CoP/Training Call: Language Services In Health Care

Guest Speakers:
Marcos Pesquera, R.Ph, Adventist Healthcare Inc.
Oscar Lanza, IMG, Kaiser Permanente
Mercedes Blanco and Victoria Williams, MAXIMUS

March 11, 2014
2:00 PM ET
Call Norms:

• All lines will be muted during the call.

• We will begin Q & A after the training portion of today’s call.

• Please submit questions via the WebEx chat box or press 14 and the monitor will call on you.

• We are recording this call, and will post slides, recording, and transcript on www.healthcarecommunities.org and www.cmspulse.org.

• Evaluation: Please fill out our evaluation at the end of today’s call.
## Agenda

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<td>Marcos Pesquera, R. Ph., M.P.H.</td>
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Goal for Today’s Call

Share ways that health care organizations can address the communication needs of their Limited English Proficient patients.
Guest Speaker

Marcos Pesquera, R.Ph, M.P.H.
Executive Director, Center for Health Equity and Wellness
Adventist HealthCare, Inc.
Changing Community Demographics: Census 2010 - Facts about Maryland

Population Growth in Maryland from 2000-2010

- **2000**
  - 5,296,486 residents

- **2010**
  - 5,773,552 residents
  - + 477,066 residents

Percent increases per minority population groups:
- Hispanic, 106.5%
- Multi-Race, 51.1%
- Asians, 51.0%
- African Americans, 14.3%

From 2000 to 2010, Maryland saw a 9% increase in population growth, with the most growth in the Hispanic population group. Adventist HealthCare’s service areas in Maryland ranked among the largest county increases in Maryland.

Maryland’s largest increase in residents was in Montgomery and Prince George’s Counties.

Rankings for Largest Hispanic Growth in Maryland:
- **1st Place**
  - Prince George’s County
  - 71,915
- **2nd Place**
  - Montgomery County
  - 64,794
- **6th Place**
  - Frederick County
  - 12,471
Statistics About Languages in Maryland Homes

About one third of these residents do not have a family member (over 14 years of age) who speaks English well and are *linguistically isolated*, causing them to face barriers when accessing health care services.

A majority of Latino and Asian American residents in Maryland speak a language other than English at home.
What are healthcare organizations required to do around cultural competency?

<table>
<thead>
<tr>
<th>Federal</th>
<th>• The Department of Health and Human Services has issued 15 CLAS (Culturally and Linguistically Appropriate Service) Standards to help end health care disparities and improve quality at hospitals and other health care organizations.</th>
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<tbody>
<tr>
<td>State</td>
<td>• On April 10, 2012, the Maryland Health Improvement and Disparities Reduction Act of 2012 was signed into law. The law identifies standards for collecting data on race and ethnicity in health care (both public and private providers) and ways to track and reduce disparities. It also requires hospitals to describe their efforts to track and reduce health care disparities.</td>
</tr>
<tr>
<td>Local</td>
<td>• All local entities adhere to state, federal and accreditation standards and requirements.</td>
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</table>
| Accreditation | • The Joint Commission’s new patient-centered communication standards became effective on July 1, 2012, stating that:  
  • The hospital must identify the patient’s oral and written communication needs, including the patient’s preferred language for discussing health care.  
  • The hospital must communicate with the patient during the provision of care, treatment, and services in a manner that meets the patient’s oral and written communication needs.  
  • The medical records must contain the patient’s race and ethnicity in order to identify health care disparities. |
CLAS Standards

Culturally and Linguistically Appropriate Service Standards

CLAS Principle Standard

Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
CLAS (5-8)
Communication & Language Assistance

- Translate consent forms and health education materials.
- Train bilingual employees to use proper interpreting skills.
- Monitor language differences among staff and patient population.
- Provide ways to promote effective communication (i.e., face-to-face and telephone interpreting, sign language interpreting)
Language Access Services at Adventist HealthCare

- **Qualified Bilingual Staff (QBS)**
  - A QBS is a bilingual employee who either performs his or her regular duties in another language (such as a French-speaking nurse caring for a French-speaking patient) or provides language assistance to other staff members (such as interpreting for a patient in Spanish, so his/her English-speaking nurse can communicate clearly and care for the patient).
  - QBS employees are certified to provide language assistance at two levels:
    - **Level 1:** Customer Service interpreting (not involving medical terminology)
    - **Level 2:** Medical Interpreting (clinical/exam room)

- **Over-the-phone Interpreters**
- **In-person Interpreters**
- **Sign Language Interpreters**
  - Video Remote Interpreters (VRI)
  - In-person Interpreters
  - Maryland Relay/TTY

- **Translation Services (written documents)**
Thank You!

