set targets for department performance based on productivity measures.

Stop: Set realistic targets that consider the demands of your employees' work day. Some hospitals consider interpreters who spend about two-thirds of their day in medical interpretation to be very productive. This allows for necessary activities such as breaks and time to get to appointments.

- Make adjustments to your language services workforce based on your evaluation and assessments.

Tip: In order to ensure that language services are immediately accessible, some hospitals have placed speakerphones or dual handset phones in areas such as the emergency department to provide more timely services to patients with language needs.

- Develop systems to support the efficiency of interpreters and translators.

Tip: See Chapter 4, "Getting the Interpreter Service to the Patient" and Chapter 6, "Meeting Patients' written Language Needs," for ideas.

- Advanced:

  Set an organizational goal to have all bilingual clinical providers in your organization assessed for fluency.

  Develop opportunities for the career advancement of interpreters and translators.

  - Tip: Interpreters may be given the opportunity to move to an additional level of practice by specializing in a clinical condition or sub-population, or by pursuing a certain number of hours of professional training beyond what is required by the organization.

Other Resources Associated with this Chapter:

See the "Tools to Help" section for the following resources on building a language services workforce:

- *PowerPoint:* Language Barriers in Health Care: Select Findings from the Literature
- *Performance Measures*: *Speaking Together* Program

See the "Innovations that Work" section for strategies for building a language services workforce:

- Assessing Provider and Staff Satisfaction with Different Modalities of Interpreting
- Assessing the Quality of Telephonic Interpreters
- Initial and Ongoing Evaluation of Interpreters
- Meeting the Interpretation Needs of Deaf Patients

Other resources available at www.SpeakingTogether.org:

- *Issue Brief*: The Case for Language Services from the C-Suite

Chapter 4

Getting an Interpreter Service to the Patient

The Goal: To design systems and processes that support getting the appropriate interpreter services to patients identified with language needs in a timely manner.

Why it's important: The right workforce is just one component of a high quality language services program. Systems that support delivering appropriate interpreter services to patients are essential to predicting demand, reducing unreasonable delays in care and maintaining patient and clinical provider satisfaction.

How to build it: Regardless of its technological sophistication, a language services department must work with other departments to identify effective mechanisms for meeting a patient's language needs. The following five steps toward getting an interpreter service to the patient emphasize building strong systems and processes that support your interpreter services workforce, while communicating with other departments:

1. Develop policies and procedures for how and when to access interpreter services
2. Create a plan and acquire systems for responding to interpreter service requests
3. Use communication systems to increase efficiency in the delivery of interpreter services
4. Evaluate your organization's performance in getting interpreter services to the patient
5. Develop strategies for improving interpreter services delivery and operations

1. Develop policies and procedures for how and when to access interpreter services

- Work with clinical providers to determine when interpreter services are needed.

  Stop: Organizations should identify which situations require a qualified medical interpreter to efficiently and effectively allocate language services resources. It may be a better use of resources to use individuals unqualified to interpret (e.g., volunteers and untrained bilingual staff) for activities such as patient navigation, while reserving qualified interpreters for clinical encounters with a patient such as during initial assessment, discharge, and obtaining informed consent. For encounters requiring significant clinical communication with a patient, organizations should use either a trained and assessed medical interpreter, including dual-role staff, OR an assessed bilingual provider.

- Work with registration/scheduling, clinical providers and other departments to determine the most efficient mechanism(s) for accessing interpreter services.

  Stop: Keep your process for accessing interpreter services simple. If a clinical provider or staff member has to spend time searching for a phone or reading instructions in order to access or request the service, chances are he or she won't.

- Develop policies and procedures for requesting an interpreter service, including what information is needed to schedule the service, such as:
  - Time of appointment
  - Time interpreter service is needed
  - Length of appointment.

  Tip: Examples of mechanisms for requesting an interpreter include telephone, intranet or computerized prescriber order entry.

  Tip: Procedures for requesting an interpreter service may vary based on the time between when the request is made and the patient's appointment. For example, the procedure for requesting an interpreter service for an inpatient or a patient in the emergency department may differ from the procedure for requesting an interpreter service for a patient with a clinic visit scheduled to occur in two days.

- Include a process for receiving requests from clinical providers and/or patients for a specific modality of interpretation.

  Stop: Even organizations that rely primarily on one mechanism for interpretation, such as telephonic interpreting, may find cases in which they are asked by the provider or patient to secure a different modality of interpretation. For example, a patient with language needs that has hearing difficulties may prefer a face-to-face interpreter.

  Tip: See Chapter 9, "Taking a Patient-Centered Approach to Meeting Language Needs," for more information.

- Develop a process for identifying clinical providers or sites within the organization that do not request services for patients who may need them.

- Advanced: Work with information systems to automate requests for interpreter services.

Tip: In many organizations, registration and scheduling are linked to language services. For example, the physician may be concurrently scheduled with the interpreter or a notification may be sent when an appointment is made with a patient with language needs.

Stop: Your organization may use two or more registration and scheduling systems. Work with information systems to get software on the inpatient and outpatient sides to be able to "talk" to the language services department.

2. Create a plan and acquire systems for responding to interpreter service requests

- Work with clinical providers to develop policies for prioritizing interpreter services requests; these polices should consider:
  - Severity of the patient's condition
  - Emergent nature of the case
  - How long the patient or clinical provider has been waiting
  - Proximity of the nearest language services provider.
  - Acquire a system(s) for tracking and filling interpreter services requests.

Tip: Organizations with high volumes of patients with language needs typically use a system (often run by individuals called "dispatchers") for prioritizing, tracking and filling interpreter services requests to manage resources. Those organizations with few patients with language needs may be able to operate without this type of system and instead use direct access mechanisms for interpreter services (i.e., provider calls the interpreter or telephonic vendor directly).

Stop: Interpreters tasked with triaging requests may find it difficult to provide optimal communication if they are interrupted during a patient encounter. Try to keep other demands from impeding their ability to do their primary job.

Tip: Some programs distinguish emergency requests by setting up a phone queue or messaging system for less-urgent needs such as assistance with calling a patient to schedule an appointment or to discuss follow-up care. This allows staff to respond to pressing requests during peak hours and return calls during slower periods.

- If applicable, develop a procedure for notifying clinical providers and staff which modality of interpretation their patient has been assigned.

Stop: Programs that provide varied language services should consider the clinical judgment of the clinical provider and allow him or her the opportunity to express the desire for a preferred modality of interpretation, especially when considering the condition of the patient.

- Develop a daily schedule of interpreter service activity.

Tip: In addition to scheduling face-to-face interpreters, scheduling interpreter services provided telephonically or through video can help ensure that patient and provider wait times are reduced.

Tip: Language services programs use a variety of scheduling systems that range in precision and accuracy. For example, some hospitals may offer block scheduling of interpreters in certain areas for a designated time each week. Others may calculate average travel time and average length of encounter to determine

how long an interpreter will need to perform in a particular area of the organization. Schedules of interpreter activity may be determined up to 24 hours ahead of time and revised the day of, or they may be determined in real time if the organization has a sophisticated scheduling system.

Stop: Some programs may choose to operate without a schedule due to greater availability of resources or use of systems with immediate access to interpretation, such as telephonic and video interpretation. However, most programs find that demand is difficult to manage without a schedule.

3. Use communication systems to increase efficiency in the delivery of interpreter services

- Work with information technology to determine how individuals responsible for tracking and filling interpreter service requests can receive information about clinical schedule alterations, such as:
  - Cancellations
  - No-shows
  - Delays
  - Walk-ins
  - Unscheduled procedures.

- If applicable, work with information technology to determine how interpreters and any other individuals responsible for tracking and filling requests can communicate with each other, such as by:
  - Two-way pager
  - Cell phone for voice or text messaging
  - Two-way radio
  - Handheld personal digital assistant or "palm" device
  - House and unit desk phone
  - E-mail or fax.

Tip: In order to create a more efficient system for communicating with devices relying on written communication (e.g., text messaging devices), you may want to use a form of standardized codes or phrases to communicate.

Stop: Your process for transferring request information between interpreters and any other individuals responsible for tracking and filling requests should include a mechanism for transferring information from one shift to the next. This process may need to be modified for vendors.

Tip: Rather than having interpreters return immediately to a central office when they have finished, consider a policy that has them call the office before leaving, to check if there are nearby requests for their services.

4. Evaluate your organization's performance in getting interpreter services to the patient

Measure it: Use performance measures to monitor the efficiency and timeliness of interpreter service delivery.

Measure it: Use performance measures to monitor the effectiveness of interpreter services delivery.

- Stop: The true test of your program is whether patients who need language services actually receive them. Assess whether patients with language needs receive qualified services at critical points in the care process. If necessary, start small by looking at language services provided at initial assessment and discharge in one unit.

- Evaluate the accuracy of your interpreter service scheduling system.

- Create forms/logs and reporting requirements to capture information about program trends.

  - Tip: See Chapter 5, "Documenting How Patients' Language Needs are Met," for tips and examples.

- Assess whether the processes, systems and equipment for accessing an interpreter meet the needs of every department.

  - Tip: You may wish to either establish a simple mechanism for clinical providers and staff to give feedback about interpreter services access or identify a clinical liaison from each department to provide regular comments.

- Determine whether the physical placement and modalities of language services within your organization facilitate the timely provision of services.

5. Develop strategies for improving interpreter services delivery and operations

- Identify ways to improve access to interpreter services.

  - Tip: In order to ensure that clinical providers have immediate access to an interpreter even during peak times, many programs have the person responding to telephone requests offer telephonic interpretation instead of, or while waiting for, an in-person interpreter.

- Involve patients, staff and clinical providers in quality improvement efforts.

  - Tip: Eliciting feedback from the individuals that use your services is critical to determining what works, what doesn't work and how things might be improved.

- Develop simple processes for notifying and reminding clinical providers of a patient's language needs and how to access a language service.

  - Tip: See Chapter 8, "Educating Clinical Staff on Meeting Patients' Language Needs," for tips and examples.

- Test new systems and technology before fully committing to them.

  - Tip: Use two different clinical areas, such as an inpatient unit and an off-site clinic, to test the usefulness and adaptability of the technology.

- Advanced:

  Look for opportunities to improve the accuracy of your scheduling system.

- Tip: Improve your ability to predict demand by figuring out clinics' unique schedules, such those with appointments that routinely run 10 minutes behind or those that usually require 30 minutes. Additionally, pre-scheduling interpreters for encounters such as scheduled surgeries and physical therapy sessions can help anticipate demand.

Match the choice of location and modality of interpreter services to the patient and to the unit using the service.

- Tip: For example, you may find that the billing and pharmacy departments may find immediate access telephonic interpretation more efficient than face-to-face interpretation.

- Tip: See Chapter 9, "Taking a Patient-Centered Approach to Meeting Patients' Language Needs," for information on how the placement and modality of interpreter services may be adapted to fit the patient.

Other Resources Associated with this Chapter*:*

See the "Tools to Help" section for the following resources on getting an interpreter service to the patient:

- *Performance Measures*: Speaking Together Program
- *Data Collection Logs*: Speaking Together Program
- *PowerPoint:* Language Barriers in Health Care: Select Findings from the Literature

See the "Innovations that Work" section for strategies on getting an interpreter service to the patient:

- Receiving, Prioritizing and Filling Interpreter Requests
- Using Data to Improve Interpreter Scheduling

Chapter 5

Documenting How Patients' Language Needs are Met

The Goal: To ensure that how a patient's language needs are met is documented.

Why it's important: Federal law and accreditation standards require that health care organizations secure language access for their patients. Documenting how these requirements are met is critical in ensuring patient safety. This information also is key in improving language services operations.

How to build it: Clinical providers are responsible for ensuring that patients' language needs are met and for documenting their use of a language service. The following five steps will assist this goal:

1. Implement policies and procedures requiring clinical provider documentation of how patients' language needs are met
2. Implement policies and procedures for interpreters to collect information to inform language services operations
3. Verify the documentation on how patients' language needs are met
4. Evaluate your organization's documentation on how patients' language needs are being met
5. Develop strategies to improve documentation of how patients' language needs are met

1. Implement policies and procedures requiring clinical provider documentation of how patients' language needs are met

    - Work with clinical leaders to determine policies for documentation.

        ⚠ Stop: Determine how much information should be consistently documented regarding how the language need was met. Regardless of the level of detail provided, consistent documentation is extremely important.

    - Work with clinical providers and information technology to determine how and where clinical providers should document how language needs are met.

    - Educate clinical providers on policies on documentation requirements.

2. Implement policies and procedures for interpreters to collect information to inform language services operations

    - Work with language services staff to determine what basic information should be routinely collected by interpreters, including:
        - Date, time and duration of the encounter
        - Type of encounter
        - Location of the encounter.

        ⚠ Stop: Depending on department needs and resources, you may decide to collect additional data such as the modality of interpretation and the patient's preferred language, either for each patient or from a sampling. For example, consider tracking the timeliness of language services in a busy clinic one afternoon per week.

        💡 Tip: If you use contractors to provide language services, consider including requirements for documentation in your contract with them.

    - Develop policies for collection of information to identify gaps in the delivery of appropriate language services.

    - Work with interpreters to develop a protocol for collecting data for language services operations.

        ⚠ Stop: Consult with your information technology department. Hospitals can create reports from information collected by interpreters to analyze performance and improve delivery of language services.

    - Train and educate interpreters on policies and procedures for collecting operations data.

3. Verify the documentation on how patients' language needs are being met

- Periodically determine whether clinical providers comply with documentation policies.

  - Tip: Work with information technology to look for documentation on how a patient's language needs are met in electronic medical records or registration systems. If your hospital uses paper records, consider performing a brief audit of records or short-term assessment in two units.

- Periodically determine whether language services staff are documenting basic operations information.

  - Tip: The use of scannable forms and newer technologies, such as palm pilots and other hand-held devices, for logging language services information can save time on data entry and can be an easy way to monitor documentation.

4. Evaluate your organization's documentation on how patients' language needs are met

- Study what you learned from your verification process about documentation.
- Work with quality improvement staff to identify areas for improvement in clinical provider documentation.
- Invite input from clinical providers and interpreters to understand challenges associated with documentation.
- Periodically review policies and procedures regarding documentation to keep up with changing systems.

5. Develop strategies to improve documentation of how patients' language needs are met

- Create mechanisms to ensure that documentation is completed.

  - Tip: For example, an organization may use a field that cannot be bypassed in the electronic medical record. This field could be associated with key events such as assessment, discharge or informed consent.

- Look for opportunities to increase the ease of documentation for clinical providers and interpreters.

  - Tip: Pre-populated fields and drop down lists are commonly used time-savers.

- Address the challenges of documentation faced by clinical providers and interpreters.

Tip: Don't be surprised if getting clinical providers to document requires a significant effort. Time pressures and uncertainty about how and where to document are just a couple of the challenges that your organization will likely face.

Stop: Interpreter staff may be reluctant to record information around timeliness because they may feel that they are being monitored. Explanations about how and why these data are needed may allay interpreter fears.

- Use information from verification activities to target further education of clinical providers and interpreters on documentation policies and procedures.

Other Resources Associated with this Chapter*:*

Use the "Tools to Help" section for the following resources for documenting how patients' language needs are met:

- *Performance Measures* (ST2): *Speaking Together* Program
- *Data Collection Logs*: *Speaking Together* Program
- *Point of Service Diagnostic*: The percent of LEP patients receiving initial assessment and discharge instructions from trained interpreters

See the "Innovations that Work" section for strategies for documenting how patients' language needs are met:

- Creating a Documentation System for Meeting Inpatient Language Needs
- Documenting How Language Needs are Met when Obtaining Informed Consent

Chapter 6

Meeting Patients' Written Language Needs

The Goal: To provide materials and signage that meet patients' written language needs.

Why it's important: Understandable written materials and signage are critical to a patient's ability to navigate an organization, consent to certain procedures, outline options for care and understand treatment and follow-up. Because patients only retain a portion of what they hear during the care process, written materials are an important resource for reference and can help improve treatment adherence.

How to build it: Health care organizations vary in their capacity to provide translation services in-house. In many cases, hospitals ask vendors and/or other organizations for translated materials and signage. The following five steps to meet written language needs emphasize routine assessment of your capacity and need for producing translated written materials:

1. Assess written language needs in your organization
2. Identify a process for obtaining translated materials and signage
3. Get translated materials to the patients who need them
4. Evaluate your organization's performance in meeting patients' written language needs
5. Develop strategies to improve meeting written language needs

1. Assess written language needs in your organization

- Take an inventory of translated materials and signage currently available.
- Use information from your population assessment to determine the selection of languages for the materials.

  Tip: Remember that reading may not the best way to educate some individuals.

- Work with your forms, health education and other departments specific to your organization to create a list of the translated materials and signage that are needed, but are not yet available, including:
  - Treatment and other consent forms
  - Discharge instructions
  - Prescription labels and inserts
  - Educational materials for clinical conditions
  - Informative materials, such as a patient's bill of rights
  - Admissions packets
  - Signage for navigational purposes
  - Signage for language identification purposes, such as at registration/scheduling
  - Materials for non-clinical communication, such as ordering food.

2. Identify a process for obtaining translated materials and signage

- Work with clinical providers and staff to set priorities for your list of needed translated materials and signage.
- Develop policies and standards to guide the quality of translators and translated materials and signage.

  Stop: Translated materials should not be used in clinical encounters unless they meet your organization's standards. Be sure to check with your forms and health education departments for information on standards that they support, including any policies regarding the literacy level of materials distributed in the organization.

- Determine your capacity for translating materials and signage in-house.
- Identify other organizations or vendors that can provide materials if your organization is unable to produce in-house.

  Stop: Few organizations can produce every translation in-house. One option is to offer exchange materials with another health care organization that has materials in a different language. Make sure that the translator is a reputable source, and create a process to ensure quality and accuracy for of all translated materials and signage.

  Stop: Check materials and signage from another organization or vendor for copyright information. If copyrighted, you should contact the source to obtain permission to use its materials.

- Develop a process for translating and validating materials and signage.

  Stop: Avoid using computer software or Internet sites for translating written materials and signage, as they do not consider the context or cultural meaning of a statement.

Stop: When producing translated materials and signage, include the English version on the same document so that clinical providers and staff can identify the content.

Tip: Consider avoiding text on signs. Symbols can reach a broader audience.

- Assign responsibilities to individuals involved in translation in-house or through outside sources, such as:
  - Managing translations
  - Translating materials
  - Validating translated materials
  - Monitoring the quality of translation
  - Disseminating translated materials
  - Overseeing a budget for translated documents.

Stop: Fluency in a language does not mean that an individual is qualified to be a translator. The ability to translate materials and signage requires a special skill set.

3. Get translated materials to the patients who need them

- Educate clinical providers and staff on the importance of meeting a patient's written language needs.

- Designate or develop a repository, accessible to clinical providers and staff, for storing translated materials.

Tip: If your organization uses an electronic medical record, consider working with information technology to integrate translated materials into the record so that they are easily accessible. Additionally, translated documents may be stored on your organization's intranet.

- Periodically assess the need for updating and replenishing materials and signage.

Tip: Remember to check the supply of materials, signage and other items such as "I speak" cards at the registration/scheduling desk.

Tip: Consider appointing a clinical liaison to the translation department that can inform the department when new guidelines or studies emerge that could impact the content of materials.

Tip: Work with the forms department to keep information such as names, locations and phone numbers on translated materials and signage current.

- Include translated materials in patient resource and education centers.

Tip: Consider adding to your hospital's supply of foreign-language magazines and books. Resources in the community may contribute to this effort.

- Advanced: Develop a mechanism for informing clinical providers and staff of the availability of newly translated materials.

4. Evaluate your organization's performance in meeting patients' written language needs

Measure it: Use measures to monitor the timeliness, validity and patient/clinical provider satisfaction with translation in your organization.

- Evaluate the quality of translations from outside sources.
- Monitor your program's capacity for translation as it expands, reduces or changes in terms of demand for certain languages.
- Regularly assess your inventory of translated materials.
- Seek feedback from patients and clinical providers about translated materials and signage offered in your organization.
- Determine whether clinical providers consistently supply patients with translated written materials.

Tip: Conduct a survey to assess the use of translated materials during a critical point, such as obtaining informed consent.

5. Develop strategies to improve meeting written language needs

- Look for opportunities to increase capacity for translation.

Tip: People who know how to meet your patients' written language needs may already work in your organization. Consider training interpreters on staff to translate materials and signage during slow periods, keeping in mind that use of in-house resources may slow translation turnaround time.

- Use the information from performance measures to determine areas for improvement.
- Use signage and translated materials to increase the visibility of language services in the organization.

Other Resources Associated with this Chapter*:*

See the "Innovations that Work" section for strategies for meeting patients' written language needs:

- Electronic Storage of Translated Patient Education Materials

Chapter 7

Measuring and Improving the Performance of your Language Services Program

The Goal: To measure the performance of your language services program and to make improvements accordingly.

Why it's important: For a service to be of high quality, its performance should receive high ratings for six areas of quality: safety, timeliness, equity, efficiency, effectiveness and patient-centeredness. Measures of quality must be used to gauge your program and to set goals for improvement.

How to make it stick: Like any service in your hospital, language services delivery and operations should be adjusted and improved continually to meet the demands of patients, clinical providers and staff. Improvements in meeting patients' language needs are made by language services staff working with and serving on teams or committees in the organization. Improvements in language services operations are best achieved by internal teams of language services staff that recruit the help of individuals from elsewhere in the organization. The following five steps comprise a process for ongoing measurement and improvement of your program:

1. Build teams responsible for measuring and improving the performance of language services in your organization
2. Use performance measures to evaluate your organization's performance
3. Determine your baseline and set performance targets for language services delivery and operations
4. Review and report data on the effectiveness of the interaction of the teams and the program
5. Develop strategies to improve the performance of language services

1. Build teams responsible for measuring and improving the performance of language services in your organization

- Work with quality improvement to develop an improvement plan for measuring and improving language services.

  Tip: See Chapter 1, "Laying the Foundation for a High-Quality Language Services Program," for information on what should be considered when developing a language services improvement plan.

- Gain representation for language services on organization teams that can help drive improvements in meeting patients' language needs.

  Tip: See Chapter 10, "Working in Health Care Organization Teams," for information on how to gain representation for language services on organization teams.

- Build a team(s) of language services staff to support the plan for measuring and improving language services operations, incorporating the following individuals as necessary:
  - Senior leaders who allocate resources
  - Individuals directly involved in providing language services
  - Stakeholders, including patients and their families
  - Clinical leaders and front-line staff
  - Staff involved in screening patients for their language needs
  - Departments that support the delivery of language services, such as information technology and human resources.

  Tip: For example, you will need support from language services staff for internal tasks such as data collection, as well as support from individuals outside your department, such as a physician and nurse champion to help with targeted improvement efforts.

2. Use performance measures to evaluate your organization's performance

Measure it: Use performance measures of quality care to indicate whether the patients who need language services:
- are identified
- get the services
- get the services in a timely manner.

- Work with quality improvement to determine how data that feeds into the performance measures should be collected.

  Tip: See Chapter 5, "Documenting How Patients' Language Needs are Met," for information on using data to improve delivery and operations.

  Stop: Most hospitals cannot collect comprehensive data on language services on an ongoing basis. Prioritize which data should be collected consistently and which data can be collected periodically.

- Create a process for monitoring the accuracy of data collection in your organization.

  Stop: Collecting this information may be new to some organizations and may create resistance among staff. Educate language services staff about the reasons for performance monitoring and how it can improve care to allay concerns.

- Identify a system(s) to analyze the data needed to calculate your performance measures.

  - Stop: Lacking information technology support should not prohibit quality improvement from occurring in language services. Work with your quality improvement department to strategize how to collect and analyze data most efficiently in your organization.

3. Determine your baseline and identify performance targets for language services delivery and operations

- Review your current baseline with respect to key aspects of performance.
- Identify performance gaps in language services delivery and operations.

  - Stop: Keep in mind that if the proper data collection is not in place, you may not be measuring everything necessary. For example, some hospitals only collect information on patients that receive language services and therefore have no record of patients who didn't receive them. See Chapter 5, "Documenting How Patients' Language Needs are Met," for more information.

- Set reasonable goals and performance targets for your program based on:
  - Current baseline information
  - Where do you want your program to be and in what timeframe
  - National or regional benchmarks.

4. Review and report data on the effectiveness of the interaction of the teams and the program

- Identify where performance information and data on language services are reported in your organization.
- Compare current performance against the program goals.
- Share performance data to motivate and inform organization teams and language services teams.

  - Tip: Consider sharing your performance information efforts at meetings attended by clinical leadership, frontline staff, department heads and senior leadership.

  - Tip: To demonstrate your progress, include both the baseline and target benchmark in reports on a specific measure.

5. Develop strategies to improve the performance of language services

- Identify target areas for your improvement efforts.

  - Stop: Think strategically to avoid biting off more than you can chew. Start small with one unit or clinic, and/or with one group of patients with language needs who are not receiving the services they need.

- Work closely with key health care organization and language services teams to design strategies and tools to achieve improvement.

- Stop: Hospitals typically adopt a specific model for improvement. Use your organization's model when developing your strategies. Ask someone from your quality improvement department to explain before you proceed.

- Stop: Pilot your changes for a defined period of time to give you the opportunity to make adjustments before you make changes permanent. You could waste time, resources and credibility if you fully implement a change before testing it first.

- Communicate your successes to the organization through:
  - Posters and storyboards throughout your facility
  - Stories featured in your organization's newsletter or Web site
  - Presentations to the quality committee, clinical staff, leadership and other organization events
  - Communication with the community – through your public relations department
  - Peer-reviewed journals and national and regional research meetings
  - Language services association meetings.

- Tip: Consider having clinical providers and patients join you in communicating success stories.

- Stop: Use data on your improvement efforts when discussing quality with others in the organization so that they understand your work.

- Spread successful strategies and tools to the rest of the organization by:
  - Meeting with senior leaders to discuss and show the data demonstrating your improvement and request their support in spreading to other parts of the organization
  - Identifying additional clinical champions in several units or locations in your organization that are willing to try the new strategies
  - Using champions to mentor new clinical providers and serve as consultants to provide feedback
  - Working with quality improvement to highlight links between patient care and improvements in language services delivery and operations
  - Revising policies, procedures and best practice guidelines to include the new strategies for change.

- Implement policies to reinforce practices that consistently result in performance improvement.

Other Resources Associated with this Chapter:

See the "Tools to Help" section for the following resources for measuring and improving the performance of a language services program:

- IOM Domains of Quality: Adapted for Language Services
- *Performance Measures*: *Speaking Together* program

Resources available at www.SpeakingTogether.org:

- Tools for Improving Language Services Delivery

Chapter 8

Educating Clinical Staff on Meeting Patients' Language Needs

The Goal: To promote education and awareness among clinical staff on the importance and methods of meeting patients' language needs.

Why it's important: Educating clinical staff on the importance of language services and giving them the tools to access services can help ensure that patients' language needs are met in your organization.

How to make it stick: The language services department must emphasize the importance of its program with clinical staff to ensure its services are used properly. The following five steps on educating clinical staff emphasize the importance of implementing a strong curriculum that includes both why meeting patients' language needs is important and how they can meet those needs:

1. Take a snapshot of clinical staff awareness and use of language services
2. Develop a curriculum plan to target educational deficits and encourage best practices for language services in your organization
3. Create tools that promote awareness and encourage utilization of language services among clinical staff
4. Evaluate the performance of your initiatives for the education of the clinical staff
5. Develop strategies to improve clinical staff education and awareness about language services in your organization

1. Take a snapshot of clinical staff awareness and use of language services

- Establish a baseline of provider attitudes about language services:
  - ? Are clinical providers aware of the importance of meeting patients' language needs?
  - ? Are clinical providers aware of the safety issues that might stem from using unqualified interpreters?
  - ? Do clinical providers know what language services are available in your organization? Were staff hired before services were available?
  - ? Do clinical providers know how to access and use language services?
  - ? Are they familiar with policies and guidelines on using language services? Do they know how to use the various modalities of interpretation that may be available in your organization?

  Tip: Conduct a focus group, distribute a survey or talk with clinical providers to gather this information.

  Stop: Look at criticisms that clinical staff provide as opportunities for improvement. Educate yourself on issues related to clinical provider satisfaction, interpreter access issues or any other problems that may cause providers to shy away from using language services.

- Identify departments or individuals who do not use language services in encounters in which communication is necessary.

  Tip: Examples of how organizations track use of language services include information from interpreter logs, telephonic interpretation invoices, audits of documentation in medical charts, field observation or shadowing of clinical providers and surveys.

  Stop: In addition to uncovering the reasons why clinical providers do not use language services, study those who are regular users. This can help you to identify "what works" and strategize how to convert non-users.

2. Develop a curriculum plan to target educational deficits and encourage best practices for language services in your organization

- Create a curriculum that explains the who, what, where, when, how and why of language services.

  Tip: Work with someone who has a clinical background and can help "champion" language services in your organization. This person can help develop the "why use language services" part of your curriculum by identifying evidence linking communication and health outcomes, and by offering advice on how to make your curriculum relevant for a clinical audience.

  Stop: Make sure that your curriculum is in compliance with Federal Culturally and Linguistically Appropriate Services standards (CLAS).

  Stop: Many organizations commonly use unqualified interpreters. Make sure that warnings on safety issues associated with using ad hoc interpreters have a prominent place in your curriculum.

- Determine the best teaching opportunities for delivering your curriculum, including:
    - Hospital-wide orientations for new employees
    - Organizational trainings or annual competency testing
    - Nurse and clinical provider grand rounds
    - Rounding on patients and/or clinical providers by interpreters
    - Daily unit/clinic meetings or 'huddles'
    - Department meetings
    - Clinical in-services
    - In-services created by the language services department
    - Educational campaigns
    - Safety Fairs

    Stop: Hearing it once may not be enough. Use a multi-pronged approach, including a mix of training initiatives to educating clinical staff, to reinforce your curriculum and ensure that you reach the majority of clinical staff in your organization. Additionally, try to include a hands-on approach to training clinical providers on how to use various interpretation modalities, such as telephonic interpretation. Role playing may also be effective in teaching providers how to access and use language services.

    Tip: Consider working with clinical providers, such as nurse educators to integrate information on language services into their clinical curriculums.

- Identify the individuals who will deliver the educational curriculum on language services to clinical staff.

    Stop: Scripting messages can ensure that your staff convey the right messages about your program to clinical staff.

    Tip: Consider having your clinical champion deliver the curriculum to clinical staff to facilitate acceptance.

- Develop organizational policies requiring training of clinical staff on the use of language services

    Tip: When developing organizational policies about language services training, consider how you will address training for residents, students and contracted clinical staff.

- Advanced:
  Work with clinical providers to tailor your curriculum for certain clinical areas or conditions.

    Tip: The better that you are able to convey the relevance of your services in specific areas of care, such as diabetes management and behavioral health, the more essential your services will become in the care process.

    Tip: Understanding the different patient flow processes in your organization can enable you to provide guidance to clinical providers on the most efficient and effective ways to access language services. For example, if you know that patients admitted to a certain unit typically need an interpreter right away, you might suggest that providers on that unit use telephonic interpretation versus waiting for a face-to-face interpreter.

Adapt the intensity of your teaching methods to the level of education and awareness about language services in your target audience.

- Stop: Some clinical providers currently not using language services may need to be targeted with special educational messages or daily interpreter rounding to encourage them to use the program. Other low-use clinical providers may benefit from a refresher course to remind them how to use your services when needed.

3. Create tools that promote awareness and encourage utilization of language services among clinical staff

- Create triggers that notify or remind clinical providers of a patient's language needs.
  - Tip: Examples of language reminders include "I speak" cards, a note or electronic reminder in the patient's chart, a sticker at the top of the chart, a sign outside the door or by the patient's bed and listing the language by the patient's name on the unit white board.
- Create triggers that notify or remind clinical providers how to access language services.
  - Tip: Develop readily available instructions on using language services to make it easier for clinical providers to use. For example, phones for telephonic interpretation should be easily accessible, in good working order and should have instructions for use attached.
  - Tip: Many organizations have moved toward a more patient-centered approach by providing patients with information on how to access language services. See Chapter 9, "Taking a Patient-Centered Approach to Meeting Language Needs," for more information.
- Designate a location for language service resources for clinical providers, such as:
  - Translated documents
  - Other written materials used for communicating with patients, such as visual translation cards and universal symbol signage
  - Explanation of policies, procedures and guidelines pertaining to language services.

  - Tip: You may choose to post documents on your intranet or department web site, distribute a small pocket guide to clinical providers and/or store a set of documents in a file folder at each unit.

4. Evaluate the performance of your initiatives for the education of the clinical staff

- Develop a mechanism for measuring the effectiveness of your education and awareness efforts.
  - Tip: Possible mechanisms may include pre- and post-surveys to check on information retention or measured change in use of language services.

- Tip: Consider sorting out by location the information you receive to monitor educational gaps among certain clinical provider groups, departments or facilities within your organization. This can be helpful in targeting future education efforts.

- Talk with clinical staff to elicit and address feedback, questions and concerns about language services in your organization.

- Evaluate the visibility and usability of tools to promote the use of language services.
  - ? Where are notifications or reminders about the patient's preferred language located?
  - ? Do clinical providers know where to find the instructions or phone numbers for reaching an interpreter?
  - ? Do clinical providers know the location of the phone or other equipment needed to obtain an interpreter?
  - ? Are the instructions for reaching an interpreter clear? Are there too many steps?
  - ? Do clinical providers know who to contact in the event that equipment is in need of repair?
  - ? Is the process for accessing translated materials clear?

5. Develop strategies to improve clinical staff education and awareness about language services in your organization

- Involve clinical staff who are "champions," or regular users of language services, in your educational efforts.

  - Tip: Clinical providers can promote the clinical importance of language services to their colleagues with their example.

  - Tip: You may also want to include quality improvement, risk management, compliance officers, patient relations or legal services in your educational efforts.

- Follow up with clinical providers, clinical units and clinics that are not meeting their patients' language needs.

  - Tip: Work with clinical leaders to determine how to address the clinical providers and clinical areas and departments that consistently do not use language services or don't use them appropriately. You may choose to have a language services staff member approach individuals on a case-by-case basis or contact the administrator of that department or clinic to allow them to address clinical providers.

- Create a memorable learning moment by using success stories and learned experiences in clinical care.

  - Tip: Feature these stories and the clinical provider or unit behind the story, in internal newsletters or presentations to clinical staff.

- Use educational efforts as an opportunity to elicit and address performance issues in language services operations and delivery.

- Advanced:
  Use the influence of senior leaders to focus organizational policy and resources on language services education.

