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Reduce Your Reliability: Use Interpretative Services

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ABSTRACT

Purpose: *To survey what the current knowledge gap of all hospital/office employees on barriers they perceive in initiating interpretative services for customers with Limited English Proficiency (LEP). In addition, to identify if offering an educational power-point on Interpretive Services improve their knowledge gap and improve compliance in utilizing these services for our customers/patients/families?*

Significance: *Approximately 57 million people, or 20% of the US population, speak a language other than English at home, and approximately 25 million, or 8.6% of the U.S. population are defined as Limited English Proficiency (LEP). Our hospital Spiritual Care Intern noted three instances throughout the hospital within one week where interpretative services were not initiated on appropriate patients.*

Strategy: *A presurvey was sent out via email to all hospital/office employees to identify any gaps in knowledge, barriers with utilization, and overall comfort levels in requesting interpretative services. An educational power-point was provided to all staff from pre-survey findings. After four weeks, a post-survey was sent out to all staff to assess staff improvement regarding knowledge gap, current utilization, and comfort level in accessing the interpretative services after receiving the educational point-point.*

Results: *A total of 1778 system-wide employees completed the pre-survey and 650 completed the post-survey. A comparison of pre and post survey results showed the usage of interpretative services over a month time increased from 29.7% to 40%. The survey identified that the top three services used by staff were Face-to-Face 73.36%, Phone-line services 66%, and Mobile Unit device 42%. The comfort ability of accessing/utilizing our current hospital interpretive services improved from 63% to 80%. Understanding that anyone could request the Interpretative services went from 93% to 95%. A few things learn were refusal waiver forms not obtainable, the need for more mobile devices in doctor's office etc.*

Conclusion/Implications: *Hospital employees must be able to identify the type of interpretative services that are available, to ensure that patients are provided with information in their language to make knowledgeable decisions about their care they receive.*

Keywords

Interpreter, Language barrier, Face-to-face interpreters, Language line telephone service, and/or Mobile notepad/screen.

Introduction

It has been determined that communication is a major factor regarding health care and spiritual care among our patients/customers. A hospital system in eastern North Carolina, which includes the tenth busiest emergency department (ED) in the

country, has a variety of patients accessing the system that speak languages other than English. Currently, 23 different cultures re- side within the hospital city limits. Staff and patients often find it necessary to access interpretive services. However, many times, particularly in the ED and outpatient setting, patient care is control by time- restraints and those interpretative services are not accessed appropriately.

The problem identified, is that while this healthcare system experience diversity, as practitioners, providers of care often experiences difficulty in communicating with patients who speak languages other than English. Thus, either communication is truncated or other nonconventional interventions are used. This communication misstep often occurs, not because the system does not have the necessary resources for translation/interpretation services, but because of education or awareness and access to said services. The initial question/purpose regarding this project is: Will offering an Educational power point on Interpretive Services improve the compliance in utilizing these services for our customers/patients/families? The burning question was triggered by observations of three tragic circumstances where interpretive services should/could have been initiated. The three instances are as follows. One, a teenager shot in the mouth having to interpret for his parents. Two, patient's deaf wife was wailing loudly after her husband had passed away in during a procedure. The family was hearing impaired and were utilizing minor children in interpreting services (ASL Interpreter called to comfort her, but it was a 2-hour delay in providing appropriate interpretative services). Finally, children who spoke English overheard the request for an interpreter to communicate that their mother had died.

The three instances that triggered this study identified areas for improvements in utilizing interpretative services during opportunities in crisis situations/interventions. In the case of the hearing-impaired family, the mobile with video device could have been accessed when the family arrived and prepared prior to the event. The staff was unaware of mobile interpretative device was available until the chaplain arrived and suggested it be borrowed from another department. The device itself was easy to navigate and once the ASL interpreter appeared on the screen and introduced herself, the loud wailing stopped and all seemed to be intently listening with their eyes and ears.

This type of intervention is easily applied when proper knowledge and education exists to assist staff in accessing interpretative services. Even though this happened on a weekend, it is feasible to imply that this event could have occurred at any time of day. Every employee and volunteer of the healthcare system needs to be made aware of the legal ramifications and potential negative patient/customers outcomes. This healthcare system must stress the importance of knowing the procedure on how to access needed interpretive services for patients and families in crisis at any time.

