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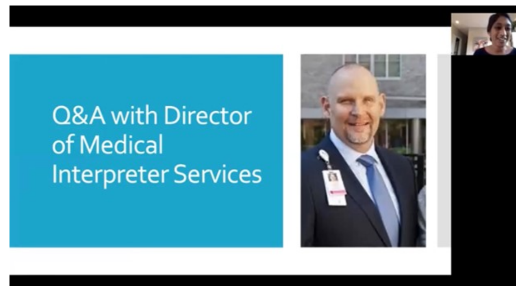
Our Director Participates in Health Equity Rounds



On September 15, 2020, a virtual Health Equity Rounds was held by the department of Mass General Hospital for Children and the Center for Diversity and Inclusion, on "Improving care to patients with limited English proficiency." A case study in which linguistic barriers played a key role was presented. Among the many presenters, Dr. Emily Kung of Pediatrics and our Director, Chris Kirwan helped to present the language access piece and the role of Medical Interpreter Services.

The case in question involved the family of a pediatric patient for whom the doctors were recommending a tracheostomy. The parents, whose first language was not English, were unfamiliar with this procedure. Unfortunately, assumptions were made about the preferred language of the patient's mother, and requests were made first for a "French" Creole interpreter, next for a French interpreter. Both were provided and refused. In the end it was discovered that the patient's mother and father spoke an African language of lesser diffusion. Along the way, the father, who spoke English, was used to communicate for the two parents, and they ended up deciding not to have the procedure performed. This case pointed out the importance, and the difficulties, of being able to communicate with patients and their families in their preferred language.

Dr. Kung highlighted the legal foundation for language access, and the importance of language access to quality of care, patient outcomes, and patient satisfaction.

Chris Kirwan fielded questions about how to access interpreter services. He was also asked about the best way to identify a patient's language preference. He said that ideally one would have the patient self-identify in terms of their language preference. Using EPIC to identify patient's language preference is problematic, as not every language is included in EPIC, especially languages of lesser diffusion. Knowing the patient's country of origin can give you some indication of language, but this can be difficult as well, as in this case study in which the country had been a French colony and some commerce and education was in French. This was probably the source of the incorrect assumption that the parents' language was French, rather than a language of lesser diffusion. Cyracom, our outside vendor, cannot always provide interpreters for these languages. Language Line can help but it may take a day or two for them to access an interpreter for one of these languages. Chris noted that the Coordinators in Interpreter Services are skilled at identifying the language that is most ap-

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propriate.

Chris was also asked about how patients may wave their right to an interpreter, by signing a waiver form indicating that there are certain risks involved in having a family member interpret. Chris noted that many times when one of our interpreters goes through the waiver form, the patient often ends up deciding to use our services after all. He said that the provider also has the right to have an interpreter present. The waiver protects both the provider and the patient.

Toward the end of the Health Equity Rounds, the various ways to access interpreter services were discussed. In-person interpreters can be arranged by calling the coordinators at Interpreter Services at 617-726-6966. This is also the number that patients call when they want to contact a provider or department from outside the hospital. It was emphasized that providers could access an interpreter through their own phones, by dialing 617-726-3344. This goes directly to our call manager, which during office hours gets them to one of our interpreters, and during off hours goes to CyraCom. They can also use the Voalté phones, or the blue phones that can be found in patient's rooms.

Dr. Carlos Torres from Mass General Hospital for Children and MGH Chelsea Department of Pediatrics led this event. Our department was honored to have him present at Interpreter Grand Rounds on Nov 23, 2020.

Interpreter and Translator Week During COVID-19

Despite the pandemic, our department was able to celebrate, albeit virtually, Interpreter and Translator Week in 2020. On September 29, we kicked off Interpreter Appreciation Day with a group Zoom session in which Dr. Joe Betancourt, Chief Equity and Inclusion Officer, showed his appreciation for our service to Deaf and Hard of Hearing and LEP patients. The week was closed out with a fascinating Interpreter Grand Rounds led by Wilson Pedrazas.

