

Catalogue of measures in SPA

The participating hospitals set various measures to develop or improve interpretive services within their selected departments. The most common measure was to improve clinical communication between staff and migrants through developing or improving interpretive services. Other measures included: staff training to develop cultural competence, updating in house language banks, and implementing other resources such as written material, photos, guidelines. The measures were documented in two steps: a description and plan of implementation (January, 2004), and a measure evaluation (May-June, 2004).

The following is a list of the specific measures for each participating hospital:

DK Denmark	- Improving clinical communication between staff & migrants
EL Greece	- Improving interpreting in clinical communication
ES Spain	- implementing clinical interpretive service
FL Finland	- Staff training - Improving interpreter services in clinical encounters-communication guide - Written material and photos - Updating in house language bank - Birth terminology book for migrant mothers
IE Ireland	- improving interpreting in clinical communication
IT Italy	- training for health care interpreters - implementation and evaluation of new interpretive service + network with external agencies - guidelines for intercultural communication for interpreters and health care staff
NL The Netherlands	- improving clinical interpretation
SV Sweden	- improving interpreting services
UK United Kingdom	- Pre booking of interpreting services utilising the NHS booking system

The measures were implemented based on the individual needs of the hospital. In some cases, no interpretive services existed so the measure was to develop an entire plan for implementing the services, while the more common measures focused on improving existing services to increase their efficiency and effectiveness.

Overall, the measures were implemented to a high degree. It does appear however, that the majority of the measures did encounter difficulties in implementation primarily with the acceptance and utilization of the service, lack of sufficient time, and logistics. Upon evaluation of the measures, responses to an evaluation questionnaire outline that the measures have been partly successful and are in the process of becoming completely successful within a longer period of time.

The following documents provide a description and evaluation for each measure.

Measures

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Hospital: Kolding Hospital, DK

Documented by: Project manager

Clinical communication between staff and migrants

Person in charge: Mrs Karen Marie Olesen

Short description of the measure:

To improve the co-ordination of interpreters at the hospital.

1. To make a policy for interpretation.
2. Raise awareness of migrants' interpretation needs
3. Increase staff's knowledge and competence concerning the use of interpreters
4. Improve the discharge of migrants
5. Ensure that migrants, too, receive important information on what it is like to be a patient at the hospital, the different services the hospital offers, when the cafeteria is open, how to find your way around the hospital, etc.

Strategy:

1. Co-ordinate the booking of interpreters. Make it visible which interpreters we have on certain dates by using the intranet. Booking of interpreters on the intranet.
2. Make a policy for the hospital. That means when and how to use interpreters, and whether to use phone interpretation or face-to-face interpretation.
3. Education of the staff.
4. Translation of relevant information concerning discharge and follow-up.
5. Improve the signposts using pictograms.
6. Translate the brochure "Welcome to Kolding Hospital."

Problems and their suspected causes:

A high-quality interpreting service is available. Phone interpretation is not common although it is a service which might improve communication during admission to the paediatric ward. Not all staff are aware of the need for interpreters and some feel insecure when it comes to dealing with migrant patients. Our intervention addresses that need through creating awareness. Migrant patients lack common knowledge about the services at the hospital.

Aims of the measure:

To improve the clinical communication between staff and migrant patients by improving the existing interpreting service.

Patient and staff satisfaction might increase (interview).

After these interventions have been set up, migrants should have higher levels of being informed.

Timeframe

- 01.02.2004 All migrant patients who do not speak Danish well will be offered phone interpretation upon admission.
- A policy for how and when to use interpreters has been completed and will be implemented soon.
- A policy for how to deal with migrants at the hospital has been completed and will be implemented soon.
- Relevant materials will be translated as soon as we get funding, provided we do get funding

Measure Evaluation

Person in Charge: Mrs. Anne Mette Rasmussen & Jette Ammentorp.

1.) To what extent could the measure be implemented?

Completely - partly - not at all

- a. If partly, which parts? *(please provide reasons)* Difficulties in implementing the enabling factors to the staff.

2.) From your point of view, the measure was difficult to implement

Very easy - easy - difficult - very difficult

3.) Please list :

- Enabling factors:
 - o Pictorial signs
 - o soundstation for interpretation by phone,
 - o translation of patient-information into the most common foreign languages, education & introduction of the staff in clinical communication.
- Obstacles to Progress:
 - o The attitudes towards migrant patients and clinical communication.
 - o Missing response from collaborators regarding the financial matters.
 - o Kolding hospital are replacing the interpreting firm, which delays the process.
 - o Haven't got enough time.

4.) From your point of view...: *(Please check your response for EACH question)*

		Completely	Partly	Not at all
4.1)	The measure is readily accessible for the target group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2)	The measure meets the needs of the target group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.3)	The measure provides information in an adequate form	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.4)	The measure has changed the working conditions of the staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.5)	The measure has changed the interaction of the staff with the target group	<input type="checkbox"/>	<input checked="" type="checkbox"/> but it's still a long way to go and it can only be a guess.	<input type="checkbox"/>
4.6)	The measure has changed the participation of the target group	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> not yet, I think
4.7)	The measure has raised health literacy of the target group	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> demands more than you think.

5.) How will the measure be continued? *(Please choose one and provide details/reasons)*



migrant-friendly hospitals – SP A: measures

- the measure will NOT be continued:

- the future is uncertain at this time:

- the measure will be adapted and established later:

- the measure is an established part of our service:

- the measure will be extended: There are still enabling factors to implement.

6.) Please make any suggestions/comments regarding your experience:

The implemented facilities have to go along with a change of the attitudes towards migrant patients, and then we will succeed in improving the clinical communication.

Hospital: SPILIOPOULIO – “AGIA ELENI”

Documented by (project manager, interpreter, ward nurse, midwife, ...): project manager

Improving Interpreting in Clinical Communication

Person in charge: Dr. Georgia Vasilopoulou

Strategy

- Development of a guideline of first aid for immigrants who have health problems.
- Implementation of two brochures edited by the Centre of Specific Diseases and the Hellenic Centre of Gastroenterology and Nutrition that are offered to the immigrants of Russia.
- Continuous contact with the G.C.R. (National Committee for Migrants) that provides the hospital with help of interpreters whenever there is a communication problem either by phone or by their immediate presence (frequency: once every 5 days)
- District Nurses Service have formed a personal list of basic questions in 10 languages in Greek pronunciation in order to make the communication easier for staff.
- District Nurses Service use the help of migrants who speak the Greek language, as interpreters (mainly by the phone) to communicate with the ones who do not speak Greek.
- Training courses and information have been given to the rest of the hospitals staff for communication with migrants.
- Those members of the staff who speak at least one foreign language have been recorded and assigned with several duties according to the foreign language they speak.

