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It's a Matter of Quality and Safety

By Anabela Nunes

Providing professional medical interpreters, at no cost, to patients who are Limited English Proficient (LEP) is a federal law, a state law and it is also mandated by several regulatory agencies. Title VI of the 1964 Civil Rights Act stipulates that recipients of federal financial assistance cannot discriminate based on race, color or national origin; and this last characteristic specifically includes language.

Executive Order 13166 "Improving Access to Services for Persons with Limited English Proficiency" of 2000 further requires that meaningful access to services be provided to LEP individuals. The Americans with Disabilities Act of 1990 (ADA) prohibits discrimi-

nation based on disabilities. The U.S. Department of Health & Human Services, Office of Minority Health, also mandates that healthcare organizations provide competent language assistance through the National Culturally and Linguistically Appropriate Services (CLAS) Standards. In 2000, the state of Massachusetts enacted the Emergency Room Interpreter Law (ERIL) which states that acute care hospitals must provide competent interpreter services to LEP patients. Additionally, the Massachusetts Department of Public Health Determination of Need (DoN) program includes an assessment of existing language access when hospitals request expansion of services. However, provid-

ing language access isn't merely a question of legal and regulatory requirements: ***It's a matter of quality and safety.***

A Joint Commission study published in 2007 found that patients with limited English proficiency are almost twice as likely to suffer from adverse events in U.S. hospitals, resulting in temporary harm or death, compared to English speaking patients.¹ There are numerous examples in the literature of cases where language barriers played a critical role in the quality of the care the patient received that ultimately compromised the patient's safety. One such case is the story of 18 year old Willie Ramirez who arrived in a Florida emergency room uncon-

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Special points of interest:

- *Interpreters Week will be celebrated the week of Sept 30.*
- *Alma McDonald, CMI, came across a disease that she had previously never heard of; it is fibrodysplasi ossifica progressiva, a.k.a., Stone Man Syndrome. It is a disease of the connective tissue where fibrous tissue becomes ossified. Thank you for your contribution Alma!*

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Conflict and Safety

Conflict and safety are not necessarily two words that anyone would easily associate. However, according to Debra Gerardi, RN, MPH, JD, the Chief Creative Officer for Emerging Healthcare Communities, positive conflict engagement can lead to a safer environ-

ment for our patients. Debra was invited by Mass General to give workshops on "Conflict Engagement in Complex Systems" which was attended by Anabela Nunes and Andrés Silva from MIS. In his presentation to our Schedule Coordina-

tors, Andrés stated that conflict engagement is actually a positive term and is a natural part of being in relationship to others. While conflict is never easy, how we deal with it determines whether we improve our environment or not. Our

safety reporting system is one such example where from challenging situations arise positive outcomes for our patients, their families and our staff.

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July Grand Rounds

By Andy Beggs

Our latest Grand Rounds featured Speech and Language Pathologist and Russian-CMI Zhenya Barshai, who led a discussion on “Collaborating with Speech and Language Pathologists”.

We thus had a presenter who could speak from a clinical point of view, as well as that of a Medical Interpreter. Joining us were two MGH speech pathologists (one inpatient and one outpatient), and a graduate student in Speech and Language Pathology.

Ms. Barshai stressed the importance of the pre-session with the interpreter, in which the purpose of the session would be discussed. She also briefly described the topics on which a speech and language pathologist focused, including speech sounds, language, voice and resonance, fluency, cognition, and swallowing and feeding.

One interpreter commented that while we as Medical Interpreters focus on getting across the meaning of an utterance rather than a word-for-word ren-

dering, with a speech and language pathologist, we are asked to work more closely with the words that are actually said. The point was then made that “word-for-word” was really to be called “transliteration” and not interpreting.

This and other topics sparked lively discussion among the group members, as participants brought up examples from their work in an effort to collaborate even more effectively with speech and language pathologists in the future.

Invitation to a Very Special Interpreter Grand Rounds

On **Friday October 4, 2013 at 12 noon in the O’Keefe Auditorium**, MGH MIS will host a very special Interpreter Grand Rounds on *Advanced Care Planning: Pain, Suffering and Dying in Culturally Diverse Ethnicities*. This Grand Rounds is open to the entire MGH Community.

