HealthPartners®

Your Guide to Interpreter Services

Contents of this guide:

- How we provide interpreter services 2
- How to arrange an in-person interpreter 4
- How to use the Video Remote Interpreter (VRI) 4
- How to use telephonic interpreters (Language Line).....6
- How to communicate with Deaf and Hard-of-Hearing persons 9
- Use of bilingual staff.....10
- What if the patient or member wants to use family or friends to interpret? 11
- Tips on how to encourage use of professional interpreters.....12
- Best practices for quality and safety 13
- Troubleshooting: how to respond in specific situations 13
- Reporting complaints and compliments.....14
- Where to get more information.....14

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, deaf-blind, 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, 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.

To review the complete Language Assistance Plan and related information, visit the Equitable Care and Service site on *myPartner*.

How we provide interpreter services

BACK TO TOP

We provide high quality, professional language assistance to our patients and members in several ways.

- **Professional trained interpreters who do face-to-face interpretation.** We do this through our own staff interpreters and through contracted vendor agencies.

  Staff interpreters

  - We have staff interpreters in some of our locations:
    - Regions Hospital
    - HealthPartners Specialty Centers at 401 and 435 Phalen Blvd
    - HealthPartners Neuroscience Center
    - Center for International Health and Midway Clinic
    - Riverside Clinic
    - St. Paul Clinic
    - Central Minnesota Clinics in Sartell, MN

    Over time we will add staff interpreters to other clinics as volume warrants. In addition, HealthPartners employs staff American Sign Language interpreters who travel to HealthPartners medical and dental clinics and other locations. Contact Interpreter Central Scheduling to schedule a staff interpreter at 651-254-4767.
  - Staff interpreters are available in one or more languages depending on the site. Languages covered by staff interpreters include: American Sign Language, Amharic, Burmese, Cambodian, Hmong, Karen, Lao, Nepali, Oromo, Somali, Spanish, Thai and Vietnamese.
  - Patient satisfaction surveys tell us that satisfaction is highest when our staff interpreters are used. Our costs are lower when we use staff interpreters.
  - When available, staff interpreters should generally be used.

  Contracted agency interpreters

  - We contract with selected agencies to provide face-to-face interpreter services in locations where we don't have staff interpreters in the needed language and to serve patients when staff aren't available. Use the Interpreter Scheduling Form in Epic to schedule a contracted interpreter.
  - Only contracted interpreter vendors should be used.

- **Telephonic Interpreters (Language Line)**
  - Provides interpreter services over the phone
  - More than 200 languages are available around-the-clock
  - Best for when:
    - Patients or members are on the phone
    - An interpreter is needed instantly
    - An in-person interpreter is unavailable
    - 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

- **Video Remote Interpreter (iPad)**
  - Provides interpreter services via video in 18 languages
  - Telephonic interpreter (Language Line) audio service in over 200 languages also available using the iPad
  - Best for:
    - Short interactions
    - When an interpreter is needed instantly
    - When an in-person interpreter is unavailable
    - When 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 10 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. We serve our Deaf and Hard-of-Hearing patients through:
  - Registry of Interpreters for the Deaf (RID) certified sign language interpreters
  - Written communication and visual aids (for example, MyChart online access)
  - Adaptive equipment such as video phones, telecommunication devices for the Deaf (TDDs), and Video Remote Interpreters (iPads)
  - Closed-caption television

How to arrange an in-person interpreter

BACK TO TOP

When scheduling an appointment, verify that the language information we have 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 11 for tips in handling the delicate dilemma of family members as interpreters.

When requesting a staff interpreter or a contracted agency interpreter, use the Interpreter Smart form in Epic to make the request. At the end of the appointment scheduling work flow, Epic will prompt you to enter the Smart Form information. Fill out the required information and then fax the request from the patient registration screen using the form reprints function. See myPartner for complete instructions on how to work with the Interpreter Smart Form.

