WHO-HPH TF MFCCH
Task Force on Migrant-Friendly and Culturally Competent Health Care

IMPROVING INTERPRETING IN CLINICAL COMMUNICATION:
the experience of the MFH project

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COST/Action and TF MFCCH meeting
13-14 March 2008, Reggio Emilia
Migrant-Friendly Hospitals (2002-2005)
A European Initiative to Promote Health and Health Literacy Migrants and Ethnic Minorities

AT  Kaiser-Franz-Josef-Spital, Vienna, Austria
     Immanuel-Krankenhaus GmbH,
DE  Rheumaklinik Berlin-Wannsee,
     Berlin, Germany
DK  Kolding Hospital, Velje-Kolding, Denmark
EL  Hospital "Spiliopoulio Agia Eleni",
     Athens, Greece
ES  Hospital Punta de Europa,
     Algeciras-Cádiz, Spain
FI  Turku University Hospital, Turku, Finland
FR  Hôpital Avicenne, Paris, France
IR  James Connolly Memorial Hospital,
     Dublin, Ireland
IT  Presidio Ospedaliero della Provincia di
     Reggio Emilia, Reggio Emilia, Italy
NL  Academic Medical Center,
     Amsterdam, The Netherlands
SV  Uppsala University Hospital,
     Psychiatric Centre,
     Uppsala, Sweden
UK  Bradford Hospitals NHS Trust,
     Bradford, U.K.
Migrant-Friendly Hospitals:
A European Initiative to Promote Health and Health Literacy Migrants and Ethnic Minorities

Aims
- To identify, develop and evaluate models of good practice
  - promoting the health and health-related knowledge and competence of migrants and ethnic minorities,
  - improving hospital services for these patient groups.

Strategies:
- Establish a network of European pilot hospitals
- Overall organisational development process
- Implement and evaluate effective models addressing specific aspects of migrant’s health care needs
Migrant-Friendly Hospitals (2002-2005)
www.mfh-eu.net

PROJECT OUTCOMES

12 national models for MFH: "how to do it" interventions

- Organizational development
- Interpreting services
- Staff training on cultural competence
- Patient information and education

The Amsterdam Declaration
Towards Migrant-Friendly Hospitals
in an ethno-culturally diverse Europe

Migration, diversity, health and hospitals

- Migrants, ethno-cultural diversity, health and health care are closely intertwined in many ways. This makes it difficult to talk about migration, integration and health without also being more and more diverse on the local level.

The health data of migrants and ethnic minorities groups is often more than that of the average population. These groups are more vulnerable, not only because of inherent migration experiences and lack of adequate social support. This is even more the case when it comes to the effectiveness of health care services. The need for more information on how to support patients from minority groups is often underestimated.

The WHO-HPH Task Force on Migrant-Friendly and Culturally Competent Health Care has identified specific needs of migrant patients and developed a framework for improving health care services for them. The framework includes interventions such as organizational development, interpreting services, staff training on cultural competence, and patient information and education.

For hospitals

- 12 national models for MFH: "how to do it" interventions
- Organizational development
- Interpreting services
- Staff training on cultural competence
- Patient information and education

For health policy

- The Amsterdam Declaration
- Towards Migrant-Friendly Hospitals
- in an ethno-culturally diverse Europe

For networking

- WHO-HPH Task Force
- Migrant Friendly and Culturally Competente Health Care

www.mfh-eu.net

TF MFCCH
WHO Europe

OUTCOMES
For hospitals

OUTCOMES
For health policy

OUTCOMES
For networking
Project structure in pilot hospitals

Hospital management

Overall project

DEVELOPING A “MIGRANT-FRIENDLY” ORGANISATION

Sub project A
Interpreting in clinical communication

Sub project B
Information and education in mother and child care

Sub project C
Staff training towards cultural competence
Interpreting in clinical communication

European cross analysis Needs Assessment:
The six most important problem areas

- **Language and Communication**
  - Patient info + educ. (linguistically and culturally adequate) : 12
  - Cultural barriers/lack of cultural competencies : 10
  - Family visits : 7
  - Lack of culturally adequate food : 6
  - Spirituality and social support : 5

Number of hospitals where problem was mentioned
(NA results from 12 pilot hospitals)
Literature review showed (A. Bischoff):

- Patients do not receive complete information about their care.
- At the same time, clinical staff is not able to understand the patients’ needs.
- This frequently leads to communication problems and misunderstandings.
- Language barriers have adverse effects on the accessibility of care, the quality of care received, patient satisfaction, and patient outcomes.
Overview of critical issues in clinical communication

