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Making the Most Out of Bilingual Staff

By Jorge U. Ungo, Pacific Interpreters

In 2003, the Joint Commission embarked on a journey to provide guidance to organizations on how to better address the need for effective communication with patients of limited English proficiency. The new patient-centered communication standards, published in 2010, are made up of both new and revised standards that address effective communication.¹

Contrary to popular belief, the Joint Commission does not require that organizations utilize ONLY “nationally certified” interpreters. Although many hospitals are raising the bar and employing professional interpreters to address high volume of language needs, Cristina Cordero recently clarified the Joint Commission’s new requirement in an interview with the Texas Association for Healthcare Interpreters and Translators.

“A new Note to an existing Human Resources (HR) standard (HR.01.02.01, EP 1) requires hospitals to make sure that individuals that provide interpreting or translation services have defined qualifications and competencies, including language proficiency assessment, education, training, and experience,” states Dr. Cordero, a principal investigator on the Joint Commission’s Hospitals, Language and Culture Project².

With this in mind, community hospitals can put into place several processes to take advantage of their bilingual talent pool:

- After identifying the languages with highest need (these are generally Spanish and Vietnamese in Texas), take a poll of employees in the hospital who express fluency in a second language and an interest in serving as a language interpreter in addition to their current job duties.
- Once staff are identified, contract a third party to test the employees in both languages for fluency and knowledge of medical terminology. The American Council on Teaching of Foreign Languages is an excellent resource³.

¹ Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A. Roadmap for Hospitals <http://www.jointcommission.org/assets/1/6/ARoadmapforHospitalsfinalversion727.pdf>

² Texas Association of Healthcare Interpreters and Translators January 2011 Newsletter <http://www.tahit.us>

³ American Council on the Teaching of Foreign Languages <http://www.actfl.org/i4a/pages/index.cfm?pageid=4369>



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- Once bilingual staff are proven qualified, contract an interpreter trainer to provide training on the National Code of Ethics and National Standards of Practice for Healthcare Interpreters⁴. Training programs can last from 4 to 40 hours, depending on the extent to which organizations want to ensure their staff's competency.

The next pieces of the puzzle are around training and policy development. It is critical that all staff are trained on how and when to access the services of the bilingual interpreter pool. It is also advisable to develop internal policies to help ensure individuals with limited English proficiency are treated with respect and given appropriate access to trained resources to facilitate the communication of their care and treatment.

For more information, contact Pacific Interpreters at info@pacificinterpreters.com or 800.324.8060.

⁴ National Council on Interpreting in Health Care <http://www.ncihc.org>