

# WakeMed Health And Hospitals —

## *Language and Cross Cultural Care Program*

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# Introduction

- **Providing patients with quality health care is a hallmark of the kind of good practice that we strive to achieve. Unfortunately, as health care professionals we face many unique obstacles to the level of care we are able to deliver.**
- **Some of these obstacles involve cultural misunderstandings and miscommunications with patient populations whose languages, experiences, and backgrounds differ from those of their providers.**
- **At WakeMed we understand that we cannot afford to let cultural and linguistical differences limit our ability to meet the needs of our patients, or reduce their opportunity to benefit from the services we can provide. Our aim is to help the staff meet these challenges.**

# WakeMed's Commitment

- **To value differences of patients and employees – *critical to success as organization***
- **Effectively manage diversity of increasing multi-cultural client base**
- **Attract and retain finest employees and connect their diverse talents and perspectives**

# Timeline

**Prior to developing its language programs, WakeMed workforce members used whatever interpretation and translation resources were available:**

- **Family members were used (which was fast, cheap, and easy)**
- **Human Resources maintained a list of the few workforce members who spoke Spanish, and some community members were brought in to help for other languages.**
- **These individuals received no training and were not assessed on their language skills. Thus, even though some language assistance was being provided, it wasn't being provided well.**

# Timeline—cont'd

- **As the number of Spanish-speaking LEP patients continued to increase, especially in the ED, OB and pediatrics areas, staff began to realize that they couldn't effectively care for patients without some kind of more organized language assistance.**
- **A Spanish-speaking obstetrician noticed that at least one of the untrained, un-assessed interpreters was inserting personal judgments into interpretations. He brought this to the attention of the COO along with information on the growing number of Spanish-speaking patients that were having babies at WakeMed.**
- **Around the same time other physicians noted during a hospital retreat that there was a need for stronger language assistance services. Witnesses of this comment included clinical staff, members of the Board and the hospital CEO. This created motivation to not return to the retreat the next year not having done anything to address the concern.**

# Timeline—cont'd

- **WakeMed received a planning grant from the Duke Endowment to begin the process of determining what language assistance services were necessary.**
- **A series of focus groups, a secret shopper project, and other data collection efforts were part of this planning.**
- **WakeMed began making changes such as translating signage into Spanish, translating documents including informed consent and discharge forms. These items were addressed first because the issue was seen as a liability problem.**

# Timeline—cont'd

- **A task force was established to determine the best ways to use the information that had been learned to develop a language assistance program. At first this group included the COO and some other staff leaders.**
- **The planning grant and efforts of the task force led to another grant from the Duke Endowment to hire a manager of interpretation and translation services, and educate/train staff about cross-cultural communication issues. The entire task force interviewed the candidate, but the only evaluation of language ability was a conversation in Spanish with one of the physicians.**

# Timeline—cont'd

- **The manager was hired and a formal interpretation and translation department was established to:**
  - **Organize a comprehensive, system-wide, language and cross cultural care program**
  - **Develop protocols and tools to assess language and interpretation skills**
  - **Hire and assess interpreters**
  - **Develop organizational/administrative policies**
  - **Make recommendations to institute incentive pay for language skills**

# Timeline—cont'd

- **The manager became a member of the task force, and because it was soon realized that the efforts would require cross-system collaboration, the group was expanded to include representatives from across the hospital. Headed by a senior VP, the task force was the primary driving force behind developing the planning grant and the transition of the task force to a system-wide effort.**
- **This task force pressed the organization to make their work a system-wide quality improvement (QI) project. WakeMed already had a 7 step process in place for implementing performance and quality improvement initiatives. Once in place, the task force reported to the organization's Quality Council, which sanctioned the efforts, made them visible, and gave them authority to work and effect the whole system.**

# Description of our current interpreter program

- **For Spanish, a combined force provides services 24/7 for approximately 45,000 encounters per year for all WakeMed campuses, including:**
  - **Twenty staff Spanish interpreters**
  - **Three Spanish translators**
  - **Bilingual employees and/or providers, assessed and trained, who participate in the in-house volunteer interpreter program**
- **Contract interpreters for languages other than Spanish, for the deaf, hard of hearing, and deaf-blind**
- **Over-the-phone interpretation provided by the Language Line to supplement services for all languages.**