- Timely access
- Anamnesis:
  - Patient history
  - Patients’ health status
- Patients’ reporting of symptoms
- Providers’ understanding of symptoms
- Overuse of diagnosing testing
- Informed consent
- Patients’ understanding (of diagnosis and their condition)
- Effective client-provider relationship:
  - Patient understanding
  - Informed consent
  - Cooperation
  - Compliance
  - Medication
- Discharge information
- Medical follow-up
- Disease management
- Health behaviour
- Lifestyle

Admission → Diagnosis → Treatment → Discharge

Translating written and picture-based communication aids: e.g. informed consent forms, medication labels, application forms for benefits, discharge instructions, etc.
## Interpreting services - State of the art at MFH pilot hospitals at the start of the project

### 1° MFQQ assessment Results

<table>
<thead>
<tr>
<th>Kind of professional interpreting service</th>
<th>AT</th>
<th>DE</th>
<th>DK</th>
<th>EL</th>
<th>ES</th>
<th>FI</th>
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<th>UK</th>
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</thead>
<tbody>
<tr>
<td>1. Interpreting service implemented at hospital</td>
<td>25</td>
<td>25</td>
<td>25</td>
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<td>2. Telephone interpreting service</td>
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<td>3. Co-operation with external interpreting service</td>
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<tr>
<td>Who can request an interpreter?</td>
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<tr>
<td>4. Interpreting service available on request of staff</td>
<td>50</td>
<td>25</td>
<td>100</td>
<td>25</td>
<td>100</td>
<td>50</td>
<td>75</td>
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<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>5. Interpreting service available on request of patients and/or relatives</td>
<td>50</td>
<td>50</td>
<td>100</td>
<td>25</td>
<td>75</td>
<td>75</td>
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<td>100</td>
<td>100</td>
<td>48</td>
</tr>
<tr>
<td>6. Utilisation of language and cultural competencies of staff members with migrant and/or diverse backgrounds</td>
<td>75</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>50</td>
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<td>25</td>
<td>25</td>
<td>75</td>
<td>40</td>
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<td>7. Cultural mediation services</td>
<td>25</td>
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</table>

### Degree of implementation per hospital

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<tr>
<th>AT</th>
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<td>32</td>
<td>7</td>
<td>64</td>
<td>32</td>
<td>85</td>
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[degree of implementation in %]
Staff survey
Which resources are used to facilitate communication (used always or often, %)

- Professional interpreting services: 35%
- Employee language bank: 3.8%
- Bilingual colleagues: 14.7%
- Adult relative or friend of the patient: 58.1%
- Child under 18: 10.2%
- Self: 5.5%
Staff survey
In which ways should the hospital´s interpreting services be improved?

• Improve written information for patients having limited command of the local language: 52,5%
• Improve interpreters´ availabilities: 36,9%
• Increase number of available professional interpreters: 36,5%
• Expand hours of operation: 25,5%
• Improve information on how to gain access to professional interpreting services: 25,4%
• Increase number of languages: 22,5%
Improving interpreting services: objectives

- **Professional interpreter services** should be made available whenever necessary to ensure good communication between non-local language speakers and clinical staff.

- **Patients** should be informed about language services available and how to obtain these services.

- **Clinical staff** need to become **empowered on how to work competently with interpreters** to overcome language barriers and obtain better outcomes.

- In addition, **patients education materials** should be made available in non-local languages to assist with communication.
Optimising existing interpreting services

Measures to improve timely access:
  • Improvements in service co-ordination

Measures to facilitate better service utilisation:
  ▪ Increase visibility of the service at the hospital
  ▪ Increase awareness of the need for interpreting and its benefits
  ▪ Improve staff knowledge and skills on working with interpreters
  ▪ Strong managerial support for the use of interpreters

Setting-up new interpreting service

Strategy 1: Professional interpreters
  ▪ Employment of interpreters
  ▪ Contracting interpreters through an outside agency

Strategy 2: In-house employee language banks
Measures implemented in Pilot hospitals

Set-up or improvement of interpreting services by means of:
- Co-operating with an external agency or NGOs: ES, IE, IT, SV
- Establishing/improving an employee language bank: ES, FI, SV
- Co-operating with bi-lingual community partner + NGOs, e.g. training cultural mediator for clinical interpreting duties: IT, SV

Improving coordination of interpreting services: DK, IT, UK

Developing/updating policies on clinical interpreting: DK, FI, IE, IT, NL

Training and education
- For hospital staff on how to work with interpreters: UK, FI, IE
- For interpreters to work in clinical communication: IT, SV

Translation of written material: ES, FI, IE

Improving telephone interpreting at the hospital: DK

Interpreting service documentation: DK, IE

Improving access to and utilisation of interpreter services through information and marketing: FI, IE, NL, SV
Outcomes in pilot hospitals