Measure Evaluation

Person in Charge: Dr. Georgia Vasilopoilou

1. To what extent could the measure be implemented?

Completely - partly X - not at all

- 1.) If partly, which parts? (please provide reasons) many patients can not read the guideline
 - 2.) The members of the staff who are involved take some time off
-

2.) From your point of view, the measure was _____ to implement

Very easy - easy - difficult X - very difficult

3.) Please list :

- Enabling factors:
Guideline at firstm and in 28 languages
Staff training
Assigned with several duties according to the foreign languages they speak
- Obstacles to Progress: At first there have been some problems with the staff
- Financial problems

4.) From your point of view...: (Please check your response for EACH question)

		Completely	Partly	Not at all
4.1)	The measure is readily accessible for the target group	<input type="checkbox"/>	X	<input type="checkbox"/>
4.2)	The measure meets the needs of the target group	<input type="checkbox"/>	X	<input type="checkbox"/>
4.3)	The measure provides information in an adequate form	<input type="checkbox"/>	X	<input type="checkbox"/>
4.4)	The measure has changed the working conditions of the staff	X	<input type="checkbox"/>	<input type="checkbox"/>
4.5)	The measure has changed the interaction of the staff with the target group	X	<input type="checkbox"/>	<input type="checkbox"/>
4.6)	The measure has changed the participation of the target group	X	<input type="checkbox"/>	<input type="checkbox"/>
4.7)	The measure has raised health literacy of the target group	<input type="checkbox"/>	<input type="checkbox"/>	X

5.) How will the measure be continued? (Please choose one and provide details/reasons)

migrant-friendly hospitals – SP A: measures

- the measure will NOT be continued:

- the future is uncertain at this time:

- the measure will be adapted and established later:

- the measure is an established part of our service:

- the measure will be extended:
the guideline will continue to be wed with improvements
the information kiosk is in process of establishing

6.) Please make any suggestions/comments regarding your experience:
motivation for the staff like bonus, training courses and foreign language courses for staff

Hospital: Hospital Punta de Europa, Algeciras, Spain

Documented by project manager

Implementing a clinical interpreter service

Hospital: HOSPITAL PUNTA DE EUROPA

Person in charge :FEDERICO SIERRA BENITEZ

Short description of the measure:

IMPLEMENTING AN INTERPRETER SERVICE ON FRENCH, ENGLISH AND ARABIC
AVAILABLE ON AN 8-22 H. SCHEDULE

Problems and their suspected causes:

- 1) DOUBTS CASTED FROM SOME GROUPS ON THE QUALIFICATION OF THE INTERPRETERS FOR THE TASK REQUIRED
- 2) COMPLAINTS ON THE PART OF THE CHIEF OF EMPLOYEE REQUIRED TO ACT AS AN INTEPRETER, AS HIS/HER PRIMARY DUTY IS DELAYED OR HE/SHE HAS TO ASSIGN ANOTHER WORKER TO IT IN THE MEANTIME

Aims of the measure:

GRANTING TO MIGRANT POPULATIONS EQUAL ACCESS TO HEALTH SYSTEM IN AN EASY WAY, MEETING ALL THEIR NEEDS, RELATED OR NOT TO HEALTH ISSUES, IN CONDITIONS OF EQUALITY WITH THE REST OF THE POPULATIONS.

Planning and realisation of the measure:

	What? Steps and jobs	Who? Person in charge and other involved people/ Stakeholders	When?	Resources
1.	Subproject presentation	SPA group	DEC 03	human
2.	Select members of service	SPA group	DEC 03	human
3.	Update members individually	SPA group	DEC 03	human
4.	Design protocols of work	SPA group	To be developed	human
5.	Group meeting, service kickoff	SPA group	To be developed	human
6.				
7.				
8.				
9.				
10.				
n				

Enclosed documents:

1.
2.
3.

Measure Evaluation by CARMEN FERNANDEZ GUERRA

Person in Charge: Federico Sierra Benitez

1.) To what extent could the measure be implemented?

Completely - partly - not at all

- If partly, which parts? (please provide reasons): THEORETICAL CONTENTS OF THE MEASURE WERE DEVELOPED. FORMER SYSTEMS WERE REDESIGNED

2.) From your point of view, the measure was _____ to implement

Very easy - easy - difficult - very difficult

3.) Please list :

- Enabling factors: A ESTABLISHED GROUP OF COLLABORATORS WAS ALREADY IN PLACE
- Obstacles to Progress: LACK OF DECISION AND OF CONFIDENCE IN THE PROGRAM

4.) From your point of view...: (Please check your response for EACH question)

		Completely	Partly	Not at all
4.1)	The measure is readily accessible for the target group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2)	The measure meets the needs of the target group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.3)	The measure provides information in an adequate form	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.4)	The measure has changed the working conditions of the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.5)	The measure has changed the interaction of the staff with the target group	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.6)	The measure has changed the participation of the target group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.7)	The measure has raised health literacy of the target group	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

5.) How will the measure be continued? (Please choose one and provide details/reasons)

- the measure will NOT be continued:

- the future is uncertain at this time:





migrant-friendly hospitals – SP A: measures

- the measure will be adapted and established later:

- the measure is an established part of our service:

- the measure will be extended:

6.) Please make any suggestions/comments regarding your experience:

Measure Evaluation by FEDERICO SIERRA BENITEZ

Person in Charge: Federico Sierra Benitez

Please check the appropriate box for each answer and provide details as required:

1.) To what extent could the measure be implemented?

