

Interpretation service helps patients, health workers get message across

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By Kristy MacKaben, For the Mirror

In health care, communication is key.

Patients need to be able to convey everything from medical history and allergies to pains and symptoms.

Doctors and nurses need to ask questions and inform patients about medical procedures, treatments and medications.

When there is a language barrier, there is the very real possibility of error. The Pennsylvania Patient Safety Authority released a report late last week that showed 232 incidents at Pennsylvania hospitals were a result of language barriers between June 2004 and May 2010.

Fran Charney, director of educational programs for the Pennsylvania Patient Safety Authority, said the study shows people with limited English proficiency are more susceptible to a problem such as medication errors or adverse drug reactions than a patient who speaks English.

"Whether you have patients or health care providers who speak a different language, facilities must take the necessary steps to prevent any miscommunication between patient and provider," she said.

Charney advised developing a written plan to address language barrier issues, research which languages are prevalent in the community, train staff and notify foreign language patients about the assistance available.

Surveys done by The Modern Language Association show about 18 percent of the U.S. population speaks a language other than English.

In some areas that might not be as big of an issue, but at Altoona Regional Health System, non-English speaking patients are treated there about once a week, said Cathy Sprouse, director of case management. To communicate with them, the health system uses a language interpretation system.

Sprouse said the system began as a way for hospital personnel to communicate with deaf patients. She said the hospital had had difficulty finding registered sign language interpreters, so about 10 years ago she looked into a video conference service UPMC Bedford Memorial used.

"If we get a patient who is deaf, it's so critical to get the medical information correct, not to mention that it's the law," Sprouse said.

The hospital contracted with DT Interpreting, based in Carnegie, which provides registered sign language interpreters in five dialects via video conferencing. The service also provides interpreters in 150 different languages, available 24 hours a day, which the hospital now utilizes as well.

Sprouse said both the doctor and the patient listen to the conversation and the interpreter will stay on the phone as long as necessary. The hospital pays about \$3 a minute for video conferencing and \$1.50 a minute for teleconferencing.

She said Spanish is the most common language requiring interpretation services, although there are also many patients who speak Chinese. Last week, a patient was treated who spoke Swahili or a similar language, Sprouse said.

Before contracting with DT, Altoona Regional had a list of local interpreters and sign language specialists, and often used doctors who spoke various languages.

"The social workers in case management were spending hours on the telephone trying to find sign language and language interpreters," Sprouse said.

The hospital still uses some doctors and local interpreters, including one physician who helps with Chinese-speaking patients, but Sprouse said in an emergency situation it's best to use the service.

"We can't wait until tomorrow - or even two hours - to find out what's your medical history or what allergies they might have," Sprouse said.

She regularly trains hospital staff on using the interpreter systems, as well as how to deal with patients who do not speak English.

Mount Nittany Medical Center in State College also uses an interpreter service and is planning to launch a video conferencing service next month for sign language patients and foreign language patients. Face-to-face conversations are important and make patients feel more at ease, especially during sensitive conversations, Kathy Dittmann, director of service excellence, said.

"The patient can see the interpreter. There's a lot of nonverbal cues," Dittmann said. "At the medical center, it's our mission to provide safe, quality care. We take every step possible to ensure safety and reduce chance of error."

She noted that most patients at Mount Nittany Medical Center are students, professors or faculty, and therefore many are bilingual or trilingual and do not need interpreters.

"But some of their family members are not as proficient," Dittmann said.

Patients most commonly speak Chinese, Russian, Spanish or use sign language. An interpreter is usually needed twice a month.

In addition to interpreters, Mount Nittany Medical uses language boards with pictures so patients can express basic needs, such as hunger, or identify areas of pain on their bodies.

"We want to avoid any chance of misinterpretation," Dittmann said.