
**Paving the Way
To Health Care Access Conference 2018**

**Weaving professional medical
interpreting into the fabric of a
healthcare institution**

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Introduction

- Topic – how has MGH MIS promoted staff engagement
 - MGH – Founding member of Partners HealthCare
 - 26,000+ employees
 - 1000 inpatient beds
 - spread over 36 buildings
 - ~1 million outpatient visits/year
 - 111,000+ ED visits/year
 - 9% of patient population LEP or DHH
 - Largest private employer in the city of Boston

Staff Engagement

- Title – Weaving as a metaphor for how to engage hospital staff in the use of language access services
 - Weaving - Dynamic Activity
 - Art
 - Skill
- Staff buy in
- Interpreter investment
 - Grass roots effort to align department mission with hospital mission

Mission, Vision, Core Values – questions for the team

1. As part of the Medical Interpreter Services team, how do you contribute to Mass General's efforts to deliver the very best healthcare in a safe environment?
2. How do we want to treat each other?
3. What kind of workplace do we want to have?
4. As a member of the medical interpreting department, what skills and talents do you offer to this unique team?
5. What do we want to achieve?
6. What is our purpose?
7. What unique contribution can we make?
8. What mark do you leave on the care provided to our patients?
9. Do you have any suggestions for how we can create an even stronger environment of teamwork?
10. In what ways do you find your work being affected by the needs of your patients and their families?
11. What do you feel are the most important characteristics of a successful medical interpreting team?
12. If we are successful, what will our department look like?
13. What is your vision for the future of medical interpreter services here at the MGH?
14. What inspires your work as a medical interpreter?
15. What values or principles help to guide your professional work on a day to day basis?
16. What sources/resources do you go to when you encounter difficult or challenging professional situations?

Mission and Vision - 2012

- Guided by the needs of our Limited English Proficient (LEP) and Deaf and Hard of Hearing (DHH) patients and families; and by our National Professional Standards and Code of Ethics, we aim to foster patient-centered care by delivering the highest quality, compassionate interpreting services with flexibility, in a timely and professional manner.
- We are certified professionals who are part of the medical team; and who bridge the linguistic and cultural divide between providers, patients and their families to ensure that the safest and highest quality healthcare possible is delivered to the Limited English Proficient (LEP) and the Deaf and Hard of Hearing (DHH) communities we serve.
- Our work is motivated by a genuine sense of empathy, a passion for justice and a deep respect for our patients, their families and our MGH colleagues.
- Our environment is built on mutual respect and trust where we nurture one another to strive for excellence as professional medical interpreters.

Transparency
Appropriateness
Ethical
Service
Competence
Nurturing
Solidarity
Pride
Patient-centered
Accountability
Honesty
Polite
Patient-first
Justice
Empowerment

RESPECT

Commitment/Dedication

Excellence
Team-work
Empathy
Challenging
Flexibility
Noble
Joy
Accuracy/Precision
Interpreting
Bridge
Humility
Trust
Relational
Compassion
Study
Timeliness
Collaborative
Advocacy

Quality and Safety

- Healthcare models
 - Patient centered care
 - Relationship based care
 - Improves outcomes for patients
- Personalistic model
 - Communication
 - Genuine, honest, open, reciprocal - efficacious
 - Create constructive, engaging interpersonal relationships across disciplines, departments, units and professions

Quality and Safety

- The grounding for trans/cross disciplinary dialogue
- What is it that we are trying to achieve?
 - Positive outcomes for patients that are sick
- How can we most effectively achieve this?
 - Excellent communication with patient buy-in
- This can be applied to our professional relationships as well

Engagement

- Seize every opportunity to “put yourself out there”
- Cultivate relationships on every level
- Create a presence throughout the institution (fabric is woven throughout a piece – so too should Interpreter Services)
- Reaching out beyond our silo can be scary,
 - Vulnerability, insecurity
 - Growth

Broader Discussions

- Engagement with the greater hospital community creates a presence and a resource for others to go to when the need arises
- It may not be a constant beating of the drum, but presents opportunities which must be taken advantage of

Lessons Learned from the ED

- ED is a fast paced, get it done yesterday environment
- Not conducive to thoughtful, careful communication
- What does the interpreter do in this type of situation?
- Example
 - Spanish interpreter called for a trauma just arriving by ambulance
 - Trauma team has little information
 - What does the interpreter do?

