Your Guide to Interpreter Services

Contents of this guide:

- How we provide interpreter services .................................................................2
- How to arrange an in-person interpreter .............................................................3
- How to use a telephonic interpreting vendor ....................................................3
- How to use Minnesota Relay .............................................................................4
- Use of bilingual staff..........................................................................................5
- What if the patient or member wants to use family or friends to interpret? ....5
- Tips on how to encourage use of professional interpreters .........................6
- Best practices for quality and safety .................................................................7
- Troubleshooting: how to respond in specific situations ....................................7
- Reporting complaints and compliments .........................................................8
- Where to get more information .......................................................................8

Overview:

Our Language Assistance Plan was created to help provide high quality interpreter services to patients and members who have limited English proficiency (LEP) or who are deaf or hard-of-hearing. We want to reduce health care disparities among the people we serve and provide care that is safe, timely, efficient, effective, equitable and patient and member centered. Your Guide to Interpreter Services is designed to make it easy for you to serve patients and members who need language assistance.

Our interpreter services are based on best practices to improve quality and reduce disparities. These practices include:

- Use of professional interpreters whenever possible, rather than family members or friends.
- Documentation of interpreter services.

This guide is about spoken language and sign language assistance services. It is not about translation of written materials, which is another type of language assistance. That topic will be addressed later.
How we provide interpreter services

High quality, professional language assistance should be provided to our patients and members in several ways.

❖ **Professional trained interpreters who do face-to-face interpretation.** Your practice may have staff interpreters available. Otherwise, there are contracted vendor agencies for interpreter services.

**Contracted agency interpreters**
- HealthPartners contracts with selected agencies to provide face-to-face interpreter services for members in need of language access services and to serve patients.
- Only contracted interpreter vendors should be used. A list of contracted interpreter agencies is available through the Provider Portal at [http://www.healthpartners.com/provider/](http://www.healthpartners.com/provider/)

❖ **Telephonic Language Services**
- When you are unable to schedule a face-to-face interpreter, there are telephonic interpreter services that you can use. These companies provide interpreter services over the phone.
- It is important that providers have their own relationship with a telephonic interpreter vendor.
- Telephonic interpreters work well when:
  - Patients or members are on the phone
  - An interpreter is needed instantly
  - Services are needed for an unusual or infrequently encountered language
  - The patient and provider have waited more than five minutes beyond the start time of an appointment for a professional interpreter to arrive

❖ **Bilingual staff**
Some staff members are bilingual and may provide direct language assistance services within the scope of their job, but it is important to remember that an interpreter still may be needed. See page 5 for more information on the role of bilingual staff.

❖ **Communication services for deaf and hard-of-hearing people**
These services are different than language assistance services for people with limited English proficiency. It is important to serve deaf and hard-of-hearing patients through:
- Registry of Interpreters for the Deaf (RID) certified sign language interpreters
- Written communication and visual aids
- Adaptive equipment such as video phones and telecommunication devices for the deaf (TDDs)
- Closed-caption television
**How to arrange an in-person interpreter**

When scheduling an appointment, verify that the language information is correct and complete. Patients should be asked what language they’d like to use with the provider. If they respond with anything other than English, an interpreter should be scheduled.

All patients requiring an interpreter should have an interpreter scheduled to accompany them to their appointments regardless of whether their provider is bilingual or the patient requests that a family member interpret. The interpreter is valuable for the check-in and other services the patient receives while at their visit (rooming nurse, lab, tests, etc.). Refer to page 5 for tips in handling the delicate dilemma of family members as interpreters.

**Make sure that your practice has guidelines and procedures for how to arrange an interpreter.**

Interpreters from contracted agencies for patients who are members of a health plan’s public program (e.g. a member of the HealthPartners Medicaid plan) must be part of that health plan’s contracted network of interpreter vendors and need to be actively listed on the Spoken Language Health Care Interpreter Roster, which was implemented on January 1, 2011. Each contracted agency has record of which of their interpreters have completed this requirement.

