

migrant-friendly hospitals

Executive summary

Aim:

Subproject A aims at improving clinical communication with migrant and ethnic minority patients through developing or optimising existing interpreting services at hospitals. Language barriers have been shown to limit access to health care and to negatively affect quality of care as well as service outcomes. In addition, they create hidden costs for health care institutions by holding up the treatment process, requiring additional diagnostic resources, and creating burdens for hospital staff. This pathway serves hospitals as a practical guideline to addressing language support. It is accompanied by a resource kit with useful materials for hospital managers and service planners, co-ordinators of interpreting services, providers working with interpreters, as well as medical interpreters.

Possible strategies:

The use of qualified medical interpreters is being proposed as an effective strategy to enhance communication with patients who have a limited command of the local language. Depending on the actual need for language support (language mix, number of foreign language patients, etc.) at the hospital, interpreting services can be organised in a number of ways, ranging from hiring staff interpreters at the hospital to contracting interpreting services from an outside agency. A continuum of approaches will be proposed for different scenarios. For the actual provision of interpreting services, the following strategies will be put forward and described in detail:

- Working with professional interpreters
- Employee language banks

Additional conditions supporting quality care for foreign language patients, such as recruitment of a multicultural workforce, co-operating with bilingual and/or bicultural community partners, the use of written translation materials, translation of materials and documents, as well as the use of pictographs for low general literacy patients, will be briefly outlined.

For efficient and sustainable operation of interpreting at hospitals, an integrated planning approach is recommended. The sustainability of benefits obtained by improving interpreting in clinical communication can best be ensured when individual measures are embedded in a comprehensive migrant-friendliness strategy, comprising a diversity of measures towards facilitating culturally competent care for diverse populations.

Practical steps towards setting up and implementing an interpreting programme, as well as orientation on the resources required, will be given.

Evaluation:

Evaluation strategies and instruments are currently being developed. Indicators for project success include the following:

- 1) Increase in the number of interpreter-supported clinical encounters with foreign-language patients
- 2) Decrease in consultations with proxy interpreters (family members, non-qualified staff)
- 3) Interpreting services are more widely and more timely available as a result of the project: views of hospital staff
- 4) Improved perceived quality of the communication: views of staff and patients
- 5) Increased health literacy of foreign language patients, i.e. better patient information and understanding
- 6) An improvement in patient compliance with follow up treatment due to the use of qualified medical interpreters that enhanced the exchange of medical information.

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migrant-friendly hospitals

Table of contents

1. Why invest in improving interpreting services?	p.6
The challenge	p.6
Project aims	p.6
What should be achieved?	p.7
Who should benefit?	p.7
Indicators for project success	p.7
2. What can be done to improve language services in clinical communication?	p.8
The approach	p.8
Focus on interpretin	p.8
A step-wise approach	p.9
Starting with 2-3 model departments	p.9
Assessment of the hospitals' language needs	p.10
Optimise processes in existing interpreting services	p.10
Invest in improving the interpreting infrastructure	p.10
3. Getting started	p.11
Relevant decisions: Different needs for different hospitals	p.11
Selection of model departments: Call for tenders	p.11
Needs Assessment: Where do you stand?	p.12
Implementation guideline: Steps in getting started	p.13
4. How to get there: Steps in setting up medical interpreting services	p.14
Specific strategies to provide interpreting in hospitals	p.14
Strategy 1: Professional interpreters	p.15
▪ Rationale	p.15
▪ Advantages and disadvantages	p.15
▪ Hiring approaches for medical interpreters and their uses	p.15
▪ Implementation guideline: Steps in service planning and Implementation	p.17
Strategy 2: Employee language banks	p.20
▪ Rationale	p.20
▪ Advantages and disadvantages	p.20
▪ How to manage employee language banks?	p.21
▪ Implementation guideline:	
Steps in service planning and implementation	p.22
Tips for overcoming start-up barriers	p.24
▪ Tapping available resources	p.24
▪ Arguing the case for qualified medical interpreters	p.25
Planning for a comprehensive model	p.26
5. What you need: Prerequisites and infrastructure	p.27
Premises	p.27
People	p.27
Scheduling and tracking facilities	p.28
Assessment, education and training	p.29
Budget	p.29



migrant-friendly hospitals

6. How it works in daily practice: Steps in a service routine for providing effective medical interpreting services	p.30
Identify and assess the language needs of the patient	p.30
Call an interpreter	p.31
Prepare the consultation with the interpreter	p.32
Conduct the consultation with the interpreter	p.32
Debrief the session	p.33
Ensure adequate documentation	p.33
7. Supportive strategies to improve communication with foreign-language patients: A short summary	p.34
8. Roles and tasks: Who does what?	p.34
9. Evaluation outlook	p.36
10. Literature and web links	p.38



migrant-friendly hospitals

1. Why invest in interpreting services?

The challenge

Hospitals are consulted by an increasingly diverse clientele. As a consequence, there might be language barriers between patients and hospital staff, i.e. patients presenting to the hospital may not be able to speak and/or understand the local language, and staff may not be able to communicate in the patients' mother tongue. This frequently leads to communication problems and misunderstandings.

This is particularly true for communication occurring as part of diagnosis and treatment. Here, it is of utmost importance that relevant clinical information is elicited from and conveyed to the patient in a correct and appropriate manner. Effective communication of medically relevant information is a prerequisite for both clinical decision-making and client-provider trust, and hence for the patients' successful treatment and co-operation in reproducing their own health.

Miscommunication can lead to substantial extra costs for hospitals:

- (1) More time resources are required for routine encounters in the treatment process, clinical interviews may have to be repeated, leading to additional burden for the staff (overtime, frustration) which can eventually result in burnout (Drennan 1996)
- (2) Hold-ups in the treatment process or clinical decisions based on inaccurate communication can lead to negative treatment outcomes, bearing the risk of actual liability costs for the hospital (Bischoff 2003)
- (3) Difficulties in client-provider communication have been shown to cause excessive use of diagnostic testing to ascertain a diagnosis in the absence of opportunities to clarify the health problem presented by a foreign language patient in a clinical interview – which can result in a costly trial-and-error process (Waxman & Lewitt 2000)

In the past, hospitals have relied heavily on the ad hoc use of bilingual staff or patients' family and friends to bridge the language gap for patients with a migrant or ethnic minority background. In recent years, however, many hospitals have seen the need to go further to ensure that quality care is provided to all their patients.

In the needs assessment carried out by mfh pilot hospitals, communication barriers and their impact on the quality of clinical communication have been identified a central problem area. In this context, the limited availability of and lack of timely access to interpreting services was considered the area where interventions were most urgently needed. As a result, improving interpreting in clinical communication was selected as a subproject intervention in the European project.

Project aims

Subproject A aims at improving clinical communication with migrant and ethnic minority patients by developing and/or optimising interpreting and language services at European hospitals. A number of options for addressing the problem will be proposed. Various strategies should be combined in an integrated approach that combines a high quality of service and access with efficiency and cost-effectiveness, the actual mix of implemented measures depending on hospitals' needs, resources and the solutions already in place.

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What should be achieved?

Improvements in the hospital's language services implemented in subproject A should achieve that

- An assessment of foreign language patients' language needs routinely takes place at admission to the hospital
- Qualified interpreters are routinely scheduled for encounters with limited local language proficient patients when critical clinical decisions are made
- Provisions are made to facilitate interpreter support in emergencies and/or unforeseen consultations

A detailed description of the daily routine for the process when a patient with non-local language skill or limited local language skills goes to the hospital is given in section 6.

Who should benefit?

Language services at the hospital will benefit the patients, the staff, and the hospital as a whole because:

For the patient it will mean:

- more access to healthcare
- better communication with their provider and the hospital
- being well informed about their health
- have a better connection with the hospital

For the staff it will mean:

- better communication with their patients
- increase patient compliance to follow up treatment
- increased quality of care
- decreased number of no-show to appointments
- reduction of staff burden through fewer conflicts in client-provider interaction

For the hospital it will mean:

- offer better delivery of care
- decrease the number of unnecessary visits to the emergency room
- decrease the number of unnecessary diagnostic tests
- increased attractiveness of the facility for patients who speak a foreign language

Indicators for project success

As a result of the project, hospitals should be able to see

1. An increase in the number of encounters done with the aid of a qualified medical interpreter
2. A decrease in the use of ad hoc interpreters (family members, friends, other patients, non-qualified staff)
3. An improvement in the timely delivery of interpreting services due to an increase in the number of qualified medical interpreters, better access to services, improvement to the current services offered or better co-ordination with outside agencies
4. Improved perceived quality of the communication: views of staff, views of patients
5. An increase in the health literacy of foreign language patients, i.e. better patient information and understanding
6. An improvement in patient compliance with follow up treatment due to the use of qualified medical interpreters that enhanced the exchange of medical information

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2. What can be done to improve language services in clinical communication?

