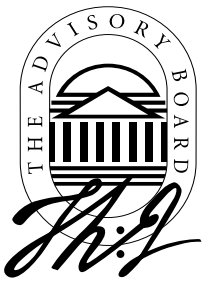

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Pediatric Interpretation Issues

Original Inquiry Brief • *February 28, 2005*

RESEARCH IN BRIEF

In order to address the diverse needs of patients and their families at children's hospitals, administrators aim to create effective and efficient interpretation departments. In particular, administrators must devise strategies to balance interpreter schedules and patient needs to provide timely interpretation services across hospital units. The following brief profiles interpretation programs at four top children's hospitals located in urban areas with diverse populations.

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I. KEY CONSIDERATIONS FOR PEDIATRIC INTERPRETATION SERVICES

Interpretation services form a critical element of the patient care process for non-English speaking patients, particularly for hospitals serving diverse populations. Interpreters familiarize patients and families with the hospital environment and medical procedures to ensure that non-English speaking patients understand physician instructions and receive the same standard of care as English-speaking patients. Interpreters may also provide language and cultural training to the medical staff to increase staff sensitivity to non-English speaking patients' unique needs and improve the quality of care throughout a patient's visit.

The following considerations were synthesized from interviews with administrators at four top, urban children's hospitals serving highly diverse populations.

Key Consideration #1—Does the program match the population?

As the profiled institutions serve diverse communities, ranging from Bosnian to Vietnamese populations, the composition of the interpreter staff must reflect community need. Careful staff planning, such as assessing the need to employ interpreters or to work with an external agency, can help manage high patient demand for a certain language, avoid potential problems with patient throughput, and ensure timely service for patients across hospital units.

Key Consideration #2—Who bridges interpreter schedules and patient demands?

Often administrators use employed interpreters, contracted interpreters, and agency interpreters to meet patient demand. Therefore, administrators at three of the profiled institutions cite the critical need for a scheduling coordinator/dispatcher to bridge and balance interpreter availability and patient needs. The coordinator role may vary by institution; however, key areas of responsibility include the following:

- **If the hospital receives notification that a patient/family will need an interpreter:**
  - ✓ Records patient/family's language needs
  - ✓ Schedules interpreters in advance of patient visit and ensures availability upon patient arrival

- **If the hospital is not notified of language needs in advance:**
  - ✓ Communicates directly with unit staff to gauge patient acuity, language needs, and duration of procedure
  - ✓ Reschedules interpreters, pages interpreters, or engages agency staff to meet immediate patient demands

In addition, the scheduling coordinator works closely with the hospital's interpretive services administration to plan for periods of low staff availability (such as during peak vacation times) or high patient demand. Often, the coordinator will have experience as an interpreter as well as strong administrative skills in order to best understand and meet department needs.

Interestingly, the hospital profiled in Section IV uses a centralized hotline and team leaders to coordinate interpreter availability and patient demand. This allows administrators to best respond to patient requests across the system's two hospitals on campus.

Key Consideration #3—What is the relationship between interpreters and the medical staff?

Despite administrators' efforts to provide an efficient service, patient demand occasionally outpaces interpreter availability. Therefore, administrators emphasize developing a "team" culture, where interpreters are viewed as part of the patient's medical team, similar to any clinical provider who must stay with patients through the duration of a procedure. This may be achieved through medical staff education, such as presentations by interpreters regarding cultural considerations for different populations. Strong relationships and clear communication between interpreters and unit nurses and physicians ensures that any problems in throughput or patient care will be addressed comprehensively and efficiently.

Key Consideration #4—How can administrators improve existing processes and protocols?

The most salient issues in developing a successful interpretive services program are communication and scheduling protocols. However, administrators may also choose to improve a program's basic services to better fit an institution's unique patient volumes or language demand; strategies used by interviewed administrators include the following:

- Dedicated interpreter for specific units, such as the post anesthesia care unit (PACU) or the emergency department (ED), during peak hours of patient volume to improve throughput and manage high patient demand
- ID-sized cards for all medical staff listing the interpretation department's phone numbers to increase staff awareness of interpreter services
- Templates for general discharge instructions to ensure high quality translated documents and to speed patient throughput

The following profiles detail interpretation services for surgical patients at four top-tier children's hospitals.