Acknowledge and recognize clinical providers for meeting their patients' language needs.

- Tip: For example, you can acknowledge clinical providers for using language services for the first time, or recognize clinical providers who consistently meet their patients' language needs by featuring them in a newsletter or through staff recognition programs.

Use campaigns, research projects and quality improvement projects to raise awareness about the success of language services.

Other Resources Associated with this Chapter*:*

See the "Tools to Help" section for resources for educating clinical staff on meeting patients' language needs:

- *PowerPoint*: Language Barriers in Health Care: Select Findings from the Literature

See the "Innovations that Work" section for strategies for educating clinical staff on meeting patients' language needs:

- Tools to Meet Patients' Language Needs

Chapter 9

Taking a Patient-Centered Approach to Meeting Patients' Language Needs

The Goal: To adopt a patient-centered approach to meeting language needs in your organization.

Why it's important: Patient-centeredness is an important aspect of health care quality. Taking a patient-centered approach is necessary for ensuring the language services delivery system meets the needs of individual patients.

How to build it: Organizations, which have diverse patient populations, approach patient-centeredness differently. The following five steps to create a patient-centered approach emphasize the importance of periodic evaluation of your patient population:

1. Determine your current patient population and project future populations
2. Take a patient-centered approach to language services in a way that fits your organization
3. Develop mechanisms for your patients to convey their preferences and needs related to language services
4. Evaluate your patient-centered approach to meeting language needs
5. Develop strategies to improve your patient-centeredness in meeting language needs

1. Determine your current patient population and project future populations

- Use information from U.S. Census Bureau and state and local government sources to identify the languages commonly spoken by patients in your community.

- Revisit data periodically to detect shifts.

- Identify characteristics related to your population that may affect aspects of language services delivery including:
  - Age
  - Gender
  - Religion
  - Culture
  - Literacy
  - Clinical condition
  - Confidentiality issues.

  Tip: These characteristics may affect the preferences of the patient for a certain type of interpretation modality or a certain type of interpreter based on preferences for a specific religion, culture or gender. The clinical provider also may voice a preference for a particular modality of interpretation based on the clinical condition of the patient, the type of encounter or the need for confidentiality.

- Advanced:

  Use information from local government and other reputable sources to anticipate emerging language populations.

  Work with local community groups to learn about health or access issues that may be important to patients with language needs.

2. Take a patient-centered approach to language services in a way that fits your organization

- Understand your organization's overall approach to patient-centered care, including any care models.

- Use what you've learned to modify your approach to patient-centeredness for language services.

- Integrate patient-centeredness in your language services plan.

  Tip: Include mechanisms for receiving individual patient requests and feedback in your plan. See Chapter 1, "Laying the Foundation for a High-Quality Language Services Program," for information on language services plans.

- Work with clinical leaders to develop policies and procedures for integrating language services into the patient care plan.

3. Develop mechanisms for patients to convey their preferences and needs related to language services

- Periodically obtain general feedback about your program from patients by using mechanisms such as:
  - Focus groups
  - Traditional or Web-based suggestion boxes
  - Surveys
  - Interpreter rounding on patients.

  Tip: If available, take advantage of your organization's feedback policy to seek data about your program and have the patient satisfaction survey (or other feedback mechanism) translated into multiple languages. If possible, analyze feedback by language.

- Establish a mechanism for obtaining and responding to individual patient requests related to language services.

  Stop: These requests may come directly from the patient or from the clinical provider on behalf of the patient.

  Tip: The characteristics that you've pre-identified in your patient population should help you anticipate some of these individual requests.

4. Evaluate your patient-centered approach to meeting language needs

- Analyze feedback you receive about your program to identify areas for improvement.

  Stop: Do not expect everyone to say the same thing. Look for common themes that emerge and prioritize them.

  Stop: You should share feedback with other individuals and departments for improvement purposes, but be sure to respect confidentiality.

- After receiving feedback, follow up with the planned or implemented strategies with the relevant individuals.

  Stop: Let patients know that their feedback is appreciated. Individuals will be more likely to continue to give feedback if they know that it's valued.

  Measure it: Develop an internal patient-centered measure.

  Tip: You may want to use a Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. For more information on CAHPS and guidelines for translating CAHPS surveys go to www.cahps.ahrq.gov/default.asp.

5. Develop strategies to improve your patient-centeredness in meeting language needs

- Integrate patient-centeredness into your language services improvement plan.
- Develop strategies to improve patient access to language services, such as:
  - Signage
  - Patient education materials related to language services
  - Mechanisms for patients to communicate their language needs to hospital staff, such as an "I speak" card.

    Tip: See Chapter 6, "Meeting Patients' Written Language Needs," for information on obtaining translated materials and signage for your organization.
- Develop strategies to increase patient satisfaction with language services.
- Educate clinical providers on characteristics related to the patient population that may influence language services delivery.

  Stop: This information may be particularly relevant during complex medical encounters, such as behavioral health screening, where cultural nuances may influence the way a patient understands or answers questions.
- Engage in outreach activities to reach your population.

  Tip: Many patients learn about language services by word-of-mouth. Advertising your services throughout the organization will inform patients of their rights and encourage them to use your services.

Other Resources Associated with this Chapter*:*

See the "Tools to Help" section for resources for taking a patient-centered approach to meeting patients' language needs:

- *Focus Group Interview Guide*: *Speaking Together* Focus Groups

See the "Innovations that Work" section for strategies for taking a patient-centered approach to meeting patients' language needs:

- Interpreter Cultural Debriefing Sessions in Encounters with Psychiatric Patients

Resources available at www.SpeakingTogether.org:

- Challenges in Language Services (Focus Group Results)

Chapter 10

Working in Health Care Organization Teams

The Goal: To work within teams to support the delivery of high-quality language services.

Why it's important: Integrating language services into the health care organization requires that it be represented on clinical teams and teams that guide change and oversee aspects of care delivery in the organization. Language services representation on these teams can improve how patients' language needs are met in the organization. Involvement of clinical providers and other staff on language services teams can also help improve language services operations.

How to make it stick: Many issues related to operations in a language services department may be dealt with within the language services department. However, a language services program cannot achieve high-quality by exclusively operating as a separate, add-on service to the organization. The following five steps emphasize the importance of working with interdisciplinary teams in the organization to support the delivery of high-quality language services:

1. Identify opportunities for language services to be represented on health care organization teams that can improve language services delivery
2. Periodically attend meetings in clinics and key hospital units
3. Develop language services teams to address challenges associated with language services operations
4. Evaluate your work on health care organization teams
5. Develop strategies to improve your work on health care organization teams

1. Identify opportunities for language services to be represented on health care organization teams that can improve language services delivery

- Identify the areas in your organization necessary to achieve high-quality language services, including:
  - Clinical care
  - Quality improvement
  - Accreditation readiness
  - Patient safety
  - Root cause analysis
  - Information technology
  - Registration/scheduling
  - Diversity, or cultural and linguistic competence
  - Training and education
  - Marketing/communications.

- Find out what teams represent these functions in your organization.

- Determine the role that language services can play on these teams.

  Stop: Think about the impact of your program on care in order to determine how language services can contribute to these functions and teams.

  Stop: In addition to considering what language services has to gain from participating on a team, articulate what you have to offer to the team.

- Talk with team members to determine how to get language services represented on the team.

  Tip: Language services staff typically have full schedules and limited time to commit to participating on teams. In order to provide opportunities to participate, consider rotating staff participation on language services teams and other teams in the organization.

  Stop: Make sure that individuals from your program selected to serve as team members are able to represent and provide input on language services.

- Follow through with the tasks and responsibilities assigned to you.

2. Periodically attend meetings in clinics and key hospital units

- Use the functions you've identified to select clinics and key departments and units that can help support the delivery of language services.

  Tip: For example, talk to registration/scheduling periodically to ensure that patients are being screened and that language services are being provided to the patients that need them.

- Identify representatives or "champions" of language services from each clinic, department, and unit to serve as a liaison to language services.

Tip: These individuals can help provide feedback on language services delivery on behalf of the areas of the organization that they represent. They can also disseminate messages to the organization. Clinical champions in particular are critical to embedding language services into patient care.

- Look for opportunities to periodically attend meetings in key departments in order to:
  - Educate department staff about language services and/or;
  - Hold a discussion on how language services can work with that department to provide high-quality language services.

Tip: For example, you may want to meet with registration/scheduling staff to jointly review language screening procedures or the effectiveness of different interpretation modalities in that department. See Chapter 2, "Screening Patients for their Language Needs," and Chapter 8, "Educating Clinical Staff on Meeting Patients' Language Needs," for ideas on how to educate and work with key departments throughout the hospital.

3. Develop language services teams to address challenges associated with language services operations

- Identify routine and emerging challenges that require the attention of a language services team(s)

Tip: For example, your department may experience routine internal challenges, such as assessing the quality of interpretation or reducing the wait time for interpreters. Other challenges may require a broader collaboration, such as integrating language needs into daily care plans or increasing use of language services in a particular clinic.

- Build language services teams to take on the challenges you've identified.

Stop: While using language services staff to take on internal challenges is appropriate, interdisciplinary teams are a must to tackle issues that involve other departments. For example, you may have a group of Spanish interpreters that meets regularly to discuss terminology and other issues specific to Spanish interpreting. However, a team working on documentation of how language needs were met in a particular clinic will be more effective with representation from nurses and physicians. See Chapter 7, "Measuring and Improving the Performance of your Language Services Program," for a list of individuals to consider for interdisciplinary teams.

- Develop mechanisms for communicating with team members, including:
  - Regular meetings
  - Regular conference calls
  - E-mail updates or listservs.

4. Evaluate your work on health care organization teams

- Assess the work of language services on health care organization teams:
  - ? Is the language services department represented on key teams?
  - ? Is there more that the department could contribute to the team? Is the department promising more than it can reasonably deliver?
  - ? Is language services getting what it needs from these teams?

- Assess the work of language services teams on addressing operations issues:
  - ? Do a variety of interpreters and translators have an opportunity to participate on the team?
  - ? Are clinical providers and other staff involved on language services teams as needed?

5. Develop strategies to improve your work on health care organization teams

- Set goals for which teams in the organization you would like language services to gain representation.

  Tip: For example, your goal this year might be to get language services represented on the patient safety committee.

- Use what you are learning from language services' participation on organization teams to ensure that language services is aligned with the goals of the organization.

- Use data to demonstrate progress and motivate language services teams to achieve their goals

  Tip: See Chapter 7, "Measuring and Improving the Performance of Your Language Services Program," for ideas on how to use data for improvement.

- Celebrate successes with team members and communicate those successes to the rest of the organization.

- Look for new opportunities to contribute to the teams with language services' participation.

- Network with new team members to make connections and advertise the goals of language services.

Other Resources Associated with this Chapter*:*

See the "Innovations that Work" section for strategies for working in teams:

- Language Services' Participation in Root Cause Analysis Process

Chapter 11

Promoting the Value of Language Services in the Organization

The Goal: To gain recognition in the organization that language services is an essential component of patient care.

Why it's important: Research has demonstrated the importance of effective communication in patient care, yet language services departments in many organizations still function as an 'add-on' service, unconnected to other patient care services. In order to embed language services into the organization, it must be linked with core values including quality of care, safety and patient satisfaction.

How to make it stick: You need the support of leadership. The following five steps in promoting the value of language services emphasize the concepts of quality and patient safety:

1. Align the goals and strategies of your department with those of your organization
2. Use data to underscore the importance of language services to patient care
3. Communicate the value of language services activities to your organization and the community
4. Evaluate how you promote the value of language services in your organization
5. Develop strategies to improve the promotion of language services in the organization

1. Align the goals and strategies of your department with those of your organization

- Determine what place language services currently occupies in the mission, strategic plan and annual goals of the organization.

- Involve language services in working toward organizational goals.

  Tip: For example, if your organization is focusing on efficiency of care in the emergency department, you might integrate language services into discussions with organization leaders by demonstrating what role improved language services delivery can play. See Chapter 10, "Working in Health Care Organization Teams," for more ideas on how to involve language services on teams that make key decisions in the organization.

2. Use data to underscore the importance of language services to patient care

- Use the evidence base to demonstrate the importance of language services to patient care, including:
  - Quality of care
  - Safety
  - Patient satisfaction.

  Stop: Clinical providers in your organization will want to see proof of the importance of language services, so use evidence and internal data to demonstrate your program's relevance.

- Use performance data to showcase improvements as well as areas that need improvement in language services delivery.

  Stop: Performance data is critical to demonstrate your efforts to reduce waste and increase the effectiveness, timeliness and efficiency of language services. You cannot talk about language services quality improvement without this.

  Tip: See Chapter 7, "Measuring and Improving the Performance of your Language Services Program," for information.

- Highlight links between improvements in language services delivery and those in patient care.

  Tip: Data on error reduction, reduced readmissions or increased operational efficiency will be of great interest to senior leadership.

3. Communicate the value of language services to your organization and the community

- Partner with "champions" of language services, especially clinical providers and other staff to talk about the value of language services and any improvement activities.
- Work with marketing/communications to develop materials to support information about your program and initiatives your department is undertaking.

- Give presentations about your performance improvement to audiences throughout the organization, including:
    - Language services staff
    - Quality improvement departments and committees
    - Individual clinical staff involved in improvement or needing to improve use of language services
    - Clinical leadership
    - Senior leadership
    - Board members
    - Marketing/communications
    - Any other staff or departments either directly or indirectly involved in the delivery of language services in the organization.

    Tip: See Chapter 7, "Measuring and Improving the Performance of your Language Services Program," for examples of venues for communicating language services activities and improvement initiatives.

- Integrate information about federal, state and local laws about language when talking about language services.

    Tip: Access information on federal laws at www.omhrc.gov and a summary of state requirements around language access in health care www.healthlaw.org.

4. Evaluate how you promote the value of language services in your organization

- Gauge the extent to which staff understand the importance of language services:
    - ? Does your organization consistently screen patients' for their language needs?
    - ? Do clinical and other staff use language services?
    - ? Do clinical providers document how patients' language needs are met?

- Determine whether senior leaders recognize the value of language services:
    - ? How many times have you presented in front of the leadership in your organization?
    - ? Are senior leaders in your organization talking about language services?
    - ? Are there new materials or information about language services available? For example, is language services mentioned in your organization's annual report?

- Assess the degree to which language services are involved in the organization's goals, initiatives and strategies:
    - ? Is language services integrated into annual organization goals?
    - ? Is language services part of the organization's strategic plan?

5. Develop strategies to improve the promotion of language services in the organization

- Work with quality improvement staff to identify opportunities to integrate language services performance information into the hospital dashboard or other quality measures

- Talk to administrators about language services' role in meeting accreditation standards

Tip: See The Joint Commission Requirements Related to the Provision of Culturally and Linguistically Appropriate Health Care and the Office of Minority Health National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) at www.jointcommission.org.

- Use data to highlight improvements in language services delivery

Other Resources Associated with this Chapter*:*

See the "Tools to Help" section for the following resource on promoting the value of language services in the organization:

- *PowerPoint:* Language Barriers in Health Care: Select Findings from the Literature

See "Innovations that Work" section for strategies for promoting the value of language services in the organization:

- Providing Evidence-Based Care to Families Who Speak a Language Other than English

Other resources available at www.SpeakingTogether.org:

- *Journal Article*: Measuring and Improving the Quality of Hospital Language Services: Insights from the *Speaking Together* Collaborative
- *Issue Brief*: The Case for Language Services from the C-Suite
- *Video*: *Speaking Together* for Better Care

Tools to Help

In this Section*:

** These tools may be accessed electronically at www.rwjf.org.*

Other Resources:

Challenges in Language Services: Identifying and Responding to Patients' Needs. Publisher: Lake Research Partners, Washington, DC 2008. Available online at www.SpeakingTogether.org

In Any Language: Improving the Quality and Availability of Language Services in Hospitals. Publisher: The George Washington University Medical Center, May 2008. Available online at www.SpeakingTogether.org.

Issue Brief: Addressing Language Barriers in Health Care, Asks "What's at Stake?" March 2007, Available online at www.SpeakingTogether.org.

Issue Brief: Improving Quality of Health Care Relies on Effective Language Services, October 2007. Available online at www.SpeakingTogether.org.

Issue Brief: The Case for Language Services from the C-Suite, April 2008. Available online at www.SpeakingTogether.org.

Journal: Studies Show Importance of Language Services on Disparities, Quality of Care, Journal of General Internal Medicine, Issue Volume 22, Supplement 2 / November, 2007 . Available online at http://www.springerlink.com/content/32271206t4r38j87/fulltext.html.

Speaking Together for Better Care: How Effective Medical Interpretation Can Improve Quality of Care (Video). Available online at www.SpeakingTogether.org

Tools for Improving Language Services Delivery, by *Speaking Together*: National Language Services Network, The George Washington University Medical Center, School of Public Health and Health Services, Department of Health Policy, 2008. Available online at www.SpeakingTogether.org.

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Language Barriers in Health Care: Select Findings from the Literature

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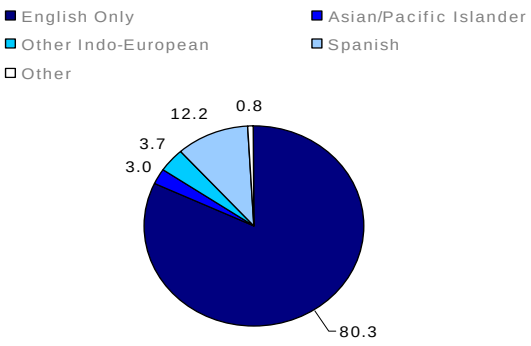
The Changing Face of America

In the U.S., one in five people speak a language other than English

Chart: Percent of population age five and older by language spoken at home



The total population age 5 and older in the United States was 279, 012,712 in 2006

Source: U.S. Census Bureau 2006. http://factfinder.census.gov, table S1601 "Language Spoken at Home"

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Patients are Increasingly Diverse and Multicultural

- Over 24 million individuals speak English "less than very well" and are thus said to be limited English proficient (LEP).

Source: U.S. Census Bureau 2006. http://factfinder.census.gov, table S1601 "Language Spoken at Home".

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Risk factors associated with LEP population:

- Persons with LEP experience disproportionately high rates of infectious disease and infant mortality.
- Persons with LEP are more likely to report risk factors for serious and chronic diseases such as diabetes and heart disease.

Source: Office of Minority Health, "Eliminating Racial and Ethnic Disparities," http://www.cdc.gov/omh/AboutUs/disparities.htm (25 April 2007)

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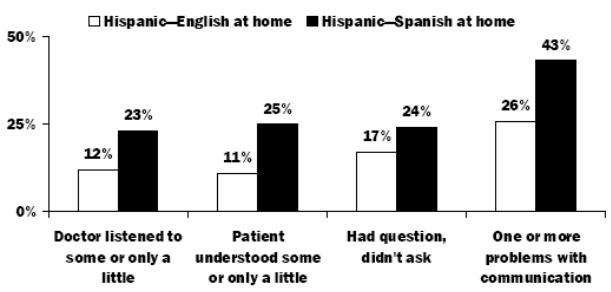
Patients who do not speak English as their primary language have greater problems with communication



Source: The Commonwealth Fund 2001 Health Care Quality Survey, chart 11.

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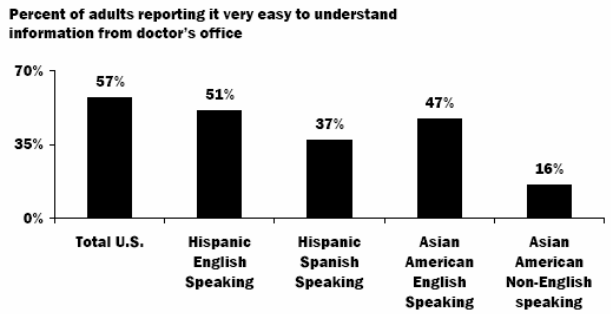
Non-English* speakers have more difficulty understanding information from their doctor's office



* English is not primary language spoken at home

Source: The Commonwealth Fund 2001 Health Care Quality Survey, chart 15.

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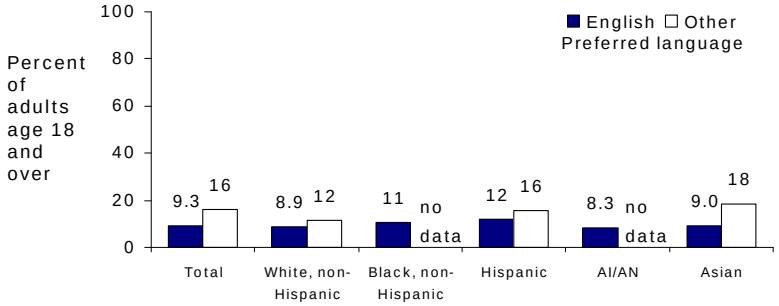
Language Barriers Negatively Impact Patient-Provider Communication

Adults who report their health providers sometimes or never: listened carefully, explained things clearly, respected what they had to say, and spent enough time with them, 2003



AI/AN = American Indian/Alaska Native
Note: Percentages are adjusted for non-response based on how many of the four questions had a response.
Source: Agency for Healthcare Research and Quality. *National Healthcare Disparities Report.* 2006.

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Language barriers affect patients' quality of care

- Language barriers are associated with less health education, worse interpersonal care, and lower patient satisfaction. Source: Ngo-Metzger Q, Sorkin DH, Phillips RS, et al. *J Gen Intern Med 2007*. 22(Suppl 2):324–30
- Hispanics who do not speak English at home are less likely to receive all recommended health care services. Source: Cheng EM, Chen A, Cunningham, W. *J Gen Intern Med* 2007. 22(Suppl 2):283–8.

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Language barriers affect patients' quality of care:

- LEP patients who are hospitalized are less likely to have documentation of informed consent before undergoing invasive procedures. Source: Schenker Y, Wang F, Selig SJ et al. J Gen Intern Med 2007. 22(Suppl 2):294–9

- LEP populations are less likely to receive preventative health services such as mammograms. Source: Woloshin S, Schwartz LM, Katz SJ, Welch HG. Is language a barrier to the use of preventive services? *J Gen Intern Med.* 1997;12:472–477.

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Language barriers affect patients' participation in care

- For LEP populations, follow-up compliance, adherence to medications, and patient satisfaction are significantly lower than they are for English speaking patients.

Sources:
Ku, L. How race/ethnicity, immigration status and language affect health insurance coverage, access to care and quality of care among the low-income population. Washington, DC: Kaiser Family Foundation, August 2003.
[1] Andrulis, D, Goodman N, Pryor N. What a difference an interpreter can make: Health care experiences of uninsured with limited English proficiency. Boston, MA: The Access Project, April 2003.
[1] David RA, Rhee B. The impact of language as a barrier to effective health care in an underserved urban Hispanic community. Mt Sinai J Med, 1998; 65(5,6): 393-397

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Negative outcomes of ineffective communication:

- M.D.s who are unable to communicate effectively with their patients often compensate by engaging in costly practices such as
  - more diagnostic procedures
  - more invasive procedures
  - overprescribing medications.

Source: Ku L, Flores G. Pay now or pay later: providing interpreter services in health care. Health Aff 2005 Mar-Apr; 24(2): 435-44.

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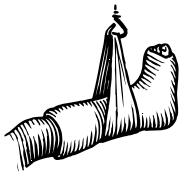
Negative outcomes of ineffective communication

- Adverse events occurring during hospitalization have been shown to be more severe and more likely to be related to communication problems in LEP patients than for English-speaking patients.



Source: Divi C, Koss RG, Schmaltz SP, et al. Language proficiency and adverse events in U.S. hospitals: A pilot study. *Int J Qual Health Care* 2007 Apr;19(2):60-7

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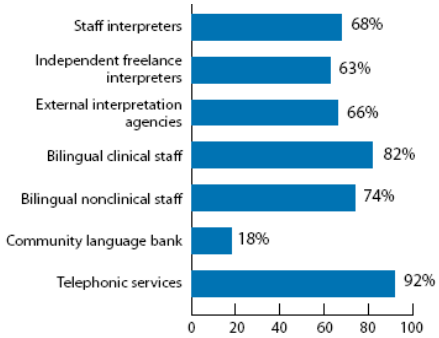
Hospitals use a variety of resources to provide interpreters

Methods Commonly Used In U.S. Hospitals To Provide Language Services



Source: Health Research and Educational Trust, 2006

Does not total 100%. Respondents were asked to check "all that apply"

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Patients who need an interpreter do not always get a trained medical interpreter

Use of Interpreter Services in U.S. Healthcare Settings*:

Of patients who say they need an interpreter, percent who report they "always or usually" get some form of interpreter assistance	**48%**
Usual interpreter method was:	
Staff member	53%
Friend or family member	43%
Trained medical interpreter	**1%**

*Survey results from patients

Source: The Commonwealth Fund 2001 Healthcare Quality Survey, chart 21

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Use of Staff in Language Services

- **Self-reported bilingual staff should be screened for proficiency in medical encounters**
  - About 1 in 5 dual-role staff interpreters at a large health care organization had insufficient bilingual skills to serve as interpreters in a medical encounter.

Source: Moreno MR, Otero-Sabogal R, Newman J. *J Gen Intern Med* 2007. 22(Suppl 2):331–5

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Use of untrained medical interpreter or no interpreter impairs communication quality

- Ad hoc interpreters misinterpreted or omitted up to half of physicians' questions. Source: Ebden P, Carey OJ, Bhatt A et al. The bilingual consultation. *Lancet* 1988, 1:347
- Errors committed by ad hoc interpreters were significantly more likely to be errors of potential clinical consequence than those by hospital interpreters. Source: Flores G, Laws MD, Mayo SJ et al. Errors in medical interpretation and their potential clinical consequences in pediatric encounters. *Pediatrics* 2003, 116:6-14.

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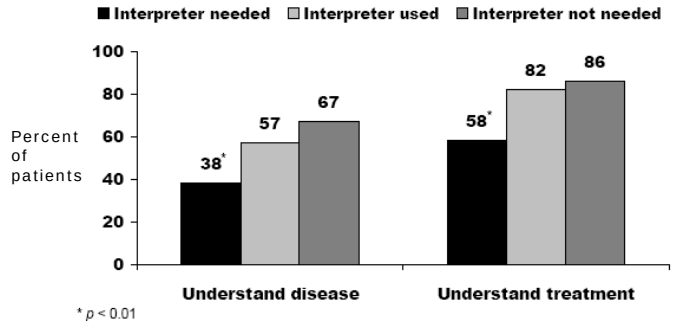
Effects of Language Services on Patient Care

LEP patients' understanding of disease and treatment plans were significantly more likely to be poor or fair compared to those who were provided an interpreter.



* $p < 0.01$

Source: D. W. Baker, *JAMA* 1996;275:783–85.

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Effects of Language Services on Patient Care

- Compared with LEP patients who are not provided with an interpreter, LEP patients who are provided with an interpreter give higher satisfaction scores and utilize more primary care services such as:
  - Schedule more outpatient visits
  - Fill more prescriptions

Source: Jacobs EA, Lauderdale DS, Meltzer D, et al. Impact of interpreter services on delivery of health care to limited English-proficient patients. *J Gen Intern Med* 2001 July;16(7): 468-74; Kuo D, Fagan MJ. Satisfaction with methods of Spanish interpretation in an ambulatory care clinic. *J Gen Intern Med* 1999 Sep; 14(9): 647-50

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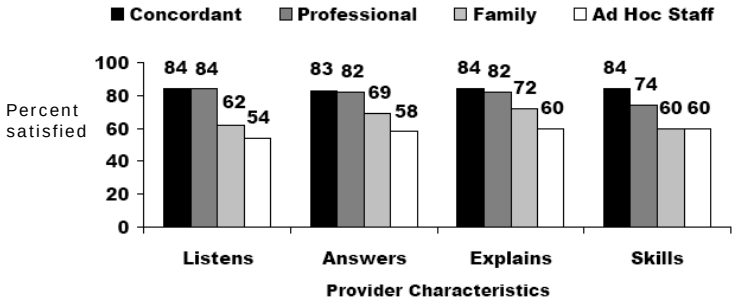
Effects of Language Services on Patient Care

Patients provided with concordant or professional interpreter services are more satisfied with their medical provider than those patients who used family or untrained staff.



Source: Lee LJ, Batal HA, Maselli JH, et al. *J Gen Intern Med* 2002, 17:641-46.

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Cost of language services are not always prohibitive

- One study found that creating a system of formally trained interpreter services in hospitals does not significantly affect hospital costs.
- Same study also found that physician–patient language concordance reduces return ED visits.

Source: Jacobs EA, SSadowski LS, Rathouz PJ. *J Gen Intern Med* 2007. 22(Suppl 2):306–11

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The Challenge for Hospitals

- All hospitals required to provide language services (interpreters, phone services, or video link) to LEP patients at no charge
- Minimal federal guidance
- No uniform standards for assessing the effectiveness of language services
- Hospitals need answers:
  - How do we know if current services are meeting patient needs?
  - What institutions are doing it well, and how can we learn from them?

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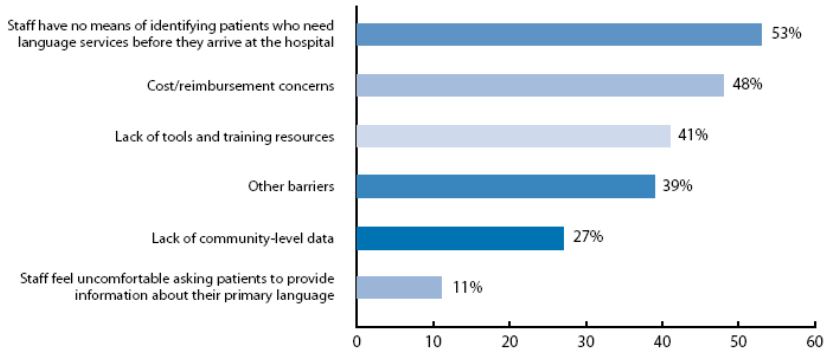
Survey response from hospitals
Question: What type of barriers do you face in providing language services?



Source: Health Research and Education Survey, 2006

Does not total 100%- respondents were asked to check "all that apply".

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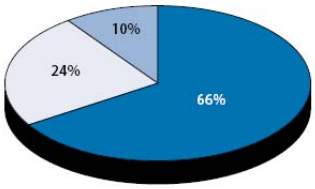
Community level data is important to identify needs in a community

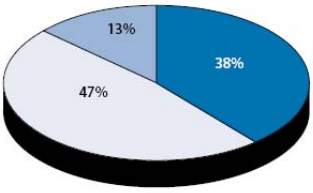
Large percentage of hospitals maintain patients' primary language in database...



Percentage of hospitals that maintain information about patients' primary language in medical records

Yes	66%
No	24%
Do not know	10%

Smaller percentage of hospitals actually track changes over time



Percentage of hospitals that maintain a database of patients' primary language that can be tracked over time

Yes	38%
No	47%
Do not know	13%

Source: Health Research and Educational Trust, 2006

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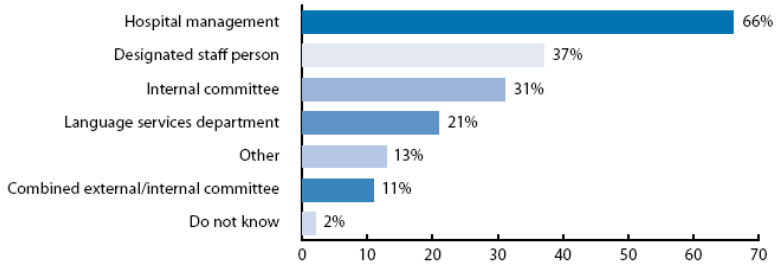
Approaches used by hospitals to create policies and procedures for language services



Source: Health Research and Education Survey, 2006

Does not total 100%- respondents were asked to check "all that apply".

Speaking Together
National Language Services Network

Speaking Together Project Goals

- To improve communication between patients with LEP and their health care providers.
- To work with hospitals to develop models of high-quality language services.
- To help hospitals develop useful, ongoing measures, enabling hospitals to create performance benchmarks and conduct measurements of performance.
- To share successful strategies to increase effective language services within and across hospitals and health systems

Speaking Together
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Institute of Medicine Domains of Quality Adapted for Language Services by *Speaking Together*

Domain	Principle
Safe	**Avoiding injuries to patients from the language assistance that is intended to help them.**
Effective	**Providing language services based on scientific knowledge that contribute to all who could benefit, and refraining from providing services to those not likely to benefit.**
Patient-Centered	**Providing language assistance that is respectful of and responsive to individual patient preferences, needs, culture and values, and ensuring that patient values guide all clinical decisions.**
Timely	**Reducing waits and sometimes harmful delays for both those who receive and those who give care.**
Efficient	**Avoiding waste, including waste of equipment, supplies, ideas, and energy.**
Equitable	**Providing language assistance that does not vary in quality because of personal characteristics such as language preference, gender, ethnicity, geographic location, and socioeconomic status.**

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Background

- National program sponsored by the Robert Wood Johnson Foundation (RWJF) as one of its Quality/Equality initiatives
- Aims to improve quality of language services provided to patients at America's hospitals
- Addresses both racial/ethnic disparities and quality of clinical care – both areas of intensive focus for RWJF
- Administered by a National Program Office at The George Washington University

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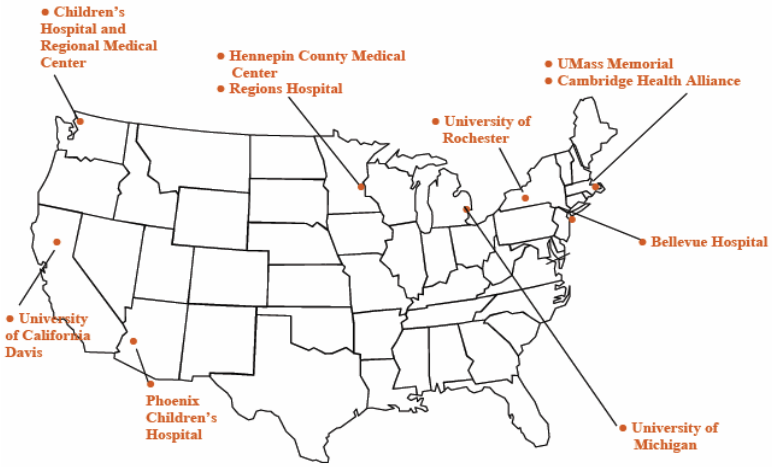
Speaking Together Sites



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Participating Hospitals:

- Focus on improving:
  - An inpatient service
  - Two clinical outcomes (diabetes, heart disease or depression) + any general outcome with clinical significance
- Receive technical assistance on how to use rapid cycle change to improve services
- Participate in a learning network; share best practices
- Learn how to collect data to assess results

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Core Measures

- Percentage of patients who have been screened for their preferred spoken language
- Percentage of LEP patients receiving initial assessment and discharge instructions from assessed and trained interpreters or from bilingual providers assessed for linguistic proficiency
- Percentage of encounters where the patient wait time is 15 minutes or less.
- Percent of time interpreters spend providing medical interpretation with patients and providers
- Percentage of encounters where interpreters wait less than 10 minutes to provide language services to provider and patient.

