A comprehensive language services program is a necessary component in healthcare organizations across the U.S. According to Title VI of the 1964 Civil Rights Act, “no person in the U.S. shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.” Title VI – and subsequent regulation as provided by Executive Order 13166 and the 2011 “Roadmap” document from The Joint Commission – require the provision of interpreter services and document translation for limited English proficient (LEP) individuals who seek healthcare services. The purpose of this article is to provide a basic framework to language service coordinators, managers, and hospital administrators for setting up effective interpreting and document translation programs.

Designing a Program and Getting It Approved
At the outset, hospitals must establish a commitment to provide professional interpreters for all LEP patients across the organization. Buy-in from hospital management/administration and support from the top down is essential when beginning to plan and develop a language services program. There must be sufficient budget to support a combination of onsite/staff interpreters, contract/agency interpreters, and telephonic interpreters, as well as technology, hardware and other related costs. Additional operational factors must also be taken into consideration; for example, it is necessary to schedule longer appointment times for LEP patients who require an interpreter.

Written Policy
A written hospital/institutional policy that outlines the obligatory use of interpretation and translation services is the basis for implementing a successful language services program. A written policy guarantees buy-in from management and compliance from providers and staff. The policy should include both internal and external contact information for interpreters, as well as essential guidelines covering topics such as prohibiting the use of minors, friends and family as interpreters. It should also clearly mandate that each use of an interpreter must be documented in the patient’s medical record.

Buy-In From Hospital Administration and Creating a Language Services “Culture”
Commitment from top management (CEOs, VPs, directors and managers) to support language services is essential. This commitment from management helps to promote full compliance with local, state and federal entities like the Department of Health and Environmental Control (DHEC) and the U.S. Department of Health and Human Services (HHS). Hospitals should strive to create a culture within the institution where provision of language services is always a priority. Culturally-competent patient care is also a fundamental requirement based on The Joint Commission’s “Advancing Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals.” Interdisciplinary collaboration is the key to “creating a culture” where patients with LEP are a priority. Across the organization (nursing, physicians, administration, admissions, volunteer services, etc.), staff members must work in unison to provide equitable care for all patients.

“Hospitals should strive to create a culture within the institution where provision of language services is always a priority.”

Compliance With the CLAS Standards
In 2001, the U.S. Department of Health and Human Services Office of Minority Health issued the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care. The CLAS Standards “respond to the need to ensure that all people entering the healthcare system receive equitable and effective treatment in a culturally and linguistically-appropriate manner.” It is imperative that healthcare providers who receive federal funds (e.g., Medicaid and Medicare reim-
bursaries) comply with the federal CLAS mandates. Furthermore, CLAS guidelines and recommendations are suggested/voluntary action items for healthcare organizations. A copy of the CLAS Standards can be found at www.minorityhealth.hhs.gov.

DON'T OVERLOOK PROFESSIONAL DOCUMENT TRANSLATION

When developing a language access program, it is important to choose a qualified healthcare document translation service to translate key documents, such as registration forms, informed consent forms, patient education materials, and discharge documentation. Documents may be translated internally within the organization or through a contracted outside agency. Documents should be translated into the languages spoken by the largest LEP groups in the community – documents for LEP patients that speak languages of lesser diffusion (LLDs) may be translated on an “as needed” basis.

SETTING IT UP: INTERPRETER ORIENTATION

A robust orientation for newly-hired staff or telephonic interpreters is essential. Rigorous pre-hire testing of bilingual fluency, medical terminology, and conversion and interpreting skills is also fundamental. Testing may be done internally or outsourced through a reliable testing agency. Following orientation, new interpreters should shadow an existing interpreter, working one-on-one in an educational capacity over a period of several weeks or months, depending on the healthcare institution and the level of difficulty of interpreting encounters. A thorough evaluation of the new interpreter’s progress should be completed before allowing the interpreter to work alone.