Completely - partly - not at all

- If partly, which parts? (please provide reasons): ___ THEORETICAL CONTENTS OF THE MEASURE WERE DEVELOPED. FORMER SYSTEMS WERE REDESIGNED

2.) From your point of view, the measure was _____ to implement

Very easy - easy - difficult - very difficult

3.) Please list :

- Enabling factors: A GROUP OF VOLUNTEERS WERE ALREADY IDENTIFIED AS COLLABORATORS IN INTERPRETING _____
- Obstacles to Progress: _LACK OF DECISION AND OF CONFIDENCE IN THE SUCCESS OF THE MEASURE _____

4.) From your point of view...: (Please check your response for EACH question)

		Completely	Partly	Not at all
4.1)	The measure is readily accessible for the target group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2)	The measure meets the needs of the target group	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3)	The measure provides information in an adequate form	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.4)	The measure has changed the working conditions of the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.5)	The measure has changed the interaction of the staff with the target group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.6)	The measure has changed the participation of the target group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.7)	The measure has raised health literacy of the target group	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

5.) How will the measure be continued? (Please choose one and provide details/reasons)

- the measure will NOT be continued:



migrant-friendly hospitals – SP A: measures

- the future is uncertain at this time:

- the measure will be adapted and established later: A TELEPHONE INTERPRETING SERVICE, COORDINATED BY OUR SOCIAL WORKER

- the measure is an established part of our service:

- the measure will be extended:

6.) Please make any suggestions/comments regarding your experience:

Hospital: Turku University Hospital

Documented by: project manager

Booklet: ‘Birth terminology’

Person in charge: Ms Anneli Skovbjerg and Ms Minna Pohjola

Short description of the measure:

‘Birth terminology’ will include vocabulary which is used in the contexts of pregnancy, delivery and postnatal care. The booklet will include short statements which are useful in common interactions

Problems and their suspected causes

There are many situations when an interpreter cannot come to the hospital and communication is very difficult.

Aims of the measure:

With the help of the ‘Booklet,’ simple communication with migrant families should be possible. Of course, the idea is that it should aid staff and patients only when an interpreter is not available.

Planning and realisation of the measure:

	What? Steps and jobs	Who? Person in charge and other involved people/ Stakeholders	When?	Resources
1.	We will be planning this 'Booklet' at the beginning of 2004.			

Enclosed documents:

1.
2.
3.

Measure Evaluation

Person in Charge: Ms Minna Pohjola & Ms Anneli Skovbjerg

1.) To what extent could the measure be implemented?

Completely - partly - not at all

- If partly, which parts? (please provide reasons)

We are still working on it. Translation in our translation agency takes quite a long time. We hope that in autumn we can use this "Birth Terminology" in our work.

2.) From your point of view, the measure was _____ to implement

Very easy - easy - difficult - very difficult

3.) Please list :

- Enabling factors:

- Obstacles to Progress:

4.) From your point of view...: (Please check your response for EACH question)

		Completely	Partly	Not at all
4.1)	The measure is readily accessible for the target group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2)	The measure meets the needs of the target group	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3)	The measure provides information in an adequate form	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.4)	The measure has changed the working conditions of the staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.5)	The measure has changed the interaction of the staff with the target group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.6)	The measure has changed the participation of the target group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.7)	The measure has raised health literacy of the target group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

5.) How will the measure be continued? (Please choose one and provide details/reasons)

migrant-friendly hospitals – SP A: measures

- the measure will NOT be continued:

- the future is uncertain at this time:

- the measure will be adapted and established later:

- the measure is an established part of our service:

- the measure will be extended:

6.) Please make any suggestions/comments regarding your experience:

Hospital: Turku University Hospital

Documented by: project manager

Update the list of bilingual staff in the ‘language bank’

Person in charge: Minna Pohjola

Short description of the measure:

We have many multilingual staff members in Turku University Hospital. In the context of this project our aim is to update the language bank system and to collect information about interpreter encounters and any associated need for more interpreter-relevant information and/or training.

Problems and their suspected causes

Although the idea of a language bank is known at the hospital, it is unclear to what extent the various departments know about and actually use this system.

Aims of the measure:

Staff can use multilingual staff members when it's difficult to obtain an interpreter.

Planning and realisation of the measure:

	What? Steps and jobs	Who? Person in charge and other involved people/ Stakeholders	When?	Resources
2.	Post an old language bank list to wards. Wards can make corrections to the list.	Project manager Nursing staff	2 nd and 3 rd weeks of October 2003	About 16 hours' working time
3.	Develop questionnaire for staff who have acted as interpreters.	Project Manager Project Group	1 st week of November 2003	About 16 hours' working time
4.	Print and post questionnaire.	Project manager	1 st week of January 2004	About 3 hours' working time
	Write and print a new language bank list.	5. Project manager	1 st week of December 2003	About 16 hours' working time
6.	Analysis of the results of the questionnaire	Project manager	3 rd week of February 2004	About 16 hours' working time

migrant-friendly hospitals – SP A: measures

7.	Pilot a new list in prenatal and postnatal wards.	Nursing staff	2 nd week of January to 2 nd week of February 2004	About 3 hours' working time
8.	Launch of 'Language bank list' Post list to every wards in hospital.	Hospital management, Hospital staff, Project manager	3 rd week of February 2004	About 6 hours' working time
9.	Collect evaluation data on language bank list utilisation	Project group Project manager	3 rd week of April 2004	About ten hours' working time

Measure Evaluation

Person in Charge: Ms Minna Pohjola

1.) To what extent could the measure be implemented?

Completely - partly - not at all

- If partly, which parts? (please provide reasons):

2.) From your point of view, the measure was _____ to implement

Very easy - easy - difficult - very difficult

3.) Please list :

- Enabling factors:

- Obstacles to Progress:

4.) From your point of view...: (Please check your response for EACH question)

		Completely	Partly	Not at all
4.1)	The measure is readily accessible for the target group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2)	The measure meets the needs of the target group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.3)	The measure provides information in an adequate form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4)	The measure has changed the working conditions of the staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5)	The measure has changed the interaction of the staff with the target group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.6)	The measure has changed the participation of the target group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.7)	The measure has raised health literacy of the target group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

5.) How will the measure be continued? (Please choose one and provide details/reasons)



migrant-friendly hospitals – SP A: measures

- the measure will NOT be continued:

- the future is uncertain at this time:

- the measure will be adapted and established later:

- the measure is an established part of our service:

- the measure will be extended:

6.) Please make any suggestions/comments regarding your experience:

Hospital: Turku University Hospital

Documented by: project manager

‘Written materials and photos for migrant families’

Person in charge: Ms Minna Pohjola

Short description of the measure: We will translate existing material and create new patient education material for migrant families. This material will be created in cooperation with nursing staff members and will be translated into Arabic, Somali, Albanian, Kurdish, and Russian.

