

| Linguistics (Interpreter) Services | Pg |
|--|-----------|
| Service Category Definition – State Services | 1 |
| Language in Healthcare: Improving Medical Outcomes with Professional Interpretation – Accredited Language Services, August 2018 | 3 |
| US Has a Dangerous Medical Interpreter Shortage – truthout.com, August 2018 | 7 |
| Best Practices for Using Telephonic Interpreters in Hospitals - telelanguage.com, January 2019 | 9 |

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| Local Service Category: | Linguistics Services |
| Amount Available: | To be determined |
| Unit Cost: | |
| Budget Requirements or Restrictions (TRG Only): | Maximum of 10% of budget for Administrative Cost. |
| DSHS Service Category Definition | <p>Support for Linguistic Services includes interpretation (oral) and translation (written) services, provided by qualified individuals as a component of HIV service delivery between the provider and the client, when such services are necessary to facilitate communication between the provider and client and/or support delivery of Ryan White-eligible services.</p> <p>Linguistic Services include interpretation/translation services provided by qualified interpreters to people living with HIV (including those who are deaf/hard of hearing and non-English speaking individuals) for the purpose of ensuring communication between client and providers while accessing medical and Ryan White fundable support services that have a direct impact on primary medical care. These standards ensure that language is not barrier to any client seeking HIV related medical care and support; and linguistic services are provided in a culturally appropriate manner.</p> <p>Services are intended to be inclusive of all cultures and sub-cultures and not limited to any particular population group or sets of groups. They are especially designed to assure that the needs of racial, ethnic, and linguistic populations severely impacted by the HIV epidemic receive quality, unbiased services.</p> |
| Local Service Category Definition: | To provide one hour of interpreter services including, but not limited to, sign language for deaf and /or hard of hearing and native language interpretation for monolingual people living with HIV. |
| Target Population (age, gender, geographic, race, ethnicity, etc.): | People living with HIV in the Houston HIV Service Delivery Area (HSDA). |
| Services to be Provided: | Services include language translation and signing for deaf and/or hearing impaired HIV+ persons. Services exclude Spanish Translation Services. |
| Service Unit Definition(s) (TRG Only): | A unit of service is defined as one hour of interpreter services to an eligible client. |
| Financial Eligibility: | Income at or below 300% Federal Poverty Guidelines. |
| Client Eligibility: | people living with HIV in the Houston HSDA |
| Agency Requirements (TRG Only): | Any qualified and interested agency may apply and subcontract actual interpretation services out to various other qualifying agencies. |
| Staff Requirements: | ASL interpreters must be certified. Language interpreters must have completed a forty (40) hour community interpreter training course approved by the DSHS. |
| Special Requirements (TRG Only): | Must comply with the Houston HSDA Linguistic Services Standards of Care . The agency must comply with the DSHS Linguistic Services Standards of Care . The agency must have policies and procedures in place that comply with the standards prior to delivery of the service. |

FY 2021 RWPC “How to Best Meet the Need” Decision Process

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| Step in Process: Council | | Date: 06/11/2020 |
| Recommendations: | Approved: Y: _____ No: _____ Approved With Changes: _____ | If approved with changes list changes below: |
| 1. | | |
| 2. | | |
| 3. | | |
| Step in Process: Steering Committee | | Date: 06/04/2020 |
| Recommendations: | Approved: Y: _____ No: _____ Approved With Changes: _____ | If approved with changes list changes below: |
| 1. | | |
| 2. | | |
| 3. | | |
| Step in Process: Quality Improvement Committee | | Date: 05/19/2020 |
| Recommendations: | Approved: Y: _____ No: _____ Approved With Changes: _____ | If approved with changes list changes below: |
| 1. | | |
| 2. | | |
| 3. | | |
| Step in Process: HTBMTN Workgroup #3 | | Date: 04/22/2020 |
| Recommendations: | Financial Eligibility: | |
| 1. | | |
| 2. | | |
| 3. | | |

Improving Medical Outcomes with Professional Interpretation

By: Chelsea

For those people living in the US with Limited English Proficiency (LEP), even simple day-to-day tasks that native English speakers take for granted can prove difficult. From ordering food at the butcher counter to making deposits at the local bank, modern life in our English speaking culture is a constant challenge. According to the US Census Bureau, as of 2017 more than 20 percent of the US population (61.8 million people) speaks a language other than English at home. [1] The resulting language barrier can be frustrating, if not life threatening, when it comes to healthcare. Imagine getting hurt or falling ill in a foreign country and trying to communicate your symptoms to a doctor who doesn't share your language. Imagine filling out intake forms, trying to read warning labels, or following prescription regimens all written in a language you don't speak. As you can see, obtaining medical care can quickly become overwhelming.