Three of our staff interpreters: Carla Polonsky, CMI (Spanish); Marina Michurina (Russian) and Khalil

Elrayah (Arabic) along with one of our freelance interpreters, Fred Chin (Chinese Mandarin and Cantonese, and Burmese) will be the presenters for this event.

The presentation will be geared toward a multi-disciplinary audience in order to raise awareness of how one’s ethnic culture influences responses to pain, suffering, and death as well as one’s responses to health care providers’ re-

quests to make Advanced Care Plans.

The interpreters will present and facilitate a discussion on the use of cultural humility as a lens through which such conversations with patients can best be approached.

Did you know...? Part II: Revision in Translation Quality Management

By Anna Pandolfo

In any professional translation quality management, the revision process is carried out by someone other than the translator before it is delivered. It is important to distinguish between the processes of unilingual revision and comparative revision.

In *unilingual* revision, also known as *reviewing*, the reviser—a specialist in the target language—concentrates mainly on the target text to assess the idiomatic style and the proper use of language. In *comparative* revision also referred to as *bilingual* revision or *revising*, the reviser—a qualified translator with competence in the source and target language—**compares** the translated text to the source text for accuracy and completeness. Besides these

two important parameters, the reviser also checks for the appropriate register, style, grammar mistakes, spelling and punctuation. In Spanish for example, a missing accent on a vowel or a misplaced comma can completely change the meaning of a sentence.

It is important to be aware that while revising technical/scientific translations, specialized terminology poses additional challenges to the reviser, because most of his/her attention is diverted to finding resources to solve the terminological issues. If this is not well managed, it can affect the overall quality improvement on the revised text. Although *comparative* revision is more time consuming, it produces the best results.



On Friday July 19, Elizabeth was quite surprised by her MIS Baby Shower. Congratulations Elizabeth, Milton and Christina who was born on August 19, 2013!

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scious. For two days he was treated for a drug overdose, when in fact he was suffering from an intracerebellar hemorrhage. As a result, Willie became a quadriplegic. One critical aspect of this case was the use of the word “intoxicado” by a Spanish speaking family member who accompanied Willie to the hospital. Instead of understanding the family member’s opinion that Willie may have been “poisoned”, as would have happened if a professional medical interpreter were present, the providers assumed that Willie was simply “intoxicated”. There are many such “false friends” – words that sound alike in two languages but have significantly different meanings. When caring for patients, these nuances of language can have a dramatic impact.

The case of 13 year old Gricelda Zamora, in Arizona, is another example of how communication is critical to quality and safe care. Gricelda, who often served as her family’s interpreter, developed severe abdominal pain and when brought into the hospital was too sick to interpret and no medical interpreter was present. She was given a pregnancy test and diagnosed with gastritis. The family was told to bring her back if symptoms worsened and to follow up with a doctor in three days; however, what they understood was to wait three days to see the doctor. When they brought her back to the emergency room, two days later, Gricelda had a ruptured appendix, and died several hours later. When caregivers deliver instructions to LEP patients or families in English, though the patients and their families may nod and smile it is not a guarantee that they understand what they are supposed to do. All too often when they return home they do not follow the instructions and recommendations precisely because they don’t understand them.

The case of Rita Quintero, a woman who was found wandering the streets, wearing odd clothing, not having bathed in some time, and unable to

communicate except for a few Spanish words, demonstrates how critical it is to communicate with the patient in a language they understand and to be able to recognize cultural characteristics. Due to her seemingly “odd behavior” she was found to be mentally ill and involuntarily committed for 12 years. It wasn’t until an advocacy group finally identified her as belonging to the Tarahumara tribe in Mexico and speaking Raramuri that she was allowed to return home. Her seemingly “odd behavior” and dress were characteristic of her tribe. Although caregivers often brought in a Spanish interpreter, Rita was not fluent in Spanish and her vocabulary in this language was limited. It is important to communicate with the patients in their preferred language and recognize that languages that sound similar cannot be interchangeable, such as Spanish for Portuguese, French for French Creole and Portuguese for Portuguese Creole.

A study of pediatric encounters where interpretation was provided by ad-hoc, untrained interpreters (family members and bilingual staff members) found that there were 31 errors per encounter, 77% of which could have had clinical consequences.² The bilingual staff members were other caregivers. It is critical that in our role as medical interpreters we advocate for patients to work with professional medical interpreters, even when other staff members are bilingual or when patients are accompanied by bilingual family members.