- 10. *Information after birth*, including natural childbirth and Caesarean delivery, changes in the body, breastfeeding, baby care and postnatal exercises (photos and text)
- 11. *Dietary information for pregnant women with diabetes*, including general information about diabetes, how to take sugar measurements (with photos), about the ‘diet-clock’ (photos and text).
- 12. *Information about Caesarean delivery*, What happens in the hospital? (photos and text)

Problems and their suspected causes: In our hospital we don’t have any written material for migrant families. Staff find it difficult to teach , for example, dietary information without demonstrational materials

Aims of the measure: It is very important for migrant women to be given information in her own language. Staff can use this material in educational situations, too.....

Planning and realisation of the measure:

	What? Steps and jobs	Who? Person in charge and other involved people/ Stakeholders	When?	Resources
1.	Needs assessment: Meetings with nursing staff; what kind of material should we have?	Nursing staff Project manager	2 nd week of September 2003	About 10 hours' working time
2.	Inform of and adjustment with project group about patient education material	Project group Project manager	2 nd week of November 2003	About two hours' working time
3.	Develop new material, writing, photograph	Nursing staff System analyst Project manager	From 4 th week of September to 1 st week of December 2003	About 40 hours' working time
4.	Cooperation with Turku Interpreter office (translation work)	Translators Project manager	From 1 st week of October 2003	About 8 hours' working time Translation fee 1800€
5.	Print material	Printing company	1 st week in January 2004	Printing costs ?
6.	Pilot new material	Nursing staff Project manager	From 2 nd week in January to 2 nd week in February 2004	About 3 hours' working time
7.	Collect evaluation data on material for migrant families	Project group Project manager	1 st week of April 2004	About 16 hours' working time

Measure Evaluation

Person in Charge: Ms Minna Pohjola

1.) To what extent could the measure be implemented?

Completely - partly - not at all

- If partly, which parts? *(please provide reasons)*

We have translations in Arabic, Somali, Albanian, Bosnic and Russian. Kurd language is our problem: In Finland we don't have many certified translators in Kurd.

- _____

2.) From your point of view, the measure was _____ to implement

Very easy - easy - difficult - very difficult

3.) Please list :

- Enabling factors:

- Obstacles to Progress: Translations in translation agency have taken a very long time

4.) From your point of view...: *(Please check your response for EACH question)*

		Completely	Partly	Not at all
4.1)	The measure is readily accessible for the target group	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2)	The measure meets the needs of the target group	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3)	The measure provides information in an adequate form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4)	The measure has changed the working conditions of the staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5)	The measure has changed the interaction of the staff with the target group	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.6)	The measure has changed the participation of the target group	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.7)	The measure has raised health literacy of the target group	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.) How will the measure be continued? *(Please choose one and provide details/reasons)*



migrant-friendly hospitals – SP A: measures

- the measure will NOT be continued:

- the future is uncertain at this time:

- the measure will be adapted and established later:

- the measure is an established part of our service:

- the measure will be extended: In future we are going to translate more patient education material

6.) Please make any suggestions/comments regarding your experience:

Hospital: Turku University Hospital

Documented by: project manager

Improving interpreter services in clinical encounters - Communication guide for cross-cultural clinical encounters

(The guide is an instrument to systematize interpreter services.)

Person in charge: Ms Minna Pohjola

Short description of the measure:

Clear communication is essential for high quality patient care. The idea of the guide is to provide information about cultural competence. When staff understands patients' diverse cultures -- their values, traditions, history and institutions -- it is possible for them to work respectfully and effectively with both patients and each other in a culturally diverse work environment.

- Guide gives clear guidelines regarding how to request and work with an interpreter.
- It gives recommendations as to when an interpreter should be requested.
- The telephone interpreter service can be an efficient and effective means of communication. The guide encourages staff to use this system, too.

Problems and their suspected causes:

We have a good interpreter office which offers services in many languages. However, staff quite often use family members and friends as interpreters for their patients. The telephone interpreter system is new for our staff. It will most likely take time for staff to learn to work with the new system.

Aims of the measure:

The goal of the guide will be to encourage staff to take advantage of interpreter services and to use the telephone interpreter system more often. The guide will be distributed to the delivery ward, to the prenatal clinic, and to the prenatal and postnatal departments.

migrant-friendly hospitals – SP A: measures

Planning and realisation of the measure:

	What? Steps and jobs	Who? Person in charge and other involved people/ Stakeholders	When?	Resources
13	Needs assessment: questionnaire for nursing staff.	Project manager Project group	2 weeks of November 2003	Drawing up questionnaire: 3 days: Post for staff: one-half day
14	Information of and negotiation with hospital management (questionnaire, table of contents for guide)	Project group Project manager	3th week of October 2003	About two hours' working time
15	Gathering material for the guide and developing content (writing)	Project manager	From October to December 2003	About three weeks' working hours
	Co-operate with Turku Interpreter Office, gathering information about the available interpreter system	Project manager Translator in Turku Interpreter Office	From 1 st week of November to the end of December 2003	About 8 hours' working time
16	Analysis of the results on needs assessments	Project manager	2 nd week of December 2003	About 16 hours' working time
17	Information meeting for project group, Where do we stand now?	Project manager	4 th week of November 2003	About two hours' working time
18	Write First Draft 'Communication guide for Crosscultural clinical encounters'	Project manager Project group	2 nd week of December 2003	2 days' worth of working time
19	Print communication guide First draft	Printing company	4 th week of December 2003	About 4 hours' working time
20	Information about the guide (prenatal and postnatal staff)	Project manager Nursing staff	1 st week of January 2004	About 8 hours' working time

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	What? Steps and jobs	Who? Person in charge and other involved people/ Stakeholders	When?	Resources
21	Pilot guide with prenatal and postnatal wards	Project manager Nursing staff	From 2 nd week January to 2 nd week of February 2004	
22	Develop questionnaire 'Experience with the guide'	Project manager Project group	2 nd week in January 2004	About 8 hours working time
23	Analysis questionnaire about 'Experience with the guide'	Project manager Project group	3th week in February 2004	About 8 hours working time
24	Print final draft of the communication guide	Printing company Project manager	1 st week in March 2004	Printing costs
25	Launch of the communication guide	Hospital management, Project group, Project manager	2 nd week in March 2004	About 8 hours working time
26	Collect evaluation data on interpreter service utilisation	Project group Project manager	2 nd and 3th week of April 2004	About 30 hours working time

Measure Evaluation

Person in Charge: Ms Minna Pohjola

1.) To what extent could the measure be implemented?