- Increase in the number of interpreter-supported clinical encounters with foreign-language patients
- Decrease in the use of *ad hoc* interpreters (family members, friends, other patients, non-qualified staff)
- Interpreting services are more widely and more timely available as a result of the project: *views of hospital staff*
- Improved perceived quality of the communication: *views of staff, views of patients*
- An increase in the health literacy of foreign language patients, *i.e. better patient information and understanding*
- An improvement in patient compliance with follow up treatment due to the use of qualified medical interpreters that enhanced the exchange of medical information
MFH recommendations: Steps in setting-up (optimising) interpreting services

1. Obtain management support (symbolic + practical)
2. Establish central interpreting co-ordination
   - Hire an interpreting co-ordinator or
   - Appoint staff from inside the hospital
   - Tasks: Control the budget, Track volume increase, Assure quality of care
3. Choose interpreting resources
   - In-house professional clinical interpreters
   - Outside interpreting agencies
   - Phone interpreters
   - Employee language bank
4. Interpreter training
5. Marketing and service evaluation
   - Increase awareness and visibility
6. Produce policies and guidelines
7. Translation of written materials – systematic approach
The Italian pilot project

Setting-up a linguistic-cultural mediation service in the Local Health Service of Reggio Emilia

Part of the Emilia-Romagna region
- 2,291 square kilometres
- Main town Reggio Emilia
- 6 territorial districts
- 45 municipalities
- Population of 457,000 people

Part of the Regional Health System
- 1 of the 17 LHSs of the region
- 6 Health Districts (primary care)
- 5 Territorial Hospitals + 1 city H
- 3,500 employees - 470 MD
- 359 GPs
Implementation and evaluation of the LCM service in all 6 hospitals and 6 health districts

SET UP OF A LCM service for the whole province of Reggio Emilia by:
• Community-based interpreting & intercultural mediation as a shared resource for all health care services.
• Using an external agency for intercultural mediators (social cooperatives)
• Connecting the needs of hospitals, primary care and social services
• Developing partnerships in the community with local authorities.

ESTABLISHED COORDINATION both at central and district level

DEVELOPED TRAINING and education
• For hospital staff
• For intercultural mediators

DEVELOPED GUIDELINES on cultural mediation and translation/interpreting

SYSTEMATIC DOCUMENTATION continuous assessment
Intercultural mediation services provided

Languages: Arabic, Chinese, Hindi, Urdu, Punjab, Albanian, Russian, Turkish, Romanian.

19 intercultural mediators

Type of interventions for clinical encounters and health promotion activities:

- On site presence of the intercultural mediator (in each hospital)
- Weekly scheduled intervention
- Urgent intervention (within 2/3 hours)
- Intervention over the phone
- Interpreting and translations
- Patient information and education
- Community information and education
Number of hours of LCM service by health structures in 2007

- 1497 Main city Hospital (S. Maria Nuova)
- 572 Five District Hospitals
- 2300 Six Health Districts (Primary care)
- 627 CARITAS (Specialist visits for UDM)
- 2848 Family Healthcare for undocumented migrants (UDM)

- 37% of hours
- 29% of hours
- 19% of hours
- 7% of hours
- 8% of hours
LCM service activities by languages

- Chinese: 37%
- Arabic: 28%
- Indo-Pakistan: 10%
- African: 6%
- East European: 9%
- Albanian: 10%
- Other: 0%
Number of telephone interventions in one year

- Chinese: 1835
- Arabic: 91
- Indian: 95
- Albanian: 103
- Est Europe: 0
- African: 7
- Others: 0

WHO-HPH TASK FORCE ON MIGRANT FRIENDLY AND CULTURALLY COMPETENT HEALTHCARE
HEALTH PROMOTING HOSPITALS NETWORK OF EMILIA – ROMAGNA
AZIENDA USL DI REGGIO EMILIA – DIREZIONE GENERALE
LCM service interventions by type of encounters

- Prevention and health promotion: 6%
- Other: 1%
- Services to improve access: 44%
- Medical and nursing care: 47%
- Hotel services: 2%
LCM service interventions by type of services

- Mental Health: 4%
- Specialist ward: 18%
- Social care: 1%
- Emergency: 1%
- Administrative services: 16%
- General medicine: 6%
- Paediatric: 10%
- Woman care: 44%
Concluding remarks

- Tendency to continue to use informal interpreters, such as family members (particularly in A&E departments);
- Risk that health staff delegate certain tasks to intercultural mediators;
- Tendency to consider the use of intercultural mediators as a panacea for the management of intercultural encounters;
- Need to create appropriate and recognised training programmes for intercultural mediators;
- Need to define quality standards for intercultural mediation, interpreting and translation;
- Need to develop a policy for culturally competent communication.
TF MFCCH – Questions

Project info and documents at:

www.ausl.re.it/HPH/FrontEnd/Home

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