



# Establishing Video Medical Interpreting in a Rural Area

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## Establishing Video Medical Interpreting in a Rural Area Hablamos Juntos Lessons Learned

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Providing the capability to connect Spanish speaking patients and healthcare providers with an interpreter at a moments notice overcomes many of the existing barriers in eliminating healthcare disparities within Central Nebraska. Long waits to schedule appointments, long waits for an interpreter to arrive, not understanding the voice on the telephone, misdiagnosis are just a few of the reasons why qualified interpreters are needed at every stage of a healthcare encounter. Video Medical Interpreting (VMI) was chosen as the means to serve several rural hospitals with interpreters in a cost effective manner. Individual hospitals did not have the resources to have interpreters on staff 24/7. The distance between hospitals was too expansive to have interpreters moving from one locale to another. Working with qualified interpreters that have completed twelve semester hours of a Medical Interpreting Certificate Program also provide a more efficient, cost effective method to serve the needs of the our Latino neighbors.

### **Why Use Technology**

Since full-time, 24/7 interpreters within every hospital in Central Nebraska is not feasible, the use of video conferencing is the next best thing for the patient as well as the healthcare provider. For hospitals that use some form of telephonic serves now there will be more than a voice on the phone. Additionally, there is a good chance that the interpreter involved will be from the same country that the patient has recently immigrated from or at least the interpreter will understand cultural background of the patient and the home remedies that may have been tried before seeking professional medical care. Working with interpreters that have completed will also provide a more efficient, cost effective method to serve the needs of our Latino neighbors, eliminating unnecessary return visits due to miscommunications or misdiagnosis of an ailment.

### **Building a VMI Network**

In building a Video Medical Interpreting (VMI) network there are three major considerations: building the infrastructure, creating buy-in, and network operations. In the case of Central Nebraska Latino Health Partners, a VMI network was the best solution due to the distance between hospitals, the size of the LEP population within each community, and the lack of resources to provide live interpreters within each institution.

Before hiring any staff, visits were made to each hospital to explain the advantages to video medical interpreting over using a family member and/or a telephone service for interpreters. Since some of the facilities limited English Proficient (LEP) population was not over five percent, there was urgency to comply with the CLASS Standards. Orientation programs were first held with department heads to reinforce the advantage of using video over a telephone line. One advantage is the ability to see the patient's facial expressions in order to gauge understanding of the procedures. Since VMIs are receive extensive cultural and diversity training focused on the immigrants settling in Central Nebraska, they are better equipped to understand some of the home remedies the patient may have tried before seeking professional help. However, the biggest selling point was when administrators saw the difference in cost between VMI and language line. Usage doubled in one month with another 20% increase in the following month.

### **Training**

Training of the support staff is essential in order to have VMI accepted within a facility. Support staff has to understand it is just as easy to pick up a remote to dial up an interpreter as dialing up language line. This has been a difficult transition for many of the staff since this is

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adding a step in an already stressful situation. Brochures outlining step by step procedures have been customized for each facility. Any provider that has used the system has been extremely impressed with the quality of the signal and the professionalism of the interpreters. Visits of interpreters to the facilities during slow periods have provided staff an opportunity to use the equipment in a non-threatening manner. In fact in one facility the nurses have named the unit Pedro so that they now tell patients to wait one moment until "Pedro" can get there. To the patient's surprise Pedro may be a woman on the screen.

The training of the medical interpreters is two-fold. First and foremost is the skill level of the interpreter must be extremely high. Each interpreter hired must complete a 12 credit hour certificate program offered through the local community college. In this program, interpreters learn basic skills and concentrate on proper pronunciation of medical terminology. Since maternity was the first departments wired in our facilities, the terminology in connection with OB/GYN was reinforced during in-house training. The next area wired is normally the emergency room which means the terminology is quite expansive. So when the staff is not interpreting, each member studies additional medical terminology and is involved in building a data base of terminology and phrases used in patient encounters. There are also weekly quizzes prepared by the support staff to test knowledge level.

Training in use of video conferencing equipment is also extensive. During a VMI session, the interpreter takes care of all camera positioning and audio volume during a session. The staff is also versed on trouble shooting any problems that may occur with the equipment. During off times, interpreters will also work with staff from various facilities in practice sessions so that when the service is needed the healthcare providers have used the unit in a non-stressful manner.

