

NJHA'S INTERPRETER / TRANSLATION SERVICES TASK FORCE

Recognizing the critical importance of effective communication in providing safe and high-quality healthcare to patients with limited English proficiency, the New Jersey Hospital Association's Board of Trustees approved the establishment of an interpreter and translation services task force in 2005. This task force was charged with:

- Evaluating current interpreter/translation services provided by hospitals to Deaf and Hard of Hearing and limited English proficient patients;
- Identifying needs and areas requiring improvements;
- Examining successful strategies and showcasing best practice models;
- Developing and recommending standardized statewide training programs and educational resources to support hospital efforts; and,
- Identifying potential sources of funding to provide services and resources to hospitals.

NJHA's Task Force conducted a survey in 2005 to study hospitals' current interpreter/translation services provided to patients with limited English proficiency and identify gaps or areas needing improvement. The survey collected information on hospital difficulties in arranging programs and services that would facilitate effective communication between patients and providers and determined hospitals' specific needs to ensure being prepared to care for these patients. Findings indicated that hospitals' major difficulties include: cost, finding interpreters mainly during weekends and at night, finding interpreters for multiple languages, availability of interpreters when needed, interpreters' timely response and patient confidentiality issues. Hospitals' major needs include: availability of qualified interpreters during all stages of care, accurate and reliable interpretation, timely response of interpreters at all hours, available written materials in major languages and financial assistance in providing language services. Lastly, hospitals expressed the need for support in staff training, paying for services and technology, finding qualified interpreters, translation of written materials into multiple languages and patient education on available services.

NJHA's Task Force used the information derived from this survey to develop an assessment tool to help hospitals identify gaps in policies, procedures and staff training. They also provided specific recommendations including the design of standardized training/educational programs, establishment of a centralized pool of interpreters for timely access and cost savings and working with Medicaid/Medicare/commercial plans to seek reimbursement for these services.

NJHA/HRET's PILOT PROGRAM TO TRAIN BILINGUAL HOSPITAL STAFF ON HEALTHCARE INTERPRETATION

NJHA's Interpreter/Translation Service Task Force recommendations prompted the development of an interpreter training pilot program in 2007 by HRET. The purpose of this training program was to improve the quality of communication between healthcare providers and patients who do not speak English at all or well (limited English proficiency) by increasing the pool of trained healthcare interpreters and promoting their use, thereby improving patient safety and quality of care for diverse patient groups.

This project adopted a variety of pre-validated curricula developed by UMDNJ – New Jersey Medical School and University Hospital, Bridging the Gap program and other best practice models and modified it to produce an updated, more comprehensive training curriculum customized for training bilingual hospital staff. This training program was piloted in the southern region of the state by six hospitals following a consortium model developed by the University of Wisconsin.

The specific objectives of the interpreter training pilot program are to:

- Form a consortium of hospitals in three regions of the state;
- Redesign/develop training tools/resources including training curriculum, informational fliers, posters, pre-training assessments and other educational materials based on national best practice models;
- Recruit and register hospital staff who are bilingual in English and a language common in their hospital's service area; and,
- Offer a series of eight-hour medical interpretation training sessions for each region.

By training bilingual hospital staff to serve as medical interpreters, the program assists hospitals in meeting the communication needs of their diverse patient populations. The training curriculum provides a framework for medical interpretation and cultural competency training and uses interactive case-based discussions, videotapes, role-playing and interviewing skills. The topics covered include interpreting skills; protocols; cross-cultural communication and the role of the interpreter, including standards of professionalism and ethics; policies/procedures on provision of interpreter services; operation of equipment for use of telephonic systems; and cultural competency, which includes the capacity to identify, understand and respect the values and beliefs of others.

HRET held three training sessions in the southern region of the state as part of this pilot program and trained approximately 60 bilingual hospital staff. The trained staff originated from a variety of specialties and units/departments in their hospitals including ER, OB, radiology, G.I., nuclear medicine, pharmacy, cardiovascular and represented a wide array of hospital staff such as nurses and nurses aids, technicians, other clinicians (specifically clinical psychologists), administration (i.e. patient relations directors and

managers, financial counselors, registrars, etc.) and social workers. Although the majority of these participants were bilingual in English and Spanish, they also included persons speaking other languages including French, German, Portuguese, Polish, Lithuanian, Russian, Hindi and Gujarati.

HRET evaluated the outcome of this training pilot program by tracking interpretations provided by trained bilingual staff post training. In total, about 3,000 interpretations were collected. The findings from analysis of collected data showed:

- Increased staff knowledge, skills and cultural competency, pre- and post- training sessions;
- Increased use of interpreter services and face-to-face interpretations by trained hospital staff; and,
- Reduced cost of hospital expenditures related to interpreter services due to a decreased need for telephonic services.

HRET plans to establish regional training teams across the state, advocate for policies that establish a formal, standardized healthcare interpreter training program and encourage healthcare organizations to use interpreter pools trained in a combination of programs:

- Dual-role bilingual staff trained in an 8 hour course
- Staff trained in the 40 hour course offered by BTG
- Full-time trained medical interpreters
- Language Line
- Computer based interpretation

Its long-term goal is to certify medical interpreters and have a system of reimbursement for trainings and services provided.