# Description of our current interpreter program—cont'd

- **The department of Interpretation and Translation services provides training to all staff, through inservices or workshops, in topics such as:**
  - **How to access interpretation/translation services**
  - **How to work with interpreters**
  - **Cross cultural care and patient-centered communication.**
- **The Staff Development Department provides access to training for Spanish immersion courses.**
- **Online mandatory training modules have been developed for nursing staff, on the above subjects, to use in the hospital's intranet.**

# In Summary

## **What Every Hospital Should Be Doing—it has worked for us**

*WakeMed is a private non-profit hospital system that generates all of its funds from patients and insurers, including Medicare and Medicaid.*

- **The organization's evaluation began in response to the areas rapid demographic changes, but it was possible because WakeMed had resources available and a culture of caring for everyone, regardless of color, language, culture, ability to pay, etc.**
- **New employees are evaluated for culture fit during the interview process. During new employee orientation senior leaders emphasize that WakeMed believes health care is a right and individuals that have issues with race, religion, culture, etc. will not fit in.**

# In Summary

- **All workforce members have the “Wake Way” written on their badges, which outlines aspects of the organizations culture. Individuals who epitomize the “Wake Way” are recognized by peers and refresher sessions are done periodically.**
- **WakeMed is the primary hospital in the area that cares for un- and under insured patients. This fact, as well as its mission, vision, and values statements, served as a foundation for WakeMed’s realization that it had to build stronger services to care for the LEP populations it was going to be serving in increasing numbers.**
- **Cross-cultural communication fits well with WakeMed’s mission and values, but many steps were taken to reinforce it as a priority. Having a senior VP introduce aspects of culture during orientation, weaving language and culture issues into all training sessions, hiring bilingual staff, creating pay incentives for bilingual skills, etc.**

# In Summary—cont'd

- **We realized early on that improving cross-cultural communication would take a coordinated effort across all its departments. Planning was done with representation from public relations, marketing, community services, statistics, human resources, patient access, the clinical staff, and others.**
- **WakeMed solidified its commitment by hiring a staff person whose primary role is developing and coordinating the language and cross cultural care program. This leader ensures WakeMed is using its language assistance resources effectively.**
- **Without a dedicated staff person, a hospital will not be able to develop a language assistance program that touches every aspect of the organization from signs and maps to interpretation and staff training.**

# In Summary—cont'd

- **We developed written organizational/administrative/human resources policies for interpretation and translation services. These stated, among other things, that family members/friends/unassessed staff should not be used as interpreters and explained why, and it outlined the role and duties of the interpreters. Without the supporting policies it is too easy for workforce members to ignore guidance.**
- **WakeMed has found that interpreter staff can contribute to the organization beyond just provision of interpretation and translation. The manager of Interpretation and Translation services (ITS) is also a member of the hospital's Ethics Committee, and the Human Resources Management Advisory Council.**
- **Meeting all patients communication needs should be an organizational priority. To do this the organization will need persuasive advocates with supporting data on demographic changes and communication lapses.**

# In Summary—cont'd

- **Advocates are needed in upper management to support resource allocation and set example.**
- **Advocates are needed in middle management across the organization to persuade staff, gather data, and implement efforts.**
- **The individual managing the provision of language assistance has to be a strong leader, persuasive but not abrasive.**
- **A hospital's mission and values need to support efforts to care for all patients equally, regardless of communication needs.**
- **The organizational culture must reinforce the message to workforce members— hearing it from leaders, resource allocation, and seeing the passion of co-workers.**

# In Summary—cont'd

- **Every hospital that serves a significant number of LEP patients needs to invest on staff interpreters to bridge language gaps—making interpreters workforce members allows an organization to monitor quality and ensure timely responses.**
- **Must do a needs assessment of both the patients being served and the populations in the community. This can be secret shoppers, focus groups, patient surveys, observation of entry points, and review of changing demographics.**
- **The key event that led to WakeMed's language assistance programs was the rapid and unexpected demographic change in the patients being served. Organizations must be attuned to these types of changes in the language and culture of populations in the community.**