Completely - partly - not at all

- If partly, which parts? (please provide reasons):

2.) From your point of view, the measure was _____ to implement

Very easy - easy - difficult - very difficult

3.) Please list :

- Enabling factors:

- Obstacles to Progress:

4.) From your point of view...: (Please check your response for EACH question)

		Completely	Partly	Not at all
4.1)	The measure is readily accessible for the target group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2)	The measure meets the needs of the target group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.3)	The measure provides information in an adequate form	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.4)	The measure has changed the working conditions of the staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.5)	The measure has changed the interaction of the staff with the target group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.6)	The measure has changed the participation of the target group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.7)	The measure has raised health literacy of the target group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.) How will the measure be continued? (Please choose one and provide details/reasons)

- the measure will NOT be continued:

migrant-friendly hospitals – SP A: measures

- the future is uncertain at this time:

- the measure will be adapted and established later:

- the measure is an established part of our service: X

- the measure will be extended:

6.) Please make any suggestions/comments regarding your experience:

Hospital: Turku University Hospital

Documented by: project manager

Staff training

Person in charge: Ms Hanna Kolistaja, Turku Interpreter Office and Ms Minna Pohjola.....

Short description of the measure:

In spring, Turku Interpreter Office will arrange a course for hospital staff.

The course should cover the following issues:

- Information about the importance of interpreter services
- What is the nature of interpreters' responsibilities?
- How can I contact interpreter services?
- When should I order an interpreter?
- How can I best communicate through an interpreter?

This course will be held twice so that as many staff members as possible can take part in it. It is planned to arrange a course for bilingual staff, too.

Problems and their suspected causes

Staff know the interpreter system, but there is a lack of knowledge, e.g regarding the cost of the interpreter system. This kind of course is just now in great demand among staff.

Aims of the measure:

In future, hospital staff will use interpreter services as a self-evident part of high quality health care. The course's aim is to encourage staff to take advantage of interpreter services more often and to communicate more with migrant patients.

Planning and realisation of the measure:

	What? Steps and jobs	Who? Person in charge and other involved people/ Stakeholders	When?	Resources
1.	Negotiation with Turku Interpreter Office about training course	Ms Hanna Kolistaja Project manager	2 nd week in November 2003	About two hours' working time
2.	Inform project group about training course	Project manager Project group	3 rd week in January 2004	About one hour's working time
3.	Course marketing	Project manager	1 st week in March 2004	About four hours' working time
4.	Training course	Ms Hanna Kolistaja	in April and in May 2004	About 8 hours' working time
5.	Collect evaluation data on training course	Project group Project manager	2 nd week in May 2004	About 20 hours' working time.

Measure Evaluation

Person in Charge: Ms Hanna Kolistaja

1.) To what extent could the measure be implemented?

Completely - partly - not at all

- If partly, which parts? (please provide reasons):

2.) From your point of view, the measure was _____ to implement

Very easy - easy - difficult - very difficult

3.) Please list :

- Enabling factors:

- Obstacles to Progress:

4.) From your point of view...: (Please check your response for EACH question)

		Completely	Partly	Not at all
4.1)	The measure is readily accessible for the target group	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2)	The measure meets the needs of the target group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.3)	The measure provides information in an adequate form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4)	The measure has changed the working conditions of the staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5)	The measure has changed the interaction of the staff with the target group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.6)	The measure has changed the participation of the target group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.7)	The measure has raised health literacy of the target group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.) How will the measure be continued? (Please choose one and provide details/reasons)

- the measure will NOT be continued:



migrant-friendly hospitals – SP A: measures

- the future is uncertain at this time:

- the measure will be adapted and established later:

- the measure is an established part of our service: X
We will organize staff training in autumn again

- the measure will be extended:

6.) Please make any suggestions/comments regarding your experience:

Hospital: James Connolly Memorial Hospital, Blanchardstown, Dublin 15, Ireland

Documented by: Fiona McDaid (subproject manager), Angela Hughes (focal person)

Improving Interpreting in Clinical Communication

Persons in charge: Fiona McDaid

Short description of the measure:

The following improvements to our services are being developed.

1. Education & training of staff in how to use / work with an interpreter.
This involves the writing of guidelines for the staff as well as practical training. Each encounter with the interpreting service will also be evaluated.
2. Development of a protocol for staff to make more effective use of telephone interpreting services
3. Improving working relationships with external interpreting services.
We are currently reviewing each service available to us. One service has offered to work in the area of development with us - this would also assist them with their development of interpreters for medical services.
4. Development of resource file for each area/dept of the hospital to
 - a) assist with contacting Interpreting services
 - b) translated material (information / forms)
 - c) picture boards in various language to assist with basic needs.

This resource file to improve communication in brief interaction with patients will also include pictographs.

5. Translation of written materials:
A number of information leaflets for patients are currently being compiled and considered for translation by an external agency for use in the hospital, including the JCM Hospital information leaflet and patient leaflets post discharge from the Emergency Dept (e.g. head injury information, care of limb with plaster of paris, etc.). The pre-operative patient consent form will also be translated into common languages of service users.
6. Service documentation:
A request has been made to include an additional field (preferred language) in the information collected at the Emergency Dept.

Measure Evaluation

Person in Charge: Fiona McDaid

1.) To what extent could the measure be implemented?

Completely - partly - not at all

- If partly, which parts? (please provide reasons):

An information resource file was developed which comprised of a newly developed protocol for staff to access interpreters, Patient confidentiality forms, Interpreter evaluation forms for staff to complete, pictographs in 11 foreign languages and point to talk sheets for patients requests and discomforts in 20 different languages. The file also contained evaluation forms for staff using the file to assess its usefulness.