STAFF TRAINING AND IMPLEMENTATION

An initial implementation of interpreting services should include a preliminary needs assessment and site review. This process allows interpreter services managers and coordinators to make decisions about interpreting needs at various points of contact. For telephonic interpreting services, a needs assessment should also address the type and quantity of hardware needed, as well as the need for printed materials like language identification documents, provider informational materials, etc.

Implementation of services should be customized to hospital culture and convenient to hospital patients, staff and administration. It might include presentations to staff and providers, with department rounds on both inpatient and outpatient units. In the case of telephonic interpreting, look for continuing customer service and a full range of implementation products designed for ease of use. Make sure the service includes ongoing assistance from a support team, including call center management, interpreter quality assurance, and sales support.

TECHNOLOGY CONSIDERATIONS FOR TELEPHONIC INTERPRETING

As implementation of telephonic interpreting services begins to take shape, consider the following technology issues up front:

- Where are active phone jacks located?
- Where can cordless phones be used safely without interfering with medical devices?
- Should users dial a toll-free number directly, or is a programmed extension preferable?
- Is it necessary to dial a prefix such as 7- or 9- before the number?
- Is it desirable to save time by having the toll-free number autodial?
- How many and what types of phones (dual-handset, cordless, etc.) and/or splitters are necessary? For example:
  - Corded dual-handset phone.
  - Cordless dual-handset phone.
  - Handset splitter.
- Is video remote interpreting an option and/or desirable for the organization?

DATA COLLECTION

It is essential to maintain long-term data tracking to comply with regulations such as Title VI and recommendations by The Joint Commission; data tracking is also needed for budgetary purposes and to justify hiring future staff or contracting language services. Monthly, quarterly or annual data collection should capture the volume of interpreting encounters and document translations, including the number of onsite (face-to-face) vs. telephonic interpreted encounters.

In the scope of telephonic interpreting, periodic call reporting should consist of a data breakdown by dedicated toll-free numbers that tracks the date and time of each call, language interpreted, call duration, interpreter identification, and charge per call. Customized data collection can also include identifiers such as cost center number, employee’s name, department name, patient’s name, and patient’s medical record number. Easy call lookup through secure online access is desirable.

ENSURING PROGRAM QUALITY: ONGOING QUALITY ASSURANCE

Consistent and ongoing monitoring of interpreter performance is required to ensure quality interpretation and patient safety. Unannounced observation and evaluation of interpreter-patient encounters will verify that interpreters are performing at a consistently high level. Continuing education programs should also be offered to interpreters on a periodic basis. Programs focusing on topics like memory skill building, new healthcare terminology, and seminars by subject matter experts are good opportunities for professional development.

EDUCATION FOR PROVIDERS, STAFF

Providers and staff can benefit from education programs (lectures, seminars, etc.) on best practices for providing language access and working with interpreters. These programs should outline appropriate use of interpretation and translation services including hospital policy, requirements from The Joint Commission, government mandates, and more. Education should also equip providers to make appropriate choices between onsite/staff interpreters, telephonic interpreters, and contract/agency interpreters, depending on the nature of the interpreting encounter (e.g., emergency cases, end-of-life care, etc.).

PATIENT SATISFACTION SURVEYS

Daily or weekly LEP patient satisfaction surveys regarding interpretation and translation services are another preferred method of quality assurance. Survey questions might include the following:
• Were interpreters always offered by hospital staff?
• Was your diagnosis and treatment plan explained to you clearly with an interpreter?
• Were you satisfied by the performance of the interpreter?

Long-term tracking of patient satisfaction as related to language access services will help to guide the development and growth of language services departments.

A WIN-WIN FOR PROVIDERS AND PATIENTS
There is no question that adequate interpretation and document translation services are in the best interest of both healthcare providers and LEP patients. By following these recommendations for gaining approval for a language access program, setting it up, and ensuring program quality, hospitals can help satisfy regulatory requirements, manage risk, and provide the best possible care for an increasingly diverse U.S. community.

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