The approach

This section describes the approach proposed for improving language services in clinical communication:

- a focus on interpreting
- a step-wise model of service implementation, starting project implementation at 2-3 volunteer model departments
- adopting measures to improve the effectiveness and quality of existing interpreting services, and
- improving the current interpreting infrastructure

Focus on interpreting

Subproject A focuses on **interpreting** in clinical communication, i.e. on conveying information across language barriers in an oral conversation; with the presence of an interpreter – either in person or in a remote setting connected through telephone, video, or other data links. In clinical encounters, the accuracy of the interpretation is critical, and non-verbal cues are an important part of the communication process.

While translated written materials are thus of limited use in bridging language gaps in the client-provider relationship and should be used only as communication aids of last resort in the clinical context. Nevertheless, they can be useful to support communication with patients who do not speak the local language in many situations at the hospital. Translation will therefore be mentioned as a supportive strategy (see Section 7 and the Resource Kit, Tool 13), but not be addressed in detail in this pathway.

Most pilot hospitals in the migrant-friendly hospitals project have already developed solutions in dealing with language barriers in communicating with migrant and ethnic minority patients. However, while some form of interpreting is provided in all hospitals, services are not always adequate to cover the need for language support.

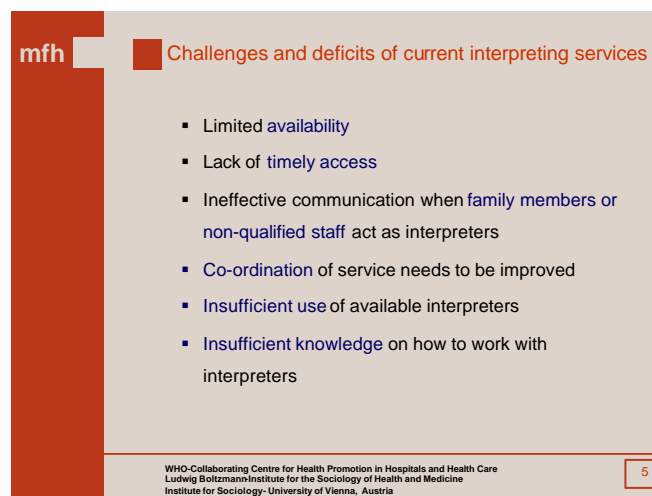


Fig. 1: Deficits of current interpreting services at pilot hospitals: Local needs assessment results

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A step-wise approach

Interpreting in clinical communication is therefore to be improved in a step-wise fashion:

1. Use of a model department approach: Start of service provision at 2-3 model departments that volunteer for the project
2. Establish where you stand: assessment of language needs and resources
3. Optimise processes in existing interpreting services
4. Invest in improvement of interpreting infrastructure: Planning for a model of service provision

1. Starting with 2-3 model departments

While interpreting should eventually be accessible for all clinical staff in contact with migrant and ethnic minority patients at the hospital, it is proposed to start providing improved interpreting services at 2-3 model departments that volunteer for the project, following an internal call for tenders by the hospital management (invitation to participate/ to "bid" to all or selected hospital departments).

The model-department approach is suggested in order to accomplish the following:

- Avoid too much complexity
- Reduce needed time and resources (in comparison with an overall approach)
- Facilitate the development of a evidence base on what works best by putting an interpreting model into practice in the model departments for the six-months project period, test their effectiveness through the project evaluation, and review and adapt services in response to staff and patient feedback and the evaluation results as a basis for expanding the service to other departments
- Find motivated partners ("innovators" and "early adopters", Berwick, 2003) at the hospital whose involvement in organisational change has been identified in the literature as a key to the successful diffusion of innovations in health care (ibid.)
- Avoid the risk of too much resistance arising from a top-down overall organisational approach

While the new interpreting resources and services (e.g. employment of interpreters, new contract with an outside agency, an employee language bank) would initially be made available only to the model departments, interpreting co-ordination should be organised at the central level – to pool resources and to build a structure through which the service can be expanded to other departments in the future.

The pilot phase at the model departments should be accompanied by internal public relations activities, such as

- announcement of project start and participating departments in a newsletter or at staff meetings throughout the hospital
- regular public reporting of project activities
- "interpreting awareness sessions" in continuous education programmes, held in conjunction with representatives of the model departments
- public presentation of results to all hospital staff at the end of the pilot phase

in order to facilitate transfer to other departments and develop a basis for sustainability at the overall hospital level.

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2. Assessment of language needs

An analysis of the actual language needs that your hospital has to meet, as well as of the current services and resources available should be carried out at the outset of project planning. Much of the relevant information may have already been obtained in the context of your local needs assessment for the mfh project as a whole. A list of useful questions to be considered is given in the section 3 on “Getting started” .

3. Optimise processes in existing interpreting services

The effectiveness of interpreting services can already be substantially improved by supporting measures, aimed to facilitate timely access and effective utilisation of the resources currently in place.

Measures to improve timely access:

- Improvements in service co-ordination
e.g. by appointment of a service co-ordinator, improvements in scheduling and tracking of interpreter requests, better service documentation, etc.

Measures to facilitate better service utilisation:

- Increase visibility of the service at the hospital
e.g. by information on the intranet, introducing the interpreting service in an internal newsletter, staff information and training on how to request an interpreter
- Increase awareness of the need for interpreting and its benefits
e.g. by including a unit on interpreting in continuous education programmes, integrate interpreting in the quality standards and routines at departmental and hospital level
- Improve staff knowledge and skills on working with interpreters
e.g. by training courses for staff on how to work effectively with interpreters (see the Resource Kit, Tool ?
- Strong managerial support for the use of interpreters
e.g. make use of qualified interpreters part of the hospital's quality standards for clinical decision-making concerning patients with limited local language skills, public support by hospital management for working with interpreters and improving cross-cultural healthcare in general

4. Invest in improvement of the interpreting infrastructure

Two strategies will be proposed for implementing interpreting services at hospitals:

Strategy 1: Professional interpreters

- employment of interpreters
- contracting interpreters through an outside agency

Strategy 2: In-house employee language banks

Each strategy will be introduced in detail, with a description of their advantages and disadvantages, relevant decisions for service planning, as well as detailed steps for service implementation. (see Section 4)

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Selection of model departments: call for tenders

The call for tenders for 2-3 model departments should be issued by top hospital management in collaboration with the interpreting subproject group (see the Resource kit, Tool 2). In planning the call for tenders, consider the question as to

Where in the hospital are interpreter services needed?

- Where are the points of patient contact, from admission to discharge, where language assistance will most likely be needed?
- Which departments in the hospital constitute focal points in providing services for migrant and ethnic minority groups?

It is recommended to address the call specifically those departments who constitute focal points in catering for patients with limited local language proficiency, or to include the frequency of patient contacts with this group at the department as a criterion in deciding on the actual project participants.

Needs assessment: Where do you stand?

Linking up with the needs assessment regarding migrant-friendly hospital services carried out in February-March 2003 - where language barriers were identified as a major challenge to optimal service delivery - it is recommended to further explore the **specific need for language services** at the hospital. With the model department approach, the assessment of specific language needs in subproject A **focuses on the selected departments**.

Questions to be addressed

This section outlines the questions to be considered in assessing the specific need for language services and suggests methods for data collection. Results will facilitate you to make the necessary decisions for service planning outlined above:

What are the language needs of the department's patient population?

- How many foreign language patients use the department's services?
- What are the most important languages among these groups?

Method:

- ➔ Analysis of hospital utilisation data (if available)
- ➔ Interviews with staff members frequently working with migrant and ethnic minority patients

Tip: Much of this information was collected in the first interviews with local focal persons. Review your hospital's fact sheet (downloadable from www.mfh-eu.net) for possible changes in utilisation patterns since the time of the interview (July-September 2002). Also, consult your local needs assessment results to obtain this information.

What are the current practices and resources for interpretation at the department?

- How are foreign language patients currently being identified?
- Who is currently being used to interpret, under what conditions, and how often?
- How is interpreting support currently organised and co-ordinated?
- What process currently exists to document patient language and ethnicity?

What is the quality and effectiveness of interpreting services and practices currently in place?

- Are interpreting services available and accessible in a timely fashion?

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- Are staff members (and patients) aware of the availability of interpreting services?
- Do staff members (and patients) know how to request an interpreter?
- What are the staff members' attitudes towards working with interpreters: Are they aware of the costs and risks of poor clinical communication? Do they perceive working with an interpreter as beneficial for their own work?
- Are there process regulations on when and how to use interpreters at the hospital and/or departmental level?

What type of interpreter services, at what frequency and for which language groups, are needed to serve the department's patient population?

Method:

- ➔ Interview with the person currently in charge of interpreting (e.g. management, head of social services)
- ➔ Quick informal survey with staff members seeing many patients who face language barriers

Tip: Involve all relevant stakeholders in the project group, and answer these questions as part of a project group meeting. Ask members to research the situation with regard to their area of work and expertise beforehand, e.g. by talking to colleagues about their perceptions and experiences. Consult your hospital's profile developed from first interviews with local focal persons (available on www.mfh-eu.net).

