

2009 QUEENSLAND HEALTH AWARDS FOR EXCELLENCE

Entry title

Queensland Health Interpreter Service (QHIS)

Abstract

Community and internal reviews in 2004 found poor use of interpreter services, presenting significant risk to both staff and patients who are not proficient in English. These patients are at double risk of some adverse health outcomes. The introduction of the Queensland Health Interpreter Service has resulted in improved service delivery with an 80% increase in the use of interpreter services statewide. The service is sustainable with the necessary staffing and IT infrastructure established. The service is also cost saving. QHIS is now being investigated for possible transferability to a whole of government service.

Aim

Provision of interpreter services to Queensland Health clients not proficient in English to facilitate safe and quality health care provision and improve access to, and timely use of, health services

Nature of problem

Language barriers result in adverse health outcomes (Johnstone & Kanitsaki, 2005), with higher rates of medication errors, failure to be given diagnostic information, lower follow-up attendance, and lower rates of preventative strategies being used.

The use of qualified interpreters negates the language disadvantage (Karliner et al, 2007). A 2004 community-based review found Queensland Health's provision of interpreters to be inadequate for safe health care, with many clients reporting no qualified interpreter being used and a reliance by staff on using family and friends as interpreters. These practices have been found to result in poor health outcomes and reluctance to access health services (CHAG, 2004).

Extent of problem

The evidence identified in the community-based review led to a 2004 statewide internal review, which identified the need for service improvement. Tendered research recommended a statewide coordinated service which was subsequently funded. Implementation planning commenced in January 2007 by the newly created Queensland Health Multicultural Program, advised by a reference group which included staff and community stakeholders. This consultation process identified the following needs:

- for staff - an electronic booking system, the development of guidelines and training on how to work with interpreters, simple fact sheets to request and work with interpreters, and a website on the interpreting service
- for clients - posters informing them of their rights to an interpreter, a website about the interpreter service and what they can expect
- for interpreters - the development of a training program on interpreting within a health context.

Strategic Importance

One of Queensland Health's strategic directions is to improve service delivery. The establishment of QHIS directly progresses this strategic intent, with the 5% of Queenslanders who are not proficient in English and staff now being able to communicate effectively. The use of interpreters results in reduced adverse outcomes for patients (Karliner et al, 2007). Known adverse outcomes of language

barriers that need to be addressed by using interpreter services, and which are of particular relevance to Queensland Health's strategic agenda, include lower use of preventative strategies and less timely use of health services, including avoidable admissions ((Johnstone & Kanitsaki, 2005).