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Project Outcomes

- Embed language services in hospital operations
- Help hospitals continually assess and improve language services
- Expand into additional clinical and service areas
- Examine productivity and cost of interpreter services
- Identify demand for language services
- Build relationships across language services and other hospital components

Speaking Together: National Language Services Network

Language Services Program Assessment Questions

The *Speaking Together* Language Services Program Assessment was used by the National Program Office (NPO) to develop an understanding of all facets of language services programs at *Speaking Together* hospitals. The assessment consists of a series of questions about language services programs and are organized around seven topics: infrastructure and resources; language screening processes; training and assessment requirements; language services program needs assessment; language services program monitoring and data collection; language services program plan; and language services program policies. Hospitals using this assessment may want to add additional questions pertaining to their community and/or organization.

Infrastructure and Resources The following questions provide information on where the language services fit within the organizational structure and about resources allocated to the program.
1. Do you have a dedicated language services department?
2. What is the name of the department?
3. What is the title of the head of language services?
4. Who does the head of language services report to?
5. What is the <u>total</u> budget for language services (include administrative, overhead, etc)?
6. What percent of the total language services budget is spent on the following budget categories: • staff interpreters • telephone services • contract services (vendor and free lance) • video interpretation • translation • administration • overhead
7. What is the total FTE for language services? What is the breakdown?

8. How many requests for interpreter services did your department receive in the most recent year?
9. How many interpreter encounters did your department provide in the most recent year?
10. What percent of language services encounters are provided by: • staff interpreters • telephone services • contract services (vendor and free lance) • video interpretation • volunteers
11. Are family and friends used to interpret? When?
12. Are minor children used to interpret? When?
13. When do you use volunteers, contracted services, telephone and video interpreters as opposed to your staff interpreters?
14. What percent of interpreter encounters are scheduled? What percent are unscheduled?
15. What percent of interpreter encounters are for inpatients? What percent are for outpatients?
16. What are your top 5 – 10 languages? About what percent of all encounters do they represent?
17. What is the availability of onsite language services in inpatient areas? In outpatient areas? In the emergency department?
Language Screening Processes The following questions provide information about the current processes for screening patients for language services.
18. What does your hospital do to let patients know about language services? What do you think is the most successful mechanisms for letting patients know?
19. What is your screening process?
20. What questions do you specifically ask?
21. Who is responsible for initial screening for language?

22. Where is language data recorded?
23. If the preferred language is in an electronic record, do you re-screen periodically?
24. How is language services notified an LEP patient requires an interpreter? For example, • FAX • phone • pager • automatic computer notice when patients screened • other computer notification • patient
Training and Assessment Requirements The following questions pertain to the hospital's training and assessment requirements for persons interpreting for patients. Some questions pertain to training alone and some to assessment alone.
25. Does your organization require medical interpreter training?
26. Do you have a minimum of hours? If so, how many?
27. Do all of your interpreters have this?
28. Are there any grace periods for medical interpreter training? Any exemptions?
29. What are the core components of the medical interpreter training you require?
30. Where does the training come from? Does your organization provide this training? If not, where do they get it?
31. Does your organization require interpreters be assessed for language proficiency?
32. How do you assess interpreters for language proficiency?
33. What do you assess for?
34. Do you assess for every language for which employee speaks?

35. Is training required for patient registration / admissions staff / scheduling staffs (those that screen patients)?
36. What are the training content areas for patient registration / admissions / scheduling staff?
37. How are patient registration / admissions staff / scheduling staffs educated about language services?
Language Services Program Needs Assessment The following questions provide information about how language services departments a/ offices identify program needs.
38. Does your organization conduct a comprehensive assessment of language needs of your service area / community? If so, how often is it conducted?
39. What content areas does your assessment include?
40. Who in the organization collects the information? (i.e., language services, research)
41. Who in the organization sees the data?
42. How is the information used?
Language Services Program Monitoring and Data Collection The following questions provide information about how language services programs are monitors and data collected to monitor the program.
43. What data do you collect to evaluate your effectiveness?
44. What are your program goals?
45. Who in the organization do you report program goals and results to?
46. How often do you collect and report language services data?
47. What data do you collect?
48. Who collects the language services data? How are they trained in collecting data?
49. What systems do you use to collect language services data? Is the information linked to other systems? Can the information be linked to other systems?

50. Is the language service head a member of the hospital's quality improvement committee?
51. Are language services data incorporated into the hospital's systems performance improvement committee?
52. Are language service data incorporated into clinical department or clinical unit specific performance improvement committee?
53. Describe a completed (within the most recent 1 year) quality improvement project involving language services.
54. What are the problems with collecting language services data?
55. Does your organization conduct routine patient satisfaction surveys? Does it ask about language services?
56. Define encounter.
57. Do you designate specific encounter types? If so, what are they? (i.e., initial assessment encounter, discharge instruction encounter)
58. Define encounter start time.
59. Define encounter end time.
60. Define interpreter arrival time.
61. Define patient arrival time.
62. Define interpreter request time.
63. Define initial assessment encounter.
64. Define discharge encounter
65. Define scheduled encounter.
66. Define unscheduled encounter.
67. Were you already collecting the data elements required for the *Speaking Together* measures (ST1 – ST5) and the training and assessment reporting

requirements? If not, which are new for you?
Language Services Program Plan The following questions provide information about language services program plans, content and responsibility.
68. Does your hospital have a language services program plan?
69. What guidelines or regulations influence your plan?
70. Who is involved in writing the language services plan? Who gives input into the plan?
71. Who is responsible for approving the language services plan?
72. Who is responsible for implementing the language services plan?
73. What content areas does your language services plan address?
Language Services Program Policies The following questions provide details about policies for language services.
74. Do you have language services program policies?
75. What language services program policies do you have?
76. Who approves the language services program policies?
77. How often are the language services program policies reviewed?
Please rate the following on a scale of 1 – 5, with one the lowest score and 5 the highest score.
1. How well do you think your organization performs on language screening?
2. How well do you think you organization performs in letting patients know about the availability of language services?
3. How well do you think your organization performs on medical interpreter training?
4. How well do you think your organization performs on assessment of interpreter's language proficiency?

5. How well do you think your organization performs in training other hospital staff about language services?
6. How well do you think your organization performs in conducting comprehensive language services needs assessment?
7. How well do you think your organization performs in monitoring language services program effectiveness?
8. How well do you think your organization performs in maintaining a language services program plan and supporting policies?

Speaking Together: National Language Services Network

Measures

Measure	Description
ST1: Screening for preferred language*	The percent of patients who have been screened for their preferred spoken language
ST2: Patients receiving language services from qualified language service providers*	The percent of LEP patients receiving initial assessment and discharge instructions from assessed and trained interpreters or from bilingual providers assessed for language proficiency
ST3: Patient wait time*	The percent of encounters where the patient wait time for an interpreter is 15 minutes or less
ST4: Time spent interpreting*	The percent of time interpreters spend providing medical interpretation in clinical encounters with patients
ST5: Interpreter delay time*	The percent of encounters interpreters wait 10 or more minutes to provide interpreter services to provider and patient

* These measures were developed by the George Washington University Department of Health Policy, a national program office of Speaking Together for the Robert Wood Johnson Foundation.

Measure ST1: Screening for preferred language

Domain of Quality: Effectiveness

Description: The percent of patients who have been screened for their preferred spoken language

Value of Measure

Hospitals cannot provide adequate and appropriate language services to their patients if they do not create mechanisms to screen for limited English proficiency and identify patients' preferred language for health care encounters. Standard practices of collecting preferred language would assist interpreter services in planning for demand, and also yield information on linguistic needs the hospital should consider (e.g., for signage or documents). This measure provides information on the extent to which patients are asked about the language they prefer to receive care in, and the extent to which this information is recorded. This measure also provides information on demand for interpreter services, and may assist with planning interpreter services resources.

Measure Calculation =

$$\frac{\text{Total number of patients with preferred language screened and recorded}}{\text{Total number of patients in the two selected clinical focus area(s)}}$$

(Admissions and visits in the two selected clinical focus areas)

Data Collection: All admissions to the 2 selected clinical focus areas (hospital selected)

Exclusions: None

Inclusions for Numerator

- All patients receiving care in the two selected clinical focus areas with preferred language screened and recorded

Inclusions for Denominator

- All patients receiving care in the two selected clinical focus areas

Measure ST2: Patients receiving language services from qualified language service providers

Domains of Quality: Effectiveness and Safety

Description: The percent of LEP patients receiving initial assessment and discharge instructions from assessed and trained interpreters or from bilingual providers assessed for language proficiency

Value of Measure

The measure provides information about the extent to which LEP patients are receiving services to ensure effective communication with their health care provider, and minimize the likelihood of errors or miscommunication. Interpreter services are frequently provided by untrained individuals, or individuals who have not been assessed for their language proficiency, including family members, friends, and other hospital staff. Research has demonstrated that the likely results of using untrained interpreters or friends, family, and associates are an increase in medical errors, poorer patient-provider communication, and poorer follow-up and adherence to clinical instructions. The measure provides information on the extent to which patients receive appropriate language services provided by trained interpreter service staff or assessed bilingual providers during critical times in a patient's health care experience.

Data Collection: All admissions to the two selected clinical focus areas

Exclusions: All admission indicating English as preferred language

Measure Calculation =

$$\frac{\text{Total number of patients receiving initial assessment and discharge instructions from an assessed and trained interpreter or assessed bilingual provider}}{\text{Total number of patients that pre-identified a preference to receive their spoken care in a language other than English}}$$

(the number of patients that prefer care in a language other than English)

Inclusions for Numerator

- Patients receiving initial assessment and discharge instructions from assessed and trained staff interpreters
- Patients receiving initial assessment and discharge instructions from assessed and trained volunteer interpreters
- Patients receiving initial assessment and discharge instructions from assessed and trained contract/agency interpreters
- Patients receiving initial assessment and discharge instructions from assessed bilingual providers
- Patients receiving initial assessment and discharge instructions from telephone interpreters that have been pre-approved for training level
- Patients receiving initial assessment and discharge instructions from video interpreters that have been pre-approved for training level

Inclusions for Denominator

- All patients self-identified as preferring to receive care from their physician in a language other than English or identified by staff as needing an interpreter

Measure ST3: Patient wait time

Domains of Quality: Timeliness and Efficiency

Description: The percent of encounters where the patient wait time for an interpreter is 15 minutes or less

Value of Measure:

Patients and providers report resistance or reluctance to using interpreter services due to long wait times or delays in obtaining an interpreter upon request. As interpreter services continue to evolve, many hospitals across the country have adopted standards for wait times for interpreter services encounters. This measure provides information on the extent to which interpreter services are able to meet the demands of providing interpreter services within reasonable wait times to patients.

Measure Calculation =

$$\frac{\text{Total patient encounters with interpreters with wait times 15 minutes or less}}{\text{Total patient encounters with interpreters}}$$

Data collection: 100% interpreter encounters organization wide

Exclusions: None

Inclusions for Numerator

- Total encounters in which a patient waits 15 minutes or less for an interpreter

Inclusions for Denominator

- Include all clinical encounters (not limited to the two focus area)

Measure ST4: Time spent interpreting

Domains of Quality: Effectiveness and Efficiency

Description: The percent of time interpreters spend providing medical interpretation in clinical encounters with patients

Value of Measure:

Interpreters frequently spend much of their time involved in administrative and logistics-related activities, such as scheduling, travel, and recording information about their interpreter encounters. This measure provides information on the extent to which interpreters are able devote their time to providing medical interpretation. This measure also provides managers with tools to calculate cost and efficiency-related information.

Measure Calculation =

$$\frac{\text{Total minutes interpreters spend providing medical interpretation}}{\text{Total minutes interpreters spend in their work shifts}}$$

Data Collection: 100% interpreter's organization wide

Exclusions: telephone and video interpreters. Exclude contract and agency interpreters. Exclude bilingual providers

Inclusions for Numerator

- Total minutes interpreters spend providing medical interpretation

Inclusions for Denominator

- Total minutes interpreters spend in their work shifts

Measure ST5 Interpreter delay time

Domain of Quality: Efficiency

Description: The percent of encounters interpreters wait 10 or more minutes to provide interpreter services to provider and patient

Value of Measure:

Interpreters are frequently in high demand at hospitals providing care to diverse patient populations, and as a result, must closely monitor their time spent in non-interpretation activities. Interpreter services staff must work with provider and clinic staff to ensure successful coordination of interpreter schedules with provider schedules. This measure provides information on the extent to which interpreters spend time waiting to provide interpreter services for a provider and patient, creating delays for other interpreter services encounters and diminishing productivity.

Data Collection: 100% interpreter encounters organization wide

Exclusions: None

Measure Calculation =

$$\frac{\text{Total number of encounters interpreter's wait 10 or more minutes to provide interpreter services}}{\text{Total number of interpreter services encounters}}$$

Data collection: 100% interpreter encounters organization wide

Exclusions: None

Inclusions for Numerator

- Total number of encounters the following interpreters wait 10 or more minutes to provide interpreter services

Inclusions for Denominator

- Include all clinical encounters (not limited to the two focus area)

Speaking Together **Interpreter and Bilingual Provider Assessment and Training Information**	
Interpreters	The total number of interpreters, by language The number of interpreters assessed for language proficiency in language(s) for which they interpret The number of interpreters trained in medical interpreting methodologies/strategies The number of interpreters assessed and trained
Bilingual providers	The total number of bilingual providers, by language The number of bilingual providers assessed for language proficiency in each language they speak with patients

TRACKING LOG

Tracking Tool for measures ST1 and ST2

For the following Tracking Tool there is a:

- Tool
- Instructions for completing the tool

Clinical Care Area Log

Clinical Care Area _____

ST1 and ST2 Tracking Tool							
ST1 the percent of patients who have been screened for their preferred spoken language ST2 the percent of LEP patients receiving initial assessment and discharge instructions from assessed and trained interpreters or from bilingual providers assessed for language proficiency							
Admit Date	Patient Name	Preferred Language	Preferred language screened and recorded Yes / No	Bilingual provider gave **initial assessment** Yes / No / NA	Bilingual Provider **Name** (For initial assessment) or **N/A** if English or **I** if Interpreter services provided initial assessment **X** if non-English and initial assessment <u>not</u> given in preferred language	Bilingual Provider gave **discharge instructions** Yes / No / NA	Bilingual Provider **Name** (For discharge instructions) or **N/A** if English or **I** if Interpreter services provided discharge instructions **X** if non-English and discharge instructions <u>not</u> given in preferred language

Clinical Care Area Log

Clinical Care Area: Write in the unit/ patient care area

Instructions: ST1 and ST2 Tracking Tool							
ST1 the percent of patients who have been screened for their preferred spoken language ST2 the percent of LEP patients receiving initial assessment and discharge instructions from assessed and trained interpreters or from bilingual providers assessed for language proficiency							
Admit Date	Patient Name	Preferred Language	Preferred language screened and recorded Yes / No	Bilingual provider gave **initial assessment** Yes / No / NA	Bilingual Provider **Name** and credentials (For initial assessment) or **N/A** if English or **I** if Interpreter services provided initial assessment **X** if non-English and initial assessment <u>not</u> given in preferred language	Bilingual Provider gave **discharge instructions** Yes / No / NA	Bilingual Provider **Name** and credentials (For discharge instructions) or **N/A** if English or **I** if Interpreter services provided discharge instructions **X** if non-English and discharge instructions <u>not</u> given in preferred language
Date patient admitted	Write name of each patient	The language patient prefers to receive health care in	Was pt. preferred language screened? Was pt preferred language recorded? Yes = if both elements present No = one or both elements missing	Yes= initial assessment per bilingual provider No-initial assessment by someone else N/A = patient preferred language English	If bilingual provider performed initial assessment – **write in their name and <u>credentials</u>** **N/A =** patient preferred language English I = Interpreter services provided initial assessment X = if non-English and initial assessment <u>not</u> given in preferred language	Yes = bilingual provider gave discharge instructions No- someone else gave the discharge instructions N/A = patient preferred language English	If bilingual provider performed gave discharge instructions - **write in their name and <u>credentials</u>** **N/A =** patient preferred language English I = Interpreter services provided gave discharge instructions X = if non-English and discharge instructions <u>not</u> given in preferred language

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INTERPRETER SERVICES TRACKING LOG

Tracking Tool for measures
ST2; ST3; ST4; ST5

For the following Tracking Tool there is a:

- Tool
- Instructions for completing the tool

Interpreter Services Log

Date: **Interpreter Shift Start Time**:

Interpreter Name: **Interpreter Shift End Time**:

ST2; ST3; ST4; ST5 Interpreter Services Log Tracking Tool							
ST2 the percent of LEP patients receiving initial assessment and discharge instruction from assessed and trained interpreters or from bilingual providers assessed for language proficiency ST3 the percent of encounters where the patient wait time for an interpreter is 15 minutes or less ST4 the percent of time interpreters spend providing medical interpretation in clinical encounters with patients ST5 The percent of encounters interpreters wait 10 or more minutes to provide interpreter services to provider and patient							
Patient Name	Language Interpreted	Unplanned visits: time of request for interpreter or Planned visits: Time of patient arrival	Time interpreter arrived	Encounter Start Time	Encounter End Time	Unit / Clinical Area	Encounter Type: **Initial Assessment**; **Discharge Instructions**; **Other**

Interpreter Services Log

Date: Today's date

Interpreter Name: Your name

Interpreter Shift Start Time: Time your shift started

Interpreter Shift End Time: Time your shift ended

Instructions: ST2; ST3; ST4; ST5 Interpreter Services Log Tracking Tool							
ST2 the percent of LEP patients receiving initial assessment and discharge instruction from assessed and trained interpreters or from bilingual providers assessed for language proficiency ST3 the percent of encounters where the patient wait time for an interpreter is 15 minutes or less ST4 the percent of time interpreters spend providing medical interpretation in clinical encounters with patients ST5 the percent of encounters interpreters wait 10 or more minutes to provide interpreter services to provider and patient							
Patient Name	Language Interpreted	Unplanned visits: time of request for interpreter or Planned visits: Time of patient arrival	Time interpreter arrived	Encounter Start Time	Encounter End Time	Unit / Clinical Area	**Column X** Encounter Type: **Initial Assessment; Discharge Instructions; Other**
Put the patients name	What language will be interpreted?	Put the time an interpreter was requested for an unplanned visit or admission Put the time the patient arrived for a planned visit or admission.	What time did the interpreter get to the location where the interpretation will occur?	What time did the encounter start	What time did the encounter end	Where did the interpretation take place	Indicate if interpreted for an Initial Assessment; interpreted for discharge instructions; interpreted for other

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INTERPRETER ASSESSMENT AND TRAINING INFORMATION TRACKING TOOL

Tracking Tools for interpreter and bilingual provider assessment and training information

For each Tracking Tool there is a:

- Tool
- Instructions for completing the tool

Interpreter Assessment and Training Information Tracking Tool				
The total number of interpreters by language The number of interpreters assessed for language proficiency in each language for which they interpret The number of interpreters trained in medical interpreting methodologies/strategies The number of interpreters assessed and trained				
Language interpreted	**Interpreter name**	**Assessed for proficiency for each language they interpret Yes / No**	**Trained in medical interpreting methodologies / strategies Yes / No**	**Interpreter assessed and trained Yes / No**

Instructions: Interpreter Assessment and Training Information Tracking Tool				
The total number of interpreters by language The number of interpreters assessed for language proficiency in each language for which they interpret The number of interpreters trained in medical interpreting methodologies/strategies The number of interpreters assessed and trained				
Language interpreted	**Interpreter name**	**Assessed for proficiency for each language they interpret Yes / No**	**Trained in medical interpreting methodologies / strategies Yes / No**	**Column 5 Interpreter assessed and trained Yes / No**
List all the languages interpreted	List names of interpreter next to the language(s) they interpret (column to the left) An individual interpreter will be listed more than 1 time if they interpret more than 1 language.	If the interpreter was assessed for proficiency - indicate yes If the interpreter was not assessed for proficiency - indicate no. An individual interpreter will be listed more than 1 time if they interpret more than 1 language.	If the interpreter was trained in medical interpreting methodologies / strategies - indicate yes If the interpreter was not trained in medical interpreting methodologies / strategies - indicate no. An individual interpreter will be listed more than 1 time if they interpret more than 1 language.	If there is a Yes in the two columns to the left - indicate Yes

Speaking Together
National Language Services Network

BILINGUAL PROVIDER ASSESSMENT INFORMATION TRACKING TOOL

Tracking Tool for bilingual provider assessment

For each Tracking Tool there is a:

- Tool
- Instructions for completing the tool

Bilingual Provider Assessment Information Tracking Tool

The total number of bilingual providers, by language
The number of bilingual providers assessed for language proficiency in each language they speak

Language	Bilingual Provider	Unit Department	Assessed for language proficiency Yes / No

Instructions: Bilingual Provider Assessment Information Tracking Tool			
The total number of bilingual providers, by language The number of bilingual providers assessed for language proficiency in each language they speak			
Language	**Bilingual Provider**	**Unit Department**	**Column 4 Assessed for language proficiency Yes / No**
List all the languages interpreted	List names of Bilingual provider next to the language(s) they interpret (column to the left) An individual bilingual provider will be listed more than 1 time if they speak more than 1 language.	List the bilingual providers primary work location	If the bilingual provider was assessed for language proficiency - indicate yes If the bilingual provider was not assessed for language proficiency - indicate no An individual bilingual provider will be assessed for proficiency more than 1 time if they speak more than 1 language.

Speaking Together
National Language Services Network

INSTRUCTIONS

Point of Service Diagnostic

The ST2 Point of Service Diagnostic was developed to help hospitals understand how their patients' language needs are being met in their organization at two critical points of care - initial assessment and discharge. The information obtained from this diagnostic can help organizations determine how language services resources are currently being used to better target improvement efforts.*

1. Print form on bright colored paper
2. Place form on patient record for provider to complete
3. Complete 1 form per patient
4. Assign 1 person responsibility for managing data collection
   a. Places form with the patient chart after a patient is identified as preferring health care in language other than English
   b. Reviews form at end of visit for completion
   c. If form is not complete, asks provider that day and completes the form
5. Collect for 1 week

Notes:

1. For using this diagnostic in an outpatient setting, initial assessment and discharge instructions should be assessed for the same encounter to capture the method of interpretation at both points.

***2.** You may customize the document as needed with instructions.*

For more information on safe and effective patient-provider communication, please see "Powerpoint: Language Barriers in Health Care". Also in this section, please see "Performance Measures" for specifications for the ST2 measure.

Speaking Together
National Language Services Network

Hospital Name: _____

Date: _____

ST2 Measure Diagnostic
Point of Service Data Collection

Initial Assessment **(check one)**	**Discharge instructions** **(check one)**
☐ Interpreter (includes in-person, phone, video, TEMIS)	☐ Interpreter (includes in-person, phone, video, TEMIS)
☐ Bilingual provider	☐ Bilingual provider
☐ Other bilingual hospital staff	☐ Other bilingual hospital staff
☐ Family or friend	☐ Family or friend
☐ None	☐ None

Definitions:
Interpreter: A person whose job it is to interpret. They can be employed by the hospital, an agency, as an independent contractor. The service can be performed in-person, on the phone, by video or remote simultaneous methods.

Bilingual provider: Doctor, resident, nurse practitioner, physician assistant; persons that assess, diagnose and treat patients.

Other bilingual hospital staff: Non-interpreter staff; employees a provider asks to interpret for them. Examples: Dr. A does not speak the patient's language and asks Dr. B to interpret for him. Dr. B would be counted as "other bilingual hospital staff". Nurse A does not speak the patient's language and asks a bilingual MA to interpret for her. The MA would be counted as "other bilingual hospital staff". Dr. C asks the bilingual housekeeper to interpret for her. The housekeeper would be counted as "other bilingual hospital staff"

Family or friend: persons who come to the visit with the patient and interpret at the visit.

None: No language services used for LEP patient. No interpreter used; no bilingual provider used; no other bilingual staff used; family and friends not used.

Domains of Quality Adapted for Language Services

Domain	Principle	Objectives
Safe	Avoiding injuries to patients from the language assistance that is intended to help them.	• Communication between patients with LEP and their providers is clearly and accurately understood by patients and providers • Communication reflects patients' cultural nuances and assumptions • Communication includes complete and accurate information
Effective	Providing language services based on scientific knowledge that contribute to all who could benefit, and refraining from providing services to those not likely to benefit.	• A systematic mechanism is utilized to screen and track patients' need for language services, or lack of need for services • A systematic mechanism is utilized to allocate and track allocation of resources to ensure patients receive language and interpreter services, when required • Trained interpreters are utilized whenever possible given budgetary and resource constraints • Level of patient need for language services appropriately meets the type and level of interpreter services available
Patient-Centered	Providing language assistance that is respectful of and responsive to individual patient preferences, needs, culture and values, and ensuring that patient values guide all clinical decisions.	• All patients receive care in their preferred language at all points of contact with the hospital • Interpreters are trained, knowledge, respectful, and skilled with brokering that takes into account language, culture, beliefs, family, values, and different clinical situations

Domain	Principle	Objectives
Timely	Reducing waits and sometimes harmful delays for both those who receive and those who give care.	• Patients receive appropriate language services as quickly as is practicable and reasonable • Procedures are utilized to determine priority for language services depending on acuity of service
Efficient	Avoiding waste, including waste of equipment, supplies, ideas, and energy.	• Allocation of available resources maximizes volume of necessary interpretative encounters relative to wait and travel times • Maximize internal resources and systematically link to patients' needs • Allocation of modes of interpretation is prioritized with levels of patient need and acuity of service • Maximize flow • Volume of language and interpreter resources accurately reflects patient needs • Systematically determine and track need for interpreter services to maximize productivity • Assess productivity of individual interpreters and of language services
Equitable	Providing language assistance that does not vary in quality because of personal characteristics such as language preference, gender, ethnicity, geographic location, and socioeconomic status.	• Standards for communication is uniform across populations • Availability and quality of communication are dependent on clinical needs, not due to convenience or demographic characteristics

Modified from: Institute of Medicine, Committee on Quality of Health Care in America. Crossing the Quality Chasm: a New Health System for the 21st Century. Washington (DC): National Academies Press; 2001.

Lake Research Partners
Lake Snell Perry Mermin Meadow Gotoff

Speaking Together

Focus Groups with LEP/NEP Patients at 10 Grantee Hospitals

I. Welcome/Introduction

A. Introduce self

B. Describe the project:

> "This project is sponsored by The Robert Wood Johnson Foundation, the biggest foundation in the country that studies health care. The goal today is to hear your ideas about how to make it easier for you to receive quality health care at (name of hospital). This hospital, along with nine others across the country, is part a national project to help non-English speaking patients receive quality health care."

C. Provide focus groups rules:

- We will be very informal today and I would like to hear from everyone
- You do not need to be an expert – please just tell me your feelings and impressions
- There are no wrong answers – everyone's opinion is important
- If you have any direct experiences at (name of hospital) relating to the topic, I would like to hear those if you are comfortable sharing those experiences
- Please keep your comments focused on (name of hospital) because that is the purpose of our project

D. Have participant introduce themselves:

Please tell me your name, how long you have lived in this area, and a little about your most recent visit to (name of hospital) – how long ago the visit was, why you came, etc.

II. Starting Points – Overall Attitudes toward Hospital

Let me start off by asking you…

1. Why did you choose to go to (name of hospital) on your last visit?

2. What have you heard about the quality of care at (name of hospital)?

3. Does everyone who comes to (name of hospital) receive the same quality of care, do you think? Or, do you think some people get better quality care, while others get poorer quality care? Explain. Who gets better/worse care in your opinion?

4. Would you say (name of hospital) is a good hospital to come to if you do speak English well? Why is it/isn't it a good place to come if you do not speak English well?

5. How would you describe your own personal experience with the hospital – was it an overall good experience or a not so good experience? Explain what made it good or not so good.

III. Awareness of Hospital Language Services

Now let me ask you about hospital language services. I am talking about any services offered by the hospital to help people who do not speak English well. This could include arranging for a professional interpreter to come to the hospital to interpret for you, or could mean arranging for an interpreter by phone, or other services.

6. Do you know if (name of hospital) offers language services like these to patients and their families who do not speak English well? How do you know this?

7. Would you ever use these services or do you prefer to use family members or friends to interpret for you? Explain.

8. Do you feel comfortable using a professional interpreter or would you rather use friends and family? Explain.

IV. Experiences w/Hospital and Language Services

We will create a "re-screener" document for participants to fill out before the focus groups that will ask whether they have used language services before, etc. However, the moderator will just briefly go over this information in the actual focus group so that he/she can put a face with each person and know who has more experience versus those who might know less about language services.

So that I understand more about your experiences with (name of hospital) let me just ask you a few questions. For some of these questions I will just ask you to raise your hand.

9. About how many times have you or a family member come to (name of hospital) for medical care? Once? (Hand count) Twice? (Hand count) Three to five times? (Hand count) More than five times? (Hand count)

10. When you or your family came to (name of hospital), did you go to the emergency room (hand count) or were you hear for a scheduled appointment/care (hand count)?

11. Did anyone have difficulty communicating with doctors, nurses, or any other staff during any of your visits? Show me your hands if you had difficulty communicating. (Hand count)

12. Have you ever had any problems receiving medical care at (name of hospital) because of communication problems? In other words, you or a loved one could not get the care you needed because you could not communicate with a doctor, nurse, or other health care provider? (Hand count)

13. Were you been able to see a doctor at (name of hospital) who speaks your language? (Hand count) Does this matter to you? Could you interact with anyone who speaks your language during your hospital visits? (nurse, staff, etc) If so, who was that?

14. At any of your visits at (name of hospital), did anyone use a professional interpreter (hand count) or did you rely on yourself or family members to interpret (hand count)?

V. Mapping the Experience

This section is designed for individuals who have had experiences using language services at the hospital – specifically, an interpreter. If we find that the recruited participants have only limited experiences with interpreters, we will skip this section.

15. If you have used language services before at (name of hospital), was it a good experience or a not so good experience? Explain why it was good/not so good.

16. I want to talk with you specifically about your experience using interpreters at (name of hospital). Please tell me… *(Moderator: Focus on one participant at a time for these questions – hear from 3-4 participants)*

Screening/Registration

a. What happened when you first came to the hospital – where did you go/what department?
b. Who was with you? (family/friends)
c. Who was the first person you talked with – someone at registration, a nurse, a doctor?
d. How did you communicate with this person? Was it difficult? Could you understand this person? Did you know what to do?
e. Were you the person doing the talking at this point or was someone else doing it? Who? What is their English speaking ability?
f. At what point were you told about/did you ask about an interpreter?
g. Who told you that the hospital could provide an interpreter/who did you ask about using an interpreter?
h. Do you see any signs indicating that you could ask for an interpreter? Were the signs clear?

i. How long did you have to wait for an interpreter? Was this wait okay for you or do you think it was too long? Did someone explain to you that you would need to wait? Did someone keep you updated about what was going on?

Getting Care/Provider Interaction

j. Once the interpreter arrived, did you find the interpreter was skilled?
   i. Were they good at explaining things to you?
   ii. Were they repeating everything that doctor was saying or do you think they held back information?
   iii. Did they use any medical terms you could not understand?
   iv. Was the interpreter respectful?
   v. Did you know the interpreter? If you knew him/her, was this okay with you or did it make you uncomfortable?

k. Using an interpreter, were you able to ask all the questions you wanted to ask of the doctor?

l. Did the doctor take enough time to explain things to you?

m. Were you clear on the follow-up care – in other words, what medications you needed or when you follow-up appointment was going to be?

Follow-up

n. How about follow-up appointments – how did that work? Could you speak to someone in your language? Who? Was there a long wait to get to that person?

o. Would you use an interpreter again after this experience? Why/why not?

VI. Barriers to Language Services

I would like to talk about any concerns or worries or problems you might have using professional interpreters at (name of hospital).

17. Do you have any concerns about using interpreters? If so, what are those concerns?

18. Do you ever feel uncomfortable asking for interpreter services? Why/why not?

19. You didn't mention the following issues, so let me ask you about… *(Moderator: only ask the following issues if the participants did not mention them in response to question 17)*

    a. *Long waits and delays* – is this a concern for you? Have you heard there are long waits for an interpreter? What do you consider a long wait? Is it worth the wait?

    b. *Poor quality interpreters* – is this a concern for you? What have you heard about the quality of interpreters at (name of hospital)? What would make a interpreter "poor quality" in your opinion?

    c. *How about a lack of awareness that the hospital will provide an interpreter* – do you think this is a reason why some people do not ask for an interpreter? How did you know the hospital provides interpreters? Do you think there are enough signs about interpreters at the hospital? Are these signs clear?

    d. *How about privacy* – is this a concern? Are people worried about talking about their personal health issues in front of an interpreter, do you think? Do you think people are concerned they might personally know the interpreter, adding even more worries about privacy?

    e. *A preference for family and friends to interpret* – do you think this is a barrier to using interpreters? Why? Is this your preference too? Why would some people choose to have a family member or friend interpret for them and not a professional interpreter?

    f. *Unhelpful front office and registration staff who do not inform people about language services available at the hospital* (the people who you first check-in with when you come to the hospital) – do you think is a reason some people do not use interpreter services?

    g. *Concerns about extra costs of using an interpreter* – is this a worry? Do you think you have to pay yourself for using an interpreter, or do you think the hospital pays? What if I told you that hospitals provide this service at no

cost to you – would that make you more likely to use an interpreter?

h. *Immigration worries* – are you worried about being asked immigration questions if you ask for an interpreter?

20. Let me ask you about the role of doctors and nurses in language services.

    a. Have you ever had a doctor or nurse (at name of hospital) tell you that you could use an interpreter? If so, how was this brought up?

    b. Do you think doctors and nurses would resist using an interpreter? If so, why would they resist?

    c. Do you think an interpreter can add to the quality of care that a doctor or nurse gives? If so, how?

VII. Positive Effects and Improvement Ideas

I would like to hear your ideas for improving language services at (name of hospital).

21. What could be done to make more families aware that (name of hospital) provide interpreter services for those who do not speak English well?

