

## Operational Issues

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### **Selection of Interpreters**

If a hospital has in place or is contemplating initiating an interpreter training program, consideration should be given to the specific needs of the organization and then focus on the characteristics that will be required of interpreters serving in a clinical setting. Hospitals, in their organizational assessment, will need to determine the most appropriate type of interpreter, for example, use of bilingual staff and clinicians, dedicated staff, dual-role staff, contract interpreters and telephone interpretation lines (see glossary for description of interpreter models). Included in Appendix G is an exhibit identifying the type and description of interpretation, along with cost considerations, among other factors.

The following reflects organizational and interpreter-specific considerations identified by the American Institutes for Research and submitted to the Office of Minority Health, DHSS in the report *A Patient-Centered Guide to Implementing Language Access Services in Healthcare Organizations*.

### **Interpreter Characteristics**

- Is the interpreter fluent in both languages? Has the interpreter been assessed for language proficiency and competence?
- Has the interpreter been trained as an interpreter? Does the interpreter have basic interpreting skills?
- Does the interpreter know medical terms?
- Does the interpreter understand the importance of confidentiality? Has the interpreter had HIPAA training?
- Can the interpreter assess tone, body language and nonverbal communication?
- Does the interpreter understand how to manage triadic communication (in terms of place and positioning)?
- Is the interpreter able to understand cultural differences?
- Is the interpreter familiar with organizational policies and procedures?
- Will the patients come to know the interpreter as part of the healthcare team?
- Are there trust issues with patients (e.g., social class or cultural differences between patient and interpreter)?
- Does the interpreter speak for the patient instead of interpreting for the patient?

- Is the interpreter objective? Is the interpreter willing to deliver bad news? Will the interpreter edit statements to protect the family or cover up abuse?
- Will the type of interpreter put the patient or family in an awkward position?
- Will the patient withhold information in front of the interpreter?

### **Organizational Considerations**

- Can the interpreter go through all the points of contact with the patient?
- Which type of interpreter can be used when demand for an interpreter is low?
- Which type of interpreter is accessible easily for acute needs?
- Which type of interpreter is beneficial for less frequent language groups?
- Which type of interpreter can be used if a staff interpreter is running late or if there are not enough staff interpreters?
- Is the interpreter pulled away from primary duties to interpret?
- Does the interpreter need to be onsite?
- Which type of interpreter provides the most comfort to the patient?
- What are the challenges in recruiting or hiring each type of interpreter?
- What are the personnel management issues from an organizational perspective for each type of interpreter? Will the organization need other staff to oversee the interpreter(s)?
- Will the organization still have to pay the interpreter if the patient is a no-show?
- Is special equipment required (e.g., speaker phones in exam rooms, video monitors or dual headsets)?
- Does the organization have direct control over quality and performance of the interpreter?
- For telephone interpretation, video interpretation and RSMI, is the sound quality sufficient?

## Signage

Navigating through a hospital can be challenging for even those that are familiar with the various departments and services; for someone who does not speak the English language, it can be overwhelming. This makes hospital signage absolutely critical in helping patients and their friends and family to feel more comfortable when accessing various areas of the hospitals.

Currently, there are no standards for healthcare symbols. However, the use of symbols throughout a hospital can be easier to learn and recognize by all different constituents using the hospital. There is a technique being used by organizations that helps facilitate navigation through a building; this technique is known as “Wayfinding.” It is a “system of visual, audible and tactile elements strategically placed through an organization to facilitate navigation.” Specific information regarding Wayfinding techniques can be accessed via the Web at [www.aia.org/](http://www.aia.org/).

More traditional signage can include words, symbols, pictures or a combination of all three to communicate information. While signage may be developed to address the needs of those with LEP, it also may provide assistance to individuals that have cognitive disabilities as well as those with low literacy. The challenge in developing signage, however, is determining what information should be reflected in signage and, as challenging, in what specific languages.

Translation into specific languages should be determined by the demographics of the patients the hospital serves. If the population is predominantly Hispanic, then signs may be translated into Spanish. If the community is mostly Portuguese, then signage should be translated appropriately. The determining factors should be the most common languages encountered in the hospital’s patient population. The resource guide, “A Patient-Centered Guide to Implementing Language Access Services in Healthcare Organizations” recommends healthcare facilities consider the following for signage:

Availability of interpreter services including what services are available, how to access the services, including the specific steps to take and where to go within the facility to receive services.