II. PROFILE: *Strategies to leverage staff resources help to alleviate interpreter shortage*

Institution type:	300-bed, not-for-profit, children's hospital located in the West
Source:	Interim Manager, Language and Cultural Services/Manager, Regulations, Outcomes, and Case Management
Dedicated interpreters:	• PACU interpreter 6:30 a.m. to 1:00 p.m. • ED interpreter, 24 hours per day
Program efficiencies:	• Dedicated translators • Employee language list • Lead language specialist/dispatcher • Quality control protocols

Use of electronic medical records facilitates communication between providers, interpreters

In June 2004 administrators initiated an electronic medical records (EMR) system. As a result, patient language needs are recorded in the patient's records, which are sent to the language and cultural department. Based on the time and date of the procedure, a dedicated "lead" language and cultural specialist schedules and dispatches interpreters.

Currently, the office maintains 20 language and cultural specialists, most of whom are Spanish speakers. In addition, the hospital contracts with one Cantonese and Mandarin interpreter on a per diem basis and with an independent sign language interpreter. For other language requests, administrators utilize the telephone language line or contract with an external agency.

Before the advent of EMR, surgeon office staff would notify the language department by phone or e-mail. Although some offices still try to phone in or e-mail requests, the lead specialist returns the phone call or e-mail with instructions to submit the request electronically via EMR. While administrators have not proactively educated physician office staff regarding scheduling protocols, the reactive education has been effective in changing staff scheduling habits.

Lead specialist assesses patient needs to meet immediate interpretation demands

If the language department is not notified of a patient's language needs in advance of the patient visit, the lead specialist conducts a quick needs assessment based on the following basic considerations:

- How severe is the patient's condition?
- How long will it take to secure an appropriate translator?

Generally, the lead specialist will first offer a patient the use of the language line to telephonically interpret medical instructions. The telephonic service is a cost-effective interpretation service and can provide any language within a few minutes.

If a patient's condition or preferences necessitate an in-person interpreter, and the patient can wait, then the lead specialist will aim to page and dispatch an interpreter within 15 minutes. Staff from an external agency may take a half hour or more to arrive. If the patient cannot wait 15 minutes based on condition acuity, then staff will use the language line.

Lack of Spanish-speaking staff slows interpreter service delivery

Administrators believe that the main challenge to an effective interpretation service is the lack of interpreter staff. Administrators estimate that 70 percent of the hospital's patient population speaks English as a second language, and 60 percent of those individuals speak Spanish as a first language. Therefore, despite the numerous Spanish translators on staff, throughput is often delayed due to Spanish-speaking staff shortages. For example, if the translator's services are requested elsewhere in the hospital as the patient is going through the pre-operative process, the translator stays with the patient, delaying the other request. While telephonic interpretation helps to alleviate throughput barriers to some degree, administrators would prefer to offer an in-person interpreter to each patient in need.

Dedicated interpreter eases PACU, ED throughput

One area of throughput that has recently been improved by a staff change is the PACU. Administrators maintain a dedicated PACU interpreter from 6:30 a.m. to 1:00 p.m. Monday through Friday. Previously, the PACU was requesting Spanish interpreters so frequently that the lead specialist could not meet demand, impacting throughput and interpreter availability for non-PACU patients. The presence of the dedicated interpreter has helped to improve PACU throughput and free interpreters to work with other surgical patients. Similarly, administrators maintain a dedicated translator in the ED 24 hours per day, seven days per week. ED coverage is provided by four full time equivalents (FTEs), who are the only interpreters that serve 12-hour shifts.

The main challenge with the use of dedicated interpreters is ensuring that they are effectively utilized. For example, dedicated interpreters must be willing to inform the language department if they are not being utilized so that they may be moved elsewhere temporarily.

Administrators utilize two key strategies to effectively leverage interpreter staff

In addition to providing interpretation services for surgical patients, interpreters also provide translation services for written discharge instructions. In order to efficiently manage staff, one interpreter may translate instructions while another delivers them, as pictured below.

Interpreter-to-nurse communication speeds translation process

Strategies for translation and interpretation

Nurse notifies lead language specialist of translation service need while patient is still in treatment/recovery; nurse e-mails written instruction documents to the specialist

Lead specialist assigns document translation to an available interpreter in the office; interpreter translates the document and sends it back to the nurse via e-mail

Scheduled interpreter arrives to speak with patient; interpreter reviews the translated document with the physician and patient

Source: Advisory Board interview, February 2005.