Interpreters' approach in ED

- Given our trauma example, what puts the interpreter in the best position to be able to meet the needs of the patient and the medical team?
- Not only does **WHAT** the interpreter say matter; but **HOW** it is said matters
 - E.g., with a rushed provider, try to validate their sense of anxiety and stress in the midst of a chaotic environment
 - It looks like things are really hectic today, what can I do to help you with this encounter?
 - **GOAL:** help to validate the feelings of the provider, put yourself in the place of supporting them

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- This will help everyone to achieve the goal of providing the best care in a safe way to the patient
 - Phenomenon of provider burnout.
 - Doesn't just happen to interpreters or to doctors or to trauma nurses
 - Happening across the field
 - Creating an environment of inclusion is critical; team work is a cornerstone
 - The overall relationship with the ED and Interpreter Services sets a tone for individual encounters
 - These elements each contribute to the providers establishing a positive bond with the patient to achieve the best possible outcome

Dialogue born out of adversity

- Adversity is the true test of character
 - When adverse events happen, entering into a constructive, fruitful dialogue about the systems surrounding the cause of these events is critical in being able to address the root causes
- Safety Reporting System
 - Non-punitive
 - Brings stakeholders together to dialogue
 - Fix broken systems
 - Accountability – non-defensive posture

Safety Report

- Patient admitted for a procedure
- Language in EMR was correct
- Interpreter provided for consent
- All side effects/complications explained with use of interpreter
- Complications occurred during procedure
- Patient's family member filed a complaint
 - Said interpreter told her that this was a horrible mistake
- Safety Report filed

Dialogue

- Each department asked to investigate
- Interview of all interpreters who had contact with patient
- Review of medical record conducted
- Patient Advocacy also investigated
- 1 interpreter sent to encounter in ED
- Patient's family member had an escort
- Nothing recorded in medical record about how language needs were met
- Discussion on documentation

RCA

- Incident in ED that resulted in a severe adverse event
- All parties were brought to the table to have an RCA (Root Cause Analysis)
- The actions of a provider were misguided, raised awareness of the critical need for interpreters OR Qualified Bilingual Staff to consent LEP patients

Recognition and Action

- “The Politics of Recognition” – personal investment in the mission
- Empowerment – Collaborative Governance – giving the people a voice
- Committee work
 - Ethics in Clinical Practice – understanding of interpreter as member of healthcare team
 - Diversity and Inclusion Committee
 - Staff Support Advisory Committee
 - Disabilities Committee

Accomplishments

- Unit Based Ethics Rounds – Interpreter Grand Rounds
 - Discuss cases, share personal impact and coping methods/resiliency
 - Gather a set of best practices
 - Creates stronger bond among staff and focuses on shared best practices
- Hospital Process Improvement efforts
 - Pediatric inpatient units – improvement of provision of language access services
 - Opportunities to train Residents and Medical Students

Collaboration with Neurology

ORIGINAL RESEARCH



Professional Medical Interpreters Influence the Quality of Acute Ischemic Stroke Care for Patients Who Speak Languages Other than English

Betty M. Luan Erfe, BA; Khawja A. Siddiqui, MD; Lee H. Schwamm, MD; Chris Kirwan, PhD; Anabela Nunes, MBA; Nicté I. Mejía, MD, MPH

Background—The inability to communicate effectively in a common language can jeopardize clinicians' efforts to provide quality patient care. Professional medical interpreters (PMIs) can help provide linguistically appropriate health care, in particular for the >25 million Americans who identify speaking English less than very well. We aimed to evaluate the relationship between use of PMIs and quality of acute ischemic stroke care received by patients who preferred to have their medical care in languages other than English.

Methods and Results—We analyzed data from 259 non-English-prefering acute ischemic stroke patients who participated in the American Heart Association Get With The Guidelines–Stroke program at our hospital from January 1, 2003, to April 30, 2014. We used descriptive statistics and logistic regression models to examine associations between involvement of PMIs and patients' receipt of defect-free stroke care. A total of 147 of 259 (57%) non-English-prefering patients received PMI services during their hospital stays. Multivariable analyses adjusting for other socioeconomic factors showed that acute ischemic stroke patients who did not receive PMIs had lower odds of receiving defect-free stroke care (odds ratio: 0.52; $P=0.04$).

Conclusions—Our findings suggest that PMIs may influence the quality of acute ischemic stroke care. (*J Am Heart Assoc.* 2017;6:e006175. DOI: 10.1161/JAHA.117.006175.)

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Moving Forward

- Any relationship that is worth pursuing, be it personal or profession, will have its moments of challenges and difficulties. This is how growth happens, when these challenges are met with integrity, openness, and character.

In Conclusion

- Never underestimate the contributions you can make to the mission of your healthcare institution BEYOND the scope of your particular expertise. It is in engaging in the dialogues greater than our own “area” that we bring our selves, our knowledge AND our expertise to bear. The opportunities that arise from such occasions open others to a broader context of learning about and advocacy for the patient populations that we serve.

Thank you
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شكرا
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謝謝
Obrigado

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