Maximizing Language Resources

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WASCLA 2013 Language Access Summit, May 3, 2013

Build

Assess and consider:
- Organizational standards, norms, policies
- Complexity of information
- Privacy considerations
- Individual considerations
- Hearing/cognitive disabilities
- Cultural needs (e.g. matching gender)

Build
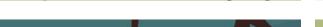
Inventory communication pathways. Identify common situations, interactions to consider:
- Phone
- In-person
- Written
- Audio-visual

Grow

Identify and resolve barriers/bridges
- Technology
- Compiling lists of available resources
- Roles/responsibilities for coordinating/providing the resource

Produce

Compare needs and resources and develop written guidelines
- Identify first choice as well as back-up choices
- Identify choices that are not appropriate
- Include defined roles

Distribute guidelines and resource lists

Environment

Adapting to a Changing Environment
- Increased need and reduced resources
- Services continue to change
- Framework or roadmap helpful to all, unique to each

Environment

Guiding concepts:
- "Fit for use" - matching resources to conserve for highest need
- "5 Rights" of Nursing

Support

Coordinate group, stakeholders

Important to include those using the services, variety of experiences
- Staff providing information
- Language recipients
- Immediate leadership

Maintain

Check and adjust:
- Guidelines
- Adherence
- Barriers
- Impact on experience

Foundation

Identify resources
- In-person paid professional interpreters
- Phone-based paid professional interpreter
- Bilingual staff
- Friends/family
- Community resources (volunteers)
- Online, electronic resources
- Recordings
- Professionally translated standard documents (template)
- Ad hoc translated documents

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PREZI

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Inventory of Communication/ Information Pathways to Clients--- Service Agency X

Specific communication elements	Interface for English-speakers	Specific to client?	Templatable?	Confiden-tial?	Technical/ complex language?	Options acceptable by policy	Fine-tune which option to choose
Intake Process							
Phone: Automated basic info with instructions on making an intake appt.	phone	no		no	no	top 5 langs phone tree	Have back-up process for other languages
Phone: Staff screening call to clients who have requested intake appt.	phone	yes	maybe	yes	yes	prof interp, bilingual staff	
Form: Patient fills out and returns, simple ID info	written	form--no, answers--yes	yes	yes	no	pre-translate, dual language format, no free text responses	Have back-up process for non and low literate
List of needed documents:	written	no	yes	no	yes	pre-translate top 10 langs	Have back-up plan for other languages
Check-in desk for intake appt.	face-to-face	no	yes- use pre-translated greetings and instructions to show ID and take a seat	no	no	volunteer, slightly bilingual staff, use phone interp if needed	
Face-to-face appt. for intake	face-to-face	yes	no	yes	yes	prof interp, bilingual staff	Hof H: use video or inperson. Gender match if abuse history

Maternal/Newborn Services Acuity Guidelines for Interpretive Services

Goals:
- Increase appropriate language assistance in Maternal/Newborn Services
- Provide consistent guidelines for using in-person and phone interpreters
- Reduce in-person interpreting except as necessitated. In-person interpreters are <u>not required</u>.
- Increase phone interpreting to meet language needs

Roles:
All staff: Always use a professional interpreter (never friend/family) <u>whenever you don't feel you can fully express yourself with a patient or their companion</u>. Use the scripting, "*It is our practice to provide a professional interpreter" or "I'm going to use an interpreter"*, rather than ask if the patient would like an interpreter. A phone interpreter can be used in many situations.

HUC: - Have awareness of timeframes below, including 4 hour maximum per request
- Call the vendor to order or extend interpreters
- Page the RN when the interpreter arrives, direct interpreter to waiting area

RN: - Have awareness of timeframes below, including 4 hour maximum per request
- Ask the HUC to order the interpreter, or to request extension past 4 hours
- Communicate to HUC any specific estimates for duration, including for discharge teaching
- Assess whether there is a need to keep interpreter past the requested time/4 hour max
- Release in-person interpreter when guidelines call for a phone interpreter, even if interpreter was scheduled for longer

In-person Interpreter Guidelines:
A phone interpreter is always the default unless for the following scenarios:

FBU check-in, banding:	• Always use the phone
Antepartum testing	• 1st Visit (for the duration of visit) • Concerning news, complications (for the duration of visit)
Triage call	• Only pre-order an interpreter if patient is instructed to come to FBU for **direct admission**.
Triage visit	• Always use phone interpreter • Version (pre-scheduled)
Labor & Cesareans	• Admission (2-4 hours, includes inductions) • Active labor (4 hours, RN to reassess and inform HUC if more time needed) • Medical complications • Cesarean sections, prep through surgery only (4 hours total)
Post-partum & Post-op	• Post delivery & Post op recovery period (2-3 hours) • Discharge teaching (1-2 hours based on patient need, pre-scheduled) • Follow-up procedures (as needed, pre-scheduled)
Lactation	• Initial consult and teaching, if pre-scheduled separately from discharge (1 hour)
Outpatient circumcision	• Only if consent needs to be completed (1 hour, pre-scheduled)
Special Care Nursery	• SCN discharge interpreting, infant teaching only (2 hours)

Revised 11/2012

Maternal/Newborn Services Acuity Guidelines Result

	Pre-acuity	Post-acuity	Check/ Adjust	Check/ Adjust	Check/ Adjust	Check/ Adjust	Check/ Adjust
	2010 Q1	**2011 Q1**	**2011 Q4**	**2012 Q1**	**2012 Q2**	**2012 Q3**	**2012 Q4**
Total $	$84,712.89	$46,293.69	$43,116.38	$50,277.06	$41,817.01	$46,611.30	$38,405.58
Patients receiving interpreter services* (includes lactation)	158	125	105	153	130	144	128
Average cost per patient	$536.16	$370.35	$410.63	$328.61	$321.67	$323.69	$300.04
Mean cost per patient	$463.90	$329.09	$379.03	$293.06	$282.33	$287.59	$284.06
Highest # of in-person interpreting hours for 1 patient:	28.3	20	31.5	28.75	52.25	40.5	21.25
Encounters conducted by phone:	27.5%	53.8%	52.0%	47.7%	44.8%	48.6%	55.7%
Patients receiving services entirely in-person:	59%	29%	24%	44%	54%	41%	38%
Average in-person interpreter hours per patient	9.59	5.97	7.06	6.83	6.81	6.77	5.81

Note - Contract rates for in-person interpreting were lower beginning in 2012.

Maternal/Newborn Acuity Results

Legend:
- Patients receiving interpreter services* (includes lactation)
- Average cost per patient
- Mean cost per patient