Translators may use templates to speed the communication process detailed on the previous page. For example, staff have translated difficult phrases such as "don't prop the bottle" into Spanish to ensure that the correct terms and phraseology are used across all patients. The templates and discharge instructions are checked for quality each month by an interpreter whose responsibilities including picking one document per interpreter, per month, to check for accuracy.

The challenge of an interpreter staff shortage is also alleviated by the use of bilingual employees to interpret for brief, low-acuity situations. The hospital maintains a policy that bilingual employees who are willing to help as interpreters may be released from their primary job if needed. These employees complete a competency examination for medical terminology in their language; if they pass, they are added to a "Language List." This allows the lead specialist to meet patients' unique language needs, such as for Armenian or Vietnamese. Employees log the number of minutes that they have spent as interpreters and for every hour logged they collect a movie ticket, which is purchased from the language and cultural department's budget. This enables the department to benefit from the hospital community's diversity and to promote staff engagement while meeting patient need.

Administrators recommend use of scheduling coordinator, medical staff education

The department relies on the lead specialist to coordinate interpretation services for the entire hospital. In fact, administrators recently offered a position to a Cantonese and Mandarin interpreter to help the lead specialist dispatch staff. As administrators do not have eight hours worth of Cantonese interpretation per day, the dispatching responsibility will help administrators to keep the interpreter on staff full time. This will also allow the current lead specialist, who is bilingual in Spanish, to provide needed Spanish interpretation services.

Administrators emphasize that to maximize the effectiveness of interpreters, hospitals serving diverse population must provide cultural awareness to medical staff. Cultural awareness improves patient care as well as increases the likelihood that patients will respect and respond to physician instructions, as detailed in the anecdote below.

Case study: Language and cultural services in action

Recently, a Romani* family came to the hospital. Nursing staff were unfamiliar with the Romani culture's family structure and hygiene and nutrition customs. As a result, they were unsure how to effectively communicate patient care instructions. In response, the language and cultural specialists conducted an "in service" presentation to the surgery unit staff regarding Romani culture and suggestions for patient/family interaction. The presentation was well received by the medical staff, and administrators believe that it greatly impact the quality of care that the unit could offer the patient and family.

*Romani is sometimes referred to as "gypsy" culture. Source: Advisory Board interview, February 2005.

III. PROFILE: *Administrators increase department efficiency through medical staff awareness*

Institution type:	350-bed, not-for-profit, children's hospital located in the East
Source:	Lead Interpreter, Interpreter Services Department
Dedicated interpreters:	No
Program efficiencies:	• Interpreter Request Form • Language coordinator • Medical records access • Medical staff information card

The interpreter services department provides interpretation and translation services in 40 different languages and 10 dialects. Staff employees include interpreters proficient in the following languages:

- ✓ Cantonese
- ✓ Portuguese
- ✓ Russian
- ✓ Sign language
- ✓ Spanish

The remainder of interpreters is comprised of freelancers and agency workers who contract with the hospital on an as-needed basis. The interpreters service all hospital patients; there is no dedicated translator for surgery as administrators believe that the existing program structure effectively meets patient needs.

Office request form, language coordinator ensure interpreter availability, accessibility

Whether or not the hospital is notified before a patient arrives at the hospital that a patient and/or family member will require language services, administrators are always able to secure an interpreter. This availability and accessibility is facilitated by the following two strategies:

- ***Strategy #1: Interpreter Services Request Forms***: In 2001, administrators developed a service request form to facilitate communication between surgeons' offices, clinics, and the hospital. The form is available via the hospital's intranet, allowing for easy access and submission. Furthermore, as the form prompts office staff to fill in all the necessary information to schedule an interpreter—including language, date of appointment, length of appointment, and medical record number—no additional documents are needed.
- ***Strategy #2: Language coordinator***: The language coordinator position is responsible for coordinating all language requests (except for Spanish), whether they are received in advance of admission or at the time of admission/surgery. For previously submitted service requests, the coordinator ensures that the appropriate translator is available when the patient arrives; for immediate requests, the language coordinator identifies available hospital staff or freelancer/agency staff in the area to service the patients.