Implementation guideline: Steps in getting started

Step	Who?
1. Agenda-setting at the management level – in meetings, conferences, symposia, etc., to raise awareness and provide information	Focal person, designated project co-ordinator, mfh project steering group
2. Decision to implement Subproject A: "Establishing or optimising existing interpreting services" <ul style="list-style-type: none"> ▪ Announcement of call for tenders to Heads of Departments 	Hospital management, Heads of departments
3. Appoint a project co-ordinator and establish a project group (membership and roles: see the Resource Kit, Tool 2) for the Subproject	Hospital management
4. Gain managerial support and approval: explicit brief for a project co-ordinator and a project group	Hospital management Time and resources for steps 2-4: Kick-off meeting; 1 hour
5. Issue and promote a call for tenders for 2-3 model departments to participate in the project	Project group in co-operation with hospital management
6. Decision on the model departments, based on a proposal by the project group	Hospital Management, project group Time and resources: Decision meeting, one-half hour
7. Inform model departments of the decision and invite department representatives to join the project group	Project co-ordinator in co-operation with hospital Management, Heads of model departments

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<p>8. Conduct an assessment of the language needs at the 2-3- model departments and of the benefits and deficits of the language services currently available</p>	<p>Project co-ordinator and project group</p> <p>Time and resources: A few hours, or several days (depending on targeted quality level, and available data)</p>
<p>9. Consider what measures could be taken to optimise existing services or to ensure the effectiveness of a new service model when starting from scratch:</p> <ul style="list-style-type: none"> ▪ Measures to improve service co-ordination <i>and/or</i> ▪ Measures to increase staff awareness and knowledge on why, when and how to use interpreters <i>and/or</i> ▪ Measures to increase visibility of interpreting support available and acceptance of working with an interpreter <i>and/or</i> ▪ Measures to feature interpreting higher on the agenda of the hospital and/or specific departments and integrate it into regular processes and procedures 	<p>Project group with relevant partners</p>
<p>10. Plan the way(s) of interpreting service provision:</p> <p>a) Employment of interpreters? How many? For which language? <i>and/or</i></p> <p>b) Contracting interpreting services through an agency? For which languages? In-person interpreting vs. telephone interpreting – for which consultations? <i>and/or</i></p> <p>c) Using an employee language bank? Which language needs can be covered by staff?</p>	<p>Project group with relevant partners</p>
<p>6. Interim report by project group and decision about a model of service provision</p>	<p>Hospital management. Heads of model departments, project group</p> <p>Time and resources: Decision meeting, one-half hour</p>

4. How to get there: Steps in setting up medical interpreting services

Specific strategies to provide interpreting in hospitals

In this section, the two strategies to provide interpreting in hospitals that were proposed earlier, i.e. the use of professional interpreters and/or of employee language banks, will be described in detail, covering their

- Rationale
- Advantages and disadvantages
- Relevant choices and aspects to bear in mind
- Implementation steps

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Strategy 1: Professional interpreters

Rationale

Professional medical interpreters have been found to be the most effective strategy in addressing language barriers in health care. When language discordance between patients and providers occurs (i.e. the patient does not speak the provider's language, nor does the provider speak the patient's language), a third person capable of speaking both languages needs to become involved to bridge the language gap. Language competence alone is not sufficient to facilitate effective clinical communication across language barriers. Hence it is recommended to work with professional interpreters who have acquired both the necessary communication skills and the knowledge as well as the vocabulary needed for working in the medical sector as part of their training.

Advantages and disadvantages

Professional medical interpreters are well qualified to ensure that clinical information is communicated effectively across language and cultural gaps. In addition to their language competence, well-trained medical interpreters have a strong medical vocabulary and specific communication skills, as well as an understanding of the ethical issues involved in their job.

However, the cost of hiring interpreters or contracting their services from outside agencies is often cited as a barrier to using this strategy. The cost of using untrained ad hoc interpreters (family, friends, other patients or untrained staff), on the other hand, is rarely considered. Potential liability costs, the cost of poorer health care due to inadequate communications and undesired health outcomes may be more expensive than providing well-trained interpreters.

Also, there are different ways in which professional interpreting services can be obtained, each of which are particularly useful and cost-effective in specific service situations, the appropriateness being dependent upon the frequency of interpreting needs for a particular language, the number of languages to be covered, and the number of foreign language patients consulting the services of the hospital.

Hiring approaches for medical interpreters and their uses

There are two main options on how the services of professional interpreters can be obtained. Their usefulness depends on the characteristics of the hospital and its language needs. Hiring approaches will be introduced, giving recommendations for their use.

1. Staff interpreters

Interpreters are hired as full-time or part-time regular staff. This is most common where the need for a particular language is high (i.e., frequent or regular contact with patients of the specific language group(s)). Most professional interpreters are able to provide interpretation for more than one foreign language – i.e., a single staff interpreter could be qualified to work with several foreign language patient groups.

2. Contract interpreters

Freelancers and commercial agencies

Interpreters are hired as hourly, on-call employees or as independent contractors. This is most useful where demand for a particular language is intermittent or infrequent, or when a hospital has less common language groups in its service area. This also works best where most demand is for pre-scheduled appointments, although emergency needs can be met when interpreters carry pagers and are accessible 24 hours a day. Freelance interpreters often charge a minimum fee (e.g., the rate for two hours) even if the consultation requires less time.

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Community-based interpreting agencies

This may be a specialised interpreting agency or an interpreting service based with other health and social service organisations (e.g. immigration agencies). The latter can serve as a shared resource that allows many institutions to access interpreters. Community-based interpreting agencies' services are frequently provided at comparatively low costs to hospitals, and may even be free of charge (see Resource Kit, Tool 4). Use of an outside agency works well where need is intermittent and diverse, and can also supplement an organisation's regular interpretation staff.

Telephone interpretation

Telephone interpretation can be obtained through outside agencies that specialise in that service. Through them, an interpreter is accessed over a telephone line, often by speaker phone. Although this is an unusual communication situation, providers can improve their competence in and ease with telephone interpreting by offering guidelines for the staff involved as well as by providing training that includes practice units.

Such services can be useful when it would take too long to obtain an interpreter in person, or for rare languages where a local interpreter is not available. Telephone interpretation can also be used for simple communication, such as setting up an appointment, giving lab results, or any of the many other normal hospital functions that are conducted by phone also with patients who speak the local language.

More complex communications where non-verbal cues are an important part of the communication process and the accuracy of the interpretation is critical, are best left to in-person interpretation services. In these situations telephone interpretation services should be used as a means of last resort.

More info at:

Riddick, S. (1998) Improving access for limited English-speaking consumers: A review of strategies in health care settings. *Journal of Health Care for the Poor and Underserved* 9 (Suppl.1): 40-61.; passages available at www.diversityrx.org

Torres, B. Best Practice Recommendations for Hospital-Based Interpreter Services, prepared for the Commonwealth of Massachusetts, Executive Office of Health and Human Services, Massachusetts Department of Public Health, Office for Minority Health: <http://www.state.ma.us/dph/bhqm/2bestpra.pdf>, p.15-16)

The following section describes the concrete steps in implementing an interpreting service for both options: employing interpreters or contracting their services through an agency.

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Implementation guideline: Steps in service planning and implementation

1. Hire or appoint an interpreting co-ordinator



Detailed service planning



a. Employment of interpreters
a.1. Identify the number of interpreters needed, the areas where interpreting is most pressingly needed (to determine whether specialist medical knowledge is required) – based on the assessment of language needs
a.2. Clarify staffing arrangements: Full-time interpreters for which languages? Part-time interpreters for which languages? Possibilities for special consultation hours for particular language groups to bundle interpreting needs?
a.3. Prepare a job description for medical interpreters (see the Resource Kit, Tool 8 for an example)
Who: Project group
Time and resources:



b. Contracting interpreting services
b.1. Identify the number of interpreters needed, the areas where interpreting is most pressingly needed (to determine whether specialist medical knowledge is required) – based on the assessment of language needs
b.2. Research whether there are community-based interpreting services in your area (run by the municipality, the Department of Immigration, the Health Board, etc.) whose services you could contract: Languages covered? Conditions (time, costs)? Special rates for health services?
b.3. Research professional interpreting services: Who? Where? Which languages can be covered? Conditions (time, costs)? Specialisation in medical interpreting? Subscription offers for hospitals?
b.4. Compare offers: cost-benefit analysis
Who: Project group
Time and resources:



Step	Who
2. Develop a concept for service co-ordination: <ul style="list-style-type: none"> Job description for an interpreting co-ordinator (see Sections 5 and 8) How to manage scheduling and tracking? (Check possibilities for a database solution with your IT department!) Protocol on how to request an interpreter 	Interpreting co-ordinator, Representative of the IT department, supported by project group