Background

Approximately 57 million people, or 20% of the US population, speak a language other than English at home, and approximately 25 million, or 8.6% of the U.S. population is defined as Limited English Proficiency (LEP) [1]. The Pew Research Center reported that approximately 50% of the newly insured will be minorities and less likely to speak English. It should be noted that LEP has longer hospital Length of Stay (LOS), greater risk for surgical delays due to lack understanding surgical instructions, and greater risk for readmission due to not understanding discharge instructions [2]. It is important to remember that there are also legal requirements for hospitals to provide access to interpretive services. Title VI of the Civil Rights Act mandates the interpreter services be provided for patients with limited English proficiency who need this service despite the lack of reimbursement [1]. Thus, when staff do not initiate the use of interpretive services there can be legal liability and impacts on patient health.

Our goal for this quasi-longitudinal study was to identify if offering an Educational power point on Interpretive Services would improve the compliance in utilizing these services for our customers/patients/families?

Methods

A survey monkey was utilized to identify any gaps in knowledge about the process healthcare system employee and volunteers access interpretive services for non-English speaking patients, clients or guardians. Staff was contacted via email to participate in a survey about interpretive services. After reviewing the results, an educational power point, which contained the official healthcare system policy, was devised to address any gaps in knowledge. A post-survey was delivered via email to assess any changes in practice.

The pre-survey consisted of fourteen questions. A total of 1778 employees and volunteers completed the pre-survey. Four demographic questions were used to identify roles, departments and campus location. The survey contains questions requesting the employees and volunteers to share their purpose for using interpretive services and how frequently. Based on a Likert scale, staff was asked about how comfortable they were requesting interpretive services. The roles or position a staff member holds will highly affect this question. Employees were asked to identify the appropriate situations for requesting interpretive services and provide any barriers that affected their request.

After 4 weeks an educational power point was delivered via email to all the staff and volunteer personnel throughout the healthcare system hospital. The power point explained everyones roles for communicating with Non-English speaking patients. The power point identified the official resources that are to be used for interpretive services such as face-to-face interpreters that have completed the requirements designated by the healthcare system, language line telephone service, and/or mobile notepad/ screen. Family members and co-workers are not an acceptable replacement for interpretive services. A patient may choose to decline interpretive services by signing a waiver, which is placed in the patient's chart. The patient may decide at any time to use interpretive services in the future if they chose. The location of the

official policy for the healthcare system was also available in the power point.

The post-survey was composed of ten questions which were delivered via email the week after the educational power point. The post-survey was developed to explore any practice changes throughout the hospital. The survey inquired about any barriers the employees and volunteers may have encountered while accessing interpretive services. Another question explored how comfortable the staff felt about contacting interpretive services for the patient, guardian or visitor, and how many times have staff have utilized interpretive services since the pre-survey. The final question was used to identify any additional barriers to utilizing interpretive services not listed in the survey.

Results

A total of 1778 employees and volunteers completed the pre-survey within a two weeks span. About 65% percent of the respondents were using interpretive services for direct patient care. Face to face interpreters were the most common type of interpretive services used by staff and volunteers at 73.36%. Eighty-eight percent of the Healthcare system members felt comfortable utilizing interpretive services. Ninety-nine percent of the respondents are aware that any employee or volunteer can request an interpreter if services are needed. Over 97 percent of the respondents will consider using interpretive services for any patient that does not speak English. There was an increase of 2% of the respondents that recognize that any role/position is at liberty to contact interpretive services (Figure 1). Eighty-five percent of the respondents stated that family and co-workers are not acceptable forms on interpretive services.

There were many barriers voiced by staff and volunteers that made it difficult to provide interpretive services to their clients. Most respondents determined the length of the time to obtain an interpreter was the greatest barrier. Some languages, such as Vietnamese, various African dialects and Montagnard dialects were not languages offered within the facility services. Many staff members lacked the information required to access interpretive services. New employees are given badges with the most up-to-date information about interpretive services, but seasoned employees and volunteer workers were not provided with this information annually. Staff and volunteers access the equipment within the hospital at various locations and are challenged with meeting the patients' needs with an inadequate number of devices. Locating these devices made it more difficult for the members of the facility to perform their role efficiently.

Discussion/Implications

Effective communication has a profound impact on patient outcomes. As the community demographics change, so does the variety of languages spoken. Healthcare workers are mandated by Title IV of the Civil Rights Act to provide medical information to the patient and/or caregivers in the manner in which they comprehend. This study showed similar themes when compared to a qualitative study done by Bauer, Yonek, Restuccia and Hasnain-Wynia in 2014. Their themes included needing organization commitment, investment in technology to improve availability of services, training clinicians on how to access and work with interpreters, to support staff that are bilingual to be certified as interpreters, and lastly to invest in readily accessible telephonic interpretation [3].