Contact Information:
Marcos Pesquera, Executive Director
Center for Health Equity and Wellness
E-mail: mpesquer@adventisthealthcare.com

“Like” Us on Facebook:
http://www.facebook.com/HealthDisparities
Visit Us on the Web:
www.adventisthealthcare.com/disparities
Guest Speaker

Oscar Lanza, I.M.G.
Manager
National Linguistic & Cultural Programs
National Diversity & Inclusion, Kaiser Permanente
Model & Program Overview

Oscar Lanza, IMG
Manager, National Linguistic & Cultural Programs

March 11, 2014
Founded in 1945, our mission is to provide high-quality, affordable health care services to improve the health of our members and the communities we serve.

Over 9 million lives
Program Background

The comprehensive QBS Program developed by Kaiser Permanente:

• Builds capacity and improves the quality of the existing and future workforce to best meet the language needs of our members/patients who are limited English proficient (LEP) and/or prefer to communicate in a language other than English.
• Creates an opportunity to recognize bilingual staff providing language assistance services.
• Helps KP to comply with federal and state regulations related to culturally and linguistically appropriate services.
Key Facts

• Qualified Bilingual Staff Model & Program (NCQA Award 2006)
  ○ KP dissemination and replication
    ○ Institutionalized in GA, NCAL, MAS, SCAL, CO, and NW
    ○ Assessed and trained: approximately 14,000 employees across the Program
  ○ External dissemination and replication
    ○ Hospital systems, health plans, government agencies, and academic institutions
    ○ Partnership with state hospital association to disseminate model via a Train-the-Trainer Program
Program Purpose

The Qualified Bilingual Staff Program supports organizational strategies to become the quality and service leader in a number of ways:

• For our patients
• For our employees and providers
• In other ways
Qualified Bilingual Staff Model

POLICIES & PROCEDURES

New Hire

Existing Staff

Workforce

Functional Groups

- Clinicians
  - Direct
  - Non-direct
- Support Staff
  - Clinical
    - Direct
    - Non-direct
  - Non-clinical
    - Direct
    - Non-direct
- Union / Non-Union Groups
  - LMP
    - Direct
    - Non-LMP
    - Non-Union

Identify

- Self-identify
- Self-assessment
  (Exception: Language required position)

Qualify

- Valid standard assessment
- Anticipated job responsibilities, i.e., nurse only or nurse in dual role as interpreter L1-L2-L3, and newly defined levels to meet job categories needs

Enhance

- Education and training appropriate to levels of proficiency
  (LC Labs)
- Operational issues

Mobilize

- Infrastructure to effectively utilize linguistic and cultural expertise
  (KP Linguistic & Cultural Resource Bank)

Monitor

- CQI Process
  • Standardize scheduled performance monitoring based on functional area and related criteria
  • Continuous opportunities for education and training
  • Just-in-time coaching for performance improvement
  • Satisfaction surveys
  • Care processes and outcomes

1. Policy & Procedures
2. Rewards & Recognition
3. Utilization tracking
Program Components

- National Faculty
- Training curricula - centralized content
- Facilitator’s Training
- Level 1 Training
- Level 2 Training
- QBS Assessment
- Certificate of Completion
- Dissemination and Adoption
## QBS Level 1 - Scope of Practice