The truth of this becomes apparent as we take a closer look at recently reported doctor-patient outcomes when a language barrier is present. According to an article published by Harvard Medical School, recent studies "indicate that patients with limited English proficiency receive less preventive care, are less likely to adhere to medication regimens, and are more likely to leave the hospital against medical advice." [2] The reason for this? Hospitals and medical care facilities are simply not properly equipped to handle the number of patients that require language assistance. Research conducted in 1996 revealed that an alarming 74% of Spanish-speaking patients went without an interpreter when admitted to the ER. [3] Although this data is more than two decades old, there is little evidence to suggest the situation has significantly improved. For example, at St. Luke's Hospital in Lehigh Valley, Texas there are only ten full-time interpreters on staff serving more than 40,000 Spanish-speaking patients. Meanwhile, at Parkland Hospital in Dallas County, Texas, although there are 85 available interpreters (the largest number of on-staff interpreters at any US hospital), nearly half of the hospital's patients require language assistance. That equates to 1,000 visits a day where an interpreter is needed. [4]

There are numerous reported instances that demonstrate the dire consequences that can occur when a patient is not provided with an interpreter. In 2013, for instance, the Huffington Post reported that a Spanish-speaking woman in California had a devastating miscommunication with her doctor: The doctor informed his patient that she was three months pregnant, and she was thrilled. However, the patient had a limited understanding of English, her doctor did not speak Spanish, and no interpreter was provided. After misunderstanding her doctor's question about wishing to keep the baby, the patient believed she had been given a prescription for prenatal care; unfortunately, she had instead taken medication to induce an abortion. A 2010 study conducted by the University of California, Berkeley School of Public Health on the relationship between language barriers and medical malpractice highlights other recent cases where a language barrier, combined with a lack of proper interpretation, resulted in negligence and, in five cases, death. [5]

A dangerous approach often taken by health care workers when confronted with patients who do not speak English is to enlist family members as interpreters. Several cases in the UC Berkeley School of Public Health study report the use of a child, sibling, or parent as an interpreter, since he or she could speak the languages of both the patient and the doctor — but this approach can backfire drastically. First, a bilingual family member is unlikely to be conversant in the medical terminology needed to properly interpret a patient history or diagnosis. Second, family members cannot be impartial. They may lie or omit information in order to avoid dealing with painful circumstances or to protect their loved ones from difficult truths. The use of family members who are children for medical interpreting, as occurred in several cases highlighted in the study,

is particularly risky. In some cases, the children who were acting as interpreters were also the patients. A child receiving medical treatment is already likely to be scared and overwhelmed. Adding the burden of asking that child to act as a medical interpreter is only going to make the situation worse for the patient.

A major hurdle to overcoming this language barrier in the medical field involves a lack of proper training for doctors and other medical professionals when confronted with non-English speaking patients. As reported by UC Berkeley, in more than one case described in the study, conflicting records show that healthcare workers were not even certain what language the patient spoke.

This problem was more common with Asian patients because many providers tend to aggregate the diverse Asian languages and cultures as “Asian” or “Chinese.” Providers were confused about the distinctions between Cantonese, Mandarin, other Chinese dialects and Vietnamese; and the nationalities, races, and cultures of patients from Hong Kong, Taiwan, Vietnam and Macau. Even if the patient was correctly identified as Chinese, providers failed to consider the possibility of further barriers manifested in different language dialects – Mandarin, Cantonese or other Chinese dialects. None of the cases noted any provider asking the patient for clarification of their primary language.[\[6\]](#)