22. Would more/better signs be helpful? Where should those signs be placed so that more people see them? What should those signs say?

23. How about registration/screening at the hospital – what could be done there to better inform families that interpreters are available?

24. What can be done to make families more comfortable/less embarrassed asking for an interpreter?

25. What are ways to overcome people's concern about privacy?

26. What are ways that doctors and nurses can be more helpful in helping families use an interpreter?

27. What are your suggestions for dealing with delays and long waits for an interpreter? Hat would you like to see happen?

28. What would you say to convince patients who prefer family and friends to use a professional interpreter instead?

29. What are your suggestions for improving the quality of the interpreters that (name of hospital) uses?

30. In your own words, what would you say are the benefits of using interpreter services at (name of hospital)?

    a. Do you feel you understand more about the medical care you/a loved is receiving?
    b. Are you more able to ask questions of the doctors?
    c. Do you feel calmer knowing what is going on?
    d. Are you able to get better care because of interpreter services? Explain.

31. How does it make you feel about (name of hospital) knowing they offer language services?

VII. Final Thoughts

32. Do you have any final feedback for me about interpreters and language services at (name of hospital)?

Innovations that Work

In this section*:

** These interventions may be accessed electronically at www.rwjf.org.*

Assessing Provider and Staff Satisfaction with Different Modalities of Interpreting

Intervention Title:
Assessing Provider and Staff Satisfaction with Different Modalities of Interpreting – Regions Hospital; St. Paul, Minn.

Goal:
To assess satisfaction and utilization of different modalities for interpreting among various staff

Innovation:
Developed a simple annual survey to assess satisfaction of providers and other staff with three sources of interpretation: in-person staff; contractors; telephonic

Result:
Overall satisfaction for all three modes of interpretation has increased each year for three years

Institution:
Regions Hospital
640 Jackson Street
St. Paul, MN 55101

From the Expert:
"The annual survey significantly helps us improve the quality of our interpreter services and that's because we're measuring how we're doing and really using the results. Too often, surveys are conducted and the results sit in a binder on the shelf. We conduct this survey so that we can improve quality, target actions for the future and see if our interventions are making a difference. It's working, because we're seeing improvement in the survey scores every year."

- Sidney Van Dyke, MA
  Director, Interpreter Services

Profile:
Full-service, 427-bed, non-profit private hospital in St. Paul, Minn.

Clinical areas affected:
- Interpreter Services
- Inpatient Care
- Outpatient Care

Staff involved:
- Interpreter Services
- Clinical providers
- Clinical administrators
- Frontline clerical staff
- Appointment staff

Timeline:
One month to develop survey (can take considerable time to develop distribution lists and obtain email addresses)

Contact:
Sidney Van Dyke, MA
Director, Interpreter Services
640 Jackson Street
St. Paul, MN 55101
651-254-3067
sidney.e.vandyke@healthpartners.com

Innovation implementation:
Regions Hospital is part of the HealthPartners integrated delivery system, which includes 26 outpatient medical and dental clinics, in addition to the hospital and a health plan. In an attempt to get more information on how staff across the organization felt about different ways of providing interpreter services for patient communications, the organization-wide Interpreter Services Work Group developed a simple online survey. They designed and implemented a survey through Survey Monkey (www.surveymonkey.com) for staff to assess satisfaction with three modalities of interpretation: contracted, in-person staff and telephonic.

The survey asked select staff to rate satisfaction with each modality of language services for:

1. Timeliness
2. Quality
3. Professionalism
4. Overall

To identify respondents for the survey, Interpreter Services worked with management at the hospital and clinics to develop a list of inpatient and outpatient staff members who have significant contact with patients. They focused on high-volume clinics and language services users from a variety of disciplines – clinical providers, administrators, frontline clerical staff and appointment staff. Focusing on a range of worksites and occupations allowed them to review data based on location or job function and tailor interventions accordingly.

The first survey in 2005 provided valuable baseline data that allowed the work group to assess language services and improve upon them. For example, the first survey showed a relatively low level of satisfaction with the quality and professionalism of contracted interpretation. Regions and HealthPartners then shared the findings with their contracted vendors and discussed strategies for improvement. Subsequent surveys have shown steady increases in satisfaction.

The survey has been conducted every year since 2005. Approximately 500 people receive it, with about one-third of them responding.

Advice and lessons learned:

1. Target your sample. Narrowing the list of survey recipients helped ensure that the respondents were "the right people" to complete the survey – those who use or could potentially use interpreter services.
2. Keep it simple. Providers do not have time to complete a complicated survey. Keeping it simple increases the likelihood that people will respond.
3. Time it right. Think ahead to be sure that recipients are not being bombarded with too many surveys or competing information from Interpreter Services.

Cost/benefit estimate:

Aside from minor costs in staff time to develop and analyze the survey, as well as registering for Survey Monkey, the survey carries no costs. The Interpreter Services Work Group believes the survey has significantly helped them improve their service. Overall satisfaction for all three modalities of interpretation has increased every year for three years, with significant jumps with some staff and clinics.

Tools associated with this innovation:

- Survey to assess satisfaction and use of different modalities

Interpreter Satisfaction Survey--March 2007

1. Welcome

In the last 10 months, HealthPartners facilities have seen significant shifts in the demand for interpreting and the kinds of interpreters used. Your feedback through this survey is critical in helping HealthPartners clinics and Regions Hospitals improve the experience of our professional clients and of patients and families with limited English proficiency.

The survey time is approximately 5 minutes. We greatly appreciate your input. Please respond by Friday, March 23, 2007.

Thank you!

2. General Information

1. Which of the following best describes your position?

◯ Clinical provider ◯ Clinical administrator ◯ Rooming staff ◯ Frontline clerical staff

2. Which one of the following locations is your primary worksite?

◯ Regions Hospital ◯ Riverside Clinic ◯ HP Specialty Center ◯ CIH ◯ Midway Adult/Peds Clinic ◯ Como Clinic ◯ St. Paul Clinic

3. Rating Questions

We will now ask you to rate different kinds of interpreting services.
In the final question, you can offer comments on particular agencies or interpreter service delivery models.

1. Rate your level of satisfaction with the TIMELINESS of the following types of interpreters.

Employed staff interpreters	
Agency interpreters	
Language Line (telephone interpreters)	

2. Rate your level of satisfaction with the QUALITY of the following types of interpreters.
(For your reference, a *quality* interpreter demonstrates fluency and knowledge of medical terminology in both languages, positions herself to facilitate direct communication between patient and provider, interprets accurately and completely without editorializing or editing, asks for clarification when necessary, and corrects her own mistakes.)

Employed staff interpreters	
Agency interpeters	
Language Line (telephone interpreters)	

Interpreter Satisfaction Survey--March 2007

3. Rate your level of satisfaction with the PROFESSIONALISM of the following types of interpreters.
(For your reference, a *professional* interpreter clearly understands her role and refrains from delivering servies, i.e. giving medical advice, that are not part of that role. The interpreter maintains impartiality and confidentiality, conducts herself in dress, posture and speech in a manner appropriate to the situation, and is respectful, courteous and honest.)

Employed staff interpreters	
Agency interpreters	
Language Line (telephone interpreters)	

4. Rate your OVERALL LEVEL OF SATISFACTION with the following types of interpreters.

Employed staff interpreters	
Agency interpreters	
Language Line (telephone interpreters)	

4. Comparison Questions

Compare NOW (the last several months)

vs.

one year ago (MARCH-APRIL 2006).

1. Compared to one year ago, the following aspects of interpreter services at your clinic have...

	improved significantly	improved somewhat	remained the same	declined somewhat	declined significantly
Quality	◯	◯	◯	◯	◯
Professionalism	◯	◯	◯	◯	◯
Timeliness	◯	◯	◯	◯	◯
Overall	◯	◯	◯	◯	◯

2. Please explain any changes over the last year in your satisfaction with the interpreting services you use.

5. General feedback

Interpreter Satisfaction Survey--March 2007

1. Please share additional feedback regarding the general level of service you receive from the interpreter services utilized. Please indicate which service your comments are directed toward. If you do comment on agency interpreters, try to identify the agency in question (Kim Tong, Garden & Assoc., ITS, Itasca, or Accutrans).

6. Thanks!

We greatly appreciate your feedback.
Thanks again!

HealthPartners Interpreter Services Work Group

Assessing the Quality of Telephonic Interpreters

Intervention Title:
Assessing the Quality of Telephonic Interpreters – University of Massachusetts Memorial Health Care (UMMHC); Worcester, Mass.

Goal:
To establish a process for assessing the quality of telephonic vendors who provide medical interpretation for the hospital's language services department.

Innovation:
The Interpreter Services Department created a real-time evaluation processes to asses the quality of telephonic vendors for interpretation. Previously these vendors were not typically assessed for their quality.

Result:
Increased trust in telephonic interpreters among providers and other staff, resulting in a 200 percent increase in the utilization of the telephonic system. This increased use leaves onsite interpreters available for critical patient interactions.

Institution:
University of Massachusetts Memorial Health Care
55 Lake Avenue North
Worcester, MA 01655

From the Leadership:
"Before we implemented the real-time evaluations, our medical staff was very hesitant to use the telephonic vendors. They knew and trusted our staff interpreters but they had no idea what they would get on the other end of the phone with the vendors. By assuring our providers that they would receive high-quality language services from our telephonic vendors we were able to increase trust. In fact, we now have three clinics that only use the telephonic interpreters."

- Connie Camelo
  Director of Interpreter Services

Profile:
1,093 bed hospital and health system which is a clinical partner of the University of Massachusetts Medical School.

Clinical areas affected:
- Language Services
- Ambulatory care units
- Inpatient care units

Staff involved:
- Physicians
- Nurses
- Interpreter Services Department staff

Timeline:
One month to fully implement the real-time evaluation and feedback process

Contact:
Connie Camelo
Director of Interpreter Services
55 Lake Avenue North
Worcester, MA 01655
508-856-3780
cameloc@ummhc.org

Innovation implementation:
With increased demand for interpreter services in ambulatory care settings, several hospitals have come to rely on telephonic vendors to provide interpreter services in non-critical situations and for use in offsite clinics. Unlike face-to-face staff interpreters, however, these vendors are not typically assessed for quality of the interpretation. At UMMHC, evaluations of these vendors were done based on complaints and not on a proactive basis. This lack of assessment led to widespread mistrust of the vendors among clinical staff.

In order assure the medical providers that the telephonic vendors were highly trained and qualified, UMMHC implemented an evaluation process to periodically check the quality of the language services being provided by the vendors. Two to three times a week the Interpreter Services Department performs real-time evaluation checks on vendors being used in their ambulatory care clinics. A member of the department staff alerts the provider and patient in advance that an evaluation will be performed and then joins the appointment. During the appointment, the staff member evaluates the vendor on patient and provider interaction, language skills and terminology. The evaluator then fills out a detailed report and provides feedback to the vendor.

To develop this process, UMMHC began by increasing evaluation of languages that had the most problems in the past. The real-time evaluations have led to an increase in the quality of services received and, in turn, increased trust in the telephonic services among patients and providers.

Advice and lessons learned:

1. You must have quality across the board. Interpreters from outside the organization should be of comparable quality to those within the organization. By using the same evaluators they use to assess onsite interpreters to evaluate vendors, UMMHC guarantees a consistent level of language services for all of their patients.
2. Increasing trust is key. Ensuring the quality of interpretation from vendors helps encourage providers to use professional, quality interpretation versus ad hoc interpreters such as family members.
3. Increased quality leads to decreased wait times. By increasing the quality of the telephonic vendors and increasing staff trust in their services, the department was able to decrease wait times for interpreter requests. Eighty percent of patients now wait less than 15 minutes for interpreter services.

Cost/benefit estimate:

By using the same evaluators, the cost of implementing the new system was minimal. The resulting increase in providers' trust led to a 200 percent increase in the utilization of the telephonic vendors. This increased utilization decreased patient wait times and now 80 percent of patients receive interpreter services within 15 minutes.

Tools associated with this innovation:

- Implementation plan

UMassMemorial

Quality Improvement Initiative

Establishing an Assessment and Grievance Process to Evaluate Telephonic Interpretation

The QI procedure would include:

- Involving telephonic interpreting vendor in this QI effort
- Informing clinic manager(s) of the implementation of the QI project
- Getting patient's and provider's permission for the interpreter coordinating this project to be present in the room during the telephone-interpreted interview

Goals and Objectives:

- To develop a mechanism through which the Interpreter Services Department can monitor the quality of telephonic interpretation services provided by outside vendor(s)
- To involve telephonic vendor(s) in this quality improvement initiative
- To improve health care providers' confidence and trust in telephonic interpretation

– Action Plan:

Establishing mechanisms to:

A. Receiving and processing complaints/concerns from hospital clinics/providers regarding unsatisfactory use of telephonic interpretation services.

B. Evaluating and monitoring the quality of telephonic interpretation rendered during a real time provider-patient interview.

C. Keeping a database of A. and B.

Steps and Strategies – Implementation Process

A. Receiving and processing complaints/concerns from hospital clinics/providers regarding unsatisfactory use of telephonic interpretation services:

1. Gathering information:

    a. Date/time of complaint/concern
    b. Name of provider and clinic/department placing the complaint/concern
    c. # of the telephonic interpreter
    d. Language
    e. Description of complaint. Problems reported may include, but are not limited to the following:

        - Interpreter not adhering to his/her conduit role
        - Interpreter unable to manage the flow of communication
        - Interpreter did not introduce himself/herself to patient and provider
        - Interpreter unable to keep the communication transparent, that is, carrying a long conversation with patient and not rendering a complete interpretation of what was said
        - Interpreter carrying on a conversation with others while doing telephonic interpretation, provider can detect that interpreter is not focused on his/her job
        - Interpreter fails to render accurate interpretation:
            - ✓ Provider states that interpreter's knowledge of medical terms seemed insufficient
            - ✓ Provider states that interpreter's language skills need improvement
            - ✓ Provider states that misunderstandings and/or miscommunication occurred

2. Following-up with vendor

3. Processing/filing a telephonic grievance

Steps and Strategies – Implementation Process

B. Evaluating and monitoring the quality of telephonic interpretation rendered during a real time provider-patient interview

1. Setting up a QI project to do a random monitoring of vendor's telephonic interpreters will take place in the Family Community Medicine (FCM) and Gastrointestinal (GI) clinics.

2. The quality monitoring will be done by the coordinator of education for Spanish language telephonic interpreters. The monitoring for other languages will be done by the coordinator of education together with a senior interpreter of the language being assessed at the moment.

3. The coordinator of education will identify FCM and GI medical encounters scheduled for LEP patients.

4. The coordinator of education will schedule on-site quality monitoring assessment providing advance notification to medical provider.

5. Prior to the LEP patient-provider interview, the coordinator of education will obtain consent from the patient to be present in the medical encounter.

6. During the observation of the real-time LEP patient-provider interview, the coordinator of education and/or hospital interpreter will document the following information:

a. Date/time and place of the encounter
b. Patient's MR #
c. Vendor's telephonic interpreter #
d. Complete an evaluation form with a checklist of the skills assessed, and identifying:

- Telephonic interpreter's strengths

- Telephonic interpreter's weaknesses with regard to customer service and communication skills, interpreting skills and knowledge of specific medical terminology. These weaknesses may include, but are not limited to the following:

  - Interpreter failed to introduce him/herself to patient and provider
  - Interpreter did not adhere to the interpreter roles (conduit, clarifier, culture broker)
  - Interpreter used indirect speech only, no use of the first person
  - Interpreter did not rendered and accurate and complete interpretation (additions, omissions and/or distortions occurred)
  - Interpreter did not recognize mistake and misunderstanding occurred (identify which errors occurred)
  - Interpreter needs to improve his/her medical terminology knowledge
  - Interpreter needs to improve memory skills
  - Interpreter failed to manage the flow of communication (no transparency)
  - Interpreter did not handle intervention skills well, such as:
    - ✓ Asking the speaker to repeat
    - ✓ Asking the speaker to clarify meaning
    - ✓ Asking the speaker to pause or to slow down
    - ✓ Keeping patient and provider on the communication loop (keeping the communication transparent)

7. Issues identified during observation of the real-time interpretation will be reported to the telephonic interpretation vendor, if needed

C. Keeping a database of A. and B.

Creating a Documentation System for Meeting Inpatient Language Needs

Intervention Title:
Creating a Documentation System for Meeting Inpatient Language Needs – Regions Hospital; St. Paul, Minn.

Goal:
To create systems that ensure documentation of when language services are needed and how they are provided.

Innovation:
Augmented the electronic medical records used by nurses and other frontline staff to indicate how and when interpreter services were provided during critical points in care

Result:
In some key units, the percentage of patients receiving the appropriate language services at admission and discharge have gone from near zero to as high as 70 percent.

Institution:
Regions Hospital
640 Jackson Street
St. Paul, MN 55101

From the Expert:
"Very early we realized that providers hold the key to the success of the documentation process. Care providers are ultimately responsible for meeting the language needs of their patients – not interpreters –so they are the ones who should be documenting how language needs are met. They also have consistent access to medical records, the logical place for such documentation. We developed a simple tool to document how patients' language needs are being met and built it into the nursing providers' routine workflow so that it is not an extra process. We used the results to show them why planning for language services at key critical junctures is necessary. Now the nurses are as interested in the results of the monthly documentation as we are."

- Sidney Van Dyke, MA
  Director, Interpreter Services

Profile:
Full-service, 427-bed, nonprofit, private hospital in St. Paul, Minn.

Clinical areas affected:
- Inpatient clinical care

Staff involved:
- Interpreter Services
- Quality Improvement
- Information Technology
- Nurses and other frontline providers

Timeline:
Created over one month; began utilization in earnest in January 2007

Contact:
Sidney Van Dyke, MA
Director, Interpreter Services
640 Jackson Street
St. Paul, MN 55101
651-254-3067
sidney.e.vandyke@healthpartners.com

Innovation implementation:
Many hospitals struggle to accurately determine patient demand for language services and identify how that demand is met. Most organizations use number of interpreted patient encounters as a key measure, but this only reveals how many patients were served through the interpreter services department, not how many patients were not served at all.

Regions Hospital instituted new policies in 2007 to track how interpretation was being provided to patients, in order to accurately assess demand for services at critical points of care and determine how the demand was being met. To make it easy for staff to track this information, Regions worked with IT to add two fields to the electronic medical record used by nurses:

1. What is the encounter? (e.g., admission, discharge, informed consent, tests or procedures, etc.)
2. How was the need for interpretation met? (e.g., family member, non-interpreter staff, telephone interpreter, staff interpreter, contract interpreter, none used, etc.)

Regions focused first on honest documentation, without discussing what should be done in a given instance. Not surprisingly, they discovered that interpreters were not being used during many pivotal points in patient care. They also discovered that family members and other staff were frequently filling in.

The data provided the gateway for change. The Interpreter Services staff began educating providers on the need to involve interpreters at pivotal points in care – especially admission and discharge. They explained that using family members or other untrained staff was not best practice. And thanks to help from the IT department, interpreters now receive a daily list of patients who prefer to speak in a language other than English. Interpreters make daily rounds to check on these patients and work with their providers to schedule interpretation at critical junctures in care.

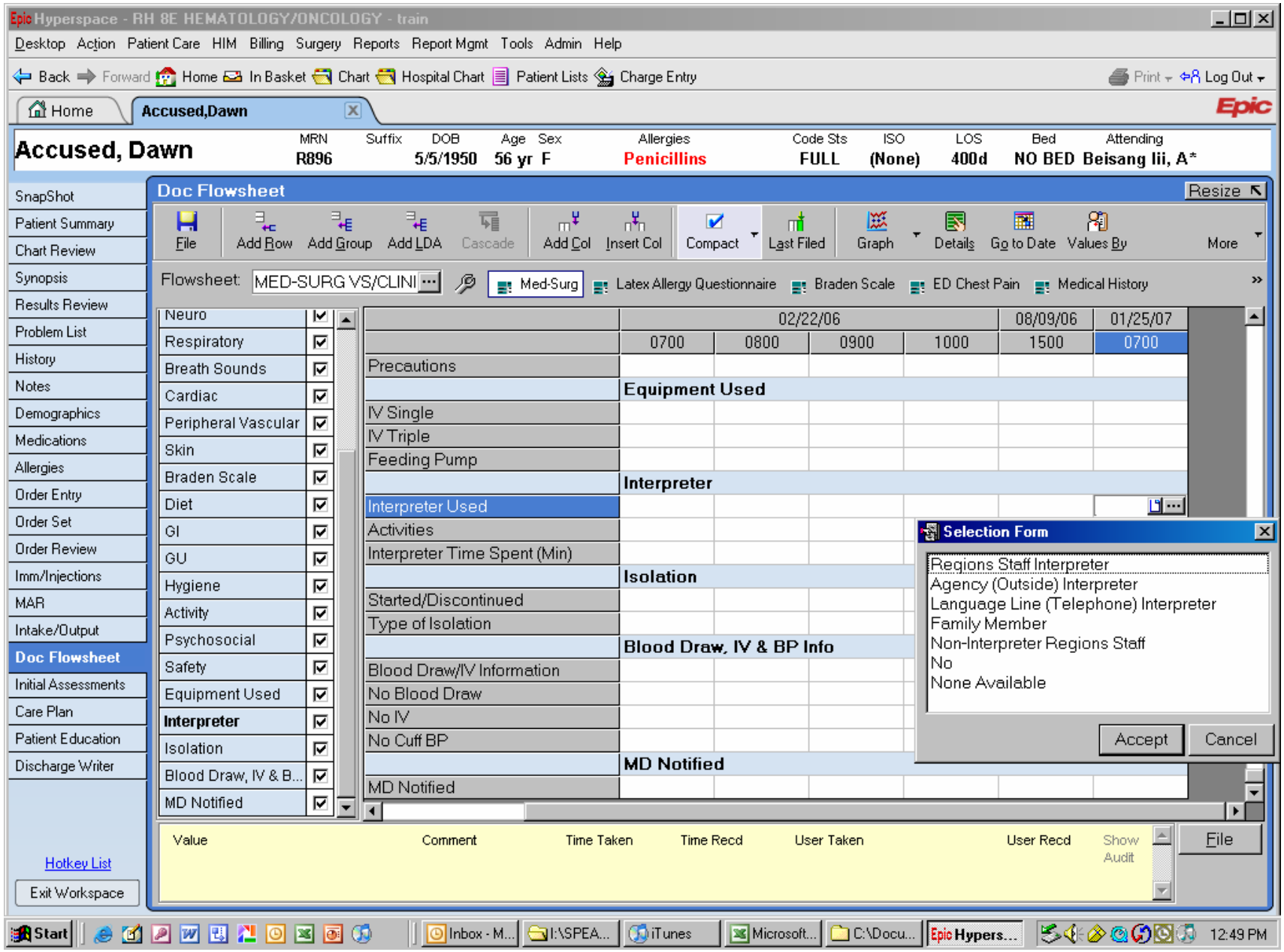
Advice and lessons learned:

1. Providers are key. Regions knew that providers would be instrumental in identifying the need for interpretation – and whether or not the need was met.
2. Collaborate, collaborate, collaborate. Working with nurse managers and IT staff, Regions designed a simple enhancement to the EMR that made recording the information effortless.
3. No judgments. No one 'got in trouble' for recording if no interpretation was done, or if a family member provided it. Regions wanted honest information that they could use to improve their services.
4. Reward success. A monthly report is a shared with all staff and providers and interpreters share in the results. Small celebrations mark moments of success and enhance buy-in.

Cost/benefit estimate:
Since it was a simple addition to the existing EMR, the cost of developing the data collection system was minimal. Regions staff credit it, however, with enabling them to significantly improve the quality and timeliness of their language services. As many at 70 percent of patients on key units who need an interpreter have one for admission and discharge. While the goal is 100%, this is a significant improvement in a short period of time.

Tools associated with this innovation:

- Patient Flowsheet in the EMR Screenshots


Epic Hyperspace - RH 8E HEMATOLOGY/ONCOLOGY - train
Desktop Action Patient Care HIM Billing Surgery Reports Report Mgmt Tools Admin Help
Back Forward Home In Basket Chart Hospital Chart Patient Lists Charge Entry
Print Log Out
Home
Accused,Dawn
Epic
Accused, Dawn
MRN R896
Suffix
DOB 5/5/1950
Age 56 yr
Sex F
Allergies Penicillins
Code Sts FULL
ISO (None)
LOS 400d
Bed NO BED
Attending Beisang Iii, A*
SnapShot
Patient Summary
Chart Review
Synopsis
Results Review
Problem List
History
Notes
Demographics
Medications
Allergies
Order Entry
Order Set
Order Review
Imm/Injections
MAR
Intake/Output
Doc Flowsheet
Initial Assessments
Care Plan
Patient Education
Discharge Writer
Hotkey List
Exit Workspace
Doc Flowsheet
Resize
File
Add Row
Add Group
Add LDA
Cascade
Add Col
Insert Col
Compact
Last Filed
Graph
Details
Go to Date
Values By
More
Flowsheet: MED-SURG VS/CLINI
Med-Surg
Latex Allergy Questionnaire
Braden Scale
ED Chest Pain
Medical History
Neuro
Respiratory
Breath Sounds
Cardiac
Peripheral Vascular
Skin
Braden Scale
Diet
GI
GU
Hygiene
Activity
Psychosocial
Safety
Equipment Used
Interpreter
Isolation
Blood Draw, IV & B...
MD Notified
02/22/06
08/09/06
01/25/07
0700
0800
0900
1000
1500
0700
Precautions
Equipment Used
IV Single
IV Triple
Feeding Pump
Interpreter
Interpreter Used
Activities
Interpreter Time Spent (Min)
Isolation
Started/Discontinued
Type of Isolation
Blood Draw, IV & BP Info
Blood Draw/IV Information
No Blood Draw
No IV
No Cuff BP
MD Notified
MD Notified
Selection Form
Regions Staff Interpreter
Agency (Outside) Interpreter
Language Line (Telephone) Interpreter
Family Member
Non-Interpreter Regions Staff
No
None Available
Accept
Cancel
Value
Comment
Time Taken
Time Recd
User Taken
User Recd
Show Audit
File
Start
Inbox - M...
I:\SPEA...
iTunes
Microsoft...
C:\Docu...
Epic Hypers...
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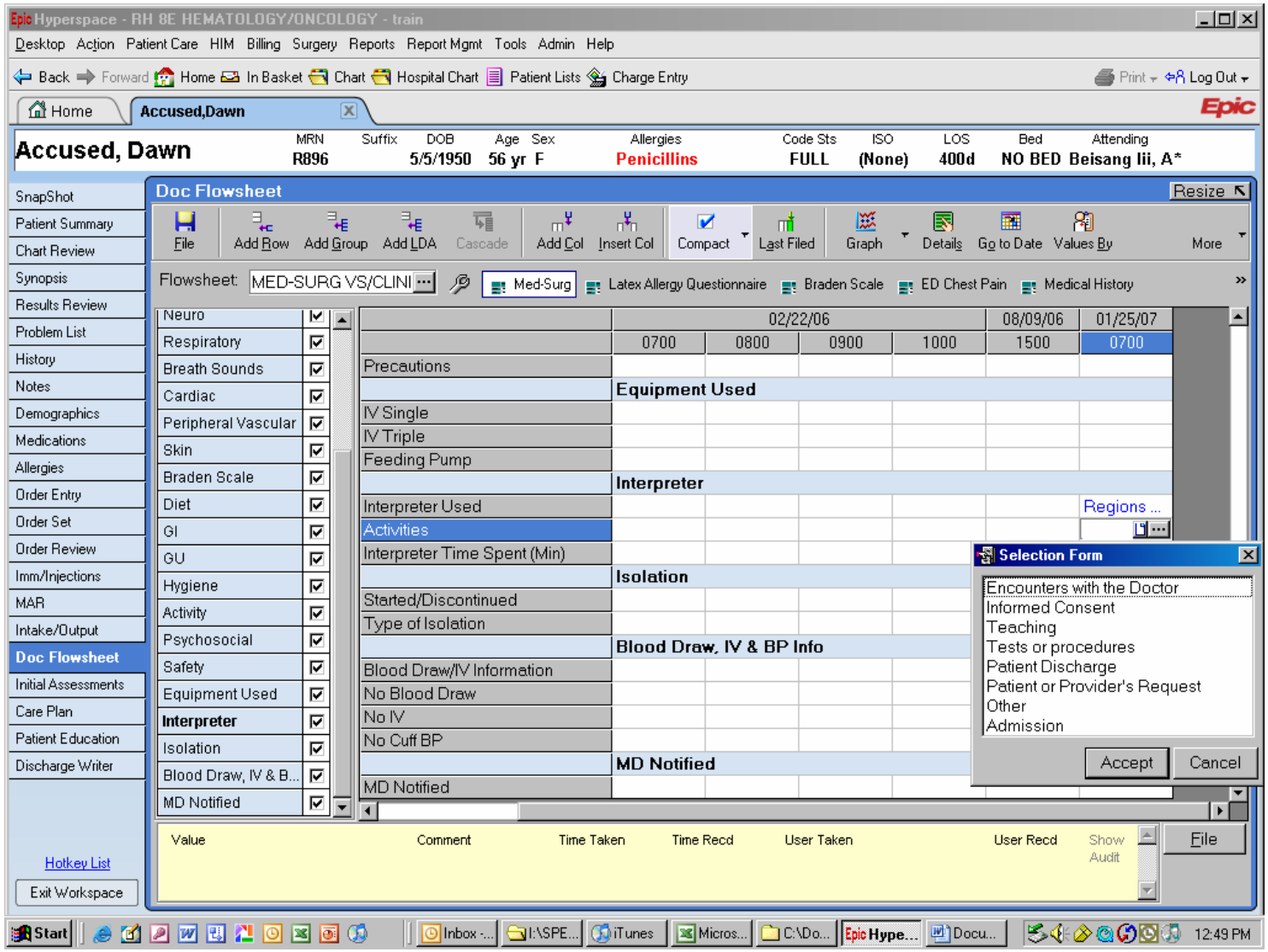
Epic Hyperspace - RH 8E HEMATOLOGY/ONCOLOGY - train
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Order Entry
Order Set
Order Review
Imm/Injections
MAR
Intake/Output
Doc Flowsheet
Initial Assessments
Care Plan
Patient Education
Discharge Writer
Hotkey List
Exit Workspace
Doc Flowsheet
Resize
File
Add Row
Add Group
Add LDA
Cascade
Add Col
Insert Col
Compact
Last Filed
Graph
Details
Go to Date
Values By
More
Flowsheet: MED-SURG VS/CLINI
Med-Surg
Latex Allergy Questionnaire
Braden Scale
ED Chest Pain
Medical History
Neuro
Respiratory
Breath Sounds
Cardiac
Peripheral Vascular
Skin
Braden Scale
Diet
GI
GU
Hygiene
Activity
Psychosocial
Safety
Equipment Used
Interpreter
Isolation
Blood Draw, IV & B...
MD Notified
02/22/06
08/09/06
01/25/07
0700
0800
0900
1000
1500
0700
Precautions
Equipment Used
IV Single
IV Triple
Feeding Pump
Interpreter
Interpreter Used
Regions ...
Activities
Interpreter Time Spent (Min)
Isolation
Started/Discontinued
Type of Isolation
Blood Draw, IV & BP Info
Blood Draw/IV Information
No Blood Draw
No IV
No Cuff BP
MD Notified
MD Notified
Selection Form
Encounters with the Doctor
Informed Consent
Teaching
Tests or procedures
Patient Discharge
Patient or Provider's Request
Other
Admission
Accept
Cancel
Value
Comment
Time Taken
Time Recd
User Taken
User Recd
Show Audit
File
Start
Inbox -...
I:\SPE...
iTunes
Micros...
C:\Do...
Epic Hype...
Docu...
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Documenting How Language Needs are Met when Obtaining Informed Consent

Intervention Title:
Documenting How Language Needs are Met when Obtaining Informed Consent – UC Davis Health System; Sacramento, Calif.

Goal:
Encourage health care providers to include qualified medical interpreters in the consent process for elective procedures in the Pediatric Intensive Care Unit (PICU).

Innovation:
The team at UC Davis developed a standard list of all elective procedures requiring informed consent, then provided all pediatric unit physicians with a form via which to document the use of a medical interpreter through dictated notes when such procedures involved patients and/or family members with limited English proficiency (LEP).

Result:
The hospital's PICU went from informed consent documentation for only 40 to 50 percent of elective procedures to documentation of consent in nearly 95 percent of procedures, with negligible difference between LEP and non-LEP families

Institution:
UC Davis Health System
2315 Stockton Boulevard
Sacramento, CA 95817
P: 916-734-2011

From the Expert:
"Our goal was two-fold: to make it a hospital standard of care to include the services of a medical interpreter for all patients not fluent in English and to improve our overall rates of documented, informed consent – including for English-speaking patients and families. The end result is that we've accomplished both. We're documenting informed consent in nearly 95 percent of elective procedures, and we've increased the frequency with which our physicians enlist interpreters, which ultimately means better care for all of our patients.

- Robert K. Pretzlaff, MD
  Chief, Pediatric Critical Care Division

Profile:
The leading referral center in a region covering 65,000 square miles and the region's only academic medical center with 577 licensed beds, approximately 34,000 annual admissions and nearly 53,000 annual emergency department visits

Clinical areas affected:
- Pediatrics

Staff involved:
- Interpreters
- Physicians

Timeline:
Three months to lay the groundwork – including determining which procedures should be included, and which format of dictation should be used – then approximately six months before there were measurable results.

Contact:
JoAnne Natale, MD, PhD
Associate Professor of Pediatrics
Joanne.natale@ucdmc.ucdavis.edu
916-734-4545

Innovation implementation:
Because questions remained about which elective procedures required informed consent from patients, their parents or other designated family members, the UC Davis team developed a list. The team solicited input via email from all PICU physicians, compiling a list of just over a dozen procedures – from placement of an arterial line to endotracheal intubation. After discussion at a monthly staff meeting, the final product was an agreed-upon list of procedures that require informed consent if performed in non-emergent circumstances.

The team presented physicians with a "Pediatric Procedure Note" via which to document consent. The form's third question asked: "If appropriate, was an interpreter used?" This was followed by: "If no, state reason (other than emergency)."

Last, physicians were provided a script and a list of required items to be included in dictation. They were then informed that a member of the Speaking Together team would be reviewing their dictation to ensure they followed procedures, obtained consent and when necessary, enlisted an interpreter.

When the Speaking Together team began to review dictation notes, there was minimal immediate improvement in the rate at which informed consent was being obtained and documented. Surprisingly, there was also negligible difference in the rate of informed consent between LEP patients and their families and English-speaking patients/families.