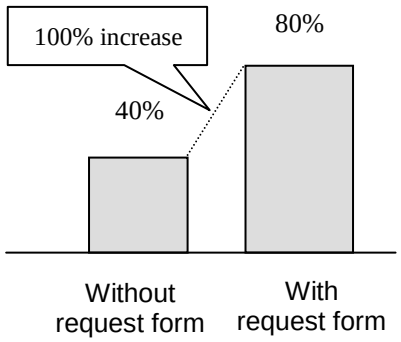
As the coordinator closely manages interpreter staff schedules, she is almost always able to locate and page an available interpreter. If no interpreters are available at the time of patient admission, the language department will use the language line, while aiming to provide an interpreter by the time of patient recovery. Administrators receive up to 50 interpreter requests daily; therefore, the language coordinator plays a critical role in department operations. The hospital's current coordinator has a background in both interpretation (Arabic) and administration services.

Use of service request forms increases pre-operative notification by 100 percent

Administrators estimate that before the use of the Interpreter Services Request Forms the hospital was only notified in 40 percent of cases regarding non-English/non-Spanish speaking patients' service needs, and only 5 percent of the time for Spanish-speaking patients' needs. Following the implementation of the request forms, the pre-operative notification rate doubled, as pictured below.

Service request forms increase pre-operative notification

Interpreter request notification rates



Source: Advisory Board interview, February 2005.

For the remaining 20 percent of the time, patient need is identified only when the patient arrives in the admissions or pre-operative area.

To further improve the pre-surgery notification rate, thereby improving department efficiency, department staff conduct bi-monthly presentations at surgeons' clinics and offices. The presentations include the following topics:

- ☑ **Culture class**—information on how to interact with patients of different cultures
- ☑ **Interpreter services**—information on how to work effectively with an interpreter
- ☑ **Service request protocols**—information on how to use the service request forms

Administrators initiated the presentations in 2002 and believe that the presentations have helped to create an increased awareness among physicians and office staff regarding patients' language needs.

Interpreters remain with patients through pre-operative process, return for recovery

The language coordinator ensures that interpreter staff are being used efficiently. For example, while interpreters must remain with patients during the pre-operative process, they do not remain with the patient throughout the surgery process. Therefore, the language coordinator is able to re-assign interpreters to other patients during the waiting time. In addition, interpreters update families each hour of a patient's surgery; if the surgery is less than two hours, the interpreter may be able to stay with the family. However, if the surgery is a long procedure, the interpreter calls in to the family every hour to share an update. If the original interpreter is unavailable, the language coordinator locates an available interpreter to share the hourly information.

If an interpreter's services are requested elsewhere in the hospital as a patient is going through the pre-operative process, the interpreter stays with the patient until the process is complete and then moves to the next assignment. This ensures that patients receive consistent care as would any English-speaking patient; administrators often compare interpreters to physicians, emphasizing that physicians do not leave patients in the middle of a process and similarly, interpreters are not allowed to leave patients. While this occasionally slows down operating room (OR) throughput, administrators and physicians understand the hospital's policy to provide a high standard of care to each patient and trust that the interpreters will respond to the other request as rapidly as possible.

PACU interpretation services critical to patient care

Administrators view interpretation services in the PACU as one of the most important areas for interpreters. In particular, interpreters must work closely with surgeons and nurses to ensure that families understand discharge instructions and medication lists. Often, unit nurses notify interpreter services that a patient needs an interpreter when the initial surgery consent form is signed. The language coordinator then pages an interpreter to assist the surgeon and family; based on the duration of the procedure, the same interpreter returns for the recovery process.

Administrators aim to invest in long-term interpretive process improvements

Although each patient in need of interpretation services ultimately receives interpreter support, administrators aim to reduce future wait times and system inefficiencies. Therefore, in 2003, administrators gave the language coordinator access to patient records. As a result, the coordinator can change patient demographic information to appropriately reflect patient/family language needs, increasing department efficiency for future procedures and improving patient care.

Administrators also aim to educate medical staff about how to use the language department effectively. For example, all new residents, physicians, and nurses must attend an interpreter services orientation. At staff orientation, interpreters hand out ID-sized cards listing the language coordinator's extension, the lead Spanish interpreter's number, and tips on how to interact with non-English speaking patients. Medical staff members keep the card next to their hospital ID, increasing long-term awareness of the department's availability and promoting its use.

IV. PROFILE: *Use of interpreter service hotline effectively schedules interpreters, patients*

The children's hospital is part of a three hospital system with two campuses. The main facility and the children's hospital share a campus and select administrative offices, including interpretive services. Therefore, the department is not housed within the children's hospital; rather it is located next door in the main facility.