We contract with selected interpreter agencies and generally only those agencies should be used. Interpreters from contracted agencies for patients who are members of a health plan's public program (e.g., a member of the Blue Plus Medicaid plan) must be part of that health plan's contracted network of interpreter vendors and need to be actively listed on the Minnesota Department of Health Spoken Language Health Care Interpreter Roster. Each contracted agency has record of which of their interpreters have completed this requirement. HealthPartners staff interpreters must also be actively listed on the Spoken Language Health Care Interpreter Roster.

Documentation

- Use of any kind of interpreter, including a family member or friend, should be documented in the record at each encounter. Use Care Model Process (CMP) to document how language need was met.
- If the patient or member declines the use of a professional interpreter, this should be documented in the record.

How to use the Video Remote Interpreter (VRI)

BACK TO TOP

- **When to Use the Video Remote Interpreter (VRI) iPad**
  VRI is available in many languages; hours may vary and are displayed in the Stratus app on the iPad. VRI is used:
  - For short interactions
  - If an in-person interpreter isn't available
  - If the patient and provider have waited more than five minutes from the appointment time for the professional interpreter to arrive
  - When an interpreter is needed instantly

There are situations where a VRI interpreter may not be appropriate, including:

- Working with elderly patients
- Working with Deaf-Blind patients
- Working with cognitively impaired patients
- Care conferences
- Long appointments
- MRI (radiology)
- Critical care

What equipment is needed?

Many locations now have Video Remote Interpreters (iPads) on site. iPads are mounted on rolling metal stands and have instruction cards attached. Most iPads are equipped with an external speaker for optimal volume.

To purchase a VRI iPad for your area, contact Nathan Salzl in Interpreter Services (nathan.f.salzl@healthpartners.com).

❖ **How to work with the Video Remote Interpreter (iPad)**

- Follow the "Stratus Login Steps" listed on the card attached to the iPad.
- Adjust the screen so that that both the patient and the provider are visible to the on-screen interpreter. If that is not possible, ensure that the patient can see the interpreter. For Deaf patients, stand behind the iPad facing the patient and ensure that the patient can see the on-screen interpreter.
- After the remote 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.
- Give the interpreter specific questions to relay to the patient or member. Group your thoughts or questions to help the conversation flow quickly.
- 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.
- When leaving the room, let the remote interpreter know that you will be ending the call. End the call and take the iPad with you. Please do not leave the video remote interpreter unit alone with the patient.

❖ **Interpreter identification**

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

- **Equipment troubleshooting**
  - If you experience problems with the sound quality and the unit has an external speaker attached to the stand, ensure that the speaker is on and the volume is turned up. Check the cords to ensure that the speaker is plugged into the iPad.
  - If you experience quality issues that cannot be resolved or other problems with the unit, please discontinue use, use another interpreting method, and call IS&T for technical support.
  - The iPad should be stored in a secure location and plugged in when not in use to charge the battery.
  - Be sure to turn on the iPad at least once every 30 days to maintain connectivity to the HealthPartners internet network.

How to use telephonic interpreters (Language Line)

BACK TO TOP

- **When to use telephonic interpreters**

  Telephonic interpreters are available around-the-clock and offers phone interpretation in more than 200 languages. They are used:
  - If an interpreter isn't available for a clinic or hospital appointment
  - If the patient or member calls us on the phone
  - If we 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 interpreters can be used in rooms with a phone jack. We most commonly use it 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.

  At Regions Hospital, dual handset phones should be set up in the patient's room at the time of admission. For short (less than 5 minutes) interactions at bedside, the Vocera can be used. Press and hold the connection button and say "phone interpreter" and you can be connected to an interpreter in your specified language.