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Step	Who
3. Define training needs and develop interventions: <ul style="list-style-type: none"> ▪ How to assess interpreting qualifications? ▪ Training for staff on how to work with interpreters: <ul style="list-style-type: none"> ▪ Develop course outline or choose an established training programme ▪ Identify expert to carry out the training, or hire an expert for a train-the-trainers session to qualify hospital staff for the job ▪ Training for bilingual staff working as interpreters: <ul style="list-style-type: none"> ▪ Develop course outline or identify training programmes available 	Interpreting co-ordinator, supported by project group
4. Develop documentation and monitoring systems <ul style="list-style-type: none"> ▪ Check for opportunities to integrate with the hospital's overall information systems 	Interpreting co-ordinator, Representative of the department of patient documentation, supported by project group
5. Develop procedures to guide staff in providing the appropriate type of interpreter service for every foreign language patient to: <ul style="list-style-type: none"> ▪ Ensure language access regardless of the point of entry and across all points of contact, from presentation to discharge ▪ Ensure all staff with direct patient contact have a thorough knowledge of the available interpreter resources for both commonly and rarely encountered languages (e.g. by an interpreting information sheet available at all departments and/or on the Intranet, see the Resource Kit, Tool 11 for an example) 	Interpreting co-ordinator, project group, Heads of model departments, Hospital management
6. Presentation of service concept to hospital management and Heads of model departments; final decision for implementation	Hospital management , Heads of model departments + Project group Time and resources: Decision meeting, 1 hour



Detailed service implementation



a. Employment of interpreters
a.3. Hire interpreters <ul style="list-style-type: none"> ▪ Preliminary screening of candidates: brief skills assessment ▪ Interview ▪ Orientation session to understand expectations and work conditions ▪ Comprehensive exam (e.g. see the Resource Kit, Tool 9) ▪ Passing general Human Resources requirements (e.g. reference check, health status) (Procedure at MGH Medical Interpreters, see list of web links)

b. Contracting interpreting services
b.4. Contract the best professional service language needs

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<p>a. Employment of interpreters</p> <p>a.4. Integrate interpreters in the organisation (presentation during rounds at model departments, portraits on intranet page or in newsletters, etc.)</p> <p>a.5. Train in-house interpreters in policies and procedures relevant for the provision of interpreting services (.e.g. patient rights, documentation, etc.)- see the Resource Kit, Tool 12 for a an example of an Interpreter Handbook</p> <p>Who:</p> <ul style="list-style-type: none"> ▪ Interpreting co-ordinator ▪ Project group ▪ Personnel/Human resources department <p>Time and resources: ???</p>	<p>b. Contracting interpreting services</p> <p>b.5 Train contract interpreters in policies and procedures relevant for the provision of interpreting services (e.g. patient rights, documentation, etc.) see the Resource Kit, Tool 12 for a example of an Interpreter Handbook</p> <p>Who:</p> <ul style="list-style-type: none"> ▪ Interpreting co-ordinator ▪ Project group ▪ Finance department ▪ Personnel/Human resources department <p>Time and resources: ???</p>
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Step	Who
<p>7. Pilot the service</p> <ul style="list-style-type: none"> ▪ Test the tracking and scheduling system ▪ Obtain feedback from patients and staff ▪ Review and optimise services 	<p>Interpreting co-ordinator, Project group, Interpreters (in-house and/or contracted and/or language competent employees and/or community partners)</p> <p>Time and resources: One month pilot phase</p>
<p>8. Presentation of results of pilot phase and options for adapting relevant structures and processes to Heads of model departments and hospital management, Decision on adaptations</p>	<p>Hospital management, Heads of model departments, Project group</p> <p>Time and resources: Decision meeting, ½ hour</p>
<p>9. Adapt the relevant structures and processes at hospital/the model departments to the interpreting model decided on</p>	<p>Hospital management., Heads of model departments, Project group</p>
<p>10. Collect data on service utilisation (frequency of interpreter requests per language, type of encounter and department)</p>	<p>Interpreters, Providers working with interpreters, Patient documentation department</p>
<p>11. Public presentation of results to all hospital staff at the end of the project period (after 6 months)</p>	<p>Hospital management, Heads of model departments, project group</p>
<p>12. Monitoring/regular review and update of service</p> <ul style="list-style-type: none"> ▪ Annual assessment of community language needs ▪ Include accessibility and quality of interpreting service in patient satisfaction surveys ▪ Formulate and publicise grievance procedures in the commonly encountered languages at the hospital 	<p>Interpreting co-ordinator, Project group, Representatives of the patient documentation department</p>
<p>13. Ensure ongoing, periodic training, support and assessment of staff</p>	<p>Interpreting co-ordinator, Project group</p>

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Tip:

For a detailed description on implementing and running an interpreting service, see Durham, M., Madansky, D., Lowell, M., Puebla Fortier, J. & Pledger, L. (1996). Establishing Interpreter Services in Health Care Settings. University of Massachusetts Medical Center, Worcester, MA, USA., <http://www.diversityresources.com/interptoc.html>. A good overview is also given in the “Best Practice Recommendations for Hospital-Based Interpreter Services” developed by B. Torres for the Commonwealth of Massachusetts, Executive Office of Health and Human Services, Massachusetts Department of Public Health, Office for Minority Health: <http://www.state.ma.us/dph/bhqm/2bestpra.pdf>, pp. 6-12).

Strategy 2: Employee language banks

Rationale

The in-house language bank is one of the oldest strategies to address language barriers in hospitals. This strategy draws on utilising staff members who speak other languages as interpreters when needed and thus allow to make the best possible use of a hospital's current internal language resources. In this way, they can provide an intermediate solution to language barriers in clinical communication.

Advantages and disadvantages

Employee language banks are very popular among hospitals – not least due to their apparent low cost. By utilising the language resources available at the hospital, no extra staff needs to be hired. A further advantage is that staff members in the in-house language banks may be readily available on site for emergency requests.

On the other hand, numerous problems may occur unless the language bank programme is carefully designed and organised. Job conflicts can arise when staff members who signed up as volunteer interpreters are called away from their regular duties. Supervisors and co-workers may blame the bilingual staff member for time spent away from his or her regular job, leading to a negative work environment and potentially resulting in resentment towards the interpreting duties, both on the part of those providing the in-house service and on the part of their colleagues and supervisors. In the interpreting situation itself, health professionals asked to interpret may face a role conflict: it can be immensely difficult to interpret accurately and objectively without allowing their own professional expertise to intrude, especially if they are interpreting in fields where they would normally be providing care themselves. Their colleagues face a similar dilemma in deciding whether to ask them to interpret (Bischoff 2003).

In addition, the language skills of employees are seldom formally tested, with those signing up for the language bank self-assessing their fluency levels. Further, only few employees have received any training in medical interpreting skills, ethics, or vocabulary.

In addition, studies have shown that the use of language-competent staff as interpreters can incur substantial indirect cost; while funds are apparently saved on professional interpreters, health professionals called for interpreting not only experienced job conflicts, their absence from the job also created considerable management and staffing problems for their ward (e.g. Drennan 1996).

If managed properly, however, language banks may be an effective back-up in the absence of access to qualified professional interpreters.

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How to manage employee language banks?

Employee language banks work best when the following measures are taken:

- 1) Updated lists of eligible employees are maintained.
- 2) Employee language and interpretation skills, as well as medical knowledge, are assessed.
 - For an example of entry requirements, see <http://www.massgeneral.org/interpreters/becoming.asp>
 - For an overview of topics covered in a skills assessment, see Tool 9 in the Resource Kit or <http://www.massgeneral.org/interpreters/steps.asp> or http://www.ncihc.org/NCIHC_PDF/Initial%20Assessment%20of%20Interpreter%20final%20version%20May%202001.doc
- 3) Interpreter training is provided.
- 4) Training in medical terminology and knowledge is provided where needed.
- 5) Interpretation is explicitly included in the staff member's job requirements.
- 6) A monthly number of hours for interpreting duties is set aside.
- 7) The following staff members function as interpreters:
 - Non-clinical staff – i.e., employees whose work responsibilities do not include direct patient contact, such as receptionists or medical assistants;
 - Clinical staff who are asked to interpret outside their area of expertise

Why not clinical providers?

At first glance, it appears advantageous to use medical staff for interpreting in clinical encounters. They have the knowledge of medical terminology and health care concepts, and they are available on the wards when the need for an interpreter arises.

However, there are considerable drawbacks to this model. In addition to obvious deficits regarding interpreter training and job conflicts common to many employee language banks, the use of clinicians as interpreters implies role conflicts that undermine client-provider communication. Patients may be confused as to when the bilingual clinical staff is acting in her or his clinical role, and when she or he is acting as an interpreter. As a result, patients often speak to the interpreter rather than to the provider whom the interpreter is supposed to be assisting, a situation which causes problems in the clinical relationship. The overriding argument against this model, however, is the cost issue: employing highly trained and paid clinical staff to interpret for other staff hardly makes sense from a resource point-of-view.

With the drawbacks clearly outweighing the benefits of having a medical education, clinical staff should be asked to translate only as a last resort, or as a small part of an interpreting service based primarily on another model.