Follow-up emails about failure to document consent in dictation and appearances at PICU staff meetings turned things around. After about six months of relatively little change, the team began to see a steady increase in informed consent documentation for both English-speaking and LEP patients and families.

Advice and lessons learned:

1. Agree upon elective procedures before beginning. There may be discrepancies in what procedures physicians view as requiring informed consent. Consistency across providers is key in order to accurately measure and secure improvement. A list of procedures that all physicians endorse will make the process go more smoothly.
2. Be prepared for a cumbersome tracking process. Dictation notes are virtually impossible to review and track in an automated manner. Consequently, a hospital must allow the time/resources for a labor- and time-intensive review process.

Cost/benefit estimate:

While there has been no cost/benefit analysis conducted to date, the PICU is nearing 100 percent rates for obtaining informed consent from both English-speaking and LEP families – a more than doubling of initial rates.

Tools associated with this innovation:

- Pediatric Procedure Note

USE PATIENT PLATE

UNIVERSITY OF CALIFORNIA DAVIS
MEDICAL CENTER
SACRAMENTO, CALIFORNIA

Date _____/____/____ Time _____
Pre-Diagnosis _____
Post-Diagnosis _____
Location: ☐PICU ☐OR ☐Other_____

PEDIATRIC PROCEDURE NOTE

Consent

Consent form completed and signed by the patient/parent. ☐ yes ☐ no ☐ emergency
If no state reason (other then emergency)_____
If appropriate, was an interpreter used? ☐ yes ☐ no
If no state reason (other then emergency)_____

Thoracostomy Tube

Indication:
☐ Pneumothorax
☐ Hemothorax
☐ Effusion
☐other: _____

Technique:
☐ External landmarks
☐ Ultrasound guidance

Findings:
☐ Serous
☐ Bloody
☐ Purulent
☐ Other _____

Prep:
☐ Chlorhexidine
☐ Betadine (< 2 mo.)

Tube Size
☐ 8.5 Fr Pigtail
Other _____

Site
☐L ☐R

____ ICS

Sterility: ☐ mask
☐gloves ☐ drape
☐ cap ☐ gown
☐handwashing

Suture: __
☐ Yes ☐ No

Sewn at: _____

EBL: _____ml

Drainage:
☐ Bulb
☐ Pleurovac _____ cm H20

Type of Anesthesia/local anesthetic
☐ lido ___% _____ ml
☐ general anesthesia

Chest X-Ray:
☐Post Proc. CXR ordered
CXR read _____
_____

Complications:
☐bleeding
☐ pneumothorax
☐mult.attempts
☐unsuccessful
☐other: _____

Lumbar Puncture

Indication:
☐Suspected infection
☐ Fluid removal
☐ Hydrocephalus
☐other: _____

Prep:
☐Chlorhexidine
☐ Betadine (< 2 mo.)

Sterility: ☐ mask
☐gloves ☐ drape
☐ cap ☐ gown
☐ handwashing

Type of Anesthesia/local anesthetic
☐ lido ___% _____ ml
☐ general anesthesia

Complications:
☐hematoma
☐neurologic change
☐mult.attempts
☐unsuccessful
☐other: _____

Site:
☐ L2-3 IVS
☐ L3-4 IVS
☐ L4-5 IVS

Size:
☐ 22 gauge
☐ 20 gauge

Findings:
☐ Clear
☐ Bloody
☐ Purulent
☐ Other _____

Technique:
☐ Landmarks
☐ Ultrasound guidance

EBL: _____ml

☐ I was present and supervised/performed (circle one) the procedure. Specimens removed ☐ Y ☐ N

☐ I was present for the key portion(s) of the procedure and was immediately available to return

Key portion description:_____ Full note dictated ☐yes ☐no

Attending _____ _____ _____

Assistant _____ _____ _____
Signature Name PI number

Electronic Storage of Translated Patient Education Materials

Intervention Title:
Electronic Storage of Translated Documents – University of Michigan Health System; Ann Arbor, MI.

Goal:
Create a central, electronic repository for translated patient education materials in the organization.

Innovation:
Established an electronic repository of translated patient education materials on the organization's intranet and public patient health education website.

Result:
The electronic repository has allowed the hospital to provide limited English proficient (LEP) patients with patient education documents in their preferred language, resulting in better communications about their recovery and improved outcomes.

Institution:
University of Michigan Health System
1500 E. Medical Center Drive
Ann Arbor, MI 48109
734-936-4000

From the Experts:
"Having translated discharge education materials online allows staff to readily meet the needs of our diverse heart failure patients. Together with qualified interpreters, translations help ensure that our LEP heart failure patients have all of the necessary discharge information in a language that they can understand. The addition of INFO Rx, a fax-on-demand form, allows staff to request other translated documents; a consumer health librarian completes the request and provides to the patient.

- Elizabeth Nolan, MS, RN, APRN-BC
  Director, CVC Patient Education & Wellness Resource Center

Profile:
800 bed teaching hospital.

Clinical areas affected:

- Cardiovascular Center - Inpatient Cardiology; Heart Failure Program
- Health System - smoking cessation, nutrition documents

Staff involved:

- Health Providers
- Language services department
- Public Relations & Marketing Communications (website)
- Consumer Health Librarian
- Information technology

Timeline:
Adding translated patient education documents to the existing electronic repository took approximately 3-6 months and it is updated as new document needs are identified.

Contact:
Elizabeth Nolan, MS, RN, APRN-BC
Director, Cardiovascular Center Patient Education & Wellness Resource Center;
& Lead: Nursing Care Excellence – Patient Education
enolan@umich.edu
734-232-4137

Innovation implementation:
Ensuring that the patients are provided with all of the necessary instructions and education materials upon discharge has long been a challenge for health care institutions. As a core quality measure for diseases such as heart failure it is widely recognized that patient's must receive these materials to ensure the best possible outcomes. Providing these to patients with limited English proficiency (LEP) is an even greater challenge, as few institutions have successfully established a consistent practice for providing translated patient materials.

In an effort to improve this, the team at the University of Michigan Health System established an easily accessible electronic repository of professionally translated patient discharge and education materials. Working with the language services staff, the hospital resource librarian and the information technology (IT) department, the Michigan team systemized the availability of the materials in multiple languages on the hospital intranet and public patient education website. Now patients can be provided the important discharge instructions in their preferred language, reducing the risk of miscommunication or misunderstanding.

The electronic repository provides clinical staff with an easy to access, centralized resource for the documents and allows tracking of usage. This tracking provides the hospital with additional information about the demand for non-English materials at the institution. If any materials are not immediately available, they can be requested and the hospital resource librarian will look it up and return it.

Advice and lessons learned:

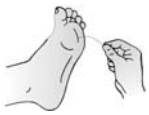
1. Make it easy and accessible. An ideal resource library of translated materials should be easy to use and accessible to save time and increase the likelihood of usage by providers. If possible, it should be integrated into existing computer systems.
2. Establish tracking of documents. Enabling the system to track usage and demand for documents can yield information on the hospital's patient population and which languages should be focused on in the future.
3. Electronic repositories save money. Storing documents electronically will save on the costs of printing and maintaining an inventory of the materials in every language available.

Cost/benefit estimate:
Establishing the translated document repository primarily involved the costs of translating documents. Placing them on the hospital intranet and working with the resource librarian was handled using existing staff resources. Ultimately the translated documents that the repository provides to staff helps provide patients with the highest quality of information and discharge instructions, resulting in better outcomes, increased patient satisfaction and improved compliance with core quality measures.

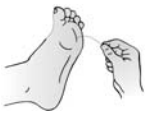
Tools associated with this intervention:

- Sample Translated Diabetes Self Management Goals (Spanish, Chinese)
- Sample Translated Smoking Cessation Instructions (French, Russian)
- Sample Translated Heart Failure Guide (Chinese, Spanish)

Cuidado de la diabetes: el ABC hacia una salud mejor

		Frecuencia	Nivel ideal	Su nivel
	**A**1c: prueba que mide el azúcar en sangre *Bajar su A1c reduce complicaciones de la diabetes*	Cada 3-6 meses	menos de 7%	
	**B**ajo control: presión arterial *Bajar su presión sanguínea reduce ataques cerebrales*	Cada visita	menos de 13.5/80	
	**C**olesterol (LDL) *Bajar su nivel de LDL reduce ataques cardíacos*	Cada año	menos de 100 mg/dl	
	**D**etección de albúmina en orina *Tratar tempranamente daños en el riñón puede evitar diálisis*	Cada año	menos de 30 mg/gm	
	**E**xamen de la vista Si su último examen fue anormal Si su último examen fue normal *Tratar tempranamente daños en los ojos puede prevenir la ceguera*	 Cada año Cada 2 años		
	**F**ijarse metas para el manejo personal ☑ Mi meta: _____ *Le ayuda a controlar mejor su diabetes*	Cada visita		
	**G**lucosa: mídala en casa *Pregúntele a su médico si esto es adecuado para usted*	Varía		
	**H**acer un examen de los pies	☑ observar sus pies ☑ evaluar los pulsos ☑ probar la sensibilidad	Cada año	
	**I**nmunizaciones y medicamentos para el corazón ☑ Gripe (*vacuna contra la gripe*) ☑ Pneumonía (*Pneumovax*) ☑ Estatinas y aspirina *Reducen ataques al corazón* *Las vacunas ayudan a prevenir infecciones graves*	 Cada año Al menos una vez Diariamente si se necesitan		

糖尿病護理: 促進健康的要訣

	頻繁	理想程度	的程度
 **A1c 評量血糖的控制** *降低· 的 A1c 能減低糖尿病的併發症*	3-6 個月	低於 7%	
 血壓控制 *降低血壓減少中風*	次門診	低於 135/80	
 膽固醇 (LDL) 水平 *降低膽固醇減少心臟病發*	年	低於 100 mg/dl	
 糖尿病腎臟微清蛋白試驗 *治療早期腎損傷可預防透析*	年	低於 30 mg/gm	
 檢　眼睛 若上次眼睛檢　是不正常的 若上次眼睛檢　是正常的 *出早期的眼睛損傷可預防失明*	年 2 年		
 的檢 ☑ 觀察 ☑ 脈搏 ☑ 感覺 *· 助預防嚴重的　感染及截肢*	年		
 自我管理的目標 ☑ 我的目標: _____ *· 助· 控制糖尿病*	次門診		
 在家測血糖 *問　的醫師看看這是否適合*	不一定		
 苗及心臟的藥 ☑ 流感 ☑ 肺炎 ☑ 降膽固醇藥物 阿斯匹靈 *減少心臟病發* *疫苗有助於防嚴重感染*	年 若需要，至少　日一次		

Comment Cesser de Fumer

Prospectus Éducatif au Patient en association avec le Guide de Soins Clinique De l'UMHS

Cette information n'est pas un outil d'auto diagnostique ou un substitut pour le traitement médical. Vous devez parler à votre pourvoyeur de soins santé ou prendre un rendez-vous pour être vu si vous avez des questions ou des inquiétudes concernant cette information ou sur votre condition médicale.

Comment ma santé va t'elle s'améliorer en devenant un non-fumeur?
Cesser de fumer aide votre circulation, votre résistance, votre peau, et votre santé en général. Vos risques de maladie coronarienne, la cause la plus fréquente de mortalité aux États-Unis, est coupée de moitié après seulement une année sans fumer. Cesser de fumer réduit aussi la probabilité d'avoir des problèmes de respiration et de poumons et autres cancers. Les études ont démontrés que fumer affecte les autres aussi bien que vous. Les enfants de parents qui fument à la maison sont plus sujets à avoir des infections respiratoire que les enfants venant d'une maison de non-fumeur. Fumer crée une habitude de dépendance.
Cesser de fumer n'est pas facile mais peut être fait. La plus parts des ex-fumeurs ont fait plusieurs tentatives de cesser de fumer avant de finalement réussir. Alors, ne dites jamais, « Je ne peux pas.» Seulement continuez d'essayer!

Quel est le premier pas à faire pour devenir un non-fumeur?
Déterminez la date de cessation. Déterminer une date de cessation est l'étape la plus importante dans la réussite de votre plan de cessation. Choisissez une date où vous cesserez de fumer le plus tôt possible et marquez là sur votre calendrier. Jetez tout vos briquets, cendriers et cigarettes. Si vous gardez des cigarettes à porté de la main, un jours ou l'autre vous allez craquer et en fumer une. Rendez-le moins facile de recommencer .Dites à votre famille et vos amis votre plan de cessation, et demandez leurs leur support et encouragement .Demandez leurs de ne plus vous offrir de cigarettes.

À quoi dois-je m'attendre quand j'aurai cessé de fumer?
Les 10 premiers jours vous pouvez vous sentir fatigué, et développer des maux de tête ou la toux. Vous pouvez avoir des problèmes de concentration le temps que votre corps s'ajuste au manque de nicotine.
Ces symptômes persistent en général seulement une semaine ou deux.

Comment puis-je prévenir les symptômes du manque de nicotine?
Pour aider à prévenir les symptômes du manque de nicotine, buvez beaucoup d'eau et mangez aux moins trois repas par jour, faites de l'exercice, évitez l'alcool et prenez suffisamment de repos le temps que la nicotine sorte de votre système. Essayez la gomme à mâcher, les bâtonnets « pretzel », les fruits crus ou les légumes crus en remplacement des cigarettes. Prenez des respirations profondes, restez occupé et

récompensez-vous de ne pas avoir fumer. Ces techniques vous aideront à tolérer votre envie de fumer.

Que puis-je faire d'autre?

Passez du temps avec des non-fumeurs plutôt qu'avec des fumeurs. Pensez à vous et identifiez-vous en tant qu'ex-fumeur (par exemple, dans les restaurants). Restez éloigné des « paradis des fumeurs », tel que les bars « bistros ». Évitez de passer du temps avec des fumeurs, au moins les premières semaines où vous cessés. Vous ne pouvez pas dire aux autres de ne pas fumer, mais vous n'êtes pas forcé de rester assis avec eux le temps qu'ils fument. Les vieilles habitudes sont dures à perdre et un de vos copains fumeur est sûr de vous offrir une cigarette. Prévoyez de vous éloigner de la fumée de cigarette.

Gardez vos mains occupées. Il est possible que vous ne sachiez pas quoi faire de vos mains durant un certain temps. Prenez un livre ou une revue. Essayez le tricot, le dessin, faites des modèles à coller, ou faites un casse-tête. Joignez un groupe d'activité qui peut vous garder impliquer dans vos loisirs.

Commencez une nouvelle activité. Commencez une nouvelle activité qui n'inclus pas la cigarette. Joignez un groupe d'exercice et faite de l'exercice régulièrement. Enregistrez-vous pour une classe du soir ou joignez un groupe d'étude. Faite plus fréquemment des sorties de familles ou d'amis. Allez voir un film.

Considérez l'utilisation de la gomme de nicotine, la plaque (la colle), l'aérosol ou d'autres thérapies pharmacologiques. La nicotine est une drogue qui est contenue dans le tabac. Vous pouvez utiliser la plaque (la colle) les pastilles ou la gomme de nicotine, pour la cessation du fumage disponible sans prescription à votre pharmacie locale. Ceci est une procédure en deux étapes. Premièrement, vous vous habituez à vivre sans fumer, mais pas sans la nicotine. Au jour décidé de cesser, cessez de fumer et commencez l'utilisation de la colle ou de la gomme. Ensuite diminuez tranquillement la nicotine et cela prend habituellement environ, 6 à 8 semaines.

HOW TO QUIT SMOKING – FRENCH

Zyban et Chantix sont des médicaments prescrits qui peuvent être utilisés pour vous aider à cesser de fumer. Chaque médicament devrait être commencé environ 7 à 10 jours avant la date que vous avez choisies pour cesser. Demandez à votre médecin au sujet de l'utilisation de ces médicaments pour vous aider à cesser.

Joignez un programme pour cesser de fumer. Vous pouvez préférer vous engager dans un programme organisé pour cesser de fumer durant le temps que vous utilisez la plaque (la colle), la gomme Le Zyban, ou le Chantix. Aucun produit de remplacement de la nicotine, Zyban, et Chantix ne sont des cures miracle. Vous aurez quand même besoin de vous habituer à vivre sans la cigarette dans la vie de tout les jours. Votre décision personnelle de cesser de fumer combiné avec l'apprentissage de l'habilité d'être libéré de la fumée peut aider à votre réussite. Certaine personnes font mieux dans une classe formelle avec une série d'instructions à suivre. Les groupes de support sont aussi une autre raison de considérer un programme formel pour cesser de fumer.

D’autres arrêtent en même temps et ce fournisse du support et de l’encouragement l’un l’autre. Rappelez-vous, le but est de cesser de fumer. Qu’importe comment vous le faite. Les programmes de cessation de fumer qui sont disponibles inclus :

- Kick the Habit : contactez Le Service de Consultation du Tabac de l’UMHS à (734) 936-5988
- Le Département de la Santé communautaire du Michigan : téléphonez le (800) 537-5666

Comment puis-je prévenir une rechute?

Si vous êtes incapable de résister au besoin et succombez à la tentation de fumer, suivez ces directives pour éviter que ce faux pas ne tourne en une rechute. Ne finissez pas cette cigarette. Éteignez la cigarette avant d’avoir terminé et jetez le paquet. Garder le paquet signifie que vous vous donnez la permission de fumer encore. Comprenez qu’un faux pas est différent d’une rechute. Un faux pas est une erreur, une faute que n’importe qui peux faire. La meilleure stratégie est de restreindre le dommage et reprenez avec des objectifs plus grands. Apprenez une leçon de ce faux pas. Révisez ce qui est arrivé et décidez ce que vous pouvez faire de différent si la même chose arrivait encore. Réalisez que les sentiments que vous pouvez avoir vont passer si vous les laisser faire. Avec un peu de connaissance, vous pouvez vous concentrer et revenir sur le droit chemin. Amusez-vous avec l’argent que vous sauverez en ne fumant pas. Faite une liste des choses que vous voudriez vous acheter ou même ou à quelqu’un d’autre.
Faite un estimé du coût en terme de paquets de cigarettes et mettez l’argent de côté pour acheter ces cadeaux.

Pour plus d’information sur ce sujet, contactez le Centre Éducationnel des Ressources de Santé De l’ÚMHS à (734)647-5645

Février 2007. Information révisée par le Comité des Guides de Soins Cliniques de UMHS
Translated by UMHS – ISP; Translation Division. 04/07

Как бросить курить

Информация в рамках программы по образованию пациентов в соответствие с Руководством по клиническому уходу Медицинской Системы Мичиганского Университета

Данная информация не является пособием по самодиагностике и не заменяет медицинского лечения. Вы должны обратиться к своему лечащему врачу или записаться на прием, если у Вас есть вопросы по поводу данной информации или Вашего состояния здоровья.

Как улучшится мое состояние здоровья, если я прекращу курить?
Отказ от курения улучшит Ваше кровообращение, выносливость, состояние кожи и общее самочувствие. Уже после года с момента прекращения курения Ваш риск сердечно-сосудистых заболеваний, самой распространенной причины смерти в США, снизится в два раза. Прекращение курения сократит вероятность дыхательных проблем, а также рака легких и других раковых заболеваний. Исследования показали, что курение влияет не только на Вас, но и на окружающих. Дети курящих в доме родителей чаще болеют инфекциями дыхательных путей, чем дети некурящих. Курение – это привычка, от которой трудно избавиться. Бросить курить трудно, но возможно. Большинство бывших курильщиков предприняли несколько попыток бросить курить, до того, как они достигли успеха. Поэтому никогда не говорите:”Я не могу.” Просто продолжайте пытаться!

Каковы первые шаги на пути к прекращению курения?
Назначьте дату, когда Вы собираетесь бросить курить. Назначение такой даты является одним из наиболее важных шагов успешного плана прекращения курения. Выберите такую дату как можно скорее и отметьте ее на календаре, выкиньте все зажигалки, пепельницы и сигареты. Если Вам будут попадаться сигареты, рано или поздно Вы сорветесь и закурите опять. Сделайте более трудным начало курить снова. Сообщите членам своей семьи и друзьям о Вашем решении прекратить курить и попросите их поддержки. Попросите их не предлагать Вам сигареты.

Что мне ожидать в момент прекращения курения?
Первые десять дней Вы можете чувствовать повышенную усталость, раздражение, могут появиться головные боли и кашель. По мере того, как Ваше тело борется с нехваткой никотина, Вам может быть трудно сосредоточиться. Эти симптомы обычно продолжаются одну-две недели.

Как можно облегчить симптомы, связанные с прекращением курения?
Для уменьшения симптомов, связанных с реакцией организма на прекращение курения, пейте побольше воды и ешьте по крайней мере три раза в день, занимайтесь физическими упражнениями, избегайте алкоголя и побольше отдыхайте в то время, как никотин выходит из Вашего организма. Попробуйте жевать жевательную резинку, есть сырые фрукты и овощи или различные сухарики в качестве замены сигарет. Глубоко дышите, занимайте себя чем-нибудь и вознаграждайте себя за некурение. Эти приемы помогут Вам справиться с возникающим желанием курить.

Чем еще можно помочь?
Проводите время с некурящими, а не с курильщиками. Думайте о себе, и говорите о себе, например, в ресторанах, как о бывшем курильщике. Избегайте посещения благоприятных для курения мест, таких, как бары. Старайтесь избегать общения с курильщиками, по крайней мере в первые несколько недель после бросания. Вы не можете приказывать другим не курить, но Вы можете на находиться рядом с ними, пока они курят. От старых привычек избавиться трудно, и кто-нибудь из Ваших старых друзей-курильщиков наверняка предложит Вам сигарету. Старайтесь уходить подальше от сигаретного дыма.

Занимайте свои руки делом. Вы можете обнаружить, что Вы не знаете, куда девать руки. Возьмите книгу или журнал. Попробуйте вязать, рисовать, собрать модель или головоломку. Вступите в клубы по интересам, которые помогут Вам продолжать заниматься Вашим хобби.

HOW TO QUIT SMOKING - RUSSIAN

Займитесь чем-то новым. Займитесь чем-то, что не ассоциируется с курением. Начните ходить на занятия физическими упражнениями и занимайтесь спортом регулярно. Запишитесь на вечерние занятия или вступите в образовательный клуб. Почаще выбирайтесь куда-нибудь с семьей и с друзьями. Сходите в кино.

Попробуте использовать никотин-содержащую жевательную резинку, наклейки, брызгалку и другие фармакологические средства. Никотин – это наркотик, содержащийся в табаке. Вы можете применять никотиновые наклейки/пластыри, пилюли или жевательную резинку, которые можно купить без рецепта в аптеке для прекращения курения. Это двух-ступенчатый процесс. Сначала, Вы учитесь жить без курения, но не без никотина. В день прекращения курения, вы начинаете использовать такие препараты, как наклейки или резинку. Затем Вы постепенно сокращаете количество никотина, на что обычно уходит 6-8 недель. Zyban, или Chantix – это лекарства, на которые нужен рецепт и которые могут применяться для прекращения курения. Оба лекарства надо начинать применять примерно за 7-10 дней до дня, когда Вы бросите курить. Спросите своего лечашего врача об использовании этих препаратов для помощи при бросании курения.

Вступите в группу по прекращению курения. Вам может быть легче бросить курить с применением наклеек, жевательной резинки или препаратов Zyban и Chantix, если Вы состоите в программе/группе, организованной для прекращающих курить. Ни один из продуктов, дающих Вам никотин, а также Zyban или Chantix не являются чудесным избавлением от курения. Вам нужно научиться жить без сигарет в повседневной жизни. Ваше личное решение бросить курить в сочетании с приобретением навыков, помогающих не курить, помогут Вам достичь успеха. Некоторым легче бросить курить в обстановке формального класса, следуя инструкциям. Поддержка группы также является причиной для того, чтобы рассмотреть подобную программу. Члены группы, бросающие курить в одно время с Вами, поддерживают друг друга. Помните, что цель – бросить курить. Не важно, как Вы этого достигнете. Среди программ для бросающих курить есть следующие:

- Kick the Habit (Бросьте привычку): звоните в UMHS Службу консультаций о табаке по тел. (734) 936-5988
- Отдел здравоохранения Мичигана: тел. (800) 537-5666

Как предотвратить возвращение к курению?
Если Вы не можете устоять перед желанием и уступаете соблазну закурить вновь, следуйте этим советам, чтобы подобный срыв не превратился в возврат к курению. Не заканчивайте сигарету. Затушите сигарету до того, как Вы ее закончите, и выкиньте всю пачку. Сохранение пачки означает, что Вы разрешаете себе курить опять. Поймите, что срыв отличается от возврата к привычке. Срыв, это ошибка, которую любой может допустить. Лучшая стратегия – это уменьшение ущерба и продолжение начатого дела. Извлеките урок из срыва. Посмотрите на то, что произошло, и решите, что Вы можете изменить в своем поведении в следующий раз. Поймите, что отрицательные чувства, сопровождающие этот случай, пройдут, если Вы им позволите это сделать. Ваше самосознание позволит Вам вернуться на начатый путь. Сделайте что-нибудь интересное с деньгами, которые Вы сэкономите, бросив курить. Составьте список вещей, которые Вы хотели бы купить себе или кому-нибудь еще. Прикиньте стоимость вещей в соответствующем количестве пачек сигарет и отложите эти деньги на приобретение таких подарков.

Для получения дополнительной информации на эту тему звоните в Центр UMHS по образованию в области здравоохранения по тел. (734) 647-5645.

Февраль 2007г.

Информация подготовлена Комитетом UMHS по созданию руководства по клиническому уходу

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Title: 心臟衰竭

Translated Text	*English Text*
認識心臟衰竭: 解答常見的問題 ***患者教育講義聯合密西根大學健康系統臨床護理指引***	**Understanding Heart Failure: Answers to Common Questions** **Patient Education Handout associated with** **UMHS Clinical Care Guideline**
本　資料不能作為自我診斷的工具或代替醫療。如果　有任何關於本資料的問題或顧慮，或　個人的醫療　況，　應當與　的醫護人員諮詢或預約就診。	This information is not a tool for self-diagnosis or a substitute for medical treatment. You should speak to your health-care provider or make an appointment to be seen if you have questions or concerns about this information or your medical condition.
什麼是心臟衰竭？ 心臟衰竭發生於心肌無法· 打出足· 的血液來達到身體的需求。因為心臟壓縮不良，血液開始倒流，於是靜脈、組織、和肺部都積滿了液體。 開始時，心臟　的壓力升高，血液和液體阻塞在肺部，　會覺得呼吸短促，而且很容易疲倦。如果情況持續惡化，更高的壓力會造成　的靜脈鬱積液體，　的　、腿和　踝便會開始腫脹，　的身體無法排除這些液體。 在美國，心臟衰竭是造成心臟相關疾病和死亡的常因之一。	**What is heart failure?** Heart failure occurs if the heart muscle is unable to ("fails to") pump enough blood to meet the body's needs. The blood begins to back up because the heart is not pumping well and the veins, tissues, and lungs become congested with fluid. At first, pressure in the heart rises and blood and fluid back up into your lungs. You will feel short of breath and get tired easily. If the condition gets worse, the higher pressure causes a buildup of fluid in your veins. Your feet, legs, and ankles will begin to swell. The body cannot get rid of this fluid. Heart failure is one of the most common causes of heart-related illness and death in the US.
心臟衰竭是如何發生的· ？ 心臟衰竭可能是下列一種或多種問題所導致的： • 冠　動脈疾病(冠　動脈阻塞) • 可能會侵害心臟的感染 • 心臟病發作 • 高血壓 • 心臟瓣膜受損 • 飲酒過量 • 嚴重的肺部疾病 很多時候無法　出心臟衰竭的成因。 下列因素可能使心臟衰弱的人之心臟衰竭問題惡化，或引發心臟衰竭的　況: • 嚴重貧血(紅血球或血紅素過低。血紅素是一種血液中攜帶· 氣的化學物質。)	**How does it occur?** Heart failure may result from one or more of the following: • coronary artery disease (blockage in the coronary arteries) • an infection that may affect your heart • heart attack • high blood pressure • damage to the valves inside the heart • drinking too much alcohol • severe lung disease. Often no cause can be found for heart failure. The following factors may worsen or trigger heart failure in people with weakened hearts: • severe anemia (low levels of red

- 甲　腺機能亢進(甲　腺素分泌過度)
- 甲　腺機能不足(甲　腺素分泌不足)
- 高燒
- 心跳快速
- 飲食中攝取過多鹽分
- 喝太多流體質
- 超重
- 身體過勞
- 情緒壓力

blood cells or hemoglobin, the oxygen-carrying chemical in the blood)
- hyperthyroidism (an overactive thyroid gland)
- hypothyroidism (an underactive thyroid gland)
- high fever
- rapid heartbeat
- too much salt in the diet
- drinking too much fluid
- being overweight
- working your body too hard
- emotional stress.

有何症　?

心臟衰竭的主要症　有:

- 疲倦。
- 呼吸短促或呼吸困難。剛開始發生在運動的時候，後來發生於任何的活動中，甚至在休息時。
- 半夜醒來呼吸困難，或是因為呼吸短促很難平· 在床上。
- 　踝和雙腿腫脹，並且體重增加，乃因體　鬱積過多的液體所致。
- 沒有食慾。

What are the symptoms?

The main symptoms of heart failure are:

- tiredness
- shortness of breath or trouble breathing, at first during exercise and later with any activity or even when you are resting
- waking up at night with trouble breathing or having a hard time lying flat in bed because of shortness of breath
- swollen ankles and feet and weight gain due to too much fluid in the body
- loss of appetite.

如何診斷出心臟衰竭？

　的醫護人員會詢問有關　的症　，並且為　作檢　。　可能會有某些檢驗，例如:

- 胸部 X 光檢　，用來察看肺部有無積水，並且看看心臟的大小。
- 心電圖(electrocardiogram, 簡稱 ECG 或 EKG)，是一種心臟電流活動的記　。
- 血液檢驗。
- 尿液檢驗。
- 超音波心動圖，是一種聲波測驗，可以顯示心臟的大小，心臟的功能和可能的心臟瓣膜疾病。

How is it diagnosed?

Your health care provider will ask about your symptoms and examine you.
You may have some tests, such as:

- chest x-ray to look for fluid in the lungs and to see the size of your heart
- electrocardiogram (ECG), a recording of the electrical activity of your heart
- blood tests
- urine tests
- echocardiogram, a sound-wave test that can show heart size, heart function, and possible heart valve disease.

如何治療心臟衰竭· ?

治療的目標是:

- 減輕心臟的負荷

How is it treated?

The goals of treatment are:

- Reduce the workload on your heart.
- Get rid of extra water in your body.

• 排出體　多餘的水 • 增進心臟的壓縮能力 • 治療任何使情況惡化的毛病	• Improve the ability of your heart to pump. • Treat any problems that make your condition worse.
個人活動的限制是依　心臟衰竭的嚴重性來決定。大多數的人都受益於· 和的運動計畫。	Limits on your activities will depend on how severe your heart failure is. Most people benefit from a gentle exercise program
的醫護人員可能會開給　的心臟衰竭藥物是: • 血管收縮素轉化· (angiotensin-converting enzyme,簡稱 ACE)抑制劑藥物和血管收縮素接受器阻斷劑 (angiotensin receptor blockers, 簡稱 ARB)，用來降低血壓並減少心臟的負荷；也用於阻斷某些對心臟會造成不良效應荷爾蒙。 • 乙型交感神經阻斷劑(Beta blockers)，用於減輕因心臟衰竭導致腎上腺素分泌增高的效應。如果一次劑量給得過高，會使心臟衰竭惡化。因此，醫護人員會在幾星期裡逐漸增加劑量。儘管　可能不覺得自己的情況因這些藥物有所改善，但是經過幾個月的治療，　的心臟就可能強壯起來了。 • 毛地· 藥物(digitalis drugs, 強心劑)，可以減緩　的心率，而且有助於使　心臟的壓縮更好。 • 利尿劑(diuretics)，讓　排尿更多，以排除體　過多的水　。 • 非 ACE 的抑制劑，降低血壓來減輕心臟負荷。 • 便排通錠(Spironolactone)，一種利尿劑，也可以用來阻斷一種名為血清· 固· (aldosterone)的荷爾蒙以防止心肌惡化。 • 補鉀的藥物。因為排尿的增加造成鉀的流失。(鉀是一種礦物質，可以· 助維持心律正常) • 某些非藥物的裝置，如：心臟去· 器和心律調節器。　的醫護人員可能會推薦這些來· 助　的心臟有更好的壓縮，也可在心律不整時，電·　的心臟。	Medicines your health care provider may prescribe for heart failure are: • ACE (angiotensin-converting enzyme) inhibitor drugs and ARB's (angiotensin receptor blockers), which lower blood pressure and reduce the work the heart has to do, and which also block the harmful effects of certain hormones on the heart. • Beta blockers, which lessen the effects of the high levels of adrenaline caused by heart failure. If beta blockers are given in too high a dose, they may make heart failure worse. Your health care provider will increase your dose gradually over a few weeks. Although you may not feel better from these drugs, your heart may get stronger after several months of treatment. • Digitalis drugs, which slow your heart rate and help your heart to pump better. • Diuretics, which help you get rid of extra fluid in your body by urinating more. • Drugs other than ACE inhibitors that lower blood pressure to reduce the heart's workload. • Spironolactone, a diuretic that also may keep the heart muscle from getting worse by blocking the effects of a hormone called aldosterone. • Medicines that replace potassium lost from increased urination. (Potassium is a mineral that helps maintain normal heart rhythm.) • Though not a medication, certain devices such as defibrillators and pacemakers may also be recommended by your physician to help your heart pump better and to shock your heart if it goes into an abnormal rhythm.
詢問　的醫護人員有關上述藥物可能會有的副作用。若有任	Ask your health care provider about possible side effects of these drugs. Report any side effects to him or her right away. Take all the medicine prescribed, even when you feel better.

何副作用發生時，請立即告知他們。即使在　覺得　況已好轉的時候也該按處方服藥，。

的醫護人員也會要求　吃低鹽飲食。例如，許多患者　天攝取的　不可超過 2,000 毫克。詢問醫師　　天可攝取多少　。過多的　會造成　身體積水，因而增加　心臟的負荷。

也應當小心服用非處方的藥，因為有些含有高量的　。詢問醫護人員，那些非處方的藥是可以安心服用的。

Your health care provider will also put you on a low-salt (low-sodium) diet. For example, many patients are asked to eat no more than 2000mg of sodium per day. Ask your physician how much sodium is right for you. Too much sodium causes your body to retain water, which increases the workload on your heart. You should be careful about taking nonprescription drugs because some are high in sodium. Ask your provider which nonprescription medicines are safe to use.