The interpreters also translate documents for partners. Each document is translated by at least two interpreters and is proofed by the project director. This is an added service to the partners.



### **In's and Out's**

The first thought on where to locate the interpreters was at CN-AHEC's offices. This would allow support staff to back up interpreters if they were ill or on vacation. The problem was in the evenings, no one else would be within the building. The other challenge was only one of the eight individuals hired lived in Grand Island. The alternative was to locate the interpreters at the closest hospital from their home. The hospitals were more than willing to house the interpreters. Space has been donated at three facilities.

Technical support has been centralized through CN-AHEC since most of the facilities did not have the video expertise or the manpower to take on this portion of this project.

VMI services are offered 24/7. Ten hour shifts were adopted working four days on, four days off. Interpreters working from 11:30 pm - 9:30 am receive a pay differential of \$1.00 per hour. Most calls have been in late afternoon or evening.

Central Nebraska AHEC employs all of the interpreters, four full-time and four part-time. The reason for this was all interpreters have the same supervisor, pay rate, and benefit package. This decision was made since each hospital's wage and benefit package varied.



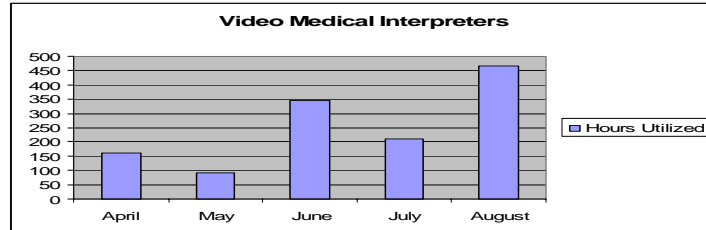
### **Usage**

The original project had six hospitals. Four of the six hospitals have hired interpreters. One of the four decided not to use VMI and has their staff come back to the facility if an interpreter is needed after hours. Two of the hospitals have been waiting nine months for their connectivity. In the meantime, a neighboring hospital, where two of the VMIs lived have joined the project.

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The VMI network started in April with three hospitals. One hospital wired the emergency room, one hospital wired maternity, and the third wired neo natal. The fourth hospital is not wired the patient areas, so interpreters when they are on duty at that facility are allowed to perform in person. Only one hospital has interpreters on staff while the other two used volunteers from the community and family members. Since adding the health clinic connected to one of the hospitals in late July, the amount of usage had doubled.



### Sustainability

For the network to become sustainable, interpreter services must be utilized 30 minutes of every hour. At the present time, the proper mix of hospitals and number of interpreter sessions has not produced at the level needed to reach this goal. During the next six months the number of partners will be gradually increased to reach this level of service.

The fee schedule will also be adjusted during this time frame. At the present time, interpreting is \$1.00 per minute and translation services are \$.05 per word. This is well below the charges of those of profit making operation. Other considerations for reaching sustainability would be to charge for technical support, and/or eliminating nonproductive shifts (the late night shift.) The latter would be a last resort since the idea of the network is to serve LEP patients when other interpreters are not available.

One method to increase usage would be to allow interpreters to perform services in person at host facilities. This is happening in the smallest facility that houses two of the eight interpreters. The downside to this is some partners would postpone wiring the entire facility. One partner has asked permission to do three-way calling over the telephone for scheduling appointments. Another partner has asked to expand services to provide interpreting services for educational sessions. Current interpreters are also being trained to interpret in a behavioral health environment. All of the above services would definitely increase revenue and help Spanish LEP patients to have better communication with healthcare providers.

The concept of VMI is a viable alternative for facilities that cannot afford to hire medical interpreters on a full time basis. A health manager has been hired to work more closely with the partners on determining how to increase usage of both interpreting and translation services. The largest user to date has been the health clinic. The clinic has lost their bilingual nurse practitioner and so the service is vital for them to service their Spanish speaking patients. One of the largest facilities has been using their own interpreters to work after hours rather than utilize VMI. However, the emergency room is currently being wired to give VMI a try on evenings and weekends.

Whether it is to back up full time interpreters, or provide interpreters where none are currently available, it definitely is taking more time to convince those on the front line to improve communications through the use of VMI. At some point each facility will have enough usage to warrant hiring in-house interpreters. Until every facility reaches that point, there will be another facility with a greater demand for the VMI service.