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Implementation guideline: Steps in service planning and implementation

1. Hire or appoint an interpreting co-ordinator



Detailed service planning



<p>c. Using an employee language bank</p> <p>c.1. Plan the specific conditions for staff members working as interpreters (interpreting as a listed job duty, desired skills, possible remuneration, etc.)</p> <p>c.2. Announce the plan to establish an employee language bank to all staff (e.g. through e-mail, an internal newsletter, or with a letter attached to the pay slip), asking interested staff members to respond</p> <p>c.3. Research the language competencies of hospital staff: which languages are spoken by whom? (e.g. via an e-mail survey, attaching a form to the announcement message)</p> <p>1. Registration form for the language bank service should be countersigned by the staff members' supervisor to signify his/her agreement with the additional task. For an example of a registration form, see the Resource Kit, Tool 3</p>
<p>Who: Project group (c.1. also involving Heads of Departments, Hospital management) Representatives of the IT, as well as Communication or Finance Departments</p> <p>Time and resources: ???</p>



Step	Who
<p>2. Develop a concept for service co-ordination:</p> <ul style="list-style-type: none"> ▪ Job description for an interpreting co-ordinator? ▪ How to manage scheduling and tracking? (Check possibilities for a database solution with your IT department!) ▪ Protocol on how to request an interpreter 	<p>Interpreting Co-ordinator, Representative of the IT department, supported by project group</p>
<p>3. Define training needs and develop interventions:</p> <ul style="list-style-type: none"> ▪ How to assess interpreting qualifications? ▪ Training for staff on how to work with interpreters: <ul style="list-style-type: none"> ▪ Develop course outline or choose an established training programme ▪ Identify expert to carry out the training, or hire an expert for a train-the-trainers session to qualify hospital staff for the job ▪ Training for bilingual staff working as interpreters: <ul style="list-style-type: none"> ▪ Develop course outline or identify training programmes available 	<p>Interpreting Co-ordinator</p>

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Step	Who
4. Develop documentation and monitoring systems <ul style="list-style-type: none"> Check for opportunities to integrate with the hospital's overall information systems 	Interpreting co-ordinator, Representative of the department of patient documentation, supported by the project group
5. Develop procedures to guide staff in providing the appropriate type of interpreter service for every foreign language patient to: <ul style="list-style-type: none"> Ensure language access regardless of the point of entry and across all points of contact, from presentation to discharge Ensure all staff with direct patient contact have a thorough knowledge of the available interpreter resources for both commonly and rarely encountered languages 	Interpreting Co-ordinator, Heads of model departments, Hospital management, project group
6. Presentation of service concept to Heads of model departments and hospital management; final decision for implementation	Hospital management , Heads of model departments, Interpreting co-ordinator, Project group Time and resources: Decision meeting, 1 hour



Detailed service implementation



c. Set up an employee language bank
c.4. Assess the language and interpreting skills of interested employees (both in the local and the foreign language, medical terminology, etc.)
c.5. Develop an employee language bank (electronic database – if possible), giving languages covered, skill level, contact details (possible: assign specific categories of interpreting jobs to staff on the basis of assessment results). <ul style="list-style-type: none"> Enter information from the forms of accepted employees into an ACCESS data base. Contact IT service to see whether and how it can be integrated into the hospital's intranet (if available) If yes: start info on intranet with a short introductory text, followed by a list of the languages available; link languages on the list in such a way that clicking on a language will lead to the list of employees who speak the language in question Continuous update of the list by the interpreting co-ordinator
c.6. Train staff working as interpreters in policies and procedures relevant to the provision of interpreting services <ul style="list-style-type: none"> obligatory training for every staff member wishing to make his or her language skills available through the language bank 2 hour session covering special needs of migrant and ethnic minority patients, cross-cultural communication, code of practice for interpreting, documentation
Who: <ul style="list-style-type: none"> Interpreting co-ordinator Project group Personnel/Human resources department IT Department



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Step	Who
7. Pilot the service <ul style="list-style-type: none"> ▪ Test the tracking and scheduling system ▪ Obtain feedback from patients and staff ▪ Review and optimise services 	Interpreting co-ordinator, Project group, Interpreters (in-house and/or contracted and/or language competent employees and/or community partners Time and resources: one month pilot phase
8. Presentation of results of pilot phase and options for adapting relevant structures and processes to Heads of model departments and hospital management, Decision on adaptations	Hospital management, Heads of model departments, Project group Time and resources: Decision meeting, ½ hour
9. Adapt the relevant structures and processes at the hospital/the model departments to the interpreting model decided on	Hospital management., Project group
10. Collect data on service utilisation (frequency of interpreter requests per language, type of encounter and department)	Interpreters, Providers working with interpreters, Patient documentation department
11. Public presentation of results to all hospital staff at the end of the project period (after 6 months)	Hospital management, Heads of model departments, project group
12. Monitoring/regular review and update of service <ul style="list-style-type: none"> ▪ Annual assessment of community language needs ▪ Include accessibility and quality of interpreting service in patient satisfaction surveys ▪ Formulate and publicise grievance procedures in the commonly encountered languages at the hospital 	Interpreting co-ordinator, Project group, Representatives of the patient documentation department
13. Ensure ongoing, periodic training, support and assessment of staff	Interpreting co-ordinator

Tip:

For a detailed description on implementing and running an interpreting service, see Durham, M., Madansky, D., Lowell, M., Puebla Fortier, J. & Pledger, L. (1996). Establishing Interpreter Services in Health Care Settings. University of Massachusetts Medical Center, Worcester, MA, USA., <http://www.diversityresources.com/interptoc.html>.

A good overview is also given in the “Best Practice Recommendations for Hospital-Based Interpreter Services” developed by B. Torres for the Commonwealth of Massachusetts, Executive Office of Health and Human Services, Massachusetts Department of Public Health, Office for Minority Health: <http://www.state.ma.us/dph/bhqm/2bestpra.pdf>, pp. 6-12).

Tips for overcoming start-up barriers

Tapping available resources

Two of the most significant difficulties in beginning to address language barriers in hospital concern **people** and **money**. More than ever hospital administrators are presently reluctant to commit new resources to new programmes. Hiring an interpreting co-ordinator and interpreter staff inevitably requires these resources.

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However, there are options that should be explored at hospitals, regardless of whether dedicated resources for interpreting in clinical communication are available. The following are three possible approaches to using available resources to improve the clinical communication:

Internal transfer, i.e. considering internal bilingual staff for positions in the interpreting service

Training and development, i.e. providing skill-building opportunities for hospital staff, in order to accomplish the following:

- Help bilingual/bicultural employees (e.g. in admin and reception) qualify for positions involving frequent patient contact, including language learning and career development, interpreter training for bilingual employees
- Qualify staff to work with foreign-language patients, including foreign-language practice and cultural competence training – see the Pathway for Subproject C)

Hiring policies, i.e. establishing a policy that actively seeks to recruit staff with diverse backgrounds and considers bilingual applicants from the community on the same basis as in-house applicants.

(s. Durham et al. 1996)

Arguing the case for qualified medical interpreters

Facts and research results about the costs of **not** addressing language barriers will be a useful argument in negotiating resources for an interpreter programme, and in increasing awareness of the benefits of interpreting among staff. (see also the Resource Kit, Tool 1, for a detailed overview of the evidence for different steps [admission, diagnosis, treatment, and discharge] in the clinical process).

Numerous studies underline the negative impact of language barriers on providing effective health services for migrants and ethnic minorities: they have adverse effects on accessibility, quality of care, patient satisfaction and patient health outcomes (Bischoff 2003). For example, language-related communication difficulties are associated with a higher rate of resource utilisation for diagnostic testing (Waxman & Lewitt 2000), play an important role in assessing pain and prescribing adequate medication (Brown et al. 1999; Cleeland et al. 1997), negatively affect medical follow-up (Sarver & Baker 2000), and were found to be a barrier in the use of preventive services (Woloshin et al. 1997). All of these situations clearly compromise service quality and incur additional costs for hospitals.

On the other hand, strategies to establish language concordance between patients and providers have proven effective in improving service quality and outcomes for migrant and ethnic minority patients. In particular, professional interpreters are recommended (e.g. Jacobs et al. 2001, Bensing 1991; Tocher & Larson 1998).

Even more important than presenting findings from the literature, research into the impact of language barriers on the services of your hospital is likely to provide arguments in favour of professionalising medical interpreting. For example, carry out an **analysis of the costs of poor clinical communication at your hospital** (problems created by language barriers, utilisation rate of diagnostic testing, duration of consultations, etc.). Even just an informal survey with colleagues who see many migrant and ethnic minority patients can produce concrete and convincing results.

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Planning for a comprehensive model

An integrated approach based on multiple strategies as well as clear policies and procedures is recommended to ensure the effectiveness and sustainability of interpreting services. Hospitals are strongly discouraged from using ad hoc approaches consisting of asking friends, family or other patients to interpret. Enhancing the cultural competency of the hospital organisation as a whole is further conducive to the success of language and interpreting services. More details below.

