Language Access For Our Diverse Patient Community
Montgomery General Hospital

Program/Project Description.
In the Fall of 2009, our staff participated in an organization-wide Diversity & Inclusion survey. The survey results arrived in December and we spent the early part of 2010 analyzing the results and developing an action plan. The number one opportunity identified in the survey was the need to effectively meet the needs of our diverse patient population. The problem was that our current practice was not meeting the needs of our patient and family community. We were at times using family members and untrained bilingual staff as interpreters. We were inconsistent in our use of Language Line services and inconsistently using trained interpreters (spoken language and ASL). We also found we were not effectively collecting and managing patient language data and were also inconsistent in documenting language needs and services in the medical record.

At the time we began we had no quantitative baseline upon which to improve. We had some anecdotal data from both the survey and from conversations with staff. We had a lot to learn and received immense support from the staff of the Advocacy and International Services department at Georgetown University Medical Center, one of our sister hospitals within the MedStar Health System. After further research and analysis we identified the goal of meeting the language access needs of all patients and family members through the use of both remote and in-person medically trained interpreters.

For the present time, we would measure our success by tracking increasing utilization rates for both Language Line and in person interpreters.

Process.
To develop a solution we took the following steps:
1. Developed a Language Access Steering Committee chaired by our CEO and supported by our Vice-President, Operations
2. Collaborated with the Administrative and Language Services Manager at Georgetown to educate ourselves to the problem and potential solutions.
3. Arranged for an organization-wide interpreter services audit, conducted by Language Line

Solution.
Developed an action plan that included the following:
1. Installation of Language Line phones in every patient room, every patient care area throughout the hospital, and every administrative office where staff interacted with patients or family members
2. Investigated use of video interpreter services and participated in a system-wide initiative to explore and pilot video interpreter network
3. Initiated training for bi-lingual and multi-lingual staff who wanted to function as medical interpreters
4. Conducted focus group session with members of the deaf community on how to better serve their needs at Montgomery General
5. Based on focus group outcomes, increased number of vendors to provide deaf interpreter services and invested in an UbiDuo, technology to facilitate communication until an interpreter arrives
6. Throughout, we are conducting organization-wide training on a schedule that ensures every unit is visited by a trainer quarterly, and has opportunity to ask questions, review skills, and receive new information. We anticipate this may be our most important intervention, because interaction between the Limited English Proficiency patient and family or the deaf patient and family and staff is critical to safe and comforting care.
7. Currently, investigating document translation services

Measurable Outcomes.
We are currently tracking and trending results. Early reports indicate that we have doubled usage of Language Line services, increased utilization of deaf interpreters (we are developing a baseline over the course of this year), and based on staff feedback, are increasing their skill and their comfort level in interacting with patients and families who need access services.

Sustainability.
Placement of Language Access in the Learning and Organizational Development department with a clear mandate from MGH leadership to welcome our diverse community by making interpreters accessible and available when needed.
Role of Collaboration and Leadership.
The progress being made on language access at MGH is a great example of whole system collaboration. From the direction of senior management to the enthusiastic support of our ED nurses and staff in piloting the project, to the encouraging welcome received in every unit and department, it became clear that providing improved language access services was a priority to our associates. Leadership spearheaded this project as our President, Pete Monge, established a steering committee in early 2010. Updates about the project have been presented to senior management, to the MGH Board of Directors, to physicians, and to the leadership group (supervisors, managers, directors). In addition, there is consistent communication with MGH staff through the intranet, newsletter, and regular rounding by a member of the Learning and Organizational Development staff.

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