Virtual Visits in the Time of COVID-19

By Andy Beggs

With the onset of COVID-19 came the demand for the virtual visit. At first a wide variety of modes of communication were used for this, including what we now call standalone Zoom and Doximity visits, Facetime, and telephonic consults. VICS was also used on the inpatient units and in the Emergency Department when the provider needed to call into the patient's room from a Voalté phone, and the interpreter was in another location. Every means possible was employed to get the provider, patient and interpreter together remotely.

We have now settled upon three types of remote consults: the EPIC Integrated (Zoom) virtual visit, standalone platforms, and telephonic visits. While the Epic Integrated visit is probably the gold standard when it works, this modality can still have difficulties in execution. The patient must be registered on Patient Gateway and know how to use it, and they must have downloaded Zoom. By now we have all worked with Patient Service Coordinators (PSC's) from the various practices to get the patients onto Patient Gateway. The PCS sends a link to the patient's email and asks them to go through the process of registration well before their visit. This of course presumes that the patient has an email address and can navigate the Patient Gateway registration process. When they do not have an email, the decision is usually made at that point to schedule it as a telephonic visit, in which the provider calls the patient in a three-way call with an interpreter on the line. At other times, we have worked with the staff of the MGB My Chart Support, who focus specifically on troubleshooting and signing patients up for Patient Gateway.

Felix Duran, a Spanish interpreter, says that "When it works, and the patient can see both the provider and the interpreter, it is really great. It is difficult though, because most people are having issues with the technology. When I am already on Zoom with the provider and it becomes apparent that the patient doesn't know how to get into the visit through Patient Gateway, I phone them up, telling them how to log into their account,

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how to find the appointment and begin the video visit. Meanwhile, the provider is waiting and watching me on Zoom, so I give them a brief description of what I am doing. I would estimate that in about 70% of the video visits, we have to adjust something in order to do the appointment, or we may even have to reschedule." Felix is optimistic about the future, however. "Both the patients and the providers are learning, and I think it is going to get better."

Other interpreters speak to the technical problems that can get in the way of a virtual visit: "Audio delay is one of the things that might go wrong when we are on a video call," says Juhui Mo, one of our Chinese interpreters. Paulo Chaves, a Portuguese interpreter, agrees: "Usually what makes a visit go badly is either when the patients can't connect to audio, when the sound quality is poor or when they don't have Zoom installed on their device. Most of the times when that happens, we must switch to a phone visit."

Rachel Kindermann, a coordinator, says that "From a front desk perspective, there's a lot of behind-the-scenes work that goes into it. On the one hand, some providers and schedulers don't know how to include interpreters. When this happens, we must give them the right information on how to get started and what they need to do. Four times out of five, things go smoothly for all parties, but when they don't, it often involves Melissa and I trying to scramble to find alternatives, perhaps helping with the technical end of things or finding another interpreter when the assigned one is held over in another encounter."

Despite the challenges involved, Medical Interpreter Services has worked to keep up with the changing technologies and assist with implementation. Paulo Chaves says that "The best way for me to ensure a virtual visit goes well is to prepare for it during the 15 extra minutes we are given. The way I do that is by calling the patient about 5 minutes before the visit starts if I see they haven't logged in yet. In my experience, most of the time when virtual visits go badly it is due to technical difficulties on the patients' side. So, calling patients ahead of time and providing them with the zoom link has worked well so far. It saves time for everyone and makes it easier for the patients."

Currently about 35% of ambulatory visits are being conducted virtually over the various video platforms. Unfortunately, what we have discovered is that there is a disparity when it comes to providing video virtual visits to our patients with limited English proficiency (LEP). Of all the virtual visits that are being conducted across the hospital, less than 1% are with patients with LEP. So while there have been some advances, there is still a long way to go.