Many hospitals have already developed some kind of response to meet the needs of patients with a limited command of the local language. However, developing an interpreter programme capable of delivering consistent and quality service requires careful planning and design, as well as regular documentation, monitoring and further development. An interpreting service works best when it is based on a comprehensive approach, integrating medical interpreting into overall service and quality development.

Ad-hoc approaches in the provision of language services may help to cover the most acute need, but they lead to several problems, including uncertainty regarding the quality of the interpretation, job conflicts for the professionals involved, inefficiencies due to a lack of co-ordination, as well as insufficient coverage of language needs. While appearing to be an economical option, they actually incur indirect costs and often do not lead to the desired outcomes of language support in clinical communication.

Use of family and friends

In practice, interpretation in clinical encounters is still often provided by a patient's family and friends, or even by other patients who are total strangers. This rarely contributes to improving clinical communication. On the contrary, the disadvantages of this model are abundant:

- Family and friends may lack the necessary language skills – skill screening before the encounter is virtually impossible.
- The quality of interpretation cannot be assured: information is summarised or just deleted, messages are changed completely, the “interpreter's” views are added, information may be deliberately kept from the patient, and the family member often ends up dominating the encounter.
- The use of children as interpreters is particularly problematic: their vocabulary is even more limited than an adult family member's and they might be unaware of the purpose of the communication, which can lead to increased inaccuracies. Additionally, children may be traumatised by the responsibility of negotiating a parent's health care and may feel (or even be held) responsible for the outcome of the encounter; they may be embarrassed by being asked about intimate physical or sexual matters.

More info at: Downing, B. & Roat, C.E. (2002) Models for the provision of language access in healthcare settings. The National Council on Interpreting in Health Care, www.ncihc.org

Careful planning is therefore recommended, regardless of the size of the migrant population among the hospital's clientele. Starting with an assessment of the actual language needs, the model can be tailored to the services required in the individual setting. More details on the specific aspects to be considered for planning, implementation and operation of an interpreting programme are given in the implementation guidelines.

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The sustainability of benefits obtained by improving interpreting in clinical communication can best be ensured if migrant-friendliness is institutionalised in the organisation, i.e. when individual measures are embedded in and supported by hospital policies, routines, and the quality system. In order to improve service quality for migrants and ethnic minorities on a long-term basis, sub-projects should therefore form part of a comprehensive cultural competency strategy, comprising a diversity of measures towards facilitating culturally competent care for diverse populations.

5. What you need: Prerequisites and infrastructure

This section gives an overview of resources and infrastructures needed to implement and operate an interpreting programme, covering the following aspects:

- Premises
- Staff
- Scheduling and tracking facilities
- Assessment, education and training
- Budget

Details will be provided below.

Premises

1 room for the interpreting co-ordinator; 1 office for the interpreters/bilingual staff members on duty; seminar room available for training sessions

People

Interpreting Co-ordinator

The co-ordinator or director of interpreter services oversees implementation, training and monitoring aspects of the service.

Tasks:

- Development and updating of institutional policies for interpreter services and the translation of written material
- Development, implementation and management of a system for timely provision of interpreter services, including a scheduling system for appointments
 - ➔ For appointments where a need for interpreter support is anticipated
 - ➔ For visits that are not scheduled, e.g. Emergency Department
- Training, supervision, management and support of interpreters
- Training of staff on how to work with interpreters
- Developing monitoring and evaluation processes for interpreter services and integrating them into institutional quality assurance measures, including grievance procedures for individual patients

Staff requirements for interpreting co-ordination depend on the size and needs of the foreign language patient population. While some hospitals may require several full time staff, others can assign co-ordinating tasks as part of other central level jobs at the hospital, e.g. at the telephone switchboard, with the admissions co-ordinator, or the administrative assistant to the hospital's clinical director, or one person may perform several functions (e.g. administrator, interpreter, educator).

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Interpreters

- Medical interpreters (full-time, part-time, free-lance, outside services)
- Staff members trained in medical interpreting, with working time allocated to interpreting duties, and agreement of their supervisors

Expertise required:

Linguistic skills:

- Fluency in local and a second language
- Understanding of a variety of regional accents, linguistic styles and registers
- Thorough knowledge of medical terminology
- Familiarity with the terminology and structure of the institutional setting

Interpreting and interpersonal skills:

- Good communication skills
- Ability to put client at ease and make a cultural connection
- Ability to maintain professional distance and integrity
- Ability to diffuse conflict between parties by remaining calm and impartial
- Knowledge of the complexity of client-provider relationship and added factor of the language barrier
- Skills to work as a team with colleagues and providers

Cultural awareness competencies:

- Understanding language as an expression of culture: recognizes the underlying assumptions of each party about medicine, the encounter, the illness, etc.
- Avoidance of generalisations and stereotyping
- Use of culturally appropriate behaviour
- Awareness of own personal values, beliefs and cultural characteristics, ability to acknowledge if these constitute a source of discomfort or conflict and/or withdraw from encounters when they interfere with successful interpretation

(see also example for a detailed job description for medical interpreters by Massachusetts General Hospital, the Resource Kit, Tool 8)

Scheduling and tracking facilities

Computer-based information systems

Ideally, an electronic data base should be used to co-ordinate interpreter requests. Where possible, the interpreter scheduling system should be integrated in the hospital's overall scheduling system to allow for optimal co-ordination. Computer-based information systems available at hospitals may entail the potential to track requests and schedule appointments. It is worthwhile to assess current IT structures regarding opportunities they offer in this regard, and to check which resources (e.g., extent of extra programming and user training) are needed to integrate the required additional functions.

Intranet pages to access interpreter services

If the necessary IT infrastructure is available, an intranet website with booking forms and information on the service (languages available, booking procedures, training offers, etc.) would be a particularly effective way of co-ordinating the service. While this would reduce the workload for the interpreting co-ordinator, it requires additional personnel resources to maintain the intranet platform (content management, technical support, etc.). It is thus particularly recommended for hospitals who with a large share of migrant and ethnic minority patients among their clientele.

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Lists of interpreters + linguistically competent staff members

As an alternative, if IT infrastructure is not given or planned, a list of interpreters and/or linguistically competent staff members, their contact details, the languages they cover and their availabilities should be available to the person assigned to co-ordinating interpreter requests, e.g. at the telephone switchboard, or to the administrative assistant to the clinical director, etc.). The interpreting co-ordinator should be in charge of regular updates to the list.

Tip: If in any way possible, use an electronic data base rather than lists on paper or in a text file. Relatively straightforward database applications such as MS Access can be used to obtain an up-to-date overview not only of the interpreters' skills and contact details, but also to manage availabilities, to avoid clashes with other interpreter appointments and to make sure interpreters are available for scheduled appointments (e.g., a diagnostic test or a discharge interview). If your hospital does not have a computer network (i.e., the database can be accessed from relevant workstations at the hospital), the database may be installed on a single PC at the interpreting co-ordinator's office. His or her phone number should be known to all staff and advertised at (multilingual) boards so that providers and/or patients can place their requests.

Assessment, education and training

- Assessment of language skills and interpreting training for staff at in-house language banks – see Resource Kit, Tool 9.
- Training for medical and nursing staff on why and how to work with interpreters – for a training outline on how to work with interpreters, see Resource Kit, Tool 17.
- Workshop for all staff on using the booking and documentation systems (minimum alternative: training selected staff in using the booking system, e.g. secretaries, administrative assistants, reception and telephone switchboard staff).

Budget

Explicit and formal allocation of funds to medical interpreting must be ensured.

Costs differ for different types of interpreter services. For hospitals with a high volume of patients who speak certain languages, it may be more cost-effective to hire a staff interpreter (who can interpret for many patient encounters each day) rather than freelance interpreters who charge a minimum number of hours per encounter. Telephone interpreting, if frequently used, can be very expensive. An overview of interpreting costs for different types of interpreting in European hospitals is given in the Resource Kit, Tool 4.

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6. How it works in daily practice

Steps in a service routine for providing effective medical interpreting services

What to do when a patient who does not speak the local language enters the hospital? How does the model work once it is implemented as part of the hospital routines? Six steps should be followed to provide effective medical interpreting:

Step 1: Identify and assess the language needs of the patient

Step 2: Call an interpreter

Step 3: Prepare the consultation with the interpreter

Step 4: Conduct the consultation with the interpreter

Step 5: Debrief the session

Step 6: Ensure adequate documentation

These six steps can also serve as a checklist in assessing the hospital's need for improving its language services (see section 3) They will be described in detail below.

Step 1: Identify and assess the language needs of the patient

Procedures

a) Two-part question:

- 1) "Do you speak a language other than [insert local language] at home? Answer: "yes" or "no" -> if yes, then
- 2) "How well do you speak [insert local language]? Answer: "very well", "well", "not well" or "not at all" -> if answer is anything but "very well", the patient is likely to benefit from interpreter services.