The hospital employs 27 interpreters, with a focus on the following language groups:

- ✓ Arabic
- ✓ Bosnian
- ✓ Chinese
- ✓ Dari
- ✓ Kurdish
- ✓ Russian
- ✓ Somali
- ✓ Somali
- ✓ Spanish
- ✓ Vietnamese

Institution type: 250-bed, not-for-profit, children's hospital that is part of a three-hospital health system located in the Midwest

Source: Manager, Refugee Health and Interpretive Services; Director, Professional Services and Systems

Dedicated interpreters: No

Program efficiencies:

- Instruction templates
- Key word flashcards
- "Speak-back" informed consent protocols

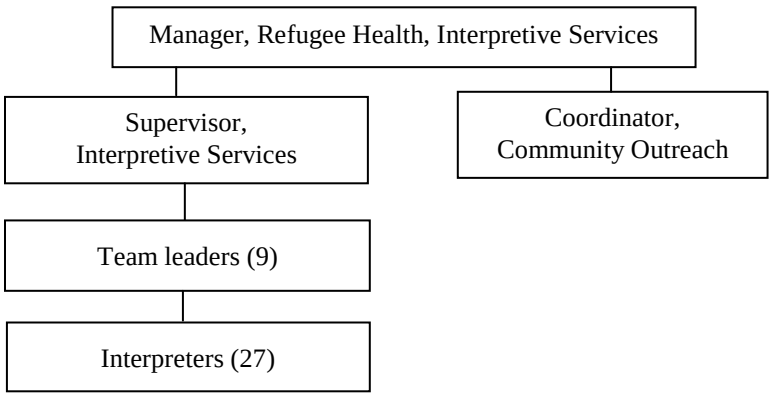
In addition, the hospital contracts with independent interpreters and agencies to translate other languages and dialects, including many African languages. In 2003, interpretive services recorded a total of 31,051 patient encounters in over 53 different languages.

Department structure key to scheduling and communication processes

The interpretive services department does not use a scheduling coordinator to manage interpreters' schedules. Rather, team leaders organize and schedule interpreter availability. The department structure is pictured below.

Nine teams structure interpretation department

Interpretation department reporting structure, 2005



Source: Advisory Board interviews, February 2005.

Team leaders are considered an "unofficial" hospital position, as they do not receive higher compensation; rather, they are selected based on their ability to demonstrate "maturity and skill sets."

Currently, the department maintains nine team leaders; this number may vary based on employee availability, interest, and qualifications.

Hospital notified of need for interpreter in 80 percent of patient cases

Interpreters service approximately 100 patient cases per day; in 80 percent of cases, the hospital is notified before patient arrival of the need for an interpreter. In almost all of the cases, a hospital nurse or staff member notifies the interpretive services office regarding patient language needs; interpretation administrators do not communicate with surgeon office staff or clinics, as they believe that the office staff is not a reliable source of communication regarding patient language needs. Advance scheduling is channeled through a telephone system, which records approximately 60 case scheduling requests per day. The telephone system is set up to schedule and page interpreters as outlined below.

Phone system provides centralized scheduling for interpreter requests

Interpreter scheduling system steps

Scheduling steps	Detail
Step one	Hospital staff member calls the interpretation department phone line
Step two	Phone message presents two choices to the caller: schedule an interpreter request or "stat page" (e.g., emergent request)
Step three	When choosing to schedule a request, the phone message will prompt the caller to enter all necessary patient data including language and date of procedure
Step four	At the end of each day, a designated interpretation staff member listens to all the messages and triages them to the appropriate team leaders
Step five	Team leaders schedule interpreters for patient cases based on interpreters' availability and the time and duration of the procedure

Source: Advisory Board interviews, February 2005.

"Stat page" facilitates direct communication between unit staff and interpreters

The phone system only allows interpreter requests for cases scheduled more than 2 days in advance. For emergent cases or cases scheduled within two days, hospital staff members must choose the "stat page" option in step two of the process listed on the previous page. This option automatically leads to a list of languages, which are coded to page a designated on-call interpreter. The interpretive service manager, supervisor, and team leaders can easily update the system codes if staff availability changes. The system also automatically records the caller's phone number so that an on-call interpreter or team leader can directly return the caller's request with updated, timely information regarding interpreter availability. This system allows administrators to eliminate a "middleman" scheduler, avoid distributing interpreters' beeper numbers, and maintain a centralized scheduling system. Generally, due to the close proximity of interpretive services to the children's hospital, most patient needs can be met quickly. In the event that the requested language is rare, such as a specific African dialect, staff may revert to the use of a language line until an interpreter can be found. However, administrators prefer to use "in person" interpretation to best care for the family and patient as they would an English speaking patient.