Vox popoli: Interpreter Survey Results, *by Chris Kirwan*

Back in May of 2020 Adriana and I had a conversation about the challenges of working from home and she pondered whether other interpreters were having similar difficulties. This conversation then started to blossom into a more comprehensive survey of the experience of interpreting during the first surge. With the assistance of the MGH Disparities Solutions Center we created a survey that 50 interpreters took to offer feedback on their experiences, feelings and insights on a variety of issues. In the end there were over 200 individual comments which helped to flesh out the quantitative data in the responses to the survey questions.

Nearly all respondents felt anxious or concerned during the first surge, particularly about family members potentially getting sick from COVID-19 and about employment uncertainty. It was interesting that the vast majority of interpreters said that their approach to interpreting did not change despite the radical change in our operational model. For the 25% that said they did change it was more about having to adjust their volume and tone and pause more frequently. Nearly 70% of interpreters also said that their sense of empathy was deepened during the pandemic.

Patient Gateway and signing up for Zoom virtual visits was one significant challenge as most patients with limited English proficiency lacked the type of access to technology and education materials that English speakers had. A few interpreters (17%) also noted that they felt like the object of people's frustrations when technology or processes did not go smoothly. Despite

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MGH

GRB 015G
55 Fruit St
Boston, MA 02114

Phone: 617-726-6061
Fax: 617-726-3253
E-mail: ckirwan@partners.org

Visit us on the web:
massgeneral.org/interpreters

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Publisher: Chris Kirwan, Director MGH MIS
Managing Editor: Andy Beggs, abeggs@partners.org

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 and freelance interpreters.

We are always looking for information and ideas for articles that would interest our readers. Please submit any contributions that you might have to Andy Beggs 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!

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an article in the New York Times in which an interpreter from one local hospital said that they felt “disposable” when not offered the proper PPE, 83% of Mass General’s MIS staff said that they did not “feel invisible or disposable as an interpreter.” Those who responded they did feel that way explained that it was due to individual situations when the technology of virtual visits or processes did not go smoothly and staff became frustrated with the entire situation, not just with the interpreter.

While positive and negative aspects to working from home were noted, 70% of interpreters said they preferred some form of a hybrid model of working from home and working on site in the office. Many missed the personal contact with patients and providers and seeing their colleagues on a regular basis. While there were no surprises from the results of the survey, it was an excellent opportunity to express and listen to the perspectives of the team in order to shape how we will approach a second surge, should it come.

Interpreter Profile: Khalil El-Rayah

Language: Arabic
Country of Origin: Sudan
At MGH Since: 1997

Khalil began his medical interpreting career back in 1994, while working for the Embassy of Kuwait. He was interpreting at local hospitals including Mass General, Children’s Hospital, Dana Farber, and New England Medical Center (now Tufts). At Mass General, he met Lulu Sanchez, who was then working at the Admissions Office. Lulu introduced him to Margarita Battle, the very first Coordinator of Interpreter Services. Khalil began to shadow Margarita, and then to interpret as a volunteer. Khalil remembers that when Lulu herself became Director of Interpreter Services, she would contact him and say, “I need you somewhere. Can you help us?” Soon he began working as a Bulfinch Temp, spending his mornings at New England Medical Center, and his afternoons at Mass General. In 1999, he began with a regular schedule at Mass General.

Khalil is passionate about interpreting because “You feel like you are helping, being a mediator and a bridge between the physician and the patient. It takes dedication and patience.” Khalil says that when dealing with difficult news, such as a cancer diagnosis, it is important to put yourself in the patient’s shoes. “The patient gets stuck on one word: Cancer. It is important to tell the doctor the feeling I am getting from the patient and help the doctor gauge the patient’s understanding. The patient needs to know what is said, what are the options, and how to stay connected for follow up care.”

Khalil tells us that the office has changed dramatically over the years. When he first started volunteering for us, we were in a tiny office in the Founders Building. Even when the office moved to the Clinics Building, we were working with one schedule on paper, and you had to track down the person who had the schedule to find out where to go. “Now everything is in ISTS, and the technology has really made it easier.” Throughout all this time though, both with and without the technology, Khalil’s passion for helping the patients has been the constant that has driven him to maintain a level of excellence in his work.