**How to use a telephonic interpreting vendor**

**❖ When to Use a Telephonic Interpreter Vendor**

Many telephonic interpreters are available round-the-clock and offer phone interpretation in various languages. Telephonic interpreters should be used:

- If an interpreter isn’t available for a clinic or hospital appointment
- If the patient or member calls on the phone
- If you need to contact the patient between visits
- If the patient and provider have waited more than five minutes from the appointment time for the professional interpreter to arrive
- When needed for an infrequently encountered language
- When an interpreter is needed instantly

**❖ What equipment is needed?**

Telephonic vendors can be used in rooms with a phone jack. Most commonly they are used with a speaker phone that has a “conference” function, although it can also be used with a phone with multiple handsets or by passing a standard phone back and forth between the patient and provider.
How to work with a telephonic vendor for interpreter services

- Each vendor will have its own guidelines for use. In general, let them know who you are calling for and where you are calling from, i.e. “This is 123 Hospital/ABC Clinic calling for Mr. Yang.” Ask the interpreter to be the first to respond with this information when someone answers the phone. Then, ask the interpreter to hold while you conference in the patient.
- After the interpreter’s introduction to the patient, begin your conversation as though you were speaking directly to an English-speaking patient, allowing adequate time for interpretation.

Working with an interpreter

Give the interpreter specific questions to relay to the patient or member. Group your thoughts or questions to help the conversation flow quickly.

Interpreter identification

Many interpreters identify themselves by first name and number only. For confidentiality reasons, they do not divulge either their full names or phone numbers.

Length of call

Expect interpreted comments to run a bit longer than English phrases. Interpreters convey meaning for meaning, not word for word. Concepts familiar to us often require explanation or elaboration in other languages or cultures.

Line quality problems

If you experience problems with the sound quality and the telephonic agency operator is still on the line, ask him or her to re-dial the interpreter. If the telephonic operator has left the line, call back, explain the problem and ask the operator to stay on the line for sound quality.

How to use Minnesota Relay

Minnesota Relay is a free service providing full telephone accessibility to persons who are deaf, deaf/blind, hard of hearing or speech impaired.

A specially trained communication assistant (CA) facilitates the telephone conversation between a person who has hearing loss or a speech disability and a hearing person. Calls can be made anywhere in the world (long distance charges apply), 24 hours a day, 365 a year, with no restrictions on the numbers, length or type of calls. All calls are strictly confidential and no records of any conversations are maintained.

Dial 7-1-1 to make a relay call (if calling from within the organization, dial 9 first and then 7-1-1). 7-1-1 is a toll-free, national relay access number. You may dial 7-1-1 from anywhere in the country and be connected to the relay service in the state you are calling from. In order to place the call the CA will need the customer or patient phone number from you. Many of our deaf customers have their TTY number listed under patient demographics.
Use of bilingual staff

Bilingual providers and staff can communicate directly with patients and members in their preferred language, but should not act as third-party interpreters unless they have been trained as interpreters. Training for performing triadic interpretation represents best practice. For example, a bilingual medical office assistant should not be used to interpret for a medical encounter. A bilingual doctor or nurse, however, could directly communicate with their patient during a patient encounter. Bilingual providers and staff must stay within the scope of their job description when providing bilingual care and services.

Bilingual providers/employees:
- May be used for direct communication with a patient or member
- Should not routinely act as third-party interpreters since they have not been trained in third-party interpretation
- May interpret if they are trained in the skills of interpreting. However, they must be aware of potential conflicts of interest when performing in this dual role capacity.

Competency requires more than just self-identification as bilingual. Self assessment is not a reliable way to determine the level of language competency needed for the complicated skill of providing linguistically complete and accurate medical care. It is highly recommended that competency be demonstrated in some manner. Reference the following websites for more information.
- [www.languagetesting.com](http://www.languagetesting.com)

What if the patient wants to use a family member or friend to interpret?

Use of professional interpreters, and not family members or friends, is the expectation. Using family members to interpret raises quality and confidentiality concerns, such as:
- Greater likelihood of medical errors
- Mistaken naming of body parts
- Mental health diagnoses being missed due to family shame
- Inadequate testing due to inadequate history, etc.
- Breach of confidentiality
- Reluctance of patients or family members to disclose information critical to their situation
- Increases legal risk to provider and institution

We want to encourage use of professional interpreters whenever possible.
- It is appropriate to suggest that the patient consider a professional interpreter.
- It may be necessary to use a telephonic vendor for interpretation, or wait until a professional interpreter is available, rather than just “getting by” with family members or having a staff member who has not demonstrated interpreting or even bilingual skills perform as an interpreter.
- The patient needs to be made aware that he or she has the option of having the provider arrange a professional interpreter without charge.
• It is not appropriate to require a person with limited English proficiency to use a family member or friend as an interpreter.
• It may not be possible to prohibit use of family or friends if the patient or member insists on it, but we should try to encourage use of professional interpreters.