<table>
<thead>
<tr>
<th>Skills</th>
<th>Core Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Ability to converse in English and in the language of service (LOS)</td>
<td>• Able to directly communicate or interpret in the following situations:</td>
</tr>
<tr>
<td>• Ability to provide directions and simple instructions in English and LOS</td>
<td>• Handling appointments</td>
</tr>
<tr>
<td>• Ability to provide customer service types of interpreting where knowledge of medical terminology/concepts is not required.</td>
<td>• Taking complaints and/or grievances</td>
</tr>
<tr>
<td></td>
<td>• Providing location-based directions</td>
</tr>
<tr>
<td></td>
<td>• Providing non-medical instructions, such as, basic business forms</td>
</tr>
<tr>
<td></td>
<td>• Performing sight translation within the customer service parameters from English into the target language</td>
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</table>
QBS Level 2 - Scope of Practice

<table>
<thead>
<tr>
<th>Skills</th>
<th>Core Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Meets level one’s (L1) requirements</td>
<td>• Able to directly communicate or interpret in the following situations:</td>
</tr>
<tr>
<td>• Ability to use English and LOS within the scope of practice in a clinical setting</td>
<td>• Provide simple medically and/or non-medically-related instructions within scope of practice</td>
</tr>
<tr>
<td>• Ability to provide simple interpreting in various healthcare settings</td>
<td>• Provide health care interpreting in simple/routine clinical encounters</td>
</tr>
<tr>
<td></td>
<td>• Perform simple sight translation from English into the target language</td>
</tr>
</tbody>
</table>

Do **NOT** use LOS to directly communicate or interpret in the following situations:

- • Perform sight translation of informed consent forms unless qualified
- • Provide interpretation for a group, class, or conference unless qualified
- • Provide interpretation in highly complex and/or sensitive clinical encounters. For example, mental health, emergency department, etc.
Certificate of Completion

Trainee’s name

Has completed the Kaiser Permanente Qualified Bilingual Staff (QBS) 40-Hour Facilitator Training Program. This fulfills the requirements for certification as a Qualified Bilingual Levels 1 & 2 Facilitator.

Maryland Hospital Association: Elkridge, MD
August 23 through 27, 2010

William G. “Bill” Robertson
President and CEO
Adventist HealthCare, Inc.

Carmela Coyle
President and CEO
Maryland Hospital Association

Beth Jaeger
Vice President, Human Resources
Kaiser Permanente Mid-Atlantic States Region

Gayle Tang, Instructor
Senior Director, NLDIM, National Diversity
Kaiser Permanente Program Office

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### Guest Speakers

<table>
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<th>Mercedes Blanco</th>
<th>Victoria Williams</th>
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<tr>
<td><strong>Co-Directors</strong></td>
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</tr>
<tr>
<td>Center for Health Literacy</td>
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<tr>
<td>Translation Services</td>
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<tr>
<td>MAXIMUS</td>
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</table>
Translations that hit the mark

Mercedes Blanco
Victoria Williams

Disparities National Coordinating Center
March 11, 2014

Center for Health Literacy
Know your audience
Translate in plain language

ADAPT

Not word for word
Finding a good translator

1. Choose a translator who writes well in his or her native language
2. Choose a translator who is knowledgeable in the field you work in
3. Find out if the translator can adapt content for specific audiences.
4. Check references; review sample translations
5. Ask about the translator’s business practices. Will they work well with yours?
You’ve hired your translator. Now what?

Design a checklist with your requirements.
Translator Checklist

☐ I have proofread this document for spelling, punctuation and grammar errors.

☐ The document reflects the content and meaning of the original.

☐ The examples used in the text are culturally appropriate.

☐ The illustrations are culturally appropriate.

☐ The document is written at approximately ________.

[grade level]
What if you can’t afford a professional translator?
Some languages expand!

**ENGLISH**
This document can be provided upon request in alternative formats for individuals with disabilities. Other formats may include (but are not limited to) large print, Braille, audio recordings, Web-based communications and other electronic formats. Email altformat.app@state.or.us, or call 1-800-699-9075 (voice) or TTY 711 to arrange for the alternative format that will work best for you. You can get this application in another language or you can get an interpreter. Call 1-800-699-9075 or TTY 711.