2.) From your point of view, the measure was _____ to implement

Very easy - easy - difficult - very difficult

3.) Please list :

- Enabling factors:
 - An urgent need among staff and patients was expressed to implement an intervention to address the issue of communication difficulties, therefore the intervention was well received and the project group were very enthusiastic.
- Obstacles to Progress:
 - The protocol for engaging the interpreting agency is not straight forward as it involves obtaining an order number from the Stores Dept, feel if it was more straight forward perhaps more staff would engage the interpreting services.

4.) From your point of view...: (Please check your response for EACH question)

		Completely	Partly	Not at all
4.1)	The measure is readily accessible for the target group	X	<input type="checkbox"/>	<input type="checkbox"/>
4.2)	The measure meets the needs of the target group	<input type="checkbox"/>	X	<input type="checkbox"/>
4.3)	The measure provides information in an adequate form	<input type="checkbox"/>	X	<input type="checkbox"/>
4.4)	The measure has changed the working conditions of the staff	<input type="checkbox"/>	X	<input type="checkbox"/>
4.5)	The measure has changed the interaction of the staff with the target group	<input type="checkbox"/>	X	<input type="checkbox"/>
4.6)	The measure has changed the participation of the target group	X	<input type="checkbox"/>	<input type="checkbox"/>
4.7)	The measure has raised health literacy of the target group	X	<input type="checkbox"/>	<input type="checkbox"/>

5.) How will the measure be continued? *(Please choose one and provide details/reasons)*

- the measure will NOT be continued:

- the future is uncertain at this time:

- the measure will be adapted and established later:

- the measure is an established part of our service:

- the measure will be extended:

- The Information Resource File will be extended to all depts in our hospital.

6.) Please make any suggestions/comments regarding your experience:

Translation of core information leaflets into five identified common foreign languages

Staff Training will be provided to improve staff working relationships with interpreters.

Hospital: AUSL – Presidio Ospedaliero della Provincia di Reggio Emilia

Documented by: Dr. Chiarenza

Training for Health Care Interpreters/Mediators

Hospital: Hospital of Guastalla

Person in charge: Dr. Antonio Chiarenza

Short description of the measure:

This hospital sporadically uses interpreters/mediators, but there is no organised service yet. Also, a register of the respective profession does not exist in Italy to date. Therefore, a training course must be implemented to start professionalising medical interpreting in our region.

The main topics of the course will be:

- Interpreting in health care (Job description)
- Code of ethics (do's and don'ts)
- Technical terminology
- Hospital information (internal procedures that might concern the interpreters/mediators)

The course will take place over the course of about 20 hours and will focus on covering the topics listed above.

Problems and their suspected causes

Absence of professional interpreters/mediators and of a structured conception of this profession.

The immigration phenomenon is relatively new in Italy, therefore it has not been necessary until now to create such a profession or give it specific recognised legitimacy in the hospital context.

Aims of the measure:

The goal of this measure is to facilitate communication between health care staff and migrant patients through an appropriately organised professional service.

Planning and realisation of measure 1:

	What? Steps and jobs	Who? Person in charge and other involved people/ Stakeholders	When?	Resources
11.	Needs assessment – clinical staff. Survey on perception of service's needs and information needs	Project Group	February	About 10 minutes per interview
12.	Analysis of the results of the needs assessment and planning of course contents	Project Group	1 st week in March	About 2 hours' discussion
13.	Developing the structure of the course (nr. of lecturers, times, etc...)	Project Group	2 nd week in March	About 2 hours' discussion
14.	Selection of participants and contact with external agencies	Project Group	2 nd week in March	About 3 hours'
15.	Contacting lecturers according to the topics of the course	Project Group	3 rd week in March	About 2 hours'
16.	Booking necessary rooms	Project Group	3 rd week in March	About 2 hours'

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17	Start of the course (15-29 April)	Project Group	From 3 rd to 5 th week in April	2.5 weeks
18	Creation of an evaluation questionnaire for the course participants	Project Group	Towards the end of the course	1 hour
19	Collecting evaluation data; Discussion	Project Group	1 week after the end of the course	2 hours' discussion

Enclosed documents:

- 1.
- 2.
- 3.

Measure Evaluation

Person in Charge: Dr. Antonio Chiarenza

1.) To what extent could the measure be implemented?

Completely - partly - not at all

- If partly, which parts? (please provide reasons):

Hospital: AUSL – Presidio Ospedaliero della Provincia di Reggio Emilia

Documented by: Dr. Chiarenza

Guidelines for Intercultural Communication for Interpreters/mediators and Health Care Staff

Hospital: Guastalla Hospital

Person in charge: Dr. Antonio Chiarenza

Short description of the measure:

The guidelines should serve as a reference document and as a training and information resource for both interpreters/mediators (as a generally accepted job description) and health care staff (as a means to use the interpretation service in order to improve communication with patients).

Contents of the guidelines:

- Job description
- Code of ethics
- How to best communicate through an interpreter
- How to access the service
- Practical aspects of the service

Problems and their suspected causes

Absence of a structured conception of the interpreter/mediator's profession, which may cause misunderstandings about how to interpret/mediate and how to deal with interpreters/mediators. An interpreters/mediators' service does not exist yet.

Aims of the measure:

This measure aims at creating a group of interpreters/mediators with a homogeneous education. Furthermore, it aims at making the service more easily accessible to hospital staff.

Planning and realisation of measure 2:

	What? Steps and jobs	Who? Person in charge and other involved people/ Stakeholders	When?	Resources
1	Needs assessment (based on the issues arisen during the course) – What type of service? What type of job description?	Project Group + Clinical staff	1 st week in May	About 3 hours
2	Analysis of needs assessment results and planning of guideline contents	Project Group	2 nd week in May	About 2 hours
3	Gathering of materials, on the basis of lecturers' advice and service organisation	Project Group	3 rd and 4 th week in May	About 3 hours
4	Developing guideline contents	Project Group + Service coordinator	June	About 15 hours
5	Review of content	Project Group	1 st week in July	About 3 hours
6	Discussion on final draft	Project Group	2 nd week in July	About 6 hours

migrant-friendly hospitals – SP A: measures

7	Obtaining quotations from printing companies. Selecting printing companies	Project Group	3 rd week in July	About 1 hour
8	Print guidelines	Project Group	4 th week in July	About 1 hour
9	Distribution of guidelines to interested departments	Project Group	1 st week in September	About 2 hours + 2 hours' preparation
10	Survey on any critical issues (discussion)	Project Group	2 nd week in October	About 2 hours' discussion

Enclosed documents:

- 1.
- 2.
- 3.