Effective training needs to be administered during medical school in order to ensure that professionals know what steps to take when dealing with LEP patients, including how to identify the language being spoken. The current state of LEP patient education was recorded by a Harvard Medical School survey in which 70 percent of fourth-year students admitted that they felt inadequately prepared to care for LEP patients, while one third of residents nationally confessed to using a child under the age of twelve to interpret. More than half of those surveyed also reported dismissive attitudes among attending physicians and fellow students when it came to caring for patients with limited English.[\[7\]](#) In fact, only 23 percent of teaching hospitals offer training courses on how to work with an interpreter and in most cases this training is fully optional.[\[8\]](#) It is this lack of proper training that often results in the use of ad hoc interpreters, whether they are family members present during exams and emergency situations, or fellow staff members who are not trained in professional medical interpreting, but have a conversational grasp of the patient’s language.

In order to reduce the number of instances where non-English speaking patients fail to receive the care they need, it is vital that hospitals and other healthcare facilities provide proper interpretation services. As a study published by Health Services Research reports, the “use of professional interpreters is associated with improved clinical care more than is use of ad hoc interpreters, and professional interpreters appear to raise the quality of clinical care for LEP patients to approach or equal that for patients without language barriers.”[\[9\]](#) Additionally, professional interpreting not only improves the quality and outcome of patient care, but also results in financial gains for patients and doctors alike. When a patient does not understand their primary care provider’s instructions for at-home treatment, they may fail to take the proper steps to treat their illness, resulting in return visits. When a doctor does not understand their patient’s symptoms they prescribe ineffective medication or schedule unnecessary tests. Every time a patient must return to their physician or take another test, it puts an additional financial burden on that patient. And, since the passing of the Health Care Law in October 2012, this financial burden is also shared by the healthcare facilities since the law requires them to pay the costs for those patients readmitted within thirty days. Misdiagnoses and subsequent return visits also take up valuable time for both the patient and the physician. When a doctor is able to communicate clearly with their patient and vice-versa, it increases the chances of an accurate diagnosis and proper treatment the first time around. This in turn alleviates the possibility of malpractice and subsequent lawsuits.

Lastly, hospitals and healthcare facilities need to provide professional interpreting for non-English speaking and LEP patients because it is the law. Both federal and state laws provide coverage for patients who require language assistance. Title VI of the Civil Rights Act of 1964 and the Affordable Care Act (ACA) both state that any provider who receives federal funds

(including from Medicare, Medicaid, and other federal health programs) must provide interpreters for LEP patients. Additionally, as of 2016, Section 1557 of the ACA states that “providers must use qualified medical interpreters when treating LEP patients” and also grants those patients the right to “sue providers for language access violations.”^[10] Any violation of the above stated federal laws are considered civil rights violations and so are not covered by medical malpractice insurance. It is therefore imperative that providers know and understand these federal laws in order to ensure compliance and avoid any malpractice lawsuits. There are also language access laws in effect in all 50 states, meaning healthcare professionals must additionally familiarize themselves with their state’s specific laws if they want to avoid future lawsuits.^[11]

The best way to guarantee non-English speaking and LEP patients are provided with the interpretation services they require is to have a professional medical interpreter present during the visit. What is meant by “professional medical interpreter”? Unlike someone who simply speaks both English and the language of the patient, a professional medical interpreter is someone who has been trained in interpreting for the medical industry. They have in-depth knowledge of both the necessary medical terminology as well as the culture of the language they are interpreting. Unqualified interpreters (i.e. staff who speak the patient’s language or friends and family members of the patient) will face difficulties when it comes to providing accurate interpretations since they will either fail to understand key medical terms and concepts, or they will be unable to bridge the cultural divide.

What sets professional medical interpreters apart is that in addition to having knowledge of medical terminology, they can also properly handle issues of cultural taboos. For example, in a 2012 article the Voice of America news site reported that when interpreting for many African nations, medical interpreters must often resort to euphemisms when speaking about sexual health — including body parts — due to African cultural taboos.^[12] The process of communicating necessary medical information while respecting cultural norms is a delicate one and it requires a trained professional. It is for this reason that a medical provider’s best approach to overcoming the language barrier is to enlist the aid of a professional Language Service Company (LSC). For any hospital or health care provider, locating and hiring experienced interpreters can be an arduous and time-consuming endeavor. When you work with a language service company, like Accredited Language Services, the difficult work of screening and scheduling interpreters is done for you. At Accredited Language, all of our medical interpreters are fully vetted and adhere to strict medical regulatory compliance. We also offer a range of different interpreting services to meet your specific needs including on-site and remote interpreting.