Language line used as "back up" strategy to ease throughput issues

The phone system also allows administrators to page and redirect interpreters as necessary. For example, if an interpreter's services are requested elsewhere in the hospital as they are attending to another patient, the interpreter is generally required to stay with the patient until the specific process is complete. However, in the case of a major influx of ED patients that outpaces interpreter availability, team leaders may review and shift interpreter assignment based on patient acuity. Additionally, administrators may use the language line as a "back up" strategy to speed patient throughput.

Administrators note that they are rarely faced with a situation in which throughput is significantly affected by interpreter availability. In these cases, however, administrators emphasize the importance of physician patience and support for interpreters' role in the care process.

PACU staff must use the scheduling phone line to reach interpreters

Administrators view interpreters' role in the PACU as particularly significant to patient care and family education. Often, in order to ensure that families have ample time to ask questions and assimilate medical information, the interpreter is paged through the phone system before the patient's full recovery to meet with the family. While this convenience varies based on interpreter availability, administrators believe it elevates the level of care; interpreters also check in with the family via phone during the procedure.

Instruction templates, teaching tools, facilitate family education and patient care

In order to ease the discharge process in the PACU and other units, interpreters use a number of print templates of instructions and educational tools. These tools are developed and reviewed by interpretive services staff members to ensure grammatical—and cultural—correctness. For example, staff members have found that the traditional "pain scale" showing different facial expressions are not applicable to all cultures. In fact, some cultures may view the smiling face as smug, or ungrateful, and therefore will avoid it. As a result, interpreters review the cards with patients to reassign appropriate, individualized meanings. In many cases, the neutral face replaces the smiling face as the "feeling good/no pain" card. A representative from the interpretive services department sits on the patient education committee, ensuring that the entire hospital is aware of any patient education tools needed to meet non-English speaking patients' unique language and cultural needs.

One useful tool is a set of flashcards that list pre-translated key hospital phrases such as, “My pain is here”; “I need to use the bathroom”; “I’m hungry.” The flashcards include approximately 40 phrases, and help to empower patients and family members to navigate the hospital when an interpreter is unavailable, such as in the waiting room. The family resource center and all hospital units keep copies of the disposable cards in case the patient/family loses the original set during the course of a patient’s stay. Administrators emphasize, however, that the cards are for convenience and may never be used in lieu of an interpreter for consent or medical procedure instructions.

Administrators view informed consent as a challenging process for interpreters

One of the key challenges for interpretive services administrators is ensuring that surgical patients give informed consent. Hospital protocols are extremely strict, requiring administrators to ensure that all patients/families clearly understand the risks and benefits of surgical procedures. Currently, the hospital uses the “speak back” policy, which empowers—and requires—interpreters to ask patients explain what they understand about the procedure following physician explanation. This process can be difficult and time-consuming, depending on the language and culture involved. Administrators’ recommend reviewing the Washington, DC-based National Quality Forum’s policies when developing protocols for informed consent.

Program success dependant on administrative support for program vision

Administrators attribute the interpretive program’s success in confronting and overcoming challenges to to department leadership and system administrators’ support. The department depends on a highly qualified staff to serve the community’s highly diverse population, which can be costly to support. Therefore, administrators must be willing to experiment with new ideas and identify processes that best fit a hospital’s unique needs.

V. PROFILE: *Dedicated interpreter eases early morning surgery throughput*

The hospital maintains a dedicated interpreter for surgery patients, between the hours of 7:00 a.m. to 8:00 a.m. Mondays through Fridays. The position was created in 2003, due to the peak of early morning procedures. As Spanish is the most frequently requested language, the translator is a Spanish interpreter. If a patient necessitates a language other than Spanish, the request is processed through the standard interpreter request system.