Measure Evaluation

Person in Charge: Dr. Antonio Chiarenza

Please check the appropriate box for each answer and provide details as required:

1.) To what extent could the measure be implemented?

Completely - *partly* - *not at all*

- If partly, which parts? (*please provide reasons*):

Hospital: AUSL – Presidio Ospedaliero della Provincia di Reggio Emilia

Documented by: Dr. Chiarenza

Implementation and evaluation of new interpreters/mediators' service (designation of a service coordinator) + network with external agencies

Hospital: Guastalla Hospital

Person in charge: Dr. Antonio Chiarenza

Short description of the measure:

The head nurses of the model departments in SP A, i.e. of the joint departments of Obstetrics/Gynaecology and Paediatrics, as well as of Accidents and Emergencies, are designated as coordinators of the service. They must attend the training course for health care staff and, in accordance with her experience and knowledge of the ward's organisation, she will be in charge of the service. She should collect data regarding interpreters/mediators and act as a link between them and migrant patients (calls, appointments, etc...).

The subproject manager has to contact migrants' associations and translation agencies and select potential interpreters/mediators, in order to start a stable collaboration. Afterwards, the interpreting co-ordinators at the departments themselves will be in charge of maintaining these contacts.

The service is going to be implemented at first as an experiment and monitored for three months; at the end of the experiment the project managers will evaluate the service.

Problems and their suspected causes:

Absence of a structured service and of a precise distribution of responsibilities.

Aims of the measure:

The goal of this measure is to create a structured service and a stable network, in order to improve communication between health care staff and migrant patients. Furthermore, this measure aims at evaluating the service in order to correct any critical issues and to standardise it.

Planning and realisation of measure:

	What? Steps and jobs	Who? Person in charge and other involved people/ Stakeholders	When?	Resources
1	Designation of service coordinator (meeting)	Project Group	16 th Jan.	2 hours
2	Individuation of job description	Project Group	4 th week in January	About 3 hours
3	Training of service coordinator (1. training course for health care staff, 2. support from project manager)	Project Group	April	About 14 hours (10 hours for the course, 4 hours with project manager)

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4	Contact with migrant associations and external agencies	Project Manager	2 nd week in March	About 3 hours
5	Creation of a list of interpreters/mediators to be contacted by the head nurse upon request	Project Group	3 rd week in March	About 2 hours
6	Beginning the service in its experimental phase	Project Group	May-July	
7	Identifying an evaluation tool	Project Group	1 st week in May	About 2 hours
8	Evaluation of service	Project Group	September	According to the evaluation tool

Enclosed documents:

- 1.
- 2.
- 3.

Measure Evaluation

Person in Charge: Dr. Antonio Chiarenza

1.) To what extent could the measure be implemented?

Completely - partly - not at all

If partly, which parts? (please provide reasons):

We hired a cultural mediator with a year contract for Hindi (Punjaabi) and Urdu languages. Therefore just the most spoken languages are covered, while at first we meant to cover all the languages with differentiated interventions.

Nevertheless, as specified in the accompanying letter, the management of the Reggio Emilia Health Authority is willing to create a centralised service of cultural mediators for all the hospitals and the whole territory of the province (not only for the Guastalla Hospital, which is the one we have chosen for experimentation), delegating the provision of the service to some cooperative associations of the area.

As a consequence, we are now negotiating form and organisation of the service with these associations.

2.) From your point of view, the measure was _____ to implement

Very easy - easy - difficult - very difficult

3.) Please list :

- Enabling factors:

1. Favourable management
2. Strong need of cultural mediators \Rightarrow strong staff collaboration
3. Availability of a skilled cultural mediator

- Obstacles to Progress:

1. Difficulty in choosing type of contract (this is also one of the points under discussion in negotiations with the associations)
2. Difficulty in learning how to use the cultural mediator (the training course of SP_C has contributed in training the staff)
3. Difficulty in finding a central coordination of the service (especially now that we are trying to create a broader service)

4.) From your point of view...: (Please check your response for EACH question)

		Completely	Partly	Not at all
4.1)	The measure is readily accessible for the target group	x	<input type="checkbox"/>	<input type="checkbox"/>
4.2)	The measure meets the needs of the target group	x	<input type="checkbox"/>	<input type="checkbox"/>
4.3)	The measure provides information in an adequate form	<input type="checkbox"/>	x	<input type="checkbox"/>
4.4)	The measure has changed the working conditions of the	<input type="checkbox"/>	x	<input type="checkbox"/>

migrant-friendly hospitals – SP A: measures

	staff			
4.5)	The measure has changed the interaction of the staff with the target group	<input type="checkbox"/>	x	<input type="checkbox"/>
4.6)	The measure has changed the participation of the target group	<input type="checkbox"/>	x	<input type="checkbox"/>
4.7)	The measure has raised health literacy of the target group	<input type="checkbox"/>	x	<input type="checkbox"/>

5.) How will the measure be continued? *(Please choose one and provide details/reasons)*

- the measure will NOT be continued:

- the future is uncertain at this time:

- the measure will be adapted and established later:

- the measure is an established part of our service:

- the measure will be extended: x

To all the hospitals and the services of the territory.

6.) Please make any suggestions/comments regarding your experience:

Hospital: Academic Medical Center – University of Amsterdam

Documented by: Sjaak Molenaar

Improving Clinical Interpretation in the AMC

Persons in charge: Sjaak Molenaar, Hanneke Hartog

Short description of the measure:

Background

- Ethnic diversity
- Importance of adequate communication
- External interpreting service
- Existing protocol

Target groups

All clinical and out-patient departments of the AMC

Participants

AMC: Department of Patient Education

Working Group of Ethnicity and Communication

Netherlands Centre for Interpreting and Translating (TVCN) (confirmed)

Methods

Step 1: Strengths and weaknesses in the current use of interpreters

Step 2: Development of a strategy for improvement

Step 3: Implementation + Evaluation

Step 4: Presentation of results

Results

Step 1: Analysis current situation (finalised)

- Awareness that the existing protocol regarding interpreting services in the AMC can be improved
- Use of interpreters in general, and more specifically telephone remains underutilized
- Appointments are not always cancelled
- Combined appointment

Step 2: Development intervention

- Development of an update of the existing protocol

Step 3:

- Launch of the new protocol
- Interviews with project managers in AMC magazines
- Display of information from TVCN (marketing)

Dissemination

- Final conference

Problems and their suspected causes

Aim of the measure:

The aim of this project is to improve the efficiency and effectiveness of interpreters in the AMC.

