

migrant-friendly hospitals

MFH Patient Survey SP A - Survey Instructions

Outline

For gathering information on the patients view on the quality of interpreting services in your hospital a patient survey will be carried out. The aim of the patient survey is to document how patients benefit from the presence of an interpreter, and how they perceive the services available. Hence patients' views are enquired at one point in time once project measures are in place.

Telephone interviews

Patients with limited proficiency in the local language will be interviewed personally after the encounter or by telephone after they left the hospital, using a short structured interview guideline, the ISQ-PAT provided by LBI. The instrument enquires

- patient experiences and satisfaction with the interpreter-supported clinical encounter (ratings of interpreter and clinician quality)
- patient recommendations on how the service should be improved

Interviews should be carried out with 40-50 patients.

Contact cards

Recruitment and sampling of patients for the interviews is done by using "contact cards" to be filled in by the clinician and the interpreter for every patient for whom the clinician requests a professional interpreter.

Patients will be selected for interviews on the basis of the contact card information.

Interviews will be carried out for all patients whose contact card indicates that they

- received interpreter assistance and
- gave the permission to be contacted for a telephone interview after discharge

Roles and Tasks

Evaluation managers will

1. **Organise** and **co-ordinate** the patient survey
2. **Inform** all **clinical staff** of the patient survey - at the whole hospital or the departments selected to participate in SP A.

Survey information could be disseminated by mailings (e-mail, flyer, etc.) or as part of a topical newsletter, e.g. as a cover story.

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3. **Involve department and unit heads** to enlist support and approval.
4. **Receive the evaluation tools** in the local language as a pdf document (master copy) from LBI.
5. **Make** as many **photocopies** as needed of the evaluation tools
 - contact card
 - interview guide
 - clinician information letter
6. **Allocate sequential numbers** to the **contact cards** – filling in the 3 boxes in the upper right-hand corner of card (Contact Card No.).
7. **Make sure** that all clinicians have **access** to contact cards and for contact card **collection**

Contact cards should be readily available at ward level, e.g. in a specific drawer in cabinet where medical staff routinely take other necessary documents for an encounter from, or that one person at the ward is responsible for handing these cards to clinicians before they see a patient with a migrant or ethnic minority background. There are several possibilities for collecting filled-in contact cards, e.g. a specific collection box at could be provided at each ward, or clinicians could collect contact cards and send them to the evaluation manager via internal mail once a week. For the latter procedures, instructions and contact details should be provided at the bottom of the contact card.

8. **Explain** clinicians how to use the **contact cards**

Explanations could be provided as part of a medical morning meeting at department level. In this way, unit heads could also personally support the survey – emphasizing its importance for the department. LBI will provide an information letter for clinicians – which could also be signed by the hospital's medical director to signal management support and increase the visibility of project activities with top hospital management.

9. **Allocate sequential numbers** to the **interview guide** – using the card numbers of the filled-in contact cards returned for those patients who
 - had interpreter assistance **and**
 - agreed to be contacted for an interview
10. **Recruit and train interviewers** who are native speakers of or fluent in the relevant languages
11. Send the filled-in **contact cards** (for all patients for whom a need for an interpreter was identified) and **interview guides** (for those patients interviewed) **to LBI**

Clinicians:

- **Fill in a contact card** for each patient for whom they requested an interpreter:
Record all information concerning **part 1: Encounter Information**
- If an interpreter was present during the encounter:
 - **Inform** patient about the project and the survey on interpreting quality
 - **Obtain patient's permission** for a telephone interview to take place after they left the hospital
- **Return** contact cards **to the evaluation manager**

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Financially supported by the European Commission

bm:bwk

Co-funded by bm:bwk – Federal Ministry for Education, Science and Culture (Austria)



Pilot hospitals from 12 member states of the European Union



Supporting partners



Co-ordinated by LBISHM, WHO Collaborating Centre for Health Promotion in Hospitals and Health Care, Institute for Sociology, University of Vienna

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Interpreters:

- **Prepare** arrangements for a **(telephone) interview**
- **Fill in** all **contact card** information concerning **part 2: Patient Data**
- **Return** contact cards **to clinician**

Interviewers:

- **Make appointments** for (telephone) interviews with the patients (Interview is conducted on the spot. Where not possible: an appointment is fixed).
- **Conduct (telephone) interviews** with patients.
- **Return filled-in interview guides to evaluation manager**

Who can be an interviewer?

Anyone who speaks the patient's language can be an interviewer.

Interviewers speaking the patient's language could be recruited from migrant community groups involved with the steering group, or among medical/nursing students or staff with diverse backgrounds.

In cases where language concordance between patient and interviewer regarding their mother tongue is not possible, the interview should be conducted by an interpreter.

This could be a staff member enlisted in the hospital's employee language bank, or an interpreter on duty at the time of the scheduled interview, or especially contracted for the interview from an interpreting agency.

Please note: The interview must not be carried out by the interpreter who assisted in the encounter prior to the interview, as his/her performance will be evaluated.

Data

Data collection period

Recruitment for telephone interviews and data collection (interviewing) will start on **April 14, 2004** and will end on **June 1, 2004**.

Data handling

- Evaluation managers send all received contact cards and filled-in interview guides to LBI by **June 4, 2004**.
- Data entry and analysis will be carried out by LBI in Vienna.

LBISHM guarantees that all data will be treated confidentially, i.e. no personal data will be recorded or analysed in any way. In case you see problems with returning the contact cards, or the Ethics Committee at your hospital expresses concern, we would suggest you only send us the first bloc of the contact card (Encounter information) by cutting off the bottom of the page that includes patients' details.

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