醫師可能也會要求　限制　日流質攝取量。問醫師　　天可以喝多少流質。為了遵照所定的量，　必須詳讀食品標示，並記　　日的攝取量。

Your physician may also ask you to limit your daily fluid intake. Ask your physician how much fluid per day you should be drinking. To follow this, you will need to read the food labels on food containers, and keep track of your daily intake.

治療效果會持續多久･？

即使接受了治療，心臟衰竭仍是嚴重的疾病。它通常意味著壽命短減。然而適當的搭配用藥、減低飲食中鹽的攝取量，並減少身體活動量，將大大地改善　的症　。適當的治療通常可以讓　回到相當的正常生活。造成　心臟衰竭的疾病將需要在醫療上繼續密切地關注。

How long do the effects last?

Even with treatment, heart failure is a serious disease. It usually means a somewhat shortened life span. However, the proper mix of medicines, reduced salt in your diet, and reduced physical activity will greatly improve your symptoms. Proper treatment can usually allow you to return to relatively normal living.
The disease that caused your heart failure will continue to need close medical attention.

如何自我照顧？

學習在　目前　況的限制中生活。以下的建議可能會有所･助：

- 足･的休息。可能的話縮短　的工作時數，並且試著減輕生活上的壓力。焦慮和憤怒都會增加心跳次數與血壓。如果　需要這方面的協助，請詢問　的醫護人員。
- 　天　　的脈搏。
- 學習如何量血壓或讓家人學會量血壓。
- 接受事實—就是　將要終生服用心臟的藥物並且限制鹽的攝取量。小心食用鹽的替代品，其中有很多含有高量的鉀。有些治療心臟衰竭的藥物會提高血液中鉀的含量。鹽的替代品可能會造成血液中鉀的含量過高。
- 自己擬定一套方法以確定　準時服藥。
- 　兩天至少量一次體重。若可能的話，儘量在同一時間秤重。如果在一星期　　的體重增加超過 3 英磅，或者　的體重在過去幾星期到幾個月都在持續增加中，請與

How can I take care of myself?

Learn to live within the limits of your condition. The following guidelines may help:

- Get enough rest, shorten your working hours if possible, and try to reduce the stress in your life. Anxiety and anger can increase your heart rate and blood pressure. If you need help with this, ask your health care provider.
- Check your pulse rate daily.
- Learn how to take your own blood pressure or have a family member learn how to take it.
- Accept the fact that you will need to take medicines for your heart and limit the salt in your diet for the rest of your life. Be careful with salt substitutes, however. Many contain high levels of potassium. Some of the medicines used to treat heart failure raise the levels of potassium in your blood. Salt substitutes may raise the potassium levels too high.
- Develop a way to make sure that you take your medicines on time.

的醫護人員聯絡。體重增加可能表示　的身體有排出多餘水　的困難。
- 認識鉀流失的症　，這包括肌肉痙　，肌肉無力，煩躁和有時候會有不規律心跳。

- 遵照　的醫護人員所建議　日流質的攝取量。
- 在　準備點心或三餐前，察· 書面飲食計畫和所建議的食物。
- 儘量不要吃喝過多。
- 留意　的活動，確定這不會造成　過度疲勞或呼吸短促。
- 避免過熱和過冷(包括泡熱水浴)，這可能讓　的心臟負荷更大。
- 保持定期的醫療約診。

- Weigh yourself at least every other day, at the same time of day if possible. Contact your health care provider if you gain more than 3 pounds in 1 week, or if you keep gaining weight over weeks to months. Weight gain may mean your body is having trouble getting rid of extra fluid.
- Know the symptoms of potassium loss, which include muscle cramps, muscle weakness, irritability, and sometimes irregular heartbeat.
- Follow your health care provider's advice on how much fluid you should drink.
- Consult a written diet plan and list of foods before you prepare snacks or meals.
- Try not to eat or drink too much.
- Monitor your activities to make sure that they do not cause you to become too tired or short of breath.
- Avoid extremes of hot and cold (including hot tubs), which may cause your heart to work harder.
- Keep regular medical appointments.

Updated February 2006; adapted & modified for the FIG/ST project, January 2007.
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Information maintained by the UMHS Clinical Care Guidelines Committee
此資料是由密西根大學健康系統臨床醫療指引委員會維護

HF CC – CHINESE
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Entendiendo la insuficiencia cardíaca

SPANISH	*ENGLISH*
Entendiendo la insuficiencia cardíaca: Respuestas a preguntas comunes Folleto de educación conjunto para el paciente con la Guía de Cuidado Clínico del UMHS	**Understanding Heart Failure: Answers to Common Questions Patient Education Handout associated with UMHS Clinical Care Guideline**
Esta información no es una herramienta de auto-diagnóstico ni reemplaza el tratamiento médico. Usted debe hablar con su médico o solicitar una cita para verle si usted tiene preguntas o dudas sobre esta información o sobre su condición médica.	This information is not a tool for self-diagnosis or a substitute for medical treatment. You should speak to your health-care provider or make an appointment to be seen if you have questions or concerns about this information or your medical condition.
¿Qué es la insuficiencia cardiaca? La insuficiencia cardíaca ocurre si el músculo cardiaco no es capaz de (“deja de”) bombear suficiente sangre para satisfacer las necesidades del cuerpo. La sangre comienza a acumularse porque el corazón no está bombeando adecuadamente y las venas, los tejidos y los pulmones se congestionan con líquido. Al principio, la presión en el corazón aumenta y la sangre y el líquido se acumulan en los pulmones. Usted sentirá que le falta la respiración y que se cansa con facilidad. Si la condición empeora, el aumento en la presión causa la acumulación progresiva de líquido en las venas. Los pies, piernas y tobillos comenzarán a hincharse. El cuerpo no puede eliminar este líquido. La insuficiencia cardíaca es una de las causas más comunes de enfermedades del corazón y de muerte en los Estados Unidos.	**What is heart failure?** Heart failure occurs if the heart muscle is unable to ("fails to") pump enough blood to meet the body's needs. The blood begins to back up because the heart is not pumping well and the veins, tissues, and lungs become congested with fluid. At first, pressure in the heart rises and blood and fluid back up into your lungs. You will feel short of breath and get tired easily. If the condition gets worse, the higher pressure causes a buildup of fluid in your veins. Your feet, legs, and ankles will begin to swell. The body cannot get rid of this fluid. Heart failure is one of the most common causes of heart-related illness and death in the US.
¿Cómo ocurre? La insuficiencia cardíaca puede resultar de una o más de las siguientes condiciones: • enfermedad de las arterias coronarias (obstrucción en las arterias coronarias) • una infección que puede afectar al corazón	**How does it occur?** Heart failure may result from one or more of the following: • coronary artery disease (blockage in the coronary arteries) • an infection that may affect your heart • heart attack • high blood pressure

- presión arterial alta
- daño en las válvulas del corazón
- beber demasiado alcohol
- enfermedad pulmonar grave

A menudo no puede encontrarse la causa de la insuficiencia cardíaca.

Los siguientes factores pueden empeorar o provocar insuficiencia cardíaca en personas que tienen el corazón debilitado:

- anemia severa (bajos niveles de glóbulos rojos o hemoglobina, el compuesto químico que transporta oxigeno en la sangre)
- hipertiroidismo (la glándula tiroides trabaja más de lo normal)
- hipotiroidismo (la glándula tiroides trabaja menos de lo normal)
- fiebre alta
- palpitaciones
- mucha sal en la dieta
- beber demasiado liquido
- estar excedido de peso
- hacer trabajar demasiado el cuerpo
- estrés emocional

- damage to the valves inside the heart
- drinking too much alcohol
- severe lung disease.

Often no cause can be found for heart failure.

The following factors may worsen or trigger heart failure in people with weakened hearts:

- severe anemia (low levels of red blood cells or hemoglobin, the oxygen-carrying chemical in the blood)
- hyperthyroidism (an overactive thyroid gland)
- hypothyroidism (an underactive thyroid gland)
- high fever
- rapid heartbeat
- too much salt in the diet
- drinking too much fluid
- being overweight
- working your body too hard
- emotional stress

¿Cuáles son los síntomas?

Los síntomas principales de la insuficiencia cardíaca son:

- cansancio
- falta de aire o dificultad para respirar, al principio al hacer ejercicios físicos y luego con cualquier actividad o incluso descansando
- despertarse en la noche con dificultad para respirar, o no poder estar acostado en la cama completamente plano debido a que siente que le falta el aire
- tobillos y pies hinchados y aumento de peso debido al exceso de líquido en el cuerpo
- pérdida del apetito.

What are the symptoms?

The main symptoms of heart failure are:

- tiredness
- shortness of breath or trouble breathing, at first during exercise and later with any activity or even when you are resting
- waking up at night with trouble breathing or having a hard time lying flat in bed because of shortness of breath
- swollen ankles and feet and weight gain due to too much fluid in the body
- loss of appetite.

¿Cómo se diagnostica? Su médico le hará preguntas sobre sus síntomas y lo examinará. Se le pueden hacer algunas pruebas, tales como: • radiografía de pecho, para ver si hay líquido en los pulmones y el tamaño de su corazón. • electrocardiograma (ECG), un registro de la actividad eléctrica del corazón • análisis de sangre • análisis de orina • ecocardiograma, una prueba por ondas sonoras que puede mostrar el tamaño del corazón, su función y una posible enfermedad de las válvulas del corazón. •	**How is it diagnosed?** Your health care provider will ask about your symptoms and examine you. You may have some tests, such as: • chest x-ray to look for fluid in the lungs and to see the size of your heart • electrocardiogram (ECG), a recording of the electrical activity of your heart • blood tests • urine tests • echocardiogram, a sound-wave test that can show heart size, heart function, and possible heart valve disease.
¿Cómo se trata? Las metas del tratamiento son: • Reducir la cantidad de trabajo del corazón. • Eliminar el exceso de agua en el cuerpo. • Mejorar la habilidad del corazón para bombear. • Tratar los problemas que hacen que su condición empeore.	**How is it treated?** The goals of treatment are: • Reduce the workload on your heart. • Get rid of extra water in your body. • Improve the ability of your heart to pump. • Treat any problems that make your condition worse.
La limitación de sus actividades dependerá de la gravedad de su insuficiencia cardíaca. La mayoría de las personas se beneficia con un programa de ejercicios moderado.	Limits on your activities will depend on how severe your heart failure is. Most people benefit from a gentle exercise program
Los medicamentos que su médico puede recetarle para la insuficiencia cardíaca son: • Drogas inhibidoras de la ECA (enzima que convierte la angiotensina) y drogas BRA (bloqueadores de los receptores de agiotensina), que bajan la presión arterial y reducen el trabajo que tiene que hacer el corazón y que además bloquean los efectos perjudiciales de ciertas hormonas en el corazón. • Beta-bloqueadores, que reducen los efectos de los niveles altos de adrenalina causados por la insuficiencia cardíaca. Si los beta-bloqueadores	Medicines your health care provider may prescribe for heart failure are: • ACE (angiotensin-converting enzyme) inhibitor drugs and ARB's (angiotensin receptor blockers), which lower blood pressure and reduce the work the heart has to do, and which also block the harmful effects of certain hormones on the heart. • Beta blockers, which lessen the effects of the high levels of adrenaline caused by heart failure. If beta blockers are given in too high a dose, they may make heart failure worse. Your health care provider will increase your dose gradually over a few weeks. Although you may not feel better from these drugs, your heart may

se administran en una dosis muy elevada, pueden hacer que la insuficiencia cardíaca empeore. Su médico aumentará su dosis gradualmente durante algunas semanas. Aunque usted puede no sentirse mejor con estas drogas, su corazón se fortalecerá luego de varios meses de tratamiento.

- Digitalis, que bajan el ritmo cardíaco y ayudan a que el corazón bombee mejor.
- Diuréticos, que le ayudan a eliminar el líquido extra en el cuerpo haciéndole orinar más.
- Drogas diferentes de los inhibidores de la ECA que bajan la presión arterial para reducir el trabajo del corazón.
- Espironolactona, un diurético que también puede evitar que el músculo cardíaco empeore, bloqueando los efectos de una hormona llamada aldosterona.
- Medicamentos que suplen la pérdida de potasio por el aumento en la producción de orina. (El potasio es un mineral que ayuda a mantener normal el ritmo cardíaco).
- Aunque no son medicamentos, ciertos dispositivos tales como desfibriladores y marcapasos también pueden ser recomendados por su médico para ayudar a que su corazón bombee mejor y para darle un choque eléctrico si entra en un ritmo anormal.

Pregúntele a su médico sobre los posibles efectos secundarios de estas drogas. Comuníquele de inmediato cualquier efecto secundario. Tome todos los medicamentos recetados, aun cuando ya se sienta mejor.

get stronger after several months of treatment.

- Digitalis drugs, which slow your heart rate and help your heart to pump better.
- Diuretics, which help you get rid of extra fluid in your body by urinating more.
- Drugs other than ACE inhibitors that lower blood pressure to reduce the heart's workload.
- Spironolactone, a diuretic that also may keep the heart muscle from getting worse by blocking the effects of a hormone called aldosterone.
- Medicines that replace potassium lost from increased urination. (Potassium is a mineral that helps maintain normal heart rhythm.)
- Though not a medication, certain devices such as defibrillators and pacemakers may also be recommended by your physician to help your heart pump better and to shock your heart if it goes into an abnormal rhythm.

Ask your health care provider about possible side effects of these drugs. Report any side effects to him or her right away. Take all the medicine prescribed, even when you feel better.

Su médico también lo pondrá en una dieta baja en sal (baja en sodio). Por ejemplo, a muchos pacientes se les pide ingerir no más de 2000mg de sodio por día. Pregúntele a su médico cuánto sodio es adecuado para usted. Demasiado sodio hace que su cuerpo retenga agua, lo que aumenta la cantidad de trabajo del corazón. Usted debe tener cuidado con los medicinas de venta libre porque algunas tienen altos contenidos de sodio.

Your health care provider will also put you on a low-salt (low-sodium) diet. For example, many patients are asked to eat no more than 2000mg of sodium per day. Ask your physician how much sodium is right for you. Too much sodium causes your body to retain water, which increases the workload on your heart. You should be careful about taking nonprescription drugs because some are high in sodium. Ask your provider which nonprescription medicines are safe to use.

Pregúntele a su médico
qué medicamentos de venta libre son seguros.

Su médico también puede pedirle que limite la ingesta diaria de líquido. Pregúntele cuánto líquido por día debería tomar. Para seguir sus instrucciones, usted deberá leer las etiquetas de los alimentos en los envases y llevar la cuenta de su ingesta diaria.

Your physician may also ask you to limit your daily fluid intake. Ask your physician how much fluid per day you should be drinking. To follow this, you will need to read the food labels on food containers, and keep track of your daily intake.

¿Cuánto duran los efectos?

Aun con tratamiento, la insuficiencia cardíaca es una enfermedad grave. Por lo general, es una señal de que la vida será algo más breve. Sin embargo, la combinación apropiada de medicamentos, una dieta baja en sal y actividad física limitada mejorará mucho sus síntomas. Un tratamiento apropiado generalmente puede permitirle volver a hacer una vida relativamente normal. La enfermedad que causó su insuficiencia cardíaca continuará necesitando atención médica rigurosa.

How long do the effects last?

Even with treatment, heart failure is a serious disease. It usually means a somewhat shortened life span. However, the proper mix of medicines, reduced salt in your diet, and reduced physical activity will greatly improve your symptoms. Proper treatment can usually allow you to return to relatively normal living.

The disease that caused your heart failure will continue to need close medical attention.

¿Cómo puedo cuidarme?

Aprenda a vivir dentro de los límites de su condición. Las siguientes pautas pueden ayudar:

- Descanse lo suficiente, acorte sus horas de trabajo de ser posible y trate de reducir el estrés en su vida. La ansiedad y la ira pueden aumentar su frecuencia cardíaca y su presión arterial. Si usted necesita ayuda con esto, consulte a su médico.
- Mida su pulso diariamente.
- Aprenda a medirse la presión arterial usted mismo o pídale a un familiar que lo haga.
- Acepte el hecho de que necesitará tomar medicamentos para el corazón y limitar la sal en su dieta por el resto de su vida. No obstante, tenga cuidado con los sustitutos de la sal. Muchos contienen altos niveles de potasio. Algunos de los medicamentos para tratar la insuficiencia cardíaca aumentan los niveles de potasio en la sangre. Los sustitutos de la sal

How can I take care of myself?

Learn to live within the limits of your condition. The following guidelines may help:

- Get enough rest, shorten your working hours if possible, and try to reduce the stress in your life. Anxiety and anger can increase your heart rate and blood pressure. If you need help with this, ask your health care provider.
- Check your pulse rate daily.
- Learn how to take your own blood pressure or have a family member learn how to take it.
- Accept the fact that you will need to take medicines for your heart and limit the salt in your diet for the rest of your life. Be careful with salt substitutes, however. Many contain high levels of potassium. Some of the medicines used to treat heart failure raise the levels of potassium in your blood. Salt substitutes may raise the potassium levels too high.
- Develop a way to make sure that you take your medicines on time.
- Weigh yourself at least every other day, at

pueden aumentar demasiado los niveles de potasio.
- Desarrolle una manera de asegurarse de que tomará sus medicamentos en el horario indicado.
- Pésese al menos día por medio, a la misma hora del día, si es posible. Póngase en contacto con su médico si usted aumenta más de 3 libras en 1 semana, o si continúa aumentando de peso por semanas o meses. El aumento de peso puede indicar que su cuerpo está teniendo problemas para deshacerse del líquido extra.
- Conozca los síntomas de la pérdida de potasio, que incluyen calambres musculares, debilidad muscular, irritabilidad y a veces latidos irregulares del corazón.
- Siga los consejos de su médico con respecto a cuánto líquido debería tomar.
- Consulte su plan de dieta y la lista de alimentos antes de preparar las comidas principales o las ligeras entre horas.
- Trate de no comer o beber demasiado.
- Controle sus actividades para asegurarse de que no se canse demasiado o le falte el aire.
- Evite el frío y el calor extremos (incluyendo el hidromasaje), que pueden hacer que el corazón trabaje más fuerte.
- Cumpla con las citas médicas regulares.

the same time of day if possible. Contact your health care provider if you gain more than 3 pounds in 1 week, or if you keep gaining weight over weeks to months. Weight gain may mean your body is having trouble getting rid of extra fluid.
- Know the symptoms of potassium loss, which include muscle cramps, muscle weakness, irritability, and sometimes irregular heartbeat.
- Follow your health care provider's advice on how much fluid you should drink.
- Consult a written diet plan and list of foods before you prepare snacks or meals.
- Try not to eat or drink too much.
- Monitor your activities to make sure that they do not cause you to become too tired or short of breath.
- Avoid extremes of hot and cold (including hot tubs), which may cause your heart to work harder.
- Keep regular medical appointments.

Actualizado en febrero de 2006; adaptado & modificado para el proyecto FIG/ST, enero de 2007. Información del Comité de Normas de Cuidado Clínico del Sistema de Salud de la Universidad de Michigan (UMHS Clinical Care Guidelines Committee)

Translated by UMHS – ISP; Translation Division. 4/07

Giving Registration Staff the Tools They Need to Provide Timely Services to Limited English Proficient (LEP) Patients

Intervention Title:
Giving Registration Staff the Tools They Need to Provide Timely Services to LEP Patients – Phoenix Children's Hospital; Phoenix, Ariz.

Goal:
Increase the speed with which the ever-growing number of Spanish-speaking patients and their families are registered for admittance to the hospital.

Innovation:
An additional handset and splitter were added to existing phones at each desk in the registration areas, so that an over-the-phone interpreter could be readily accessible during the registration process. Families who speak Spanish benefit from the immediate availability of the over-the-phone interpreter, while on-site interpreters are able to focus on other encounters that are lengthy or complex.

Result:
Previously, registration staff tended to wait until a Phoenix Children's Hospital interpreter was available on-site when registering Spanish-speaking families. Now, Spanish-speaking families are moving more quickly through the hospital's registration process because an interpreter is immediately available by telephone. Additionally, patients are more accurately screened for their language needs.

Institution:
Phoenix Children's Hospital
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Phoenix, AZ 85016
602-546-1000

From the C-Suite:
"As new technologies become available for health care settings, hospital Information Technology departments can help to assure that a new product is the best fit, given future needs, current technology and industry trends. Plan ahead. Call IT early in the process when considering any changes or modifications."

- Robert Sarnecki
  Vice President and Chief Information Officer

Profile:
One of the 10 largest, free-standing children's hospitals in the U.S. with 299 licensed beds, approximately 12,000 annual admissions and nearly 60,000 annual emergency department visits

Clinical areas affected:
- Language Services
- Registration

Staff involved:
- Information Technology
- Language Services
- Registration management and staff

Timeline:
From the time the idea arose to add handsets and splitters to existing phones, to the time that handsets were available and training took place, several months were needed.

Contact:
Irma Bustamante
Manager, Language Services
ibustam@phoenixchildrens.com
602-546-3352

Innovation implementation:
Registration staff at Phoenix Children's Hospital have long had access to medical interpreters for a number of different languages via contract telephonic interpreters, but they relied on in-house interpreters, bilingual registrars and other bilingual staff to assist them in registering Spanish-speaking families with limited English proficiency.

Although many of the patients themselves – children – are fluent in English, often one or both parents are not and need assistance communicating with registration staff, health care providers and others.

While registration staff were sharing one dual handset telephone for other languages, the hospital's volume of Spanish-speaking families is significant – requiring that each member of registration on-duty have his/her own separate handset that is available for connecting a Spanish interpreter with a family member.

Language Services engaged the Information Technology (IT) department to determine what equipment would be best, and then two handsets with a splitter were purchased for each registration station – ensuring that a registration staff member could easily conduct a three-way call involving him/herself, a Spanish interpreter and a parent or other family member registering a child patient.

There are no longer delays in registration due to waiting for a Spanish medical interpreter. Patients are quickly being admitted for surgery or admitted to the emergency room – whether they and their family members speak English, Mandarin, Russian or Spanish.

Advice and lessons learned:

1. Befriend IT. Phoenix Children's Language Services department now has an established relationship with the hospital's IT department. IT now contacts Language Services whenever they need help – such as updating and programming all of the hospital's phone lines to prompt callers to "Press 2 to hear this message in Spanish."
2. Accurate information upfront serves you in the long-run. As staff in other areas have become more confident in using telephonic interpreters, and with the accessibility of telephone interpreting, Phoenix Children's now has more accurate information about the number of LEP families requiring interpreter services. This has allowed Language Services to hire another full-time Spanish interpreter and has motivated Registration management to hire more bilingual staff who can communicate with families in Spanish.

Cost/benefit estimate:
One indicator that the additional telephone equipment is being utilized is the rise in the hospital's telephone bill for Spanish language interpretation.

Tools associated with this innovation:

- N/A

Initial and Ongoing Evaluation of Interpreters

Intervention Title:
Initial and Ongoing Evaluation of Interpreters – University of Massachusetts Memorial Health Care (UMMHC); Worcester, Mass.

Goal:
To establish a clear and consistent process for assessing interpreters who provide language services

Innovation:
Developed a process for evaluating interpreters consistently across onsite employees, independent contractors and union members. Included in the process are timely competency evaluations, interpreter mentors and continuing education requirements.

Result:
The more than 70 interpreters working at UMMHC are now in compliance with staffing evaluation standards that all other hospital employees must meet. This includes onsite interpreters, union members and independent contractors. The evaluations have also validated the quality of interpreters across all languages. These new policies and procedures brought the department's staff into 100 percent compliance with the Joint Commission evaluation standards.

Institution:
University of Massachusetts Memorial Health Care
55 Lake Avenue North
Worcester, MA 01655

From the Leadership:
"To ensure that all patients are receiving quality interpreter service you must ensure that you have the right people providing those services. It is impossible to guarantee a high level of interpretation unless all interpreters are evaluated consistently and in their own language. "
- Connie Camelo
- Director of Interpreter Services

Profile:
1,093 bed hospital and health system which is a clinical partner of the University of Massachusetts Medical School.

Clinical areas affected:
- Hospital-wide

Staff involved:
- Interpreter Service Department staff
- All language services providers

Timeline:
Evaluation tools were in place so it only took one month to develop the procedures and policies.

Contact:
Connie Camelo
Director of Interpreter Services
University of Massachusetts Memorial Health Care
55 Lake Avenue North
Worcester, MA 01655
508-856-3780
cameloc@ummhc.org

Innovation implementation:
With a rapidly changing population in the community, the importance of the Department of Interpreter Services has grown in recent years. As the demands for language services grew it became increasingly important to put into place clear and consistent policies and procedures to evaluate all language service providers. The department already had many evaluation tools in place to build upon including department competency evaluations, terminology evaluations and continuing educations programs. The tools were not, however, being consistently used across all interpreters – many of whom are independent contractors or union members.

The program now places strong emphasis on integrating evaluation into the hiring and ongoing job performance reviews of all interpreters. All language service providers are now required to complete a three month evaluation after they have been hired and then must complete a yearly evaluation. In addition, they must complete a department competency evaluation and an evaluation of terminology every two years.

UMMHC has also put into place a continuing education requirement that all interpreters must complete a minimum of five trainings a year. The department hosts continuing education trainings once a month and these trainings have been opened up to other local medical centers.

The department also began a mentoring program and now all interpreters are assigned a mentor. The mentors are chosen based on their evaluations and experience. They are trained and compensated for their increased work load.

Advice and lessons learned:

1. You've got to speak the language. It is critical for interpreters to be evaluated in their own languages. For languages of limited diffusion it is possible to use vendors to assist with the evaluations.
2. Capitalize on experience. Creating a mentor training process, in which senior interpreters act as mentors for new interpreters, helped improve performance.
3. Be clear and consistent. Implementation of the new procedures and policies was eased by providing them to all staff in writing. The new procedures were also consistent with requirements for all other hospital employees, which helped staff understand the need for them.

Cost/benefit estimate:

Most of the evaluation tools were already in place so there were only minimal costs to implement the new program, including increased compensation for mentors and the use of outside vendors for some evaluations.

Tools associated with this innovation:

- Initial Unit Competencies
- Initial Interpreter Qualifications Assessment Process
- Annual Competencies Assessment

UMassMemorial
Interpreter Services

INITIAL UNIT COMPETENCIES

Adapted from the IMIA Standards of Practice for Medical Interpreters

INTERPRETER NAME _____ LANGUAGE _____ DATE _____

ASSESSMENT SITE _____ REVIEWER _____

Evaluation of the intern's interpreting performance based on the following rating scale:

5. Fulfills the expectation completely and consistently, with ease and fluidity
4. Fulfills the expectation, but recognizes the need of improvement
3. Performs the expectation but with hesitation and lack of confidence
2. Performs inconsistently; lapses into behaviors which demonstrate lack of mastery
1. Unable to perform the task; exhibits behaviors which demonstrate lack of mastery

DUTY I: INTERPRETATION		
EXPECTATIONS	**RATING**	**COMMENTS**
Introduces self to patient and provider	5 4 3 2 1 na	
Position self so as to promote direct communication between patient and provider	5 4 3 2 1 na	
Respects patient's physical privacy when necessary	5 4 3 2 1 na	
Preserves the speaker's register and style of language	5 4 3 2 1 na	
Addresses the patient's comfort needs in relation to interpreter regarding age, gender, frustration, and other potential areas of discomfort	5 4 3 2 1 na	
Uses appropriate mode of interpretation (consecutive, simultaneous as needed)	5 4 3 2 1 na	
Uses 1st person as the standard	5 4 3 2 1 na	
Transmits information between patient and provider accurately and completely (without additions, omissions, or distortions)	5 4 3 2 1 na	
Knowledge of medical terminology	5 4 3 2 1 na	
Ability to express subtle shades of meaning	5 4 3 2 1 na	
Pronunciation: clarity of message	5 4 3 2 1 na	
Speech: fluent and effortless	5 4 3 2 1 na	

Asks for clarification, repetition or explanation when needed	5 4 3 2 1 na	
Keeps the communication transparent, all parties informed of side conversations	5 4 3 2 1 na	
Identifies and corrects own mistakes	5 4 3 2 1 na	
Asks speaker to pause when necessary using a polite and appropriate manner	5 4 3 2 1 na	
Ensures that the listener understands the message / Picks up verbal and nonverbal cues	5 4 3 2 1 na	
Manages the communication flow (conversation turn-taking)	5 4 3 2 1 na	
Manages the dynamics of the triad	5 4 3 2 1 na	
Respects each participant's role and responsibilities in the encounter	5 4 3 2 1 na	
Assists in follow-up schedule of appointments as needed	5 4 3 2 1 na	
Completes ISO Encounter Forms as instructed	5 4 3 2 1 na	
Follows ISO guidelines and protocols	5 4 3 2 1 na	

DUTY II: CULTURAL INTERFACE		
EXPECTATIONS	**RATING**	**COMMENTS**
Addresses cultural issues appropriately; recognizes and addresses the need for inter-cultural inquiry to ensure understanding (i.e., verbal and nonverbal cues, untranslatable words)	5 4 3 2 1 na	

DUTY III: ETHICAL BEHAVIOR		
EXPECTATIONS	**RATING**	**COMMENTS**
Maintains confidentiality: protecting the privacy of all information conveyed	5 4 3 2 1 na	
Maintains accuracy: convey the content / spirit of what is said	5 4 3 2 1 na	
Maintains completeness:	5 4 3 2 1 na	

conveys everything that is said		
Maintains impartiality, unbiased and non-judgmental attitude toward all parties involved in the communication	5 4 3 2 1 na	
Respects patient's privacy, beliefs, and decisions; without interjecting advice or opinions	5 4 3 2 1 na	
Maintains professional distance with balance and empathy	5 4 3 2 1 na	
Keeps personal issues/beliefs separate from the encounter	5 4 3 2 1 na	
Maintains professional integrity, discloses any conflict of interest, not interpreting for friends or family members	5 4 3 2 1 na	
Deals with patient/provider stress, frustration, discomfort	5 4 3 2 1 na	
Advocates to prevent harm when patient's health, well-being or dignity is at risk	5 4 3 2 1 na	
Commits to professional development	5 4 3 2 1 na	

PERSONAL ATTRIBUTES	**RATING** **E**xcellent, **G**ood, **F**air, **P**oor, N/A	**COMMENTS**
Displays a positive attitude	E G F P N/A	
Shows enthusiasm and initiative for learning	E G F P N/A	
Knows hospital resources, policies and procedures	E G F P N/A	
Knows ISO protocols, policies and procedures	E G F P N/A	
Can function as part of the ISO team	E G F P N/A	
Communicates effectively: phone and interpersonal skills	E G F P N/A	
Demonstrates professional appearance	E G F P N/A	
Handles emergencies, pressure, multiple priorities	E G F P N/A	
Attendance and punctuality	E G F P N/A	

Reviewer's Signature:_____ **Date**_____

Interpreter's signature: _____ **Date**_____

Interpreter Services Department
Initial Interpreter Qualifications Assessment Process

UMMMC Interpreter Services follows the regulations of the Emergency Room and Acute Mental Health Interpreter Services Law – Chapter 66 of the Acts of 2000 –that took effect on July 1, 2001– and the American for Disabilities Act of 1990 to provide competent interpreter services when treating non-English speaking or DHH patients. The law defines "competent interpreter services" as: "interpreters services performed by a person who is fluent in English and in the language of a non-English speaker, who is trained and proficient in the skill and ethics of interpreting and who is knowledgeable about the specialized terms and concepts that need to be interpreted for purposes of receiving emergency care or treatment."

UMMMC staff, per diem, and free lance spoken language interpreters have attended a medical interpreter training, have been screened and evaluated, and maintain their professional practice submitting their annual continuing education log. On an annual basis, interpreters are monitored and their interpreting skills, medical terminology knowledge and ethical-decision making is thoroughly assessed. Interpreters are encouraged to become members of the International Medical Interpreters Association (IMIA). ASL interpreters are nationally certified by the RID (Registry of Interpreters for the Deaf) and/or approved by the MCDHH (Massachusetts Commission for the Deaf and Hard of Hearing).

Responsibility

The Coordinator of Education and Training coordinates the UMass Memorial Medical Interpreter Training Program and is responsible for the assessment, training and maintenance of the unit competencies of the interpreter pool.

Objective

To follow the UMMMC interpreter services guidelines for the initial assessment of the skills and qualifications of a job applicant. The screening includes a multi-part assessment process which includes the following steps:

1. Reviewing credentials
2. Oral language skills assessment
3. Testing
    - Written test
    - Oral test
4. Initial and ongoing assessment of staff
5. New staff orientation

Process

1. Reviewing Candidate's Credentials

During an interview with the applicant, the review of his/her background documentation includes:

- Resume – Education (college degree and/or health care experience preferable)
- Letter of application – Letters of reference
- Interpreter training
  - The applicant completed:
    - ✓ UMass Memorial 90-hour Medical Interpreter Training
    - ✓ AHEC / Boston University / Cambridge College / Harvard Pilgrim / Cross Cultural Communications Systems, Inc. / other interpreter training
- Interpreting experience

2. Oral Language Skills Assessment

During the interview, the assessment of the applicant's language proficiency in English and target language takes place. This assessment includes:

- Native language fluency (in-house assessment or through outside vendor)
- English language fluency
- Communication skills
- Understanding of the interpreter role and code of ethics

3. Testing – Testing Tools:

A. Written Test

Assessing the candidate's knowledge of: commonly used terms and concepts related to the human body; symptoms, illnesses, diagnostic tests, immunizations, treatment and medications; and main medical supplies and devices used for treatment. Assessment of the candidate's understanding of: main ethical principles, ethical dilemmas, and cultural issues; and decision-making. Testing tools include:

1) Knowledge of bilingual medical terminology

- Translation from English > Target Language and from Target Language > English

2) Knowledge of the interpreter role – Ethical decision making

- Case studies

3) Knowledge of culture and cross cultural communication

- Case studies

B. Oral Test – Observation of Interpreting Skills

For primary languages: the assessment is done on site during a face-to-face interpretation.
For other languages: the assessment is done through remote telephonic interpretation, using an outside vendor to screen the candidate's interpreting skills.