If patients don't state that they speak the local language "very well", identify their preferred language (i.e. that in which she or he feels most comfortable in a clinical encounter) and note it in the patient's clinical record.

(US Census 2000 format for determining whether a patient will require language assistance)

1) In more pressured situations (e.g. A&E): Open-ended questions:

- 1) "What language do you speak at home?"
- 2) Follow-up questions to determine whether the patient would prefer or benefit from an interpreter for medical communication

Tip: Do not ask closed-ended questions such as "Do you speak English?". They may result in misleading responses as people frequently overestimate their fluency levels.

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2) Patient self-identification methods to facilitate access to language assistance:

- **Interactive language maps**
Patients can identify their country of origin on a map. Clicking on the country, or the national flag, will give providers an overview of which languages and dialects are commonly spoken in the country in question. The maps are also a useful tool for providers if they know the patient's country of origin, but cannot identify her or his language through an interview. Language maps are available at <http://www.massgeneral.org/interpreters/cultural.asp>.
- **Welcome cards**, printed in many different languages, instructing patients to bring the card to the information desk if they need assistance. On the reverse side are instructions on how to contact interpreter services.
- **Wallet-size cards with the patient's primary language written in [insert local language]**, as well as instructions on how to reach an interpreter for that language. Patients can present the card in relevant clinical consultations, as well as during subsequent visits to the hospital, to identify their need for language assistance.
- **Staff badges in different languages**, saying "I speak...! May I help?" in the appropriate language. Colour-code badges for low-literacy patients, e.g. Turkish is always purple, Vietnamese is always green. Patients can readily identify bilingual staff members for assistance if they are lost or need directions.
- **Language identification charts** can help literate foreign language patients with requesting interpreter services. One such chart is organised into a "patient-visitor-column" which lists the question "Do you speak....?" In various languages, with a matching column indicating the name of the language in [insert local language]. Use demographic profiles of the communities in the hospital's catchment area to determine which languages to include.

(Approaches developed by Massachusetts General Hospital and the Queensland Interpreter Card Programme, More info at:
Torres, B. Best Practice Recommendations for Hospital-Based Interpreter Services, prepared for the Commonwealth of Massachusetts, Executive Office of Health and Human Services, Massachusetts Department of Public Health, Office for Minority Health; <http://www.state.ma.us/dph/bhqm/2bestpra.pdf>, p.7
The Queensland Interpreter Card: <http://www2.premiers.qld.gov.au/about/maq/html/gp/qic.htm>)

Step 2: Call an interpreter

Follow your hospital's protocol on how to obtain interpreting services. Some elements included in such a protocol could be the following:

- a) For scheduled consultations: schedule interpreters through a booking system, ideally linked with the overall scheduling system at the hospital.
- b) In emergencies: contact the interpreting co-ordinator directly.
- c) Off hours: page the specific language beepers assigned for off-hours duty.

For detailed examples on directions for how to obtain language support, see the Protocol on how to request an interpreter of the Amsterdam Academic Medical Centre (see the Resource Kit, Tool 10) or the website of Massachusetts General Hospital Medical Interpreter Services (<http://www.massgeneral.org/interpreters/process.asp>).

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Tip: What to bear in mind when selecting an interpreter

- Find out which language and dialect is appropriate. For example, Taiwanese people sometimes get confused by the terms the interpreter uses if the interpreter is from China, Hong Kong, or Malaysia.
- Note the ethnicity of the interpreter. Some clients may not want to have interpreters from specific communities, for political reasons or because of confidentiality fears in small communities. For example, it may be inappropriate to provide a Serbian interpreter for a Bosnian Muslim.
- Establish whether the patient is willing to accept to opposite gender before engaging an interpreter.

(adapted from: Cultural Awareness Tool. Understanding Cultural Diversity in Mental Health. Developed by Multicultural Mental Health West Australia, see <http://www.mmha.org.au/organisations/watmhc/cat/1944a-RACGPMHbook300.pdf>)

Step 3: Prepare the consultation with the interpreter

Prior to seeing the patient

- Introduce yourself with your title
- Give background (main medical facts) and set goals to “get on the same page” before the patient enters the room.
- Agree on the interpreting approach: simultaneous or consecutive.

Step 4: Conduct the consultation with an interpreter

Etiquette

- Address your patient, not the interpreter, and maintain primary eye contact with your patient.
- Do not “think out loud”. Patients wonder what is NOT being interpreted and sometimes understand more than they can speak.
- Be patient. Careful interpretation often requires interpreters to use long sentences.

The dialogue

- Use direct speech: “How do you feel?” instead of reported speech: “Ask her how she feels?”
- Keep a comfortable pace that will allow time for interpretation.
- Avoid medical jargon and idiomatic expressions to make the encounter less complicated.
- Note the patients’ language register and address them at their linguistic level

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- Make sure that the complexity of the language is not beyond the patients' medical knowledge and/or their familiarity with institutional protocols and procedures.
- Match your gestures and body language to your words: a large part of communication is through non-verbal language.
- Listen without interrupting.
- Give full information on diagnosis, tests, and treatment.
- Confirm understanding and agreement with patient to ensure compliance.
- Encourage interpreter to clarify terms with you. Feel free to ask interpreter to interpret back to you whenever you are concerned about the accuracy of the interpretation.

(More info at: Medical Interpreter Services of Massachusetts General Hospital.
<http://www.massgeneral.org/interpreters/sitemap.asp>)

Step 5: Debrief the session

General tips

- Use the interpreter as a resource for you: ask for his or her feedback
- Speak privately with the medical interpreter who may perceive cultural and emotional subtleties more clearly.

(More info at: Medical Interpreter Services of Massachusetts General Hospital.
<http://www.massgeneral.org/interpreters/sitemap.asp>)

Process

- a) Interpreter clarifies open questions with the patient.
- b) Interpreter communicates additional information (e.g. from non-verbal cues) to the provider.

Step 6: Ensure adequate documentation

2. When a patient self-identifies as not being fluent in the local language, the name of the interpreter and the language used to interpret is recorded in the patients' medical record.
3. If a patient declines a hospital interpreter, the reason for declining the service is requested and recorded in the patients' chart. The name of the person who actually interprets and his or her relationship with the patient should also be recorded.
4. Collect track utilisation data in the hospital's information system on (1) language preference, (2) ethnicity/country of origin, (3) the type of encounter, e.g. diagnostic interview, surgery preparation, etc., and (4) the department where the encounter took place.

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Tip: Establish special consultation hours for particular language groups to optimise the use of interpreting resources:

- Reduces co-ordination costs
- Allows for part-time employment of interpreters at the hospital as need is bundled
- Interpreters can schedule other jobs alongside their engagement with the hospital

7. Supportive strategies to improve communication with foreign language patients

Interpreting in clinical communication can be supplemented by a number of supportive strategies that cover other aspects of language needs or establish cultural concordance between patients and providers. The following strategies supporting the provision of effective services for foreign-language patients are outlined in more detail in the Resource Kit:

- Hiring policies for the active recruitment of bilingual staff (see Tool 5)
- Co-operating with bilingual/bicultural community partners (see Tool 6)
- Written translation materials to support oral communication (see Tool 13)
- Translation of information materials, relevant forms and documents (see Tool 14)
- Signage, pictographs and audiovisual materials (see Tool 7)

These five strategies complement interpreting services in meeting the language needs of hospital patients. In addition, synergy effects can be expected with regard to improving clinical communication. Translated materials or pictographs can be used to illustrate points in an oral conversation, help the patient retain information from client-provider interaction, and facilitate timely access to the adequate department and service. Moreover, actively recruiting a diverse workforce increases the hospital's resources regarding linguistic and cultural competencies, a strategy which also proves beneficial for the provision of interpreting services in clinical communication. Additionally, increasing the number of bilingual staff who can communicate with foreign language patients directly can reduce the number of interpreter requests and make the hospital easier to use for non-native speakers of the local language.