This study revealed that employees and volunteers want to provide the best care available but at times encounters barriers that prevent the best method of communication for the patient. Any member of healthcare is responsible for advocating for the patient. The institution should provide the resources the staff need, such as inhouse interpreters, and remote interpreters that can be contacted via phone or streaming devices. In addition, to a wide variety of language options. Many staff members felt that time was a major drawback to seeking interpretive services. As healthcare providers, managing one's time efficiently is paramount, but when shortcuts are taken to save time then patient care is compromised. To truly understand, the non-English speaking patients, all efforts must

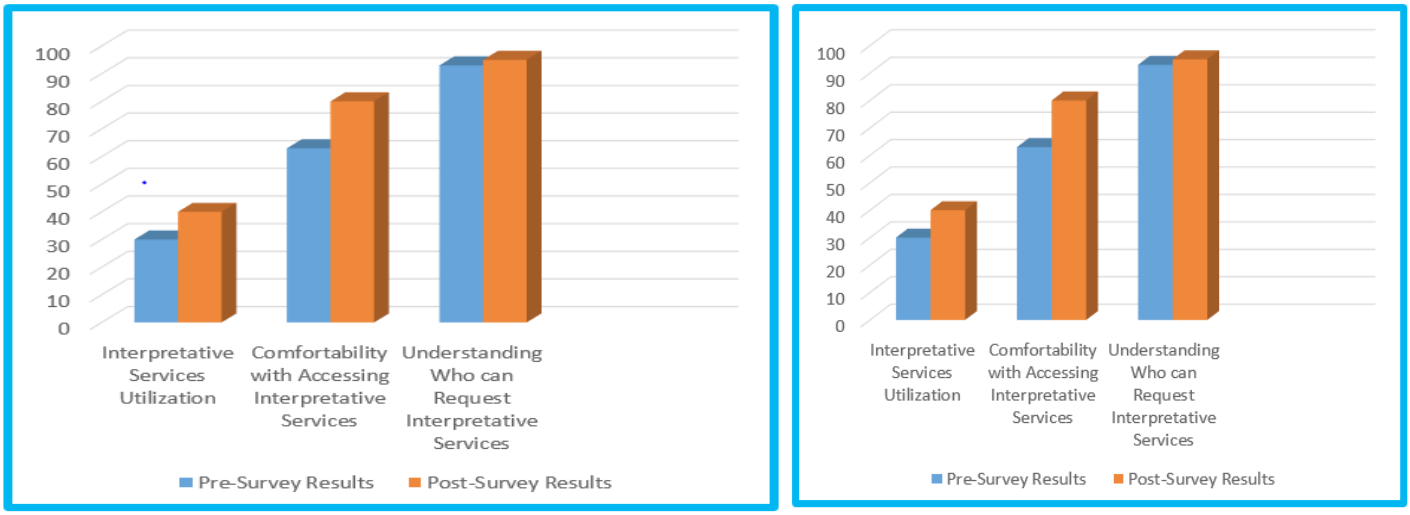

Figure 1

be made to have interpretive services available to assist staff in providing optimal care.

Staff members must also be able to identify the type of interpretive services resources that are available to them. Facilities should require annual educational sessions to keep staff and volunteers informed about any changes to interpretive services. The education may include the why, when and how to use the variety of interpretive services along with their locations.

The power point provided information about patient's right to refuse interpretive services. Patients are always given the right to choose the manner in which they prefer to receive information about their healthcare. Staff members and volunteers must be aware that in keeping the patient's wishes, they release the hospital from liability regarding the patient's personal preference for interpretation.

The study enlisted the facility to investigate many of the barriers affecting staff and volunteers. Since completing the project, the Department of Inclusion has made the following adjustments to their process: Montangnard language was added to the available options and will be provided the next day if an overnight request is placed; Vietnamese is currently available through the video and telephone services; and many of the African dialects may be available via telephone. All staff members and volunteers have been emailed a copy of the right to waive interpretive services and policy about interpretive services. The Inclusion department has ordered 6,000 badges that contain information about contacting the language line to distribute to all staff members and volunteers. The department is currently devising a process to offer an automated interpreter request that is easily accessible for members of the Operating Room. The facility will begin strategically displaying business cards throughout the campus identifying the most popular languages spoken in the surrounding community that the hospital can provide.

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