The observation of interpreting skills involves a two part process:

- **Central skills assessment**
  - o Interpretation is accurate and complete
  - o Use of first person as a standard
  - o Able to switch to third person as needed

- Use of consecutive mode of interpretation
- Knowledge of bilingual medical vocabulary

- **Auxiliary skills assessment**
  - Introduction to patient and provider
  - Positioning
  - Keeping professional distance
  - Asking for pauses, clarification, repetition
  - Use of mnemonic devices
  - Managing the flow of communication
  - Keeping the communication transparent
  - Intervention skills

4. Initial and Ongoing Assessment of Staff

- Unit initial competencies assessment
- 3-month-after-hiring oral observation
- Written test every other year
- Oral assessment every other year
- Performance review
- On-going feedback from providers and/or patients
- Continuing education requirements (annual submission of continuing education log)

5. New Staff Orientation

- UMMMC new employee orientation (NEO)
- Regulatory safety training
- Department Orientation (orientation package)
- Department unit competencies training:
  - Documentation of interpreter encounter form
  - Best practice guidelines for evening/night, weekend shifts
  - Best practice guidelines for interpreter rounds
- National Standards of Practice and Code of Ethics (developed by NCIHC)

UMass Memorial Medical Center

INTERPRETER SERVICES ANNUAL UNIT COMPETENCIES ASSESMENT

EMPLOYEE NAME: _____ POSITION TITLE: Interpreter

Employee Number: _____ LANGUAGE: _____

DATE: _____ DEPARTMENT: Interpreter Services

Description of Competency Validation Process

Method of Validation (1) Observation (2) Query

	UNIT COMPETENCY EVALUATION		UNIT COMPETENCY EVALUATIONS
	To Be Completed By The Interpreter		To Be Completed By Director
TOPICS REVIEWED	DATE/INITIALS		ANNUAL REVIEW MS NI ES O
Interpretation	Method		
• Interprets accurately and completely without omissions, additions, or distortions			
After Hours (On Call)			
• Demonstrates the ability to perform job responsibilities on different shifts (day, evening & weekends)			
Encounter Forms / Documentation			
• Accurately completes and documents encounter forms for face-to-face interpretation, and telephone conference calls			

c

UNIT COMPETENCY EVALUATIONS

TOPICS REVIEWED	UNIT COMPETENCY EVALUATION To Be Completed By The Interpreter DATE/INITIALS		UNIT COMPETENCY EVALUATIONS To Be Completed By Director ANNUAL REVIEW MS NI ES O
Conference Calls Method			
• Demonstrates the ability to process conference calls and telephone requests from patients and providers			
Participates in a variety of in services seminars, workshops, and /or conferences. Submits continuing education log sheet at the beginning of each calendar year.			
Provides office support as needed.			
• Communicates and relays to dispatching up-to the minute status of assignments.			

EMPLOYEE COMMENTS (Annual):

SIGNATURE OF EMPLOYEE DATE

ANNUAL EVALUATION

SIGNATURE OF MANAGER/DIRECTOR DATE

UMassMemorial

UNIT SPECIFIC COMPETENCIES – INTERPRETER ANNUAL ORAL EVALUATION CHECKLIST

Interpreter: _____ **Language**: _____ **Reviewer**: _____

Evaluation Site: _____ **Date**: _____ **Grading**: **MS = Meets Standards**
NI = Needs Improvement

1. Introductions to patient and provider _____
2. Pre-conference with provider, if applicable _____ _____
3. Interpreting mode: _____ Use of 1st or 3rd person: _____
4. Preserved register and style of language used by each speaker: _____
5. Managed the flow of communication: _____
6. Kept the communication transparent: _____
7. Accurate rendition of the message: _____
   Omissions _____
   Additions _____
   Distortions _____
   Mistakes _____
8. Complete rendition of the message: _____
9. Asked for clarification: _____
10. Asked for repetition: _____
11. Asked speaker to slow down: _____
12. Knowledge of medical terminology: _____
13. Background knowledge of the subject: _____
14. Clarity of expression in source and target language: _____
15. Understands the roles of the interpreter _____ _____

COMMENTS: ___

.

_____ _____ _____
Reviewer's Signature Interpreter's Signature Date

Interpreter Cultural Debriefing Sessions in Encounters with Psychiatric Patients

Intervention Title:
Interpreter Cultural Debriefing Sessions in Encounters with Psychiatric Patients –Hennepin County Medical Center; Minneapolis, MN

Goal:
Utilize language services professionals for cultural consultation after clinical encounters with patients.

Innovation:
Established procedures for using language services interpreters as cultural consultants on psychiatric inpatient units, including conducting debriefing sessions with providers after patient encounters. Interpreters also requested that psychiatric providers brief the interpreters regarding the patient's recent behavior and presenting complaints prior to the patient encounter, so the interpreters would have a context in which to understand the patient's behavior. This assisted them in their role as cultural consultants.

Result:
Because of the use of interpreter briefings with providers, the diverse psychiatric patients at Hennepin have seen an increase in culturally and ethnically competent care as well as an increase in the use of language services during encounters.

Institution:
Hennepin County Medical Center
701 Park Avenue
Minneapolis, MN 55455
(612) 873-3000

From the Experts:
"Consulting with the language services staff to better understand the cultural background of our diverse patients has been a powerful tool in helping deliver the highest quality of care possible to our community. This experience has shown us that it is important for health care providers to look at the cultural and ethnic backgrounds of their patient populations when understanding their care needs. Without the help of our interpreters that would not be possible."

- Jeffrey L. Boyd, PhD
  Chief Clinical Psychologist

Profile:
450-bed public teaching safety net county hospital with 96 psychiatric beds.

Clinical areas affected:
- Psychiatric unit

Staff involved:
- Language services department
- Psychiatric providers – attending psychiatrists and nurse practitioners

Timeline:
Implementing the practice of briefing and debriefing sessions with the language services staff took only a few weeks of coordination and championing the issue on the psychiatric unit.

Contact:
Jeffrey L. Boyd, PhD
Chief Clinical Psychologist
jeff.l.boyd@co.hennepin.mn.us
612-873-8714

Innovation implementation:
The cultural insights that language services staff provide to health care institutions is often an unrecognized resource in ensuring the delivery of quality care. From native superstitions to family traditions, interpreters are oftentimes the most familiar people at the bedside with information on the diverse backgrounds of patients. For psychiatric providers working with patients that might be more sensitive to the way in which mental health treatment is approached, the cultural nuances that interpreters offer can be even more valuable.

Recognizing the knowledge resource that interpreters could be for its diverse psychiatric inpatient unit, the team at Hennepin County Medical Center began an effort to have providers use interpreters as cultural consultants through brief conversations before and after patient encounters. Now before and after each encounter with a relevant psychiatric inpatient the providers consult with the interpreter to understand if there are cultural variables that should be considered.

A driving force behind this at the hospital had been its experiences with Muslim Somali patients. For example, directly questioning such patients about "suicidal" thoughts can be perceived as inadvertently insulting their devoutness, resulting in a tendency to minimize or deny symptoms and potentially impairing the therapeutic relationship with the patient. After understanding this, unit providers realized the untapped potential that interpreters could provide.

Hennepin began its effort by educating the psychiatric inpatient providers on the value of the interpreters, including specific examples of the experiences of Muslim patients. The hospital also recognized that the interpreters were not used to working on the psychiatric unit and therefore made an effort to introduce them to it and allay their hesitation to work there. Briefings about a given patients' behavior and recent history prior to the encounter enabled the interpreters to perform their role more comfortably and effectively.

Advice and lessons learned:

1. Educate staff on added cultural insight benefits of interpreters. Be sure that all staff understand the value that interpreters can add to patient encounters beyond just fulfilling the language needs of patients. Teach them how nuanced cultural insight interpreters can provide will oftentimes make the encounter more effective.
2. Promote the importance of interpreters constantly. Just because staff are educated and interpreters are used on the units at the outset does not mean they will become a permanently used resource. Continue regularly and constantly emphasizing their use them to all staff.
3. Introduce language services staff to the psychiatric units. Psychiatric patients and units are oftentimes misunderstood and stigmatized areas of health care, so it is important to introduce the language services staff them. Continue this process for the unit as a whole and for each patient encounter, briefing them about the particular patients' background and case.

Cost/benefit estimate:

Implementing the briefing and debriefing process with interpreters onto the psychiatric unit involved no new costs and can be handled by existing language services staff. The ultimate costs are incurred in actual delivery of the interpreter services to patients, but these are far outweighed by the clear quality, safety and patient satisfaction benefits that a better cultural and ethnic understanding can provide.

Tools associated with this innovation:

- N/A

Language Services' Participation in Root Cause Analysis Process

Intervention Title:
Language Services' Participation in Root Cause Analysis Process – Phoenix Children's Hospital; Phoenix, Ariz.

Goal:
Reduce the risk that language barriers pose between patients and providers and address factors that contribute to an adverse and preventable event.

Innovation:
The Language Services Department is now an active participant in the hospital's standard review process that takes place immediately following a near-miss or sentinel event that involves a patient or family member with limited English proficiency (LEP).

Result:
Because Language Services staff now participate in the root cause analyses that involve LEP families, a wider range of experience and expertise is used to analyze system solutions and work toward eliminating preventable harm to patients.

Institution:
Phoenix Children's Hospital
1919 E. Thomas Road
Phoenix, AZ 85016
602-546-1000

From the C-Suite:
"Participating in this review process has benefits that extend beyond discovering what contributed to this single event and how such circumstances can be avoided in the future. It helps to educate those who participate in the reviews – physicians, nurses, registration staff, pharmacists, social workers and others – about process and systems related to language needs. It identifies the importance and critical need for Language Services throughout the facility."

- Murray Pollack, MD
  Vice President, Medical Affairs and Chief Medical Officer

Profile:
One of the 10 largest, free-standing children's hospitals in the U.S. with 299 licensed beds, approximately 12,000 annual admissions and nearly 60,000 annual emergency department visits

Clinical areas affected:
- All

Staff involved:
- Language Services
- Nurses
- Physicians
- Quality Council

Timeline:
Approximately six months from the idea's germination to Language Services representatives participating in a root cause analysis process

Contact:
Irma Bustamante
Manager, Language Services
ibustam@phoenixchildrens.com
602-546-3352

Innovation implementation:
The Joint Commission has declared that medical errors are more likely to take place when language barriers exist between families and their health care providers. Traditionally, everyone involved in all aspects of a patient's care – from physicians and nurses, to laboratory technicians and respiratory therapists, to social workers and pharmacists – joins a quality improvement process and meets quickly after a near-miss or sentinel event at Phoenix Children's Hospital to analyze the situation.

In the past, Language Services had never been included in this process. To help identify how language barriers may have contributed to the event, Language Services knew they needed to have both a seat and a voice at the table during such review discussions. Although this idea was well-received, Language Services leadership had to proactively participate in hospital quality improvement processes, become active members of quality initiatives, and then remind key players consistently of the advantage to the hospital of including Language Services leadership in root causes analyses.

Having a member of Language Services leadership at the table ensures that critical questions about communication are answered, including: Did the hospital respond appropriately to the family's language needs? Were bilingual service, interpreting, and translating documented in the patient's chart?

Advice and lessons learned:

- Start small. Before even broaching the subject of getting involved in root cause analyses, the team fostered a relationship with the hospital's Quality Management Department – reinforcing awareness that Language Services plays an important role in the quality of care that patients receive.
- Develop champions. The Language Services team at Phoenix Children's learned that the strong relationships they had forged with physicians and other health care professionals hospital-wide had a definite impact in bringing them to the table for the root cause analyses process.

Cost/benefit estimate:

Identifying where the greatest risks occur will help to identify necessary system changes and put policies in place to reduce the risk of future events. While there are no immediate documented benefits, the staff at Phoenix Children's believes that the results will be reflected in the long-term tracking of sentinel/near-miss events involving LEP patients.

Tools associated with this innovation:

- N/A

Meeting the Interpretation Needs of Deaf Patients

Intervention Title:
Meeting the Interpretation Needs of Deaf Patients – University of Rochester Medical Center; Rochester, N.Y.

Goal:
Build a language services workforce that includes American Sign Language (ASL) interpreting and offers remote ASL interpreter services for other hospitals

Innovation:
Established in 1982, the Interpreter Services Program at University of Rochester Medical Center (URMC) has become a preeminent provider of nationally certified interpreters who are experts in meeting the health care communication needs of deaf patients, their families and clinicians. The hospital shares its expertise in sign language medical interpreting with other hospitals through a non-profit remote service called "Strong Connections."

Result:
ASL interpreters at URMC recorded 5,200 interpreted appointments at the hospital in 2007.

Institution:
University of Rochester Medical Center
601 Elmwood Ave
Rochester, NY 14642

From the Experts:
"To have a strong interpreter program one first must have the right people in interpreter jobs. I might find a certified interpreter who was great working in the court system, but that doesn't necessarily mean he or she has the expertise or personality to work in the health care system. Medical interpretation requires unique expertise and to succeed. It also has to be a passion."

- Kathy Miraglia, MS
  Manager, Interpreter Services

Profile:
Academic research and teaching hospital, anchored by the 739-bed Strong Memorial Hospital

Clinical areas affected:
- Hospital-wide

Staff involved:
- Language services providers
- Nurses
- Physicians
- Social Workers

Timeline:
Grown steadily since inception in 1982

Contact:
Kathy Miraglia, MS
Manager, Interpreter Services
University of Rochester Medical Center
601 Elmwood Ave, Box 602
Rochester, NY 14642
(585) 275-4778
kathy_miraglia@urmc.rochester.edu

Innovation implementation:
Rochester is home to the largest per capita deaf population in the world, so hospital administrators at the University of Rochester Medical Center knew they needed to serve the health care communication needs of deaf patients. More than 35 years ago, the program to provide face-to-face American Sign Language interpretation began as an offshoot of the hospital's social work function. Now ASL interpreting is conducted at URMC through its language services department by more than 25 full- or part-time ASL interpreters.

The program places strong emphasis on hiring the best interpreters possible. New York is home to one of the world's most prestigious colleges for the deaf (just 10 minutes from URMC) and also has strong state laws governing language services for any patient with limited English-speaking proficiency. (Medical interpretation must be provided within 10 minutes of a patient's arrival in the emergency department, or 20 minutes elsewhere in the hospital).

URMC views its language services program for deaf patients as instrumental in the overall quality of clinical care. Policies, procedures and guidelines in the language services department are designed to consider both ASL and spoken languages. The same performance measures used to monitor quality of ASL language services are used to monitor language services for spoken languages.

For hospitals that lack the ability to provide face-to-face ASL interpretation, URMC launched its "Strong Connections" program to provide video-based ASL medical interpretation. This non-profit service provides an ASL interpreter via video to hospitals across America. The service improves quality of care, fosters better relationships between doctors and patients and helps hospitals meet their legal obligations regarding language services for deaf patients.

Advice and lessons learned:

1. Staffing counts. Hiring language services staff with experience in medical interpretation helps ensure a higher quality team. Not all certified interpreters understand the sensitivities and precision necessary for medical interpretation.
2. View patients and clinical providers as customers. URMC language services staff view physicians as "customers" of their services as much as patients. If the interpretation is not top-quality, timely and informative to provider, physicians will more reluctantly order an interpreter and nurses will not schedule an interpreter in advance.
3. Know the law. Disability laws, standards and guidelines around interpreting for deaf and hard of hearing patients are more stringent than those for spoken languages. State laws and Federal laws need to be taken into consideration when building a language services workforce.

Cost/benefit estimate:
A large-scale ASL interpreter program such as URMC's requires a significant investment on the part of any hospital.

Tools associated with this innovation:

- Visit Strong Connections information at www.urmc.rochester.edu/strongconnections.

Providing Evidence-Based Care to Families Who Speak a Language Other than English

Intervention Title:
Providing Evidence-Based Care to Families Who Speak a Language Other than English – Phoenix Children's Hospital; Phoenix, Ariz.

Goal:
Encourage nurses to base their choice of clinical practices and resources for families with limited English proficiency (LEP) on existing evidence, and to increase the frequency with which clinicians request an interpreter.

Innovation:
Phoenix Children's Hospital's Language Services, Patient and Family Education and Medical Library teams collaborated to compile evidence on language services from literature searches and from the National Guideline Clearinghouse. Evidence was presented as a practice model in an evidence-based practice workshop for nurses.

Result:
Not only has the evidence helped to educate nurses and other colleagues, but the Language Services Department has also strengthened their own understanding of the benefits of language services – utilizing the premise that evidence and data must drive standards, practice and growth in providing care to patients.

Institution:
Phoenix Children's Hospital
1919 E. Thomas Road
Phoenix, AZ 85016
602-546-1000

From the C-Suite:
"Benchmarking, citing the evidence and thinking creatively all work together to help our nurses develop best practices for safe, high-quality care for LEP families. Communicating evidence-based practice for Language Services places the program within the overall goal and structure for patient and family care at Phoenix Children's."

- Deborah Wesley
  Chief Nursing Executive and Vice President, Clinical Services

Profile:
One of the 10 largest, free-standing children's hospitals in the U.S. with 299 licensed beds, approximately 12,000 annual admissions and nearly 60,000 annual emergency department visits

Clinical areas affected:
- All

Staff involved:
- Clinical Education
- Language Services
- Librarian
- Patient & Family Education

Timeline:
From initiating the research to having tangible evidence product that could be presented to staff took approximately three months.

Contact:
Irma Bustamante
ibustam@phoenixchildrens.com
602-546-3352

Innovation implementation:
Like many hospitals and health systems nationwide, Phoenix Children's Hospital prides itself on its philosophy of providing evidence-based care for every patient. Previously, Language Services had not fully participated in this model that underlies clinical protocols, standards and care at Phoenix Children's. In order to fully understand the services required when a patient or family does not speak English proficiently, it is imperative that clinicians have access to credible information and data.

Language Services leadership collaborated with nurses and the hospital librarian to gather known evidence on providing care for LEP families from nursing and medical literature, and the National Guideline Clearinghouse – much in the same vein as hospital clinicians gather evidence regarding a new diagnostic procedure, or a treatment newly approved by the Food and Drug Administration.

Based on the evidence gathered, learning objectives were written for nurses: give examples of circumstances under which an interpreter should be called, list and describe how to choose resources for speaking with LEP patients and families, and describe known evidence-based practices for communicating effectively through an interpreter. Opportunities to teach to these objectives have included an evidence-based practice seminar for nurses, clinical orientation, hospital orientation and interpreter training. Also, the information has been used to update hospital policy and procedures for working with LEP families. As a next step, the team is developing a one-hour, online presentation of the evidence that will be broadly available to clinical staff hospital-wide.

Advice and lessons learned:

1. Collaborate with nurses. A powerful way to improve the services LEP families receive is to work with nurses at all levels of the organization. This results in understanding the perspective, expertise and educational practices of nurses. Once the "language" of nursing is learned, education around language services can be more effective.
2. Show the clinical relevance of language services. Presenting the case for language services through the lens of evidence-based practice helps all disciplines on the health care team grow to meet the communication needs of each family.

Cost/benefit estimate:

- N/A

Tools associated with this innovation:

- Providing Evidence-based Care to Families who Speak Another Language

PHOENIX CHILDREN'S Hospital

Providing Evidence-Based Care to Families Who Speak Another Language

Definitions

Language Access Services: The collective name for any service that helps an LEP patient obtain the same access to and understanding of health care as an English speaker would have. LAS can include the use of bilingual staff and interpreters as well as the provision of translated documents.[1]

LEP: [An individual who] cannot speak, read, or understand the English language at a level that permits him or her to interact effectively with clinical or nonclinical staff at a health care organization. (Patients needing services in American Sign Language would also be covered by this standard, although other Federal laws and regulations apply and should be consulted separately.)[2]

interpreter: a person who renders a message spoken in one language into a second language, and who abides by a code of professional ethics.[3]

translator: A person who translates written texts, especially one who does so professionally.[4]

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[1] Addressing Language Access Issues in Your Practice: A Toolkit for Physicians and Their Staff Members, 2005, California Academy of Family Physicians

[2] National Standards for Culturally and Linguistically Appropriate Services in Health Care: Executive Summary, 2001, U.S. Department of Health and Human Services, Office of Minority Health

[3] The Terminology of Health Care Interpreting: A Glossary of Terms, 2001, National Council on Interpreting in Health Care

[4] The Terminology of Health Care Interpreting: A Glossary of Terms, 2001, National Council on Interpreting in Health Care

Assessing Limited English Proficiency

Assessment of a client's command of English is the responsibility of the health care provider. It is a process that depends upon the judgment of the provider rather than a standardized tool. These cues may indicate a lack of understanding.[5, 6]

- ✓ saying, "I don't speak very much English."
- ✓ bringing or asking for an interpreter
- ✓ nodding or saying "yes" to all of your comments and questions (this may be a culturally-based demonstration of respect, or it may reflect a lack of understanding)
- ✓ incorrectly using the negative case, for example, using double negatives
- ✓ speaking a language other than English at home or with friends (the language spoken at home is what people use to express emotion and the one in which they have the biggest vocabulary)
- ✓ preferring to read in a language other than English
- ✓ having a brief residence in the United States (however, living here for a long time is not a good indicator of proficiency because many immigrants live in communities composed of people from the same homeland)
- ✓ not being able to explain or demonstrate key information

Notes

[5] "Overcoming the language barrier: advice for an interpreter," 1982, Diaz-Duque, O. F., American Journal of Nursing, 82, 1380-2.
[6] Westby, 2000

Applying the Evidence

Suzy comes on shift Tuesday morning. Her patient is a four-month old girl with an upper respiratory infection and fever. Guadalupe, the baby's mom depends on her seventeen-year-old niece, María, who is so dedicated that she won't leave her aunt Guadalupe's side. She has been interpreting since they came to the ED on Sunday.

1. Is Guadalupe's English proficiency limited? ❒ yes ❒ no

2. Describe the likely outcomes of continuing to use María as an interpreter.

3. What should Suzy do?

Javier has been in the U.S. for ten years, has a job with a construction company, and is able to manage his day-to-day life in English. One day, Javier brings his eight-year-old son to the ED. He completes the registration paperwork in English and shortly after, his son is admitted to the PICU. When the PICU nurse comes in to orient the family and do the patient profile, Javier is speaking on the phone in Spanish. He hangs up and turns his attention to the nurse. She begins the patient profile and Javier tells her he only speaks a little English. When she shows him where things are around the room, Javier nods politely and says things like, "yes," and "thank you." He does not ask any questions.

1. Is Javier's English proficiency limited? ❒ yes ❒ no

2. Describe how to decide if Javier needs an interpreter.

3. What should the nurse do?

Joy, the NICU nurse, has done everything she can think of to help Trinh, a Vietnamese mother, learn how to do a nasogastric tube feeding. She scheduled longer time for the teaching sessions to allow for the time it takes for the interpreter to repeat what she says to Trinh. She's given Trinh a handout in English that has pictures of each step, and has given Trinh and the interpreter time together to make notes on the pictures. Joy asked Trinh to demonstrate what she has learned, but Trinh is not able. Joy suspects the interpreter is not repeating everything, possibly because she lacks training.

1. Is Trinh's English proficiency limited? ❒ yes ❒ no

2. Describe how Joy can assess and choose an interpreter.

3. What should Joy do?

Pre Session:
Preparing the Interpreter for the Encounter

Before you go in the patient's room with the interpreter [7, 8, 9, 10]

Tell the interpreter about the encounter:

sex of child
diagnosis (if it's sensitive)
how long you think this will take

Encourage the interpreter to ask questions at any time.

Clarify the role of the interpreter if needed:

repeat everything without adding, omitting, or polishing

While you are in the room with the interpreter [11, 12, 13, 14, 15, 16, 17, 18]

Entering

- Walk in first. The interpreter follows.
- Introduce yourself in English or in the other language if you can.

Positioning & Technique

- When speaking or listening, watch the patient and family, not the interpreter (this way you can see gestures and non-verbal messages).
- Face and speak directly to the person in a normal tone of voice.
- Make eye contact and speak in the first person (for example, say, "you," not, "tell her.")
- The interpreter stands or sits in a way that allows you and the family to see and talk with each other as naturally as possible. You can ask the interpreter to move if necessary.
- Use the same language you would use if you were speaking to someone who speaks English.
- Ask the person to repeat what he or she understood, or to do what was just taught. This will give you an idea of how much the person understood.

Caution

- There is no need to oversimplify.
  Limited ability to speak English does not equal limited intelligence.
- Don't say anything you don't want interpreted. It's the interpreter's job to repeat everything.

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[7] Roles, models, and worldviews: A view from the States, 1997, Lee
[8] Roles, models, and worldviews: A view from the States, 1997, Lee
[9] "Communicating with Limited English Proficiency Persons: Implications for Nursing Practice," 1999, Villarruel, Portillo, & Kane, Nursing Outlook, 47, 262-270
[10] "Overcoming the language barrier: advice for an interpreter," 1982, Diaz-Duque, O. F., American Journal of Nursing, 82, 1380-2.
[11] "Psychiatric disorders among recently-arrived Eastern Europeans seen through a US refugee counseling service," 1993, Buchwald, D., Klacsanzky, G., & Manson, S.M., International Journal of Social Psychiatry, 39(3), 221-227
[12] Chrisman & Zimmer, 2000
[13] Department of Social Services, 1999
[14] Roles, models, and worldviews: A view from the States, 1997, Lee
[15] Guidelines for Use of Medical Interpreter Services, 2006, Association of American Medical Colleges.
[16] Toward Culturally Competent Care: A Toolbox for Teaching Communication Strategies, 2002, Mutha S, Allen C, Welch M., Center for the Health Professions, San Francisco.
[17] Addressing Language Access Issues in Your Practice: A Toolkit for Physicians and Their Staff Members, 2005, California Academy of Family Physicians
[18] Guide to Interpreter Positioning in Health Care Settings, 2003, National Council on Interpreting in Health Care

Finishing the encounter [19, 20, 21]

1. The interpreter may ask everyone in the room if they have any more questions.
2. When you leave the room, so does the interpreter.
3. Document interpreter services in the chart, no matter who provided the service. Write the name of the interpreter (or ID # if you used the phone).

Tips [22, 23, 24, 25, 26, 27, 28, 29, 30, 31]

Plan extra time (this could take two or three times longer than usual)

Be polite and show respect (for example, shake hands, use titles such as Mr. and Mrs.)

Ask one question at a time.

Use active words. Avoid the passive voice. (for example, "I will examine your abdomen rather than "Your abdomen needs to be examined.")

Avoid metaphors (*like a maze*), colloquialisms (*pull yourself up by our bootstraps*), idioms (*he is a brother*) because such phrases are unlikely to have equivalents in the second language.

Reword key concepts to provide redundancy. Repetition is an effective communication method.

Use specific rather than general terms (for example, daily rather than frequently).

Avoid medical terminology unless you know that the interpreter and family would be familiar with the equivalent term.

It is the practitioner's responsibility to explain terminology (for example, "work up," CT, VCUG), not the interpreter's role.

Use diagrams, pictures, and translated written materials to increase understanding.

Non-verbal communication does not mean the same thing in every culture. Ask.

Gain self-awareness about your own non-verbal communication.

On some occasions, interpreters speak or act on behalf of a person whose need they feel is not being met.

Do not ask the interpreter about their opinion about the client's state of mind. The interpreter does not have the expertise to judge someone's mental state.

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[19] California Standards for Healthcare Interpreters: Ethical Principles, Protocol, Guidance on Roles and Intervention, 2002, California Healthcare Interpreters Association
[20] National Standards of Practice for Interpreters in Health Care, 2005, National Council on Interpreting in Health Care
[21] Language Access Policy, 2007, Phoenix Children's Hospital
[22] National Standards of Practice for Interpreters in Health Care, 2005, National Council on Interpreting in Health Care
[23] Culture Clues: Communicating with Your Latino Patient, 2007, University of Washington Medical Center
[24] "Overcoming the language barrier: advice for an interpreter," 1982, Diaz-Duque, O. F., American Journal of Nursing, 82, 1380-2.
[25] Marcos, 1979
[26] "Psychiatric disorders among recently-arrived Eastern Europeans seen through a US refugee counseling service," 1993, Buchwald, D., Klacsanzky, G., & Manson, S.M., International Journal of Social Psychiatry, 39(3), 221-227
[27] Chrisman & Zimmer, 2000
[28] Department of Social Services, 1999
[29] Roles, models, and worldviews: A view from the States, 1997, Lee
[30] Addressing Language Access Issues in Your Practice: A Toolkit for Physicians and Their Staff Members, 2005, California Academy of Family Physicians
[31] Toward Culturally Competent Care: A Toolbox for Teaching Communication Strategies, 2002, Mutha S, Allen C, Welch M., Center for the Health Professions, San Francisco.

Receiving, Prioritizing and Filling Interpreter Requests

Intervention Title:
Developing Systems and Guidelines for Receiving, Prioritizing and Filling Interpreter Services Requests – University of Massachusetts Memorial Health Care (UMMHC); Worcester, Mass.

Goal:
To improve the quality and timeliness of language services by developing systems and guidelines for receiving, prioritizing and filling interpreter requests

Innovation:
The Interpreter Services Department developed dispatch guidelines, communications tools and visual assistance cues to help their centralized language service dispatchers prioritize and fill requests for language services both on campus and at their other clinical settings.

Result:
By overhauling the way they receive, prioritize and fill requests UMMHC has been able to decrease wait times for interpreter services on campus and off. Also by enhancing the way they communicate with doctors and nurses, they were able to increase provider satisfaction.

Institution:
University of Massachusetts Memorial Health Care
55 Lake Avenue North
Worcester, MA 01655

From the Leadership:
"As requests for translation services come in, it is critical for our dispatchers to prioritize them and to document accurately what services will be provided, when and where – and who will provide them. This documentation and prioritization has led to increased efficiency and ultimately more timely and accurate language services."

- Connie Camelo
  Director of Interpreter Services

Profile:
1,093 bed hospital and health system which is a clinical partner of the University of Massachusetts Medical School.

Clinical areas affected:
- On campus and off campus patient care units

Staff involved:
- Medical providers
- Dispatchers
- Interpreter Services Department staff

Timeline:
One month to begin the new system with changes being made on an ongoing basis.

Contact:
Connie Camelo
Director of Interpreter Services
55 Lake Avenue North
Worcester, MA 01655
508-856-3780
cameloc@ummhc.org

Innovation implementation:
At many hospitals and health systems, language service requests are processed through a centralized dispatch unit. To assist their dispatchers in prioritizing and filling requests in a timely and accurate manner, UMMHC created dispatch guidelines, communications tools and visual assistance cues.

The team created a fax-based request form that details what department is making the request and what services are requested. All incoming request are now made by fax, which allows dispatchers to create a paper trail for every request – ultimately

reducing errors and increasing accountability. Requests are sorted into one of two categories and placed into a corresponding request cue – either (a) same day requests or (b) requests for future services.

The requests are color coded so that the dispatchers can easily tell the location where translation services are needed. Requests for services on campus are placed on pink paper and requests for services off campus are on white paper.

To alert providers that their requests have been processed, inform them when the translation will be provided and in what format (live or telephonic), the Translations Services Department created a standard email to be sent 48 hours in advance of appointments. To assure that the emails reach the appropriate person, the team worked with each hospital department to create a tailored distribution list.

In addition, the department created a transfer-of-shift log. The log allows interpreters and dispatchers to pass along relevant information and details to staff working the next shift.

The changes implemented by the department have led to a decrease in errors reduced wait times for translation and other language services.

Advice and lessons learned:

1. Buy-in is key. It is important to work with providers to determine how interpreter services requests should be prioritized.
2. Scheduling helps predict demand. UMMHC learned that scheduling interpreters and keeping detailed records on requests helps predict demand on a given day.
3. The system has to fit the users. Hospitals may have to adopt different mechanisms for receiving interpreter requests (e.g. fax or phone versus computerized scheduling system), depending upon the resources and system of the department making the request (e.g. inpatient versus outpatient)

Cost/benefit estimate:

Besides staff time, there were minimal costs associated with implementing the new dispatch system. The new system allows the department to more accurately report wait times, more precisely schedule interpreters to meet demands and has resulted in decreased wait times. Eighty percent of patients now receive translation service within 15 minutes.

Tools associated with this innovation:

- Interpreter Request Form
- Interpreter ASAP Request Form
- Conference Request Form
- Appointment Notice Form
- Telephone Interpreter E-mail to Providers
- After Hours Event Log
- Best Practices Guidelines

UMassMemorial
Interpreter Services

Interpreter Request Form

Future Appointment Requests (24-hour)

NAME OF PATIENT: _____

MEDICAL RECORD #: _____

TELEPHONE #. _____

LOCATION OF INTERPRETATION: _____ **CAMPUS** _____

PROVIDER _____ **PHONE :** _____

DATE OF INTERPRETATION _____ **TIME:** _____

LANGUAGE: _____

LENGTH OF INTERPRETATION: _____

PERSON REQUESTING: _____ **EXTENSION:** _____

COMMENTS: _____

INTERPRETER CONTACTED:

				AVAILABILITY	
				YES	NO
				YES	NO
				YES	NO

UMassMemorial
Interpreter Services

Appointment Notice Request

FAX : 508-856-8627

LANGUAGE _____

NAME OF PATIENT TO BE CALLED _____

MEDICAL RECORD _____

TELEPHONE No. _____

PERSON REQUESTING _____ TELEPHONE _____

DEPARTMENT _____ CAMPUS _____

APPOINTMENT CHANGED : FROM:

DATE/ TIME :

PROVIDER:

LOCATION:

TO:

DATE/ TIME : _____

PROVIDER: _____

LOCATION: _____

COME TO APPOINTMENT

DATE/ TIME : _____

PROVIDER: _____

LOCATION:

FOR USE OF THE " ISO " ONLY

ABLE TO COMPLETE TRANSACTION

UMassMemorial
Interpreter Services

ASAP Interpreter Request

Spanish Portuguese Vietnamese Albanian Other

Patient Name _____

Medical Record _____

Date: _____ Time of call: _____ (time request was received by interpreter services)

Requested Time: _____ (***actual*** time the interpreter is needed/requested; maybe the same as "time of call")

Person Calling: _____ Ext # _____

Provider MD RN SW _____ Beeper _____

Location: _____

Length: 15’ 30’ 60’ 90’

Triage	Procedure	Consent	Fam. Mtg.
Admission	Discharge / Teaching	Sick Visit	OT / PT

Is It a Critical Need? YES ☐ NO ☐

Interpreter Dispatched _____ Time: _____

Interpreter Dispatched _____ Time: _____

Phone _____

No follow-up from clinic _____

Clinic Staff Used _____

Request CX by Clinic _____

Family Member Used _____

PT seen W/O an Interpreter _____

New Language _____

UMassMemorial
Interpreter Services

Conference Call Request

LANGUAGE _____

NAME OF PATIENT _____

DATE OF BIRTH: _____

MEDICAL RECORD _____

TELEPHONE _____

PERSON REQUESTING _____ **Direct Line** _____

BEEPER # _____

DEPARTMENT _____

****Please do not include any information.This should be provided directly to the interpreter.**

FOR USE OF THE " ISO "					ABLE TO COMPLETE TRANSACTION	
INTERPRETER			DATE		YES	NO
INTERPRETER			DATE		YES	NO
INTERPRETER			DATE		YES	NO

Transaction Completed : Yes No

Interpreter must check if encounter form was completed: Yes No

UMassMemorial

Telephone Interpreter Message to Providers

From: Batcheller, F. Angela
Sent: Wednesday, February 06, 2008 6:22 PM
To: Smith, John
Subject: Telephone Interpreter Message (5)

Telephone Interpretation will be provided for the following appointment (s).

