Development of a Standardized Digital Medical Interpretation Services Toolkit: A Quality Improvement Initiative to Advance Health Equity During the COVID-19 Pandemic

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Background
- Medical Interpretation Services (MIS) is the gold standard that should be used during clinical assessments with patients who have limited English proficiency (LEP) or hearing loss
- In Alberta, in-person, telephone or video modalities are available
- When MIS are utilized there is an increase in:
  - Patient understanding of their disease processes
  - Patient adherence with their medication and management plans
  - Patient perception of autonomy and dignity within their care
- Cost is covered by Alberta Health Service (AHS), however it is inconsistently utilized
- Providers often opt for ad-hoc interpretation (ex. family, untrained staff, bystanders) which poses significant risks including:
  - Inaccurate patient histories
  - Higher rates of medical errors and adverse hospital events
  - Violating patient confidentiality
- Due to COVID-19 all professional in-person interpretation is suspended, making it crucial for remote MIS to be accessible

Previously, we applied an intervention of digital MIS technology and education for 6 months in a tertiary center Emergency Department which:
- Vastly increased use and streamlined patient communication
- Most clinicians reported to enhance the accuracy of clinical assessments and patient centered care

Results
- Overall hospital MIS usage increased over the intervention period*
- 87.9% of unit staff often encounter patients requiring interpretation support
- 63.1% believe that MIS supports better patient care
- 47.4% aware of digital MIS integration and 22.4% used the digital technology
- Barriers to use include lack of time, training and access

*Cannot isolate data to the five Medicine units as a general AHS access code is utilized by the entire hospital

Conclusions
- Effective communication between patients and providers is an important determinant of the quality-of-care patients receive and the COVID-19 pandemic has highlighted the urgent need to facilitate accurate medical communication remotely.

Implementing digital MIS promotes patient centered and equitable healthcare while maintaining public health and safety.

Next steps:
- Provide follow-up education refresher sessions for the Medicine units
- Collaborate with provincial interpretation team to develop MIS training video and hold in-person sessions when possible
- Disseminate patient feedback form to gather patient experience
- Roll out to other UAH departments and Edmonton Zone Hospitals

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Methods
- The Model for Improvement provided the quality improvement framework to support our study
- Toolkit was trialed among five Medicine units located at the University of Alberta Hospital (UAH)
  - Measured monthly hospital MIS minutes to assess intervention effect
  - Developed and administered staff questionnaire to assess areas of improvement

Aim
- Create a standardized digital MIS toolkit to facilitate ease of adoption and dissemination thereby improving usage across clinical settings

Implementation Strategy
- Stakeholders Meeting
  - Team introduces MIS toolkit at Medicine Department Joint Practice meeting
  - Determine gaps and resources required to support on-unit use
- Unit Set Up
  - IOW & phone setup
  - Display poster resources at workstations
  - Email all staff details regarding digital MIS implementation
- Staff Training
  - Hands-on IOW training
  - Education sessions at department meetings
  - MIS presentation at New Hire Orientation
  - MyLearning Link course: “Working with English Learners & Interpreters”
- Identify & Remedy Gaps
  - Staff questionnaire to determine awareness, accessibility and perception of digital MIS integration
  - Identify areas for improvement and implement further strategies

Implementation

References

Image 1: Model for Improvement

Image 2: Interpreter on Wheels Device

Image 3: Poster resources pasted around the unit

Figure 1: Model for Improvement

Figure 2: Interpreter on Wheels Device

Figure 3: Poster resources pasted around the unit

Figure 4: UAH monthly hospital MIS usage minutes (phone & video)