

A group of diverse healthcare professionals, including doctors and nurses, are smiling and standing in a hospital hallway. They are wearing blue scrubs or white lab coats. The image is slightly blurred, with the focus on the woman in the foreground.

Common Language Access Challenges and How These Top Hospitals Handle Them

With 25 years providing language interpretation services to the healthcare industry, we have heard a few common challenges that affect most, if not all, of our clients. These include:

- *How do I keep my organization compliant with new laws?*
- *How do I educate such a large and ever-changing hospital staff?*
- *How do I pass Joint Commission Standards?*

Through CyraCom's case study program, we have been able to interview some of the top hospitals in the United States and ask how they handle these common challenges. We have combined some of the best responses to help you brainstorm solutions for your own language access program.

CHALLENGE 1:

I have such a large staff, and their knowledge of how and when to use language services varies from person to person. How do I make sure all my staff understands and feels confident using language services?



Every six months at existing Emory locations and every time a new location opens, language access managers travel to meet with staff, connect with leadership, and discuss interpretation services options.

“We found that it’s been most successful if we continue to educate the staff regularly, even if they have heard the information before,” said Haddock. “Even simple reminders make a big difference in staff adoption, like discussing how to place interpretation calls or letting them know staff interpreters are available.”

michelle haddock

Coordinator of Emory Medical Interpretation and Translation Services, Emory Healthcare

Lee created a “Diversity Tracer” – a system-wide process for tracking language services usage. “We survey nurses, techs, and physicians to ensure they have a baseline understanding of the resources: ‘How do you document that a patient needs an interpreter? What does the policy state? What are the resources available to you?’” said Ms. Yemisi. “This gives us real-time readings on our staff’s knowledge level, and we can break down the scores by hospital or interpretation modality.

“It’s extremely data-driven. If we notice that one department scores a 60% on knowledgeability, we can schedule retraining, set up periodic rounding to ensure compliance, and analyze the patient population they’re seeing. It helps guide our work so we can be proactive rather than reactive. My whole approach is decreasing knowledge deficits and ensuring staff understands the resources available.”



yemisi oloruntola-coates

System Director of Diversity and Patient Care Civil Rights, Lee Health

Education and accountability help Steward personnel understand the importance of utilizing interpreters with every LEP patient. Every new Steward employee receives an orientation on how to request and collaborate with an interpreter.

Steward also incorporates “How to work effectively with an interpreter” training into their regular nursing trainings. Nurses must recognize when scenarios require interpreters and demonstrate live how to connect to CyraCom.



carla fogaren

System Director of Diversity Initiatives and Interpreter Services, Steward Health

CHALLENGE 2:

My staff doesn't like using language services, and would rather just use a family member or even mime or write what they're trying to say instead. How do you ensure your staff is using language services?



elida acuna-martinez

Director of Interpreter Services, Boston Medical Center

"We make resources available for our staff to do the right thing, like having multiple modalities available for every patient encounter," Acuna-Martinez said. "Inpatient beds can accommodate CyraCom dual-handset phones, and the exam rooms are set up for phone interpretation," she explained. "We have 90 CyraCom iPad video interpretation carts in clinics and most inpatient exam rooms. We distribute them to the management of each department - some departments have several, and those who don't are asking for more."

"While there was initially some pushback, as there is with any major change," said Stepney, **"we discovered that if we were completely transparent with the physicians and other staff about the reality of legal requirements, cost savings, and other fees, they would become not only more flexible switching from on-site to remote, but they would actively look for ways to help us out and be more compliant."** We also found that by conducting an in-service that explained how easy it was to access an interpreter, we saw more buy-in and acceptance of the new vendor."



EMORY
HEALTHCARE

krista stepney

Program Manager, Emory Healthcare

"One change we made was budgeting for interpreter services system-wide," Ms. Yemisi explained. "We used to bill each department when they used the services, which created a perverse incentive not to utilize interpreters." Since the switch, utilization is up and department heads do not feel pressure to manage usage.

Another change involved adding a banner to the EPIC screen of every non-English-speaking patient. **Anyone who pulls up the patient's record gets a message - "Interpreter needed" - and it stays there until the provider documents using one.** "It's an alert system," Ms. Yemisi said, "a hard stop reminding them 'Wait a minute, their primary language is Spanish. We need to provide an interpreter.'"



yemisi oloruntola-coates

System Director of Diversity and Patient Care Civil Rights, Lee Health

CHALLENGE 3:

My Joint Commission Survey is coming up, and I want to make sure my department meets their standards. What can I do to ensure that happens?

"Most of the patient files they surveyed were limited-English proficient," Acuna-Martinez recalled. "The Joint Commission wanted to see what modality we used for each patient – phone, video, or face-to-face – and our records weren't always complete. I was already working with CyraCom at that time, so I was able to pull the reporting and cross-reference it to see what kind of interpreters we provided."

"The Joint Commission surveyors mentioned that we need LEP patient records to include details on each-interpreter interaction: who requested the interpreter, which interpretation modality we used, and what was discussed. All of that should be documented in the file," she said. "So our forms now include specific fields to document that information."

Do you have more questions about the Joint Commission Standards? Check out our whitepaper "[Executive Priorities in Healthcare and the Impact of Quality Language Services](#)."



elida acuna-martinez

Director of Interpreter Services, Boston Medical Center

SECTION 1557**CHALLENGE 4:**

Complying with Section 1557 of the Affordable Care Act: Some of my staff are bilingual, but I need to know if they are qualified as defined under Section 1557 of the Affordable Care Act. What can I do to prove that they're qualified?

In 2008, Lee received a grant to develop a training program for bilingual staff who wished to act as interpreters. "I worked with one of my interpreters, Norma Schuler, to create the curriculum," Ms. Yemisi remembered. "We offer the class four times a year. There's an oral and written language proficiency pretest to get in. Then, at the end, we test our candidates once more to determine their level of interpreter proficiency."

If you are not able to develop a training program as Lee Health did, CyraCom also offers training and assessment courses. Go to <http://start.cyra.com/contact> to talk to us about our programs.

Have more questions about Section 1557 of the Affordable Care Act? [Check out our in-depth whitepaper](#) about what the law requires of language access programs.



yemisi oloruntola-coates

System Director of Diversity and Patient Care Civil Rights, Lee Health

CHALLENGE 5:

Communicating with patients outside the hospital: Using language services within hospital is not a problem but we do not know how to communicate with patients once they leave. What are some good ways to follow up with patients after discharge, to make sure they understand and follow aftercare instructions?

Steward's physician offices use CyraCom phone interpretation for follow-up appointments, and Fogaren sees this as an essential component of patient safety and recovery.

Steward also has home care professionals that follow up with patients after discharge, making sure they understand and follow aftercare instructions. Fogaren explained that CyraCom plays a critical role:

"Our nurses show up at the house - sometimes they know the patient speaks another language, but sometimes they don't – and it's a life-saving resource. **They get on their smartphone and call an interpreter using the CyraCom mobile app, then use speakerphone to interact with the patient.** Before that, their options were limited, often relying on anyone in the house who could speak a little bit of English. Now they always call the professional medical interpreter. The family can still be involved but not in an interpreter role."



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carla fogaren

System Director of Diversity Initiatives and Interpreter Services, Steward Health

Are you experiencing another type of problem that we did not address?

Reach out to us at getstarted@cyracom.com to talk to a language services consultant today.



CyraCom is the leading provider of language services to healthcare. Providing the best language services is a complex formula, and CyraCom considers every piece of the equation: quality, availability, security, speed and accessibility, and client support.