- You do **not** need to call or page interpreter services to utilize this service as your clinic now has direct access to telephonic interpretation.
- Patient and provider should be in the room together with the speaker phone (or dual handset) when placing the call. (If no speakerphone is in the room, ask your manager where these are located).
- On the speakerphone (or dual handset) is a sticker label with the information you need to place the call and to access the interpreter (there will also be posters in your clinic with more detailed instructions).

MR #	Date	Time	Dept.	Doctor / Provider	Language

If you need further assistance please call Interpreter Services at 856-5793.

Cordially,

Angie Batcheller
Scheduling Coordinator
Interpreter Service Office
Tel 508-856-5793
Fax 508-856-8627
Batchelf@ummhc.org

UMassMemorial

After-Hours Event Log

Fax a Copy to University (6-8627) or Memorial (4-1398) at End of Shift

Name: ______________________ Date: __________________

☐ University ☐ Memorial

☐ Evening ☐ Night ☐ Day

Page: ________ of ________

☐ No Patients Pending ☐ Patients Pending, fill information below

MR: ____________ Time: _________

Lang: _________________________

Location: _______________________

End-of-Shift Status

☐ Discharged: ___________________

☐ Admitted: ____________________

☐ Pending: _____________________

Interpreter Contacted	Time	Interpreter Contacted	Time
		Offered Telephonic Interpretation: ☐ Agreed to Use ☐ Refused	
Notes:			

MR: ____________ Time: _________

Lang: _________________________

Location: _______________________

End-of-Shift Status

☐ Discharged: ___________________

☐ Admitted: ____________________

☐ Pending: _____________________

Interpreter Contacted	Time	Interpreter Contacted	Time
		Offered Telephonic Interpretation: ☐ Agreed to Use ☐ Refused	
Notes:			

MR: ____________ Time: _________

Lang: _________________________

Location: _______________________

End-of-Shift Status

☐ Discharged: ___________________

☐ Admitted: ____________________

☐ Pending: _____________________

Interpreter Contacted	Time	Interpreter Contacted	Time
		Offered Telephonic Interpretation: ☐ Agreed to Use ☐ Refused	
Notes:			

MR: ____________ Time: _________

Lang: _________________________

Location: _______________________

End-of-Shift Status

☐ Discharged: ___________________

☐ Admitted: ____________________

☐ Pending: _____________________

Interpreter Contacted	Time	Interpreter Contacted	Time
		Offered Telephonic Interpretation: ☐ Agreed to Use ☐ Refused	
Notes:			

Guidelines for Using a Telephone Interpreter

Telephonic interpretation is provided through a certified outsourced vendor and meets HIPPA regulations. It is an acceptable method of communication with Limited English Proficiency (LEP) individuals for almost all situations, including consent forms, admissions, and discharges.

Helpful Hints:

- Once the interpreter is added to your call, provide a brief summary of the nature of the interaction.
- Provide the information in three sentences. Avoid technical terms, slang, or jargon.
- Speak normally and allow for natural pauses.
- Interpreters convey meaning- for-meaning, not word for word transliteration.
- Concepts familiar to English often require explanation or elaboration in other languages.
- Since the interpreter cannot see what is happening, provide appropriate context and explanation.
- Don't leave the interpreter on hold. You can call back as many times as you need to.

When to Use a **Face-to-Face** Interpreter

Though spoken language interpreters are readily available over the telephone, there are some situations in which it is better to utilize one of our face-to-face interpreters on staff.

Situations best suited for a face-to-face interpreter include:

• Serious diagnoses or other bad news • Patient's first appointment • When the patient is hard-of-hearing • Family meetings or group discussions • Interaction requires visual elements • Complicated or personal medical procedures or news

When to Use a **Telephone** Interpreter

Spoken language interpreters are available over the telephone twenty-four hours a day, seven days a week. Because a telephonic interpreter is readily available at any time, you may wish to utilize these services in lieu of a face-to-face interpreter.

Situations best suited for a telephone interpreter include:

• Logistical or simple matters • triage or sick visits • pain assessment • patient requested encounters • urgent matters that require immediate attention • phone calls to patients at home • explanation of medications • at the beginning of an appointment while waiting for the face-to-face interpreter to arrive

Tools to Meet Patients' Language Needs

Intervention Title:
Tools to Meet Patients' Language Needs – University of Massachusetts Memorial Health Care (UMMHC); Worcester, Mass.

Goal:
To remind clinical staff of their patients' language needs and how to meet those needs.

Innovation:
Developed a laminated poster to alert staff of patient's language needs and to remind them on how to access interpreter services.

Result:
The poster is now used in inpatient units and is located on the patient's door. The poster has also helped encourage providers to prescheduled interpreter service requests.

Institution:
University of Massachusetts Memorial Health Care
55 Lake Avenue North
Worcester, MA 01655

From the Leadership:
"We have found that it is extremely important to raise constant awareness among medical staff about our patients linguistic needs when it comes to communicate medical information related to their care. However, our services are worthless if providers don't have information readily and visually available on how to access interpreter services. Therefore, we have found these posters to be particularly helpful because they provide a constant reminder in the clinical setting to assess and meet those needs"

- Connie Camelo
  Director of Interpreter Services
  University of Massachusetts Memorial Health Care

Profile:
1,093 bed hospital and health system which is a clinical partner of the University of Massachusetts Medical School.

Clinical areas affected:
- Inpatient Units

Staff involved:
- Interpreter Service Department staff
- Inpatient providers and staff

Timeline:
It took approximately one month to design and print the posters and distribute the posters to the inpatient units.

Contact:
Connie Camelo
Director of Interpreter Services
University of Massachusetts Memorial Health Care
55 Lake Avenue North
Worcester, MA 01655
508-856-3780
cameloc@ummhc.org

Innovation implementation:
Many large hospitals and health systems struggle to remind providers of the availability of language services and of the importance of meeting their patients' linguistic needs when it comes to communicating medical information related to their care. To address this issue and to remind all inpatient staff to meet their patient's language needs, UMMHC developed a laminated poster. The poster is affixed to the door of the patient's room and includes the language preferences of the patient and how to access a phone or in-person interpreter.

Initially, two posters were used to display the information. One poster informed providers of the patient language's need and the other poster informed them on how to access language services. However, the process of posting both posters became cumbersome for the staff. In order to simplify the process and increase compliance, both posters were combined in one. The poster was then tested in inpatient settings. Members of the Interpreter Services Department did daily rounds to verify that the posters had been posted at the door of Limited English Proficient patients. Seventy percent of the patients who had requested an interpreter had a poster affixed to their door. Based on this success, the hospital's administration is in the process of working to require the sign to be posted on all inpatient doors similar to NPO (nothing by mouth) status or isolation notification.

The posters serve as an effective reminder and have increased the use of language services.

Advice and lessons learned:

1. Two for the price of one. The department recently combined the two posters to include both the patient and provider information on one poster.
2. Check posting. UMMHC discovered that having interpreters spot checking units to make sure the posters were hung helped increase compliance and utilization.
3. Education increases utilization. The posters have helped providers plan ahead for their language service needs. Prior to the posters 100 percent of inpatient's requests were same day but now five percent of requests are prescheduled. The department's goal is to ultimately increase prescheduled of inpatient's requests to 20 percent in order to better predict demand.

Cost/benefit estimate:

There were only minimal costs to implement the new program, including design and printing of the posters. The posters have increased prescheduled service requests from zero percent to five percent and increased the overall utilization of interpreter services.

Tools associated with this innovation:

- Interpreter-Telephonic Poster

UMassMemorial
Interpreter Services

Interpreter Required

Room #: _____

(Print room number)

Language: _____

(Print patient language)

Face-to-Face Interpretation

Available 24/7. Interpreters can be scheduled in advance for same day and next day needs.

508-856-5793

Telephonic interpretation is also readily available for any immediate needs.

Telephonic Interpretation

A speakerphone can provide you with a "virtual" interpreter. (*Ask the staff for phone location.)*

Instructions for connecting directly will be with the phone. You will need to call: 800-264-1152 and provide the operator with the access code (832018), language, and medical record number of the patient.

Training and Tools to Ensure Accurate Screening and Registration of Patient Language Needs

Intervention Title:
Training and Tools to Ensure Accurate Screening and Registration of Patient Language Needs – Cambridge Health Alliance; Cambridge, MA

Goal:
Ensure that registration staff accurately screen and register patient language needs

Innovation:
Developed a curriculum and supporting materials to ensure that registration staff consistently and accurately register patient language needs

Result:
The accurate screening of patient language needs at registration has led to improved collection of accurate language information and an increase in the use of interpreter services during patient encounters as staff members are more aware of who is a limited English proficient (LEP) patient.

Institution:
Cambridge Health Alliance
1493 Cambridge Street
Cambridge, MA 02139
617-665-1000

From the Experts:
"The proper registration of patient language needs allows us to provide timely language services to the diverse patients in our care from beginning to end. It is important that we understand who is in the hospital and what kind of support they will need. Without the language preferences being properly registered there is no realistic way that this can happen consistently. Working to educate and support our registration staff about the importance of this effort has made it a clear success."

- Loretta Saint Louis, PhD
  Quality Specialist for Linguistic Services

Profile:
300-bed hospital in an academic public health system

Clinical areas affected:
- Registration
- Scheduling

Staff involved:
- Language services department
- Registration
- Scheduling
- Information technology
- Marketing department

Timeline:
Developing the comprehensive set of tools and guidelines for registration staff took 2-3 months.

Contact:
Loretta Saint Louis, PhD
Quality Specialist for Linguistic Services
617-591-6955
Lsaint-Louis@challiance.org

Innovation implementation:
An important part of delivering quality language services to all of the patients that require them is ensuring that their needs are accurately screened for – and documented during – the registration process. Frequently, staff will mistakenly assume patients' preferred language, or will hesitate to ask the questions necessary to accurately determine it. Failure to do this will mean that language needs are not always met in an appropriate and timely manner.

To ensure accurate registration of all relevant patient language needs data, the team at Cambridge Health Alliance (CHA) worked to implement a reliable process for language screening. The first step was coordinating with the information technology department to add fields to the existing EPIC patient registration system. These include recording the patient's primary language at home, preferred language for care and preferred language for written materials.

Next the CHA team developed an educational curriculum for introducing registration staff to the importance of consistently collecting this information. This curriculum clearly explains why it is vital to accurately record this information, identifies the subtle differences between the data fields and underscores the impact that failing to record the information can have on the quality of care the patient receives.

To support the effort, a standard script was developed for the registration staff, as well as a poster that explained the patients' right to an interpreter. The poster offers an easy way for patients to request an interpreter, providing a visual, translated listing of over 30 languages. When unable to communicate with a registrar, the patient can point to a language and have the appropriate interpreter called. If one is not available, the registration staff also now have access to telephone interpreters so that all patient needs can be met.

Advice and lessons learned:
1. Look to existing resources. Before developing custom educational materials, be sure to look for existing resources that can be adapted to fit your needs. CHA staff modified pre-existing state department of health resources for the language poster.
2. Educate staff persistently. It is difficult to ensure uniform adherence to data collection procedures for this type of information. Extra effort must be made to persistently and regularly re-educate staff on the need to collect accurate language information.

Cost/benefit estimate:
Developing the system and supporting materials for registering accurate patient language needs data does not involve new costs and can be handled with existing staff resources. The long-term benefit of recording this information is substantial, both in providing the patients with high-quality, safe care but also in understanding the true language needs of a community.

Tools associated with this innovation:
- Language poster
- Registration script

Interpreter Services

You have the right to a medical interpreter at no cost to you. Please point to your language. A medical interpreter will be called. Please wait.

Albanian

Shqip

Keni të drejtën për përkthyes falas gjatë vizitës mjeksore. Ju lutem tregoni me gisht gjuhën që flisni. Ju lutem prisni, do t'ju gjejmë një përkthyes për vizitën mjekësore.

Amharic

ሕማርኛ

ሕክምና በሚወስዱበት ያለምንም ወጪ አስተርጓሚ የማግኘት መብት አለዎት። የሚናገሩትን የሚረዱበትን ቋንቋ በመጠቆም ያመልክቱ። የሕክምና አስተርጓሚ እስኪጠራ ድረስ እባክዎ ይታገሱ።

Arabic

عربي

لك الحق بمترجم طبي مجاناً . رجاءً أشر إلى لغتك.
سوف ندعو مترجماً طبياً . انتظر من فضلك .

Armenian

Հայերեն

Դուք իրավունք ունեք անվճար բժշկական թարգմանիչ ստանալ։ Խնդրեմ մատնանշեք Ձեր լեզուն։ Բժշկական թարգմանիչ մը կը կանչուի Ձեր համար, Խնդրեմ սպասեք։

Bengali

বাংলা

নিঃখরচায় মেডিক্যাল দোভাষী পাবার আপনার অধিকার আছে। দয়া করে আপনার ভাষাকে নির্দিষ্ট করুন। একজন মেডিক্যাল দোভাষীকে ডাকা হবে। দয়া করে অপেক্ষা করুন।

Cape Verdean Creole

Kriolu di Kabu Verdi

Nho/nha ten direitu di ten un intérpiti na saúdi, di grasa. Pur favor, nho/nha mostrâ ku dêdu kal ki ê lingua di nho/nha. Ta txumadu un intérpiti. Nho/nha spera, pur favor.

Chinese

中文

Cantonese	*Mandarin*	*Toisanese*	*Taiwanese/Fukienese*
廣東話	國語	台山話	台灣語/福建話

你是有權利要求一位免費的醫療傳譯員。
請指出你的語言。醫療傳譯員將會為你服務。 請稍候。

French

Français

Vous avez droit gratuitement aux services d'un interprète médical. Veuillez indiquer votre langue. Nous allons contacter un interprète médical. Veuillez patienter s'il vous plaît !

German

Deutsch

Sie haben kostenlosen Anspruch auf eine/n medizinische/n Dolmetscher/in. Bitte deuten Sie auf Ihre Sprache. Ein/e medizinische/r Dolmetscher/in wird gerufen. Bitte warten Sie.

Greek

Ελληνικά

Είναι δικαίωμά σας να έχετε ιατρικό διερμηνέα χωρίς καμμία χρηματική επιβάρυνση. Σας παρακαλώ υποδείξετε την γλώσσα που μιλάτε. Θα ειδοποιήσουμε ένα διερμηνέα. Παρακαλώ περιμένετε.

Haitian Creole

Kreyòl Ayisyen

Ou gen dwa a yon entèprèt medikal gratis. Tanpri montre nou lang pa w la. N ap rele yon entèprèt medikal pou ou. Tanpri ret tann.

Hebrew

עברית

יש לך זכות להשתמש בשרותיו של מתורגמן רפואי ללא תשלום. אנא הצבע על השפה שלך. מייד ניצור קשר עם המתורגמן. אנא המתן.

Hindi

हिन्दी

आपको निःशुल्क चिकित्सीय दुभाषिया (अनुवादक) प्राप्त करने का अधिकार है। कृपया अपनी भाषा की ओर इशारा करें। चिकित्सीय दुभाषिया (अनुवादक) को बुलाया जाएगा। कृपया प्रतीक्षा करें।

Hmong

Hmoob

Koj muaj cai txais kev pab txhais lus dawb tsis them nyiaj hauv kev kho mob. Koj taw tes rau koj hom lus no. Mam hu tus txhais lus. Thov nyob tos.

Italian

Italiano

Avete diritto ad un interprete medico. Il servizio è gratuito. Indicate la vostra lingua e attendete; un interprete medico sarà chiamato al più presto.

Japanese

日本語

医療通訳を無料でご利用になれます。「日本語」の文字を指示してください。日本語を話す医療通訳を手配いたしますのでお待ち下さい。

Khmer

ខ្មែរ

អ្នកមានសិទ្ធិទទួលអ្នកបកប្រែផ្នែកវេជ្ជសាស្ត្រដោយឥតគិតថ្លៃ សូមចង្អុលបង្ហាញភាសារបស់អ្នក យើងនឹងហៅអ្នកបកប្រែផ្នែកវេជ្ជសាស្ត្រមកជួយអ្នក សូមរង់ចាំ។

Korean

한국말

무료로 의료 전문 통역사의 도움을 받을 수 있습니다. 해당 언어를 선택하십시오. 의료 전문 통역사에게 연결 될 것입니다. 잠시만 기다려 주십시오.

Laotian

ຄົນລາວ

ທ່ານມີສິດຂໍນາຍແປພາສາໂດຍທ່ານບໍ່ຈຳເປັນຕ້ອງຈ່າຍ. ກະລຸນາຊີ້ໃສ່ພາສາຂອງທ່ານ. ນາຍພາສາຈະຖືກເອີ້ນມາ. ກະລຸນາລໍຖ້າ.

Polish

Język polski

Jesteś upoważniony do korzystania z usług polskiego medycznego tłumacza. Usługa ta jest na nasz koszt. Proszę wskazać swój język. Proszę czekać, łączymy z tłumaczem.

Portuguese

Português

Você tem o direito a um intérprete de graça. Por favor aponte para a língua que você fala. Um intérprete será chamado. Por favor espere.

Russian

Русский

Вы имеете право на услуги бесплатного медицинского переводчика. Назовите, пожалуйста, свой язык. Медицинский перводчик будет вызван. Пожалуйста, подождите.

Serbo-Croatian

Srpsko-Hrvatski

Vi imate pravo na besplatnog medicinskog prevodioca. Molimo vas da pokazete na vas jezik. Medicinski prevodilac ce biti pozvan. Hvala i molimo vas da sacekate.

Somali

Soomaali

Waxaad xaq u leedahay in tarjubaan caafimaad oo lacag la aan ah laguugu yeero. Fadlan farta ku fiiq afkaaga. Tarjubaan caafimaad baa laguu wacayaa ee sug!

Spanish

Español

Usted tiene derecho a un intérprete médico gratis. Por favor señale su idioma. Llamaremos a un intérprete médico. Por favor espere.

Swahili

Swahili

Ni haki yako kuwa na mfatsiri wa lugha ya matibabu bila malipo yoyote. Tafadhali chagua luga yako katika hizi. Mfafrishaji wa luga ya matibabu ataitwa. Ngojea tafadhali.

Tagalog

Tagalog

May karapatan kang magkaroon ng taga-ugnay medisina na walang bayad. Ituro ang iyong wika. Maghintay at tatawagin ang taga-ugnay.

Thai

ไทย

ท่านมีสิทธิ์ขอล่ามแปลภาษาทางการแพทย์ โดยไม่เสียค่าใช้จ่ายใดๆ กรุณาชี้ภาษาของท่าน กรุณารอสักครู่ เราจะโทรศัพท์เรียกล่ามให้ท่าน

Urdu

اردو

آپ مفت طبی ترجمان کی خدمت کے مستحق ہیں۔
براہ کرم اپنی زبان کے نام کی طرف اشارہ کیجئے۔
آپ کے لیے ایک طبی ترجمان بلایا جائیگا۔
براہ کرم انتظار کیجئیے۔

Vietnamese

Tiếng Việt

Quý vị có quyền được một thông dịch viên y tế miễn phí. Xin chỉ vào ngôn ngữ của quý vị. Chúng tôi sẽ gọi một thông dịch viên y tế. Vui lòng chờ trong giây lát.

Massachusetts Department of Public Health, July 2001

Tools for Registration

Reporting Race, Ethnicity and Language:

A Guide to Helping Patients

Before you continue…

PLEASE

remember that it is very important to ask ALL patients.

No Assumptions!

Introduction

Several studies have shown that a brief introduction before asking the questions makes patients more comfortable.

This will make your job easier and will make the data we collect better!

Introduction

The Introduction should tell patients:

- **We are collecting race and ethnicity data from all patients**
- **We need this information to know more about your culture and language**
- **This will only be used to give all patients the best care possible.**

Introduction

At the Cambridge Health Alliance, we provide the best care possible for all of our patients. We are now collecting race and ethnicity information from all of our patients to help us know them better. We can learn more about the communities we serve if we know your race and ethnicity. We can provide better care for all patients if we know more about race, ethnicity, language and culture. This information will only be used to give all patients the best care.

If a patient asks "Why?"

We are collecting this information from all patients. This will help us to see differences in health among different populations.

We can reduce those differences by making sure that all patients receive the same quality of care.

If a patient asks "Why?"

There are new state regulations requiring that all hospitals in Massachusetts to collect this information.

This information will only be used within the Cambridge Health Alliance to improve the care that our patients receive.

If a patient asks about Privacy

Your privacy is protected.

We will not share this information with Immigration

If a patient asks "What is Ethnicity?"

Your ethnicity refers to your background, heritage, culture, ancestry or sometimes the country where you were born. You can tell me more than one.

For example, please let us know if you are Haitian, Vietnamese, Brazilian, etc.

Record Patient's Response

If the patient responds "I'm Multiethnic"

We can record as many categories as you need to describe yourself. Please tell me all of your ethnicities.

Record Patient's Response

If the patient cannot describe their ethnicity

Give examples!

For ethnicity, please let us know if you are Haitian, Vietnamese, Brazilian, etc. You can tell me in your own words and I will record your response.

Record Patient's Response

If category not found, use Free Text!

If a patient asks "What is meant by Hispanic, Latino or Spanish?"

A person is Hispanic, Latino or Spanish if they or their family come from a country in Latin America or another Spanish-speaking country.

Record Patient's Yes or No Response

If the response is some, partly, half, or a little, please enter Yes.

If a patient declines, enter No.

If a patient asks "What is Race?"

Your race is the group or groups that you identify with as having similar physical characteristics or similar social and geographic origins. You can tell me more than one.

For example, please let us know if you are Asian, Black, White, etc.

Record Patient's Response

If the patient responds "I'm Multiracial"

We can record as many categories as you need to describe yourself.

Please tell me all of your races.

Record Patient's Response

If the patient cannot describe their race

Give examples!

For race, please let us know if you are Asian, Black, White, etc.

You can tell me in your own words and I will record your response.

Record Patient's Response

If category not found, use Free Text!

Asking about Language

What is the primary language spoken in your home?

In what language do you prefer to read health-related materials?

In what language do you prefer to receive your medical care?

Asking about Language

Have you requested an interpreter if one is needed?

REMEMBER

You can use Phone Interpretation.

Dial 3333 and press 2 for phone

If the patient thinks the answers are obvious

I understand that you may think that the answers are obvious. I have to ask every patient. It is really important that we record your response.

Record Patient's Response

If the patient refuses

I understand that these questions may be a little sensitive. We are required to ask all patients. This information will be kept private and will only be used to improve the healthcare we provide to all.

Record Patient's Response

If the patient still refuses

That is okay. You have the right to not answer these questions.

Record Patient's Response as Declined

If the patient gets upset

Please stay calm. I will call my manager.

If the patient wants more information

Here is a pamphlet explaining more about why we are collecting this information and how it can be used to better meet the needs of communities that we serve.

THANK YOU!

Your help with collecting this information is really important.

Thank you for all that you do for the Cambridge Health Alliance and our patients.

Obrigada Merci Gracias Mesi

This tool, "Reporting Race, Ethnicity and Language: A Guide to Helping Patients" was developed in collaboration with:

MA Department of Public Health
Boston Public Health Commission
MGH Disparities Solution Center
MA Hospital Association
Cambridge Health Alliance

Using Data to Improve Interpreter Scheduling

Intervention Title:
Using Data to Improve Interpreter Scheduling – Children's Hospital and Regional Medical Center; Seattle, Wash.

Goal:
Evaluate and (if necessary) improve scheduling of interpreters working on in-patient and out- patient units, and in the emergency department

Innovation:
Enlisted interpreters to keep data logs for analysis in order to determine and, if necessary, better meet the language service needs of the medical team, patients and their families

Result:
It was evident from the data logs that the first family of the day and night had a long wait, so the hospital decided to change the way they were scheduling interpreters to reduce patient wait times. The hospital is now able to schedule interpreters within six to eight minutes of the time that they are needed and has reduced the number of replacement interpreters used.

Institution:
Children's Hospital and Regional Medical Center
4800 Sand Point Way, NE
Seattle, WA 98105
206-987-2000

From the C-Suite:
"Until the hospital began collecting this interpreter data, it was guess-work trying to determine where there were scheduling issues or if patient and family needs were being met. If we felt we needed more interpreters or to do things in a different way, we had no real evidence to back up that belief. Now we do. In fact, we have already begun implementing changes based on the findings."

- Patrick Hagan
  President and Chief Operating Officer

Profile:
250-bed hospital, pediatric referral center for Washington, Alaska, Montana and Idaho

Clinical areas affected:
- Emergency department
- In-patient units
- Out-patient units

Staff involved:
- Dispatch
- Interpreters
- Manager of interpreter services
- Research assistant (or, if available, an electronic system to analyze data)

Timeline:
Piloted in December 2006, the team then trained interpreters to collect data in January 2007 – with the first data becoming available in March 2007. By May 2007, there was enough data to adjust interpreter scheduling to meet hospital and patient needs.

Contact:
Sarah Rafton, MSW
Interim Manager, Center for Diversity
sarah.rafton@seattlechildrens.org
206-987-3881

Innovation implementation:
Like many hospitals across the country, Children's Hospital and Regional Medical Center was using its language services reactively rather than proactively, which perhaps gave a false perception to some on the medical teams that using interpreters was a burden that still left some patient's needs unmet.

To better assess interpreter staffing needs, the hospital's Interpreter Services Department and Center for Diversity enlisted interpreters to collect data to determine the average time an interpreter should be scheduled for an Emergency Department (ED) encounter and for in-patient and out-patient care. The data was then analyzed by a research assistant, and relayed back to the interpreters on a regular basis to keep them engaged and help with problem solving.

Previous to the Speaking Together program's introduction, the hospital typically scheduled interpreters for 90 minutes per ED encounter. From data collected, the hospital learned that daytime interpreter shifts in the ED were fairly accurate. On night shifts, however, the team learned that interpreters were spending two to three hours on average for every ED encounter – sometimes taking double the 90-minute encounter estimate. In the in-patient setting, the hospital was only off-schedule by a couple of minutes, but an extra 15 minutes per encounter was needed in the out-patient setting.

The data also uncovered problems with using replacement interpreters assigned to the out-patient setting who are often coming from an agency. Such interpreters did not want to be scheduled for more time, because they wouldn't be compensated by the agency. In these instances, a replacement interpreter may be called, but the data showed calling in a replacement interpreter in the middle of treatment is disruptive for the patient, family and provider.
By scheduling staff interpreters more efficiently, the hospital was able to reduce their use of replacement interpreters.

Now interpreters are being scheduled proactively to meet the needs of hospital staff, patients and their families and provide more timely, efficient and effective service.

Advice and lessons learned:
1. Customize interpreter schedules. In-patient and out-patient interpreter needs can be very different by clinical area and require customized interpreter schedules rather than a 'one-time fits all' approach.
2. Involve interpreters in data collection. This improves morale, while significantly reducing interpreter anxiety that the data will be used against them.
3. Continually share information. It is important to share how you are using the data along the way to keep interpreters engaged.
4. Data may be useful down the road. Data collected for one purpose is often useful for others, so it is important to be as thorough as possible.

Cost/benefit estimate:
While no formal cost/benefit analysis has been conducted, the hospital is now able to schedule interpreters within six to eight minutes of actual time that interpreting is needed, which has certainly reduced overstaffing and associated costs. Additionally, the hospital has been able to reduce the number of replacement interpreters from 42 to 15, which limits disruption of care, but also saves on the cost of replacement interpreters and the time lost getting the new interpreter up to speed.

Tools associated with this innovation:
- Interpreter time collection form/data log

Speaking Together – Interpretation Time Collection Form

Location / Date (ER, Unit, Clinic)	**Time Requested** *If Planned:* *Scheduled Start Time* *OR* *If Unplanned* *Time notified*	**Scheduled Time Period** (e.g. 30min)	**Time You Arrived**	**Medical Encounter Start Time** (Provider, MD in room)	**Medical Encounter Stop Time** (Provider, MD leaves room)	**Approx Time Interpreting for Medical Encounter** (minutes spent interpreting)	**Assignment End Time**	**Care Provided**	**Notes and Suggestions**
Location: _____ _____ **Date:** _____	Time requested: _____ *Circle:* Impromptu Requested Replacement.			☐ Waited over 10 minutes for provider				Inpatient ☐ Assessment/Update ☐ Discharge ☐ Consent ☐ Teaching/Other Outpatient ☐ Assessment ☐ Discharge ED ☐ Triage ☐ Assessment ☐ Discharge	
Location: _____ _____ **Date:** _____	Time requested _____ *Circle:* Impromptu Requested Replacement			☐ Waited over 10 minutes for provider				Inpatient ☐ Assessment/Update ☐ Discharge ☐ Consent ☐ Teaching/Other Outpatient ☐ Assessment ☐ Discharge ED ☐ Triage ☐ Assessment ☐ Discharge	
Location: _____ _____ **Date:** _____	Time requested _____ *Circle:* Impromptu Requested Replacement			☐ Waited over 10 minutes for provider				Inpatient ☐ Assessment/Update ☐ Discharge ☐ Consent ☐ Teaching/Other Outpatient ☐ Assessment ☐ Discharge ED ☐ Triage ☐ Assessment ☐ Discharge	

Glossary

"Ad hoc" interpreter: An untrained person who is asked to interpret, such as a family member or friend or a bilingual staff member who has not been assessed for medical fluency in English and another language.

Baseline data: Information that is gathered before a program begins and is used later to provide a comparison with subsequent data for assessing the impact of a program.

Bilingual provider: A health care clinical provider with proficiency in more than one language, enabling the person to provide services directly to patients with language needs in their primary language.

Clinical champion: A respected clinical provider who is a regular user of language services and has expertise in the clinical services area where changes will be tested. The champion should understand the current process of language services delivery and have a good working relationship with colleagues, the quality improvement leader and the language services department. A clinical champion can be a physician, nurse, or other licensed clinical provider.

Clinical provider: A licensed professional that can assess, treat, and/or diagnose a patient. Examples of clinical providers are physicians, nurses, physician assistants, nurse practitioners, physical, speech and occupational therapists.

Contract interpreters: Professional interpreters who are not hospital employees. They can be hired as per diem, on-call adjuncts to supplement in-house capabilities as needed, or on an hourly basis. Contract interpreters are typically employed by an external agency or company.

Dashboard: Measurable, quantitative information from multiple parts of the health care organization used by the board of directors and executive leadership to evaluate the organization's performance toward meeting goals and priorities.

Dual-role staff: A staff member with proficiency in more than one language who often is called upon to interpret for patients with language needs. This could be a clinical or non-clinical staff member.
Face-to-face interpreting: Interpretation completed in the direct presence of the clinical provider and the patient.

Freelance interpreters: Professional interpreters who are not regular employees of the hospital. They are self-employed.

Improvement plan (for language services): A method of defining what the language services team expects to accomplish. The plan should include time-specific, measurable goals and the tactics the team will use to achieve these goals.

Interpreter: A person that renders a message spoken or signed in one language into another. Health care organizations take a variety of approaches to employing interpreters including: hiring interpreters as full time or part time staff, hiring contract or freelance interpreters, or using dual-role staff.

Interpreter services: The provision of a spoken or signed message that has been understood in English and re-expressed in the patient's preferred language. While interpreters and bilingual providers provide interpretation, clinical providers and individuals in charge of language services oversee the provision of interpreter services to the patient.

Language services: Services provided to meet a patient's language needs, including written, signed or spoken services.

Language services plan: A plan for how an organization will meet the language needs of patients. An effective language services plan should include methods to identify patients with language needs, the scope of responsibility, methods of service delivery, qualifications of language services staff and how the organization will evaluate the program's effectiveness.

Organizational needs assessment: A process undertaken by language services to identify the language needs of the patient population, and to distinguish factors that will impact an organization's delivery of language services. Considerations include infrastructure and resources available in the organization and current staffing.

Patient-centeredness: Providing care that is respectful of and responsive to individual patient preferences, needs and values upon which clinical decisions should be based.

Primary language: The language that a person normally uses. It is commonly the patient's native language and the language spoken in the home.

Remote simultaneous interpreting system: A modality of interpretation in which the patient and the clinical provider are supplied with headsets, and are linked through telecommunications to an interpreter off-site. As either individual speaks, the interpreter interprets simultaneously. This method is commonly associated with the United Nations and is often referred to as "UN style" interpreting.

Script: A written protocol for staff to follow in order to standardize verbal communication. Scripts can be helpful when screening for language needs during the registration or scheduling process or when educating clinical staff on policies and procedures around meeting patient's language needs. Scripts should be developed with input from departments that will use them, as well as the language services staff.

Signage: Signs with written text or symbols, posted in public areas to ensure that patients have meaningful access to information and services. Ideally, signage should be understandable to people regardless of their country of origin, primary language or education.

Strategy: A plan or method to achieve a goal. An example of a strategy is screening all patients at registration with the goal of identifying preferred language.

Telephonic interpreters: An interpreter who is accessed over a telephone line, either by speakerphone or headsets. In health care settings, the clinical provider and the patient are usually in the same room, but telephone interpreting also can serve individuals who are connected only by telephone.

Tool: A supplement to a strategy. Tools are tangible, reproducible items that are used to execute a strategy. An example of a tool is a script that registration and scheduling staff would follow in order to ask a patient his/her preferred language for health care. The use of a script would allow for patient information to be collected in a uniform manner, consistently across all patient populations.

Translation services: The provision of written materials or signage that have been converted from English to the patient's preferred language. While translation is performed by translators, translation services are overseen by clinical providers and individuals in charge of language services in the organization.

Translator: A person who translates a written text from one language to another. Health care organizations take a variety of approaches to employing translators, including: hiring translators as full or part time staff or hiring contract or freelance translators.

Video interpreter: Interpreting carried out remotely, using a video camera to enable a remote interpreter to see and hear the parties for whom he/she is interpreting via a monitor. The interpretation is relayed to the principal parties by speakerphone or through headsets. Two-way interactive television can also be used, so that the other parties can interact with the interpreter as if they were face-to-face.

Many of the definitions provided in this glossary come from:

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