- **How to work with telephonic interpreters (Language Line)**
  Please do NOT have the Language Line interpreter initiate the conference call.
  - Let the interpreter know you will be initiating a conference call. Let them know who you are calling for and where you are calling from (i.e., "This is Regions Hospital/Woodbury Clinic/HealthPartners Member Services 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.
  - Hit the conference button (labeled Conf) on your phone to put the interpreter on hold. Next dial 9 and then the patient's 10-digit phone number. Finally, hit the conference button again to bring the interpreter back on line.
  - 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.
  - 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.

- **Interpreter identification**
  Language Line interpreters identify themselves by first name and number only. For confidentiality reasons, they do not divulge either their full names or phone numbers.

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

Check out commonly asked questions about Language Line by going to
http://www.languageline.com/solutions/interpretation/telephone-interpretation/faq/

Give the Language Line a Try!

If you've never used the Language Line, it may seem intimidating. You can hear a recorded demonstration of over-the-phone interpretation by calling the Language Line demonstration line at 1-800-821-0301.

How to Access the Language Line

- At Regions Hospital, the Language Line is accessed through the hospital operator or by using the Vocera.
- At the HealthPartners Specialty Centers, the Language Line should be accessed through the switchboard operator, but can be accessed directly if the operator is not available.
- In most other locations, departments or programs, the Language Line is accessed locally by the department or service.
- You can also use a VRI iPad to access Language Line by pressing the green "200 Languages via Audio" button within the Stratus app.

Click here for step-by-step instructions on accessing an interpreter using the Language Line. Keep in mind that there are 3 general scenarios when Language Line is used:

1. For incoming calls
2. For outgoing calls
3. When a face-to-face interpreter is not available

Schedule an Appointment with Language Line for Rare Languages

While you will typically be able to reach needed interpreters of more than 200 languages by calling Language Line, HealthPartners staff can request an appointment for interpreters of rare languages. If you need to make an appointment for an interpreter of a rare language, call 1-866-282-0767 or email Appointments@LanguageLine.com and include the following information:

- Name
- Email for receipt of confirmation
- Contact phone number
- Organization name
- Client ID
- Language
- Appointment data and time in PST

You will receive an appointment confirmation. At your appointment time, call 1-877-282-0676 and notify the Appointment Specialist that you have a pre-scheduled appointment. Please contact Language Line in advance if a scheduled appointment needs to be canceled if possible.

How to communicate with Deaf and Hard-of-Hearing persons

BACK TO TOP

There are a number of options that make communication with Deaf and Hard-of Hearing patients and members easier and more efficient. These include different types of relay services, telecommunication devices, secure online communication and other options.

Relay services are provided at no cost to users and are regulated by the Federal Communication Commission (FCC) to maintain confidentiality and privacy. The FCC and Department of Health and Human Services have issued a joint statement explaining that using relay services does not violate HIPAA.

- **Video Relay Service** (VRS) is the most popular type of relay service. It allows someone whose primary language is American Sign Language (ASL) to communicate via live video. Many of our Deaf patients/members have their Video Phone (VP) number listed in patient demographics. To contact a person using VRS, you dial the number and are connected to a sign language interpreter. The interpreter then connects to the deaf person via high speed internet webcam or VP. Once the connection is established, they can see each other's sign language and you can begin your conversation. Sorenson VRS and ZVRS are two well-known video relay service providers.
- **Minnesota Relay Service** (MRS) is used for Deaf patients/members who have TTY or TDD (a term used interchangeably for Telecommunication Device for the Deaf). This technology allows people to type messages back and forth. This option is less popular today but is still used by some people. To call the Minnesota Relay Service, dial 7-1-1. Give the Communication Assistant (CA) the number you want to call. The CA will type your message and read the Deaf person's typed response to you. Check to see if your department, clinic or work area has a TTY and you can use your TTY to call directly to a member's TTY.

Secure online communication is another option available to all patients. HealthPartners *myHealthPartners* account is popular for members who are comfortable using online services.