Institution type:	400-bed, children's hospital located in the South
Source:	Assistant Director, Family Relations
Dedicated interpreter:	Surgery interpreter, 7:00 a.m. to 8:00 a.m., Monday thru Friday
Program efficiencies:	• Dedicated interpreter for surgery • Department location • Scheduling coordinator

Fax, rather than e-mail, is preferred method for interpreter service requests

The interpretation department maintains several avenues of service notification based on language request. For Spanish-speaking patients, the department needs less lead time to schedule interpreters. Therefore, requests may come in the day before a patient's procedure via fax, from a nurse or technician in the surgeon's office, or the morning of the procedure. For non-Spanish speaking patients, the interpretation department must be notified 24 hours or more in advance to ensure interpreter availability. Administrators utilize a standardized request form for interpreter service requests, listing the language type and the duration of the procedure. Fax notification is preferred to e-mail, as the computer system often malfunctions. However, administrators are currently investigating a Web-based request system.

If the hospital is not notified in advance, the scheduling coordinator pages any available translators in response to patient need. Although interpreter timeliness depends on the day's patient volumes and interpreter availability, the coordinator is able to meet most requests within 30 minutes. For unusual languages, such as Urdu, a request may take an hour to meet.

Scheduling coordinator ensures timely interpretation services

The scheduling coordinator is responsible for the following department services:

- ☑ Receiving requests
- ☑ Confirming requests
- ☑ Scheduling interpreters
- ☑ Managing staff needs
- ☑ Ensuring that the appropriate interpreter is available when the patient arrives

The scheduling coordinator is also responsible for managing interpretation services in the PACU, based on patient and surgeon need. Most often, a nurse in the PACU will contact the interpretation department if a patient needs an interpreter; subsequently the coordinator pages an interpreter to the PACU. In the PACU, the interpreter serves as the surgeons "voice" to patients to detail the discharge orders.

Language line used as a last resort

Currently, department staff includes 5.5 FTE Spanish interpreters and 1.5 FTE Arabic interpreters. Therefore, the coordinator can most easily meet Spanish and Arabic language requests. For other languages, the scheduling coordinator works with local agencies. In the event that no translator is available, or patients cannot wait for an interpreter to arrive, administrators will use the telephone language line.

Interpreter protocols aim to create consistency of care

Interpreters are required to stay with patients through the pre-operative process to ensure consistency in treatment and interpretation. While this may create an extended wait time if the interpreter's services are requested elsewhere in the hospital, administrators do not see this as a major problem. Rather, physicians generally understand that interpreters must be viewed as any other provider, such as an anesthesiologist, and cannot leave the patient in the middle of a procedure. Furthermore, as the interpretation department is located adjacent to the day surgery area, administrators are able to easily communicate and respond to surgical patient needs. This structural efficiency reduces the wait time for patients and allows the scheduling coordinator to re-direct interpreters if needed.

Goal of additional dedicated interpreter necessitates administration, physician support

Family relations administrators believe that an additional dedicated surgery interpreter could further improve interpretation processes for surgical patients. However, as the decision to employ an additional staff member is costly, no decision has been made yet. Administrators believe physician support for the additional interpreter could help sway hospital administrators to grant the request; therefore, they recommend that administrators in similar situations work to increase physician awareness and appreciation of interpretation services.

Administrators believe that an efficient interpreter service is critical for any hospital serving a diverse population. Timely services can improve staff and patient satisfaction and impact patient outcomes. However, gauging the details of the program, for example where and when to use a dedicated translator, is highly dependent on a hospital's unique needs.

Research Methodology

During the course of research, Original Inquiry staff searched the following resources to identify pertinent information:

- Advisory Board's internal and online (www.advisory.com) research libraries
- Factiva™, a Dow Jones and Reuters company
- Internet, via search engines and multiple websites, including the following:
  - ✓ National Association of Children's Hospitals and Related Institutions at www.nachri.org

Based on leads generated from the above sources, researchers contacted administrators at children's hospitals located in urban, diverse communities.

Professional Services Note

The Advisory Board has worked to ensure the accuracy of the information it provides to its members. This project relies on data obtained from many sources, however, and the Advisory Board cannot guarantee the accuracy of the information or its analysis in all cases. Further, the Advisory Board is not engaged in rendering clinical, legal, accounting, or other professional services. Its projects should not be construed as professional advice on any particular set of facts or circumstances. Especially with respect to matters that involve clinical practice and direct patient treatment, members are advised to consult with their medical staffs and senior management, or other appropriate professionals, prior to implementing any changes based on this project. Neither the Advisory Board Company nor its programs are responsible for any claims or losses that may arise from any errors or omissions in their projects, whether caused by the Advisory Board Company or its sources. 1-FJ6TS