**Documentation is important**

- Use of any kind of interpreter, including a family member or friend, should be documented in the record at each encounter. For office visits occurring in primary care, rooming staff are responsible for documenting in the Quick Questions what type of interpreter is used.
- If the patient or member declines the use of a professional interpreter, this should be documented in the record.

**Tips on how to encourage use of professional interpreters**

- Thank the family member of the patient for their caring and concern and willingness to interpret:
  “Thank you so much for offering to help, but we use professional interpreters when they are available. That way you can just relax and support your (family member)!

- Explain that you as a doctor, nurse or other staff member prefer to work with professional interpreters:
  “I know that you feel really comfortable with (family member), but sometimes there are medical and health care technical terms that are complicated. I need to make sure that I am giving you the very best and clearest information. If I use our interpreter, then your (family member) won’t have to worry about getting the terms right; they can just relax and support you.” Other example: “I really appreciate your help with interpretation, but I fear I am not doing a good job of understanding your mother. I would like to ask a professional interpreter to assist us both, so that I may provide better care for her. Could you please ask your mother if this would be okay?”

- If, when making the appointment, the patient says that he or she does not want to have an interpreter, you as a medical office assistant or scheduler should still order one and say:
  “Since you have used an interpreter in the past, I am going to go ahead and schedule one. The interpreter is for the doctor and office staff. You and your doctor can make a decision about how best to use the interpreter at the time of service.”

- If, when making the appointment, the patient says she doesn’t want an interpreter at the appointment and will bring a family member, you as a medical office assistant or scheduler can say:
  “It would be great for your nephew to come, but since you have used an interpreter in the past, I am going to go ahead and schedule one. The interpreter is for the doctor and office staff. You and your doctor can make a decision about how best to use the interpreter at the time of service.”
Family members often don’t want to be the interpreter. Explaining the reasons listed above gives them a reason not to do so.

Many younger people are obligated by social and cultural norms to care for their parents, including being an interpreter. If you put the responsibility on the provider, then it eases the mind of the family member, because “the doctor asked for the professional interpreter,” instead of “I don’t want to interpret for you, Mom or Dad.”

**Document Use of Interpreter**

Use of any kind of interpreter, including a family member or friend, should be documented in the record at each encounter. For office visits occurring in primary care, rooming staff are responsible for documenting in the Quick Questions what type of interpreter is used.

If a patient or member declines the use of a professional interpreter, this should be documented in the record.

**Best Practices for Quality and Safety**

Language barriers can significantly affect the quality and safety of care of our limited English proficiency patients. In order to increase the quality and safety of care, the use of a professional interpreter is expected. Remember that patients have the right to use family members to interpret, and care cannot be denied because of their decision. However, you should encourage patients to use professional interpreters to ensure the highest quality, safest, and most effective care is provided.

**Troubleshooting: How to respond in specific situations**

Here are suggested responses to questions or situations that may arise with interpreters.

*When the interpreter on the phone wants to be the interpreter at the visit, but does not work for one of the HealthPartners contracted interpreter agencies:*
“The clinic prefers that I book their interpreters through (agency name), so I will be ordering an interpreter through that agency.” (If the patient is insistent on using a non-contracted interpreter, they may, but this should be documented in the appointment notes.)

*When the interpreter calls to make an appointment for the patient and the patient is not on the phone with the interpreter:*
“I am the patient on the line with you? If not, I can give the patient a call with the assistance of a telephonic interpreter.”

*If a contracted interpreter says he will also provide a ride to the patient (and expects to be reimbursed):* “We are committed to making sure patients have transportation to their appointments. If the patient has Medicaid or Medical Assistance, a ride may be arranged through HealthPartners RideCare.” (Note: Except for some HealthPartners Care Medicaid plans, patients do not have coverage under a health plan for transportation.)
If a health care provider has concerns about the interpreter’s quality, service or professionalism (e.g., the interpreter seems to be acting on behalf of the patient, rather than interpreting or the interpreter seems to lack medical or other vocabulary): Ask the interpreter to step outside the room or away from the patient and express your concerns. Based on the interpreter’s response, you may decide to continue with the interpreter or inform the interpreter his or her service is no longer needed. A telephonic vendor might be an alternative way to meet the patient’s needs. In addition to addressing the immediate need, it’s also important to provide feedback to the supervisor of the interpreter.

**Reporting Complaints and Compliments**

Any compliments or complaints related to interpreter services should be reported. Below are examples of situations which should be reported:

- Complaints or compliments originating from a physician related to an experience with a staff interpreter, contracted interpreter or telephonic interpreter
- Complaints or compliments from patients or family members

**Where to get more information**