The use of professional interpreters, whether in person, by telephone or by video, has a positive financial impact. A recent study demonstrated that the use of professional medical interpreters decreases length of stay and reduces readmission rates.³ However, providing language access is more than a legal, regulatory or financial issue. Working with professional medical interpreters is about providing the highest quality care in the safest way possible; it’s about empowering the patient to be an

active participant in their healthcare discussions and decision making; it’s about ensuring that patients and families are able to adhere to treatment plans; it’s about providing high quality and safe healthcare for LEP and Deaf and Hard of Hearing patients. We are privileged to work in an institution where medical interpreters are an integral part of the medical team and where we play a vital role in making a difference in the experiences and outcomes of our LEP and Deaf and Hard of Hearing patients and their families. Indeed, it is a matter of quality and safety; and **we do** make a difference.

Notes:

¹Divi C, Koss RG, Schmaltz SP, Loeb JM. Language Proficiency and Adverse Events in U.S. Hospitals: A Pilot Study. *International Journal for Quality in Health Care* 2007; 19: 60-67.

²Flores G, Laws MB, Mayo SJ, Zuckerman B, Abreu M, Medina L, Hardt EJ. Errors in Medical Interpretation and Their Potential Consequences in Pediatric Encounters. *Pediatrics* 2003; 111; 6.

³Lindholm M, Hargraves JL, Ferguson WJ, Reed G. Professional Language Interpretation and Inpatient Length of Stay and Readmission Rates. *J Gen Intern Med.* 2012 Oct; 27(10):1294-9.

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Debra stated that “Safety emerges from the interaction of team members...and complete systems succeed based on the quality of (those) interactions.” We are all well aware of the high quality of our medical teams here at MGH and the critical role that interpreters play on those teams. In a sense, the quality of the interactions between providers, our LEP and Deaf and Hard of Hearing patients and their families depends upon a professional interpretation accurately delivered in the encounter.

Safety reports, when done in a respectful manner, become key instruments by which safety emerges from situations of conflict. So, the expression, “If you see something; say something,” is not just limited to the MBTA!

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The MIS Newsletter was created in response to the need for a new and improved mode of inter-departmental communication. The information shared in this publication is intended for the use of MGH MIS staff, freelance interpreters and the greater MGH staff community.

We are always looking for information and ideas for articles that would interest our readers. Please submit any contributions that you might have to Chris Kirwan at the email address given to the left.

Whether you have an important event that impacts our profession, an article that might be of interest, or general information that the department might find useful, please help to make this instrument an effective method of communication.

Thank you!

Interpreter Profile: Susan Muller Hershon *by Andy Beggs*

Language: American Sign Language (ASL)

Country of Origin: USA

"Sometimes one person or experience can change the whole path of your life," says Susan. While a Special Education teacher at Fernald State School in Waltham, Mass she took interest in a 20 year old resident who had been there since the age of 5 because he was Deaf. He had practically no means of communication. Susan brought him to various places to meet and interact with other Deaf people. Both he and Susan began to learn Sign Language. He eventually joined a Deaf group home.

Susan went on to hone her ASL skills, and later became certified as an ASL interpreter. She focused her Masters degree around issues related to the Deaf, and did both interpreting and teaching. "I was brought along and nurtured by the Deaf community," says Susan. "I immersed myself."



Susan has interpreted for conventions, done legal interpreting, and interpreted for former Secretary of State Hillary Clinton, the late Senator Edward Kennedy, and at the Democratic National

Convention in Boston. Susan also interpreted at the dedication of the Lenny Zakim Bridge in Boston in 2002. Lenny was a community activist who "worked tirelessly to build personal bridges between our city's diverse people and neighborhoods." MTA press release (2002-09-18). - Joyce Zakim, wife of Lenny Zakim"

Susan has been an ASL interpreter at MGH for 8 years, and coordinates CART services (Communication Access Realtime Translation), for Deaf people who don't know Sign Language. This is a service that allows Deaf patients to read what the provider is saying in "real time" on a computer screen. Susan holds a line from Helen Keller in her heart: "Blindness separates people from things, Deafness separates us from people." Throughout her career, Susan has done much to bridge that gap.