When faced with a language barrier, the preferred form of interpreting is in-person interpretation. When interpreters are physically present during a medical examination, they are able to provide the most accurate translations. It also often sets the patient more at ease when someone who speaks their language is in the room with them. However, this option is often not the most cost effective and is not always feasible due to language requirements and in emergency situations. For instance, on-site interpretation works great when you know a Spanish-speaking patient has an upcoming appointment. In this scenario, you simply contact your trusted LSC and they can schedule an interpreter to be on location at the requested time. But if an LEP patient arrives unannounced with an emergency situation or they speak an uncommon language, on-site interpretation is no longer the best option, as it can take several hours for an unscheduled interpreter to arrive onsite and, if the language is especially uncommon, there may not even be anyone in the area who can interpret.

Another great interpreting option, which provides more flexibility, immediacy, and affordability, is remote interpretation. Current technology offers two forms of remote interpretation: telephonic (over-the-phone) interpreting and video remote interpreting (VRI). Telephonic interpreting works much the same way as a conference call. All three participants – the medical provider, the patient, and the interpreter – will be on the line. Generally, the medical professional will speak first in English. The interpreter will then repeat back what the provider said in the patient’s language. After the patient supplies their response in their native language, the interpreter will relay that information back to the medical professional in English.

Telephonic interpreting works well in emergency situations and when the language that the patient speaks is not widely spoken. However, because telephonic interpreting is a purely auditory experience, it is not considered the most reliable approach to medical interpreting.

Non-verbal gestures and expressions account for more than 90 percent of human communication and studies have shown that “body language is as accurate a reflection of our thoughts as the words we use.” [13] For this reason, video interpreting is a much more effective means of remote interpretation. As with over-the-phone interpretation, VRI allows interpreters to communicate simultaneously with medical professionals and their patients located anywhere in the United States. VRI, however, has the added benefit of enhanced communication. Interpreters not only hear what patients are saying, but can also observe their body language and physical gestures, improving interpretation accuracy.

Communication is key to delivering effective health care. It is therefore vital that medical professionals provide non-English speaking and LEP patients with qualified interpreting services through the use of a Language Service Company. Not only will doing so improve medical outcomes, but it also saves time and money, and reduces the potential for malpractice lawsuits.

Whether you decide to seek on-site interpretation in the form of in-person interpreters, or utilize the benefits of remote interpreting, Accredited Language Services can help. [Contact us today](#) for a free consultation to learn more about how we can address all your medical interpreting needs.

The US Has a Dangerous Medical Interpreter Shortage

s.e. smith

Imagine going to the doctor's office because you've had intermittent stomach pain that's getting worse. You feel nauseous, you're vomiting, and you know something is clearly wrong. The doctor wants to run some tests to find out more, but you don't speak the same language she does.

You try to communicate as best you can, but when the test results come in and your doctor calls to have a conversation with you, you don't understand what's happening. That's bad, because you have stomach cancer, and your doctor is trying to discuss treatment options with you.

If that sounds like a nightmare, it should. Unfortunately, for many people in the United States with limited English skills, it's also a reality; doctors and patients can't communicate across a language barrier. And while legal requirements stipulate that health care facilities need to provide translation services to patients, there's a [shortage of qualified interpreters](#) that's compromising that ability.

People who can't communicate clearly with their doctors may not be able to accurately describe symptoms they're experiencing, or understand which tests are being ordered and why. They also can't follow recommendations or understand prescription instructions — two things that could come with very dangerous consequences. If you don't understand how many pills to take or when, or don't heed a warning about avoiding something that could cause a medication reaction, you could become very ill.

Some patients are relying on family members as translators — a tough burden for children, spouses, siblings and parents. They themselves may not fully understand the issues at hand, garbling information provided by the doctor. And it's a serious responsibility to be tasked with difficult conversations like explaining that someone has a terminal illness, or reviewing complex treatment options that may come with significant implications.