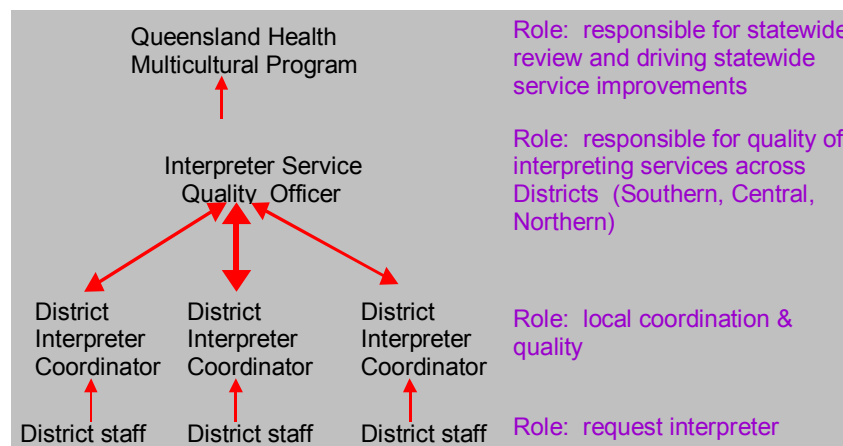
Planning and implementing solutions

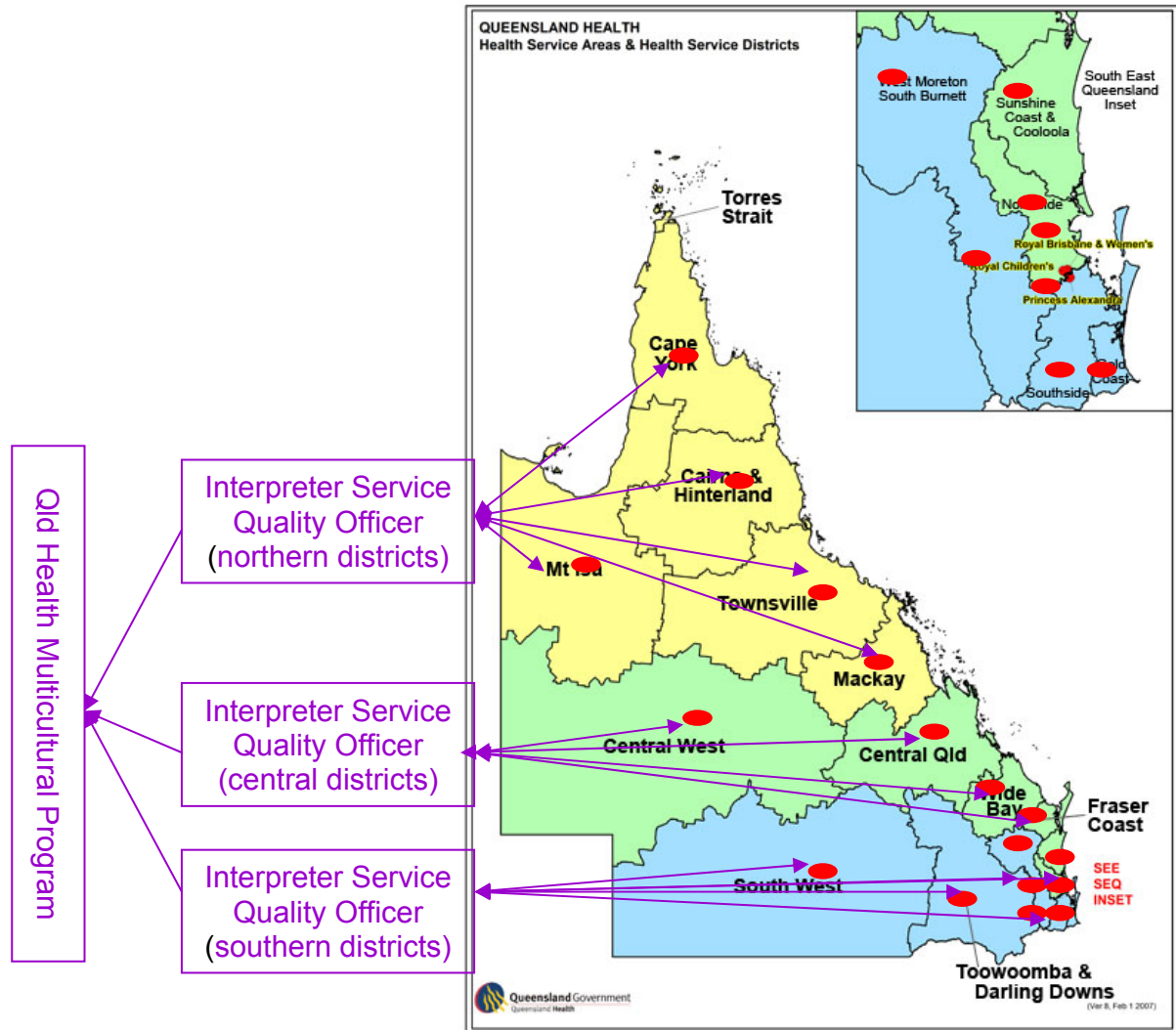
The implementation of QHIS was conducted over three phases, advised by an Interpreter Services Working Party which included external and community stakeholders.