Hospital: Uppsala University Hospital, Psychiatric Centre, Uppsala, Sweden

Documented by: project manager

Improving Interpreting at Uppsala University Hospital

Person in charge: Dr Ulises Penayo

Short description of the measure – current state of activities

Selection of 3 model department in the Psychiatric Centre:

- General psychiatry
- Psychosis and rehabilitation
- Child Psychiatry

Great interest on the part of the whole centre.

Planned steps:

1. Translation of written material. There is already a substantial amount of such but taking into the account the vast diversity of languages and the levels (compulsory admission, forensic psychiatry and so on..) a lot more must be done. Electronic brochures in several languages with relevant information in the homepage of the hospital and departments. We will apply written material to other departments of the hospital when this is possible.
2. Co-educational steps with the external interpreting agencies. This aims at giving interpreters a better insight to psychiatric terminology, and the meaning of psychiatric diagnoses beyond the word, i.e. which symptoms are behind a certain diagnosis/illness
3. The transcultural outpatient unit considers a language bank with a register of available multilingual staff on the spot.
4. Visibility and expansion plans are considered. Other clinics inside our centre and even the ones outside are aimed for future moves.

Measure Evaluation

Person in Charge: Dr. Ulises Penayo

1.) To what extent could the measure be implemented?

Completely - partly - not at all

- If partly, which parts? (please provide reasons):

2.) From your point of view, the measure was _____ to implement

Very easy - easy - difficult - very difficult

3.) Please list :

- Enabling factors:
the local situation within the clinic

- Obstacles to Progress:
high demand, lack of time

4.) From your point of view...: (Please check your response for EACH question)

		Completely	Partly	Not at all
4.1)	The measure is readily accessible for the target group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2)	The measure meets the needs of the target group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.3)	The measure provides information in an adequate form	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.4)	The measure has changed the working conditions of the staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.5)	The measure has changed the interaction of the staff with the target group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.6)	The measure has changed the participation of the target group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.7)	The measure has raised health literacy of the target group	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

5.) How will the measure be continued? (Please choose one and provide details/reasons)

- the measure will NOT be continued:



migrant-friendly hospitals – SP A: measures

- the future is uncertain at this time:

- the measure will be adapted and established later:

- the measure is an established part of our service:

- the measure will be extended:

6.) Please make any suggestions/comments regarding your experience:
more time, a group of students maybe?

Hospital: Bradford Teaching Hospitals NHS Trust, UK

Documented by: project manager

Pre-booking of Interpreting Services Utilising the NHS Booking System

Hospital: BTHT/Gastroenterology Unit

Person in charge: Dr A P Manning.....

Short description of the measure: There is a well-developed Liaison Officer/ Interpreting Service at this hospital. However, departments tend to request interpreters ad hoc on a patient's arrival. The NHS scheme for planned booking of appointments, gives an opportunity to enquire as to the need for an interpreter when the appointment is booked and, therefore, the production of a list of appointments requiring interpreters at least two weeks in advance to be sent to the Liaison Officer Service

Problems and their suspected causes: Interpreter Services may not be requested by staff or the requests may be made ad hoc, the perception being that the services is hard pressed and when called for there is delay. This may lead to an over-reliance on family members

Aims of the measure: The goal is for those patients attending the Gastroenterology Unit for endoscopy or first out-patient appointment, who require an interpreter, to have had that service pre-booked two weeks prior to their appointment date.

.....
.....
.....

migrant-friendly hospitals – SPA: measures

Planning and realisation of the measure:

	What? Steps and jobs	Who? Person in charge and other involved people/ Stakeholders	When?	Resources
20.	Assessment of usage/demand For interpreting Services	APM & LB	2003	
21.	Meeting of Project Group		1/04	
22.	Development of telephone enquiry form	APM , PJ	1/04	
23.	Development of interpreter Request form	PJ, LK, LB	2/04	
24.	Initiate pre-booking of interpreting services	Project Group	3/04	
25.	Assess and modify system	Project Group	ongoing	
26.				
27.				
28.				
29.				
n				

Enclosed documents:

1.
2.
3.

migrant-friendly hospitals – SPA: measures

Measure Evaluation

Person in Charge: Dr. A P Manning

1.) To what extent could the measure be implemented?

Completely - partly - not at all

- If partly, which parts? (please provide reasons): _Form constructed and introduced for clerical staff to enquire from patients whether they need an interpreter and for what language when telephoning them to arrange their endoscopy appointment.

2.) From your point of view, the measure was _____ to implement

Very easy - easy - difficult - very difficult

3.) Please list :

- Enabling factors: ____Form simple to use, system straightforward, meetings held with staff to explain about project and its mechanism; meetings held with liaison office to facilitate pre-booking of interpreters using information collected by telephone.

- Obstacles to Progress: Staff changes in booking office – manager left and yet to be replaced due to planned re-organisation, loss of leadership within that office and shortage of staff; possible resistance to change.

4.) From your point of view...: (Please check your response for EACH question)

		Completely	Partly	Not at all
4.1)	The measure is readily accessible for the target group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2)	The measure meets the needs of the target group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.3)	The measure provides information in an adequate form	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.4)	The measure has changed the working conditions of the staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.5)	The measure has changed the interaction of the staff with the target group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.6)	The measure has changed the participation of the target	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



migrant-friendly hospitals – SPA: measures

	group			
4.7)	The measure has raised health literacy of the target group	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

5.) How will the measure be continued? *(Please choose one and provide details/reasons)*

- the measure will NOT be continued:

- the future is uncertain at this time:

- the measure will be adapted and established later: The measure is feasible but was thwarted, at least in part, by unavoidable changes within the admin. Office; I shall try again when the staffing has been re-established.

- the measure is an established part of our service:

- the measure will be extended:

6.) Please make any suggestions/comments regarding your experience: ___Project was too hurried with not enough time for the measure to become established and to overcome initial difficulties to allow for a meaningful evaluation.