Family members usually aren't qualified medical interpreters. People in this profession have a very specific skill set: They don't just know two or more languages. They're also familiar with medical terminology, capable of both understanding and explaining complex concepts and checking in with patients to make sure the flow of communication is accurate. Their work is also extremely sensitive; they handle confidential medical information and need to comply with privacy laws, as well as ethics policies at the facilities they work with.

Some malpractice cases are linked to situations where patient and doctor were unable to communicate clearly, leading to tragic outcomes. Other patients may receive substandard care despite everyone's best efforts, or unwittingly threaten public health because they aren't complying with treatment recommendations.

The medical interpreter shortage is [not new](#). Officials have warned that health care facilities are unable to meet the needs of their patients for years, and this issue is only getting worse. With the [Affordable Care Act](#), access to health insurance expanded radically across the United States, increasing the number of people able to seek medical treatment. This included many people with limited English skills who were finally able to get to the doctor's office, but the doctor's office [wasn't prepared to meet their needs](#).

There are tools at hand to enable better communication, including training and hiring more medical interpreters — though some facilities also rely heavily on volunteers. Promoting multilingual education for health care providers can also allow doctors to connect directly with their patients, building rapport and trust. Some facilities also rely on technology, such as interpreters available by phone who can serve a large number of facilities efficiently.

However, many of these services are in a state of flux because of ongoing policy confusion over health care and health care access. Worries about funding, access to insurance and other matters are making it challenging for health care facilities to create long-term plans, including establishing medical interpreter programs that accurately meet the needs of their patient populations. This is another example of how policy decisions can have unanticipated fallout.

Best Practices for Using Telephonic Interpreters in Hospitals | Telelanguage

By Kimberly Scamman



Understanding the best practices for using telephonic interpreters in hospitals helps facilitate meaningful communication between health care providers and Limited-English Proficient (LEP) patients. There are a few simple things you can do in any over-the-phone interpreting session to make your time with a professional interpreter effective and empowering for yourself and for your LEP patients. First, we'll look at the importance of certified medical interpreters, then we'll dive into best practices for using telephonic interpreters in hospitals, as well as what settings may be appropriate for telephonic interpreting in your facility.

When using an interpreter in any health care setting, always make sure they are a certified medical interpreter. Why is the use of certified medical interpreters in hospitals so important? [Section 1557 of the Affordable Care Act \(ACA\)](#) requires hospitals, health plans, clinics, nursing homes, physicians, and other providers to offer *qualified interpreters* to Limited English Proficient patients. Utilizing certified medical interpreters ensures that an interpreter will have the proper training, testing, understanding of medical terminology, and adherence to Code of Ethics to interpret in a medical setting.

While language services are necessary for providing quality care to LEP Patients, health care professionals may struggle with how to use a professional interpreter effectively. The good news? You don't have to struggle when using professional telephonic interpreters in health care settings! As a leading provider of [certified medical interpreters](#), we understand where problems can arise. These 5 best practices for using telephonic interpreters in hospitals will help you communicate effectively with LEP patients.

For a deeper understanding of language access in healthcare, [Download the Free eBook](#), "The Healthcare Interpretation Guide: Language Access for a Better Patient Experience."

5 Best Practices for Using Telephonic Interpreters in Hospitals

1. Begin the conversation by allowing interpreters to introduce themselves and provide their interpreter identification number.

Professional interpreters will give a brief introduction at the beginning of your call in the patient's language. This introduction consists of identifying themselves as a professional interpreter, explaining their role as a channel for communication, clarifying with the patient that they will interpret everything they say, and giving their Identification number. Write the interpreter identification number in the patient's file or patient notes for continuity and tracking.

2. Provide the interpreter with brief context.

Briefly explain the purpose of the call. This will ensure that the interpreter will be able to provide an

appropriate tone for the situation. For example, a routine follow-up would naturally have a different tone than a very serious or immediate situation.

3. Speak to your patient (not to the interpreter).

Speak to your patient directly as if the interpreter was not present. Making eye contact with your patient (not at the phone) and speaking in the first person will bring simplicity, conciseness, and a natural flow to the conversation. Not only will this ensure accuracy on the healthcare side, but it will also help patients feel more comfortable and natural in the setting, allowing for a more accurate account or response from your LEP patient.