Phase 1 (Jan 07):

- staffing infrastructure and funding model established
- Interpreter Quality Officers recruited and trained (responsible for the quality of interpreter services across districts in south, central and northern Queensland)
- District Interpreter Coordinators recruited in medium-high interpreter demand Districts (11)
- Coordinator roles established in low demand Districts
- Induction of coordinators
- Development and dissemination of resources to support coordinated interpreter booking processes
- statewide change management strategy
- awareness raising sessions (2000 participants)
- development and promotion of a website

The below figures diagrams demonstrate the coordination infrastructure established.





The dots represent District Interpreter Service Coordinators

Phase 2 (Nov 07):

- commencement of QHIS through paper-based process
- finalisation of the development of an electronic Interpreter Service Information system (ISIS).

Phase 3 (Nov 08):

- introduction of ISIS, enabling staff to make online requests for interpreters
- statewide awareness raising and communication strategies conducted on how to use ISIS (2500 participants)
- ability to review the quality of their interpreter service provision through reports generated from ISIS.

A summary of the resources developed to support the implementation:

- New guidelines Working with Interpreters
- Fact sheets – How to:
 - work with an interpreter (1) onsite and (2) by telephone
 - request an interpreter on ISIS
 - work with a hearing impaired or deaf person (being finalised)
- Language Identification Card
- Poster promoting QHIS to clients

- Queensland Health multicultural website
- Community information booklet
- Training programs for
 - interpreters on health interpreting
 - staff on how to work with interpreters and on how to use ISIS
 - District Interpreter Service Coordinators on using ISIS

Outcomes and Evaluation

Queensland Health is required to annually report on interpreter use and has had the biggest improvement in service delivery of any department. Following significant statewide awareness raising and change management implementation including training approximately 5000 staff, there was a dramatic increase in the number of hits on the website (10,000 in first month of operation) and over 3000 staff registered ISIS users.

The first year of implementation of QHIS resulted in an 80% increase in use of interpreters across the state. Queensland Health now provides approximately 35000 interpreter sessions each year in over 100 languages.

The service has been so successful that is now being investigated as an option for a whole of government interpreter service.

Comparing the costs of an uncoordinated service to the coordinated model, including staffing and other infrastructure, QHIS has resulted in an annual cost saving of \$600,000 a year, with a much higher quality (including accessible) interpreter service.

Sustaining change

QHIS is an ongoing initiative to support both staff's duty of care to communicate effectively with patients and patients' right to understand health information provided to them.

Sustainability components include ongoing:

- leadership of interpreter services by the Queensland Health Multicultural Program which includes a leading role in the NAATI Statewide Advisory Panel¹
- management of statewide contract for interpreter services
- statewide analysis of service delivery and needs
- adequate financial allocation to support effective implementation
- permanent staff dedicated to interpreting services
- staff training, induction and awareness-raising activities
- service improvements led by the Interpreter Quality Officers.

Future scope

While the increase use of interpreters has been statewide, there is variation across districts (eg. while Cairns improved by 270%, Mt Isa has an average of two bookings per month). QHIS will next focus on working with those Districts that are not using interpreters to the extent required, using strategies found to be successful by other districts. Other service improvement initiatives planned for 2009-10 include piloting video-conferencing for interpreter services (to address lack of regionally based AUSLAN interpreters for which the telephone interpreting option is not suitable) for statewide implementation, and conducting training for interpreters on health interpreting.

¹ The Queensland Health Multicultural Program developed the strategic plan for the National Authority for the Accreditation of Translators and Interpreters Statewide Advisory Group.

References

Johnstone M & Kanitsaki O. 2005. *Cultural Safety and Cultural Competence in Health Care and Nursing: An Australian Study*. RMIT University, Melbourne.

Karliner LS, Jacobs EA, Chen AH & Mutha S. 2007. *Do professional interpreters improve clinical care for patients with limited English proficiency? A systematic review of the literature*. Health Services Research.

Lost in Translation. 2004. Community Health Action Group, Brisbane.