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**RUSSIAN**
Для лиц с ограниченными физическими возможностями мы можем предоставить этот документ в других форматах. В числе возможных форматов (помимо прочего) печать крупным шрифтом, шрифт Брайля, аудиокассеты, онлайн-сообщения и другие электронные форматы. Обратитесь по электронной почте: altformat.app@state.or.us или позвоните по номеру: 1-800-699-9075 или по номеру 711 для лиц с нарушениями слуха, чтобы получить этот документ в удобном для Вас формате. Вы также можете получить этот бланк заявления в переводе на другой язык. Или Вы можете использовать услуги переводчика. Позвоните по номеру: 1-800-699-9075 (номер 711 для лиц с нарушениями слуха), чтобы выбрать наиболее удобный для Вас язык.
In summary

1. Know your audience
2. Find the right translator
3. List your requirements in a checklist
4. Have a plan for volunteer (not professional) translators
5. Format translations for optimal readability
THANK YOU!

For more information on translation or for a copy of “Translation: A Must-Have Guide,” contact Mercedes Blanco at:
mercedesblanco@maximus.com
Q&A

Press 14 to enter the queue to ask a question.
Join the DNCC Community

To Join the DNCC Listserv:

• Log onto the SDPS system.
• Open Internet Explorer. Your default homepage should be qionet.sdps.org.
• At the top of the page, you should see a tab labeled “Listserve.” Click “Listserve.”
• Enter your user information at the top of the page and scroll down to “Disparities”. Join “Discussion” and “Notify”.
• Click “Subscribe”.

To Join DNCC Healthcare Communities:

• Log onto www.healthcarecommunities.org
• Sign in, or create an account.
• Scroll over the “Communities” tab, scroll down to “Available Communities” and select “QIO 10TH SOW”.
• Scroll down to DNCC and select “Join DNCC”.

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES
Save the Date

DNCC’s 2014 Virtual Conference
Title: Driving Down Disparities: Innovations in Health Care Delivery, Communication and Technology
April 8, 2014
12-4pm, ET
Click HERE to register

***Registrants are encouraged to join the event in groups in consideration of the 250 participant limit.***
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<td>12:00 – 12:05</td>
<td>Introductory Remarks by Madeleine Shea, Ph.D., Project Director for the Disparities National Coordinating Center</td>
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<td>12:05 – 12:50</td>
<td>“Hot Spots” – A New Care Delivery Model presented by Jeffrey Brenner, MD, Executive Director for the Camden Coalition for Health Providers</td>
</tr>
<tr>
<td>12:50 – 1:30</td>
<td>The Future of Primary Care presented by Clement Bezold, PhD, Chairman and Senior Futurist, Institute for Alternative Futures</td>
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<tr>
<td>1:30 – 2:15</td>
<td>Addressing Disparities: Innovations in Coordinated Medicare/Medicaid Initiatives presented by Edo Banach, Senior Advisor, Acting Director, Models, Demonstrations and Analysis Group, Medicare-Medicaid Coordination Office</td>
</tr>
<tr>
<td>2:35 – 2:45</td>
<td>QIO Discussion – Led by the CRISP NCC</td>
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<tr>
<td>2:45 – 3:15</td>
<td>Project Impact: Mobilizing Community Based Organizations to Address Health Disparities presented by Sara Minsky, MPH, Assistant Director, Center for Community-Based Research, Dana-Farber Cancer Institute</td>
</tr>
<tr>
<td>3:15 – 3:35</td>
<td>Innovative Technology Applications in Healthcare presented by Gigi Sorenson, RN, MSN, NAH Director, Telehealth, Care Beyond Walls and Wires</td>
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<tr>
<td>3:35 – 3:45</td>
<td>QIO Discussion – Catherine Price, MSEd, Project Manager, Care Transitions, Health Services Advisory Group, Inc. (Arizona)</td>
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<tr>
<td>3:45 – 4:00</td>
<td>Closing Remarks – Madeleine Shea, Ph.D.</td>
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SHARE YOUR SUCCESSES ON THE CMS PULSE WEBSITE!

Contact Ava Richardson
Phone: 410-872-9682
Email: richardsonav@dfmc.org
Thank you for participating in today’s webinar.

At the close of the presentation, you will automatically be directed to an evaluation screen.