

CASE STUDY: HEALTHCARE

# Video Interpreting for Children's Hospitals

Best Practices When Caring for Pediatric Patients

**LanguageLine**  
Solutions®



## Communication in a medical setting can be a challenge when both patient and provider speak the same language—but it's even tougher when they don't.

This challenge is especially pronounced when it comes to treating children who are limited English proficient (LEP) or Deaf or Hard of Hearing. With nearly 9 percent of the U.S. population considered limited English proficient, thousands of healthcare organizations have successfully implemented language access programs to ensure effective communication for their adult patients. But far fewer organizations have a solid understanding of best practices when working with pediatric patients and family members who require language assistance.

Video remote interpreting (VRI) is shifting this dynamic. The use of video interpreting has been connected to better health outcomes, fewer readmissions, reduced costs, increased staff productivity, and—most importantly—enhanced patient satisfaction. Video interpreting has proved to be particularly effective with children.

Three of the best children's hospitals in the US—Boston Children's Hospital, Children's Health System of Texas, and Children's Specialized Hospital (New Jersey)—have managed to successfully implement video interpreting to improve understanding between providers, pediatric patients, and their families. Representatives from each of these hospitals shared best practices for using video interpreting when working with children during a recent conversation that LanguageLine® moderated.

### The participants were:

#### **Sandy Habashy**

Operations and Training Manager, Interpreter Services, Boston Children's Hospital

#### **Melina Kolbeck**

Director of Language Access Services, Children's Health System of Texas

#### **Janet H. Giordano MSW, LSW**

Director of Patient Care Coordination and Patient Experience, Children's Specialized Hospital

#### **Shannon Swope MSS, LSW**

Manager of