- Patients’ rights, specifically the right to language assistance;
- Conflict and grievance resolution process;
- “Do not enter” and disease-related signage in exam rooms.

The most appropriate areas to post signage are where there are or may be high volumes of LEP individuals that need to navigate their way throughout the healthcare facility, specific departments that will be most frequented, and areas of the hospital that will have visitors that may have a relatively high volume of individuals with LEP.

For example,

- Hospital Entrances
- Intake Areas including registration desks, front desks and waiting room.
- Financial screening rooms where individuals may need to discuss billing issues
- Pharmacy reception areas where patients may need to pick up prescriptions
- Emergency Departments
- Labor and Delivery
- Urgent Care
- Nursing areas
- Cafeterias
- Gift Shops
- Emergency evacuation routes

A hospital can inundate its walls with signage, but unless it is “simple, accurate, culturally appropriate and organizationally standardized, patients may continue to be confused when attempting to utilize the services of a hospital. Prior to producing and installing signage to serve the hospitals’ LEP community, it may be helpful to test the signage with representatives from the various ethnicities within the hospital’s community. For more specific information regarding the type of signage to post, where to display signage, determining the quality of signage and training staff on new signage, see Appendix H.

### **Translation of Resources**

The definition of translation is “the conversion of a written text into a corresponding written text in a different language.” Interpretation is used for oral or spoken messages and translation is for written messages.

There are different approaches to translation. Some will translate *existing* resources into the language(s) that will serve the various LEP patients within the community. Another approach is to develop new materials in identified languages. By developing new documents or resources, the uniqueness of a culture can be taken into consideration and the risk of creating misunderstandings may be avoided.

Most hospitals have taken existing documents and had them translated into languages that are most reflective of the communities they serve. In that process, however, there must be an understanding that translation of a document into a language such as Spanish may be appropriate for patients that are from Mexico but may not be appropriate for all Latino patients. There are differences in culture and differences in vocabulary that, upon interpretation, may not be taken into consideration and lead to misunderstanding rather than clarification.

Hospitals may choose to use bilingual staff to assist with translation of resources, use companies that specialize in the translation of documents and take cultural nuances into consideration in the translation process, or, when possible, draw on Web-based resources. If utilizing a company specializing in translation services, consider a company that is certified by the American Translators Association (ATA) or one that has translators that are certified by the ATA.

Materials that every hospital should consider for translation include:

- ✓ Consent forms
- ✓ Complaint forms
- ✓ Intake forms
- ✓ Contact information for the organization
- ✓ Eligibility criteria, including loss of benefits or services
- ✓ Signage advising LEP patients of free language assistance and how to access it
- ✓ Patient bill of rights
- ✓ Pharmaceutical instructions and interactions
- ✓ Preparation instructions for procedures and diagnostic tests
- ✓ Discharge instructions
- ✓ Advance directives
- ✓ Hospital menus
- ✓ Institutional Review Board materials such as consent forms for clinical research trials
- ✓ Other relevant materials<sup>7</sup>

Regardless of the form or the language, every hospital should take into consideration the literacy level of the various LEP populations it serves. Translating a document into a language that can be read but not understood by various LEP patients will not lead to an effective understanding of the information that the hospital is trying to convey.

The resource section of this document provides a number of Web sites that have developed standard documents in various languages. NJHA also will make translated forms available on a Web site that will be developed and focus on Interpreter and Translation Services for the LEP population.

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<sup>7</sup> A Patient-Centered Guide To Implementing Language Access Services In Healthcare as Submitted by the American Institutes for Research to the Office of Minority Health, U.S. Department of Health and Human Services.

# Technology

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Technologies available to assist individuals with LEP are limited themselves. The two most prevalent resources to aid with translation for LEP patients are oral interpreters and remote telephone interpretation. Reflected below are three technological resources that hospitals should consider making available to their LEP patients upon a patient's request for assistance.

## Telephonic Interpretation

- Remote Telephone Interpretation – A service where live interpreters stationed in a centralized location provide translation services over the telephone



- Video Conferencing – Interpreting when one or more of the parties are not present in the same room, using a video camera to enable the parties to see and hear each other, including the interpreter via a TV monitor.
- Remote Simultaneous Medical Interpretation (RSMI) - Using voice-over-Internet technology, a health professional and patient each wear a headset attached to an Internet protocol phone. The phone connects them to interpreters who translate as they speak; provider and patient only hear their own languages.