Example: “Tell Ms. Tao that we would like to perform some tests today.”

Suggestion: “Ms. Tao, we would like to perform some tests today.”

4. Choose standard and formal speech and avoid slang and colloquialisms.

Common phrases for native English speakers like “feeling blue” or “let’s wrap up” may not translate effectively into another language. Using direct, uncomplicated language will reduce the chance of confusion that can arise due to cultural differences.

5. Use complete and concise sentences.

Speaking to your patient in complete and concise sentences will simplify the message and maximize comprehension. Pausing briefly between your sentences will aid the phone interpreter in delivering the most straightforward message by not having to memorize paragraphs of speech at one time.

Example: “So, what I’m was thinking is that I’d like to start by going over your home care instructions if that sounds good to you?”

Suggestion: “I would like to explain your home care instructions, please.”

Tip: “Please” and “thank you” are relatively universal means of conveying politeness in different cultures. Using “please” and “thank you” can reduce filler words that may not translate well and will help your phone interpreter deliver the clearest message to your patient.

These best practices for using telephonic interpreters in hospitals are easy to implement and will maximize your time with every interpreter sessions!

Situations for Telephonic Interpreters in Hospitals



The need for interpretation services starts when you need to communicate with a limited-English proficient individual but are not able to due to a language barrier. In this instance,

connecting to a certified interpreter in order to communicate quickly and effectively becomes necessary. [Telephonic Interpretation](#) is an on-demand, remote interpreting service that offers a fast response when urgent or unexpected language barriers comes up.

Available at a low per-minute rate, telephonic interpreting allows you to connect to an interpreter in seconds, regardless of the language needed. Telanguage's proprietary technology ensures that there are no outages during national emergencies and allows you to connect to certified medical interpreters, best qualified for your situation, in over 300 languages.

How Professional Interpreters Help Hospitals Provide High-Quality Patient Care:

- Enhances customer/patient satisfaction
- Reduces miscommunication errors
- Most cost-effective interpretation solution
- Improves efficiency
- Increases productivity and staff adoption
- Along with [VRI](#), telephonic interpretation provides a response in seconds for urgent or emergency situations.

Telephonic interpreting offers a cost-effective interpreting solution and is perfect for most spoken language interpreting situations that do not require non-verbal cues or visual contact with the interpreter.

The growth of language diversity in the United States makes interpreter services a valuable part of patient care at every touchpoint of the patient journey. When a patient seeks medical care, effective communication is at the center of positive health outcomes, but if there is a language barrier between the patient and medical staff, a qualified interpreter has a [positive impact](#) on patient care, including a higher quality of clinical care, improved care, higher levels of patient satisfaction, fewer communication errors, a greater comprehension of diagnoses and follow up care instructions, and lower rates of readmission.

Your Health Care Language Services Partner

When language barriers arise in health care settings, you need support you can trust to protect the LEP patient experience. At Telanguage, we provide that support with a 24/7 one-point-of-contact account management system. Over 70% of our current client base are [healthcare entities](#). Language services ensure safety, accuracy, and efficiency when caring for patients in healthcare settings. Telanguage offers healthcare clients complete language services in over 300 languages to communicate with LEP patients:

- Certified medical interpreters available 24/7/365 [telephonically](#), [on-site](#), and via [video remote](#)
- [Translation](#) of vital documents, patient forms, and notices
- Fastest interpreter connect times in the industry
- Leading-edge proprietary interpretation technology
- Best medically trained interpreters in the emergency healthcare industry
- Free Cultural Awareness training to help organizations work effectively LEP patients

Telanguage Helps Clients Achieve and Maintain Compliance

- Affordable Care Act, Section 1557 ([ACA](#))
- Americans with Disabilities Act ([ADA](#))
- Health Insurance Portability and Accountability Act ([HIPAA](#))
- Centers for Medicare & Medicaid Services ([CMS](#))
- Title VI of the Civil Rights Act of 1964 ([Title VI](#))
- Fraud, Waste and Abuse ([FWA](#))
- [The Joint Commission](#)
- Protected Health Information ([PHI](#))