8. Roles and tasks: Who does what?

MFH local subproject group (supported by focal person and project steering group)

In general:

- Facilitate and support the process
- Prepare the call for tenders for the model departments and promote it in the hospital
- Negotiate with top-level and department-level management
- Select an interpreting co-ordinator in collaboration with hospital management
- Conduct an assessment of the hospital's language needs
- Achieve agreement on evaluation with all relevant stakeholders
- Implement evaluation
- Make a public presentation of results to all hospital staff at the end of the project period
- Create awareness for the project through regular internal public relations activities

If decision to work with professional interpreters:

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- Identify number of interpreters needed
- Planning staffing arrangements: employment of interpreters for which languages, part-time, full-time, number of interpreters and/or researching and contracting an interpreting agencies

If decision to work with employee language bank:

- Plan the specific conditions for staff members working as interpreters
- Recruit staff members for the language bank and research their language competencies
- Support the creation of a language bank in collaboration with the IT and PR Departments and promote it at the hospital

Interpreting co-ordinator or co-ordinating team

- Plan for a model for providing interpreting services (in co-operation with all the project group and relevant stakeholders: management, staff and patient representatives, minority/community representatives, the future interpreting co-ordinator as soon as he/she has been designated)
- Develop a concept for service co-ordination – scheduling and tracking, including a job description for an interpreting co-ordinator
- Define training needs and develop interventions (for staff on how to work with interpreters, for bilingual staff working as interpreters)
- Develop documentation and monitoring systems in co-operation with relevant partners (IT Department, Dept. of Patient Documentation, etc.)
- Pilot the service model: test the tracking and tracking system
- Regular review and update of services
- Monitoring and documentation
- Ensure ongoing, periodic training, support and assessment of language skills of interpreters (professional interpreters and/or bilingual staff members)
- Support the public presentation of results to all hospital staff at the end of the pilot phase

If decision to work with professional interpreters

- Hire interpreters or contract the best professional service

If decision to work with an employee language bank:

- Assess language and interpreting skills of interested employees
- Develop an employee language bank in co-operation with the IT service + project group

Top management

- Give the issue and the intervention high priority on the hospital agenda
- Authorise the call for tenders to identify the model departments (2-3 departments recommended)
- Appointment of a project co-ordinator and project group
- Give managerial support and approval to establishing/improving interpreting services
- Decision on the model for service provision and its implementation
- Implement the position of a (part-time or full-time) interpreting co-ordinator and hire or appoint the selected person for the job
- Adapt hospital structures and processes to the interpreting model decided on
- Decide about financial resources, interpreters, trainers, rooms, equipment, etc.
- Provide resources for supportive action – e.g., funds for information materials such as fact sheets, for a database on the intranet, etc.
- Provide public support for cross-cultural health care and promote cultural competence on all levels
- Support the public presentation of results to all hospital staff at the end of the pilot phase

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Department management

- Appoint department representative for the interpreting project group
- Participate in decision on the model of interpreting provision
- Adapt the relevant structures and processes at the department to the interpreting model decided on
- Participate in developing procedures to guide staff in providing the appropriate type of interpreting service and implement them at the department
- Provide public support for qualified interpreting and for cross-cultural health care in general
- Implement evaluation
- Support the public presentation of results to all hospital staff at the end of the pilot phase

Staff representatives

- Agree and support
- Support the public presentation of results to all hospital staff at the end of the pilot phase

Patient / Community representatives

- Agree and support
- Collaborate
- Support the public presentation of results to all hospital staff at the end of the pilot phase

What will be the support from the European project?

LBISHM provides the following:

- Pathway arguing the rationale, options and steps for implementation
- Evaluation concept (in English) and specific instruments (translated into local language)
- Presentation and discussion of the pathway, and an evaluation concept, at the workshop in Reggio Emilia, Italy, September 18 – 20, 2003. This is in collaboration with experts from the field of cultural competency training (one expert is invited to describe their personal experiences and answer questions in Reggio Emilia).
- Bilateral or multilateral consultation on the www.mfh-eu.net web platform and further consultation in two telephone conferences (in collaboration with an invited expert)

9. Evaluation outline

Evaluation strategies and instruments are currently being developed. Below a first collection of outcome dimensions and measurement instruments:

Outcome dimensions for encounters with foreign language patients

1. Availability and access:

- Is an interpreting service available at the hospital? (comparison views of clinical staff + views of management given in the MFQQ)
- Do clinicians (and patients) know about the interpreting services in place?
- Do clinicians (and patients) know how to request an interpreter?
- Are interpreters available in a timely fashion when needed?
- Does the interpreting service send someone promptly when a request is received?

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Positive outcomes:

- An increase in the number of encounters done with the aid of a qualified medical interpreter
- A decrease in the use of ad hoc interpreters (family members, friends, other patients, non-qualified staff)

2. Service quality

a) Qualification of the interpreter

Use of qualified vs. non-qualified interpreters:

Which resources did the clinician use to communicate with the patient?

- Adult relative or friend
- Hospital interpreting service
- Bilingual hospital staff through language bank
- Bilingual colleagues
- Patient's child under 18
- Own fluency in patient's language (native speaker, language course, etc.)
- Other

b) Quality of the individual encounter

Patient:

- Did the patient understand the clinician?
- Could the patient convey his/her view and ask his/her questions to the clinician?
- Did patient feel the interpreter put his/her point of view across successfully?

Clinician:

- Did the clinician understand the patient?
- Could the clinician convey his/her view and ask his/her questions to the patient?
- Did the clinician feel the interpreter put information given by him across successfully?
- Was the clinician able to explore the patient successfully with the aid of the interpreter?

Interpreter

- Did the interpretation work well?
- What were the difficulties?
- How could the situation be improved?

(Quality of communication, satisfaction with the interpreter, competence of clinicians in working with interpreters)

3. Service outcomes

- Improvement in patient compliance with follow up treatment: decrease in no-show rates for follow-up appointments
- Improved patient understanding/health literacy

Measurement instruments:

- Staff survey: short questionnaire on use of language services, quality of interpretation
- Patient survey: short interviews on patient understanding, quality of interpretation
- Service documentation through patient records or the hospital information system

Instruments will be provided by the LBI in the shape of an ACCESS file for direct data entry.

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10. Literature and web links

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migrant-friendly hospitals

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Useful web links

The California Endowment

http://www.calendow.org/pub/frm_pub.htm

This webpage contains several relevant publications on interpreting in healthcare settings, most of them downloadable as pdf files. Publications include:

- *How to Choose and Use a Language Agency: A Guide for Health and Social Service Providers Who Wish to Contract with Language Agencies*
- *California Standards for Healthcare Interpreters: Ethical Principles, Protocols, and Guidance on Roles & Intervention*
- *Health Care Interpreter Training in the State of California* (including an analysis of trends and a compendium of training programs)
- *Health...In Brief. Increasing the Diversity of the Nursing Work Force* ;

DiversityRx

<http://www.diversityrx.org/>

Diversity Rx is a clearinghouse of information on how to meet the language and cultural needs of minorities, immigrants, refugees and other diverse populations seeking healthcare. In addition to useful information on a wealth of topics related to addressing ethnic diversity in health care, its website offers an overview of models and strategies for overcoming linguistic and cultural barriers in healthcare. DiversityRx introduces a range of options for addressing language needs in healthcare, describing how to implement them effectively, and pointing out their respective advantages and disadvantages.

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INTERPRET. Swiss Association for the Promotion of Interpreting and Cultural Mediation

<http://www.inter-pret.ch> (website available in French and German)

The site contains useful resources on how to work with interpreters, including

- *Open words: Guide to the Bilingual Medical Interview for Health Professionals and Interpreters* by A. Bischoff, available in French and German from the author (e-mail: alexander.bischoff@unibas.ch)
- *Trialog*. Video and brochure on interpreting in healthcare settings. Resource for nursing staff and interpreters, available in German, French and Italian.

Medical Interpreter Services of Massachusetts General Hospital

<http://www.massgeneral.org/interpreters/sitemap.asp>

Example of good practice on how interpreting at the hospital level can be organised on a web-basis. Resources that can be requested on the site include language support by hospital staff, language support by external interpreters, and interpreters for patients with a hearing impairment. Procedures on how to request these services are explained in a clear and step-by-step fashion. Tips are given for healthcare professionals on how to work with interpreters, and for interpreters on how to work in the health care setting.

In addition, the site features useful resources for health professionals in intercultural encounters, including fact sheets on countries and regions of origin (including information about language, geography, cultural values, main religions and death concepts and rituals, healthcare values, and diet – partly still in preparation), as well as point-to-talk booklets with essential questions for client-provider communication in 19 languages.

Multicultural Mental Health West Australia

<http://www.mmha.org.au/organisations/watmhc/cat/1944a-RACGPMHbook300.pdf>

The West Australian Transcultural Mental Health Centre (WATMHC) acts as a centre of Expertise and Resource in the field of transcultural mental health. The centre compiles and produces a *Directory of Bicultural/Bilingual Mental Health Practitioners* who may assist those from culturally and linguistically diverse backgrounds in the preferred language. The Centre also responds to queries from other clinicians regarding patients' cultural issues related to mental health in order that it may enhance treatment efficacy. In addition, the Centre seeks to improve the level of mental health literacy among migrant communities by mental health promotion initiatives.

It has developed the "Cultural Awareness Tool (CAT) - A Practical Resource Kit for Health Practitioners - which also addresses clinical communication through an interpreter. The tool can be downloaded from the site.

The Queensland Interpreter Card

<http://www2.premiers.qld.gov.au/about/maq/html/gp/qic.htm>

The site describes a programme for identifying language needs through a card that indicates the mother tongue of persons with a limited command of the local language and which they present when contacting health and public services. The website further gives clear and helpful tips on the following:

- Why you should work with a professional interpreter
- How to obtain an interpreter (example for a protocol)
- How to work with interpreters on-site
- How to work with interpreters over the telephone

(see also Tool 7 in the Resource Kit)