Beyond the technologies outlined here, patients may have additional ways of communicating outside the office setting. Sending a **fax** may be the preferred way to communicate with some people. **Written correspondence** sent by mail is also an option. People who do not have cell phones, computers or telephones may have a preferred **contact person** (family member, friend, co-worker or neighbor) who can be called once a release of information has been signed.

Once a Deaf or Hard-of-Hearing person's communication preferences have been established, *document this in the patient's Epic demographic information* for future reference.

Other tools to communicate with persons who are Deaf or Hard-of-Hearing

Video Remote Interpreters (iPads) are now available at many locations. This service is not regulated by the FCC and allows the two parties communicating to be in the same room with an interpreter on screen remotely. The two parties communicating via an interpreter share a screen, while the remote interpreter has his/her own. This service is often used by providers and their patients when an in-person interpreter is not immediately available.

The public video phones at Regions Hospital and at the HealthPartners Specialty Center are Video Relay Service (VRS) phones. VRS is regulated by the FCC and requires that the two parties in the call are *not* in the same room during the interpretation. These phones are often used for patients to call family members or to arrange for transportation. VRI iPads are also equipped with a Z5 app to connect with VRS relay service providers.

Use of bilingual staff

BACK TO TOP

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:

- http://www.altalang.com/language-testing/medical.aspx
- www.languagetesting.com
- http://www.languageline.com/page/llu_tests/

BACK TO TOP

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
- Breach of confidentiality
- Reluctance of patients or family members to disclose information critical to their situation
- Increased legal risk to provider and institution

It's our policy to use professional interpreters.

- It is appropriate to suggest that the patient consider a professional interpreter.
- It may be necessary to use the a telephonic or VRI interpreter, 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.
- We must make the patient aware that he or she has the option of having the provider arrange a professional interpreter without charge.
- We cannot prohibit use of family or friends if the patient or member insists on it, but we should encourage use of professional interpreters. We provide tips for how to encourage the use of professional interpreters later in this document. The provider also has a right to choose to request a professional interpreter to be present on their behalf.
- Many younger people are obligated by social and cultural norms to care for their parents, including being an interpreter. If we put the onus on ourselves as care providers, 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."

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 what type of interpreter is used in the Quick Questions.
- 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

BACK TO TOP

- **Thank the family member for their caring and concern and willingness to interpret:**
  "Thank you so much for offering to help, but here at HealthPartners 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.

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 the preferred vendor designated by our clinic:
"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 nonpreferred 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:
"Is the patient on the line with you? If not, I can give the patient a call with the assistance of the Language Line."

When the scheduled interpreter says she wants to be arranged through another agency (sometimes interpreters tell us they can make more money if we change our order):
"The clinic prefers me to book their interpreters through (agency name), so if you do not want to be ordered through (agency name), I will be happy to order another 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 our patients have transportation to their appointments. If (patient) is covered by HealthPartners Care, I will transfer you to RideCare and they will determine if the patient is eligible for the benefit and will make those arrangements." (Note: Except for some HealthPartners Care plans and MSHO, 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. The Language Line would 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 or to the contracted agency. For staff interpreters, please talk to the interpreter's supervisor. For contracted interpreters, providers can complete the HealthPartners Complaint/Compliment Form on HCSS, which will get your concern to the appropriate area. The provider can also report the issue to the Care Delivery Supervisor, who can enter the complaint on HCSS.

Reporting Complaints and Compliments

BACK TO TOP

Any compliments or complaints related to interpreter services should be reported through the HealthPartners Complaint/Compliment Form on HCSS, which can be accessed through *myPartner*, Epic or Electronic Dental Record. 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 Language Line interpreter
- Complaints or compliments from patients or family members

Where to get more information

BACK TO TOP

Visit the Equitable Care and Service site on *myPartner* for some resources that can help answer your questions about language assistance services.

The information and resources in the "Interpreter Services" section of this site are frequently updated.

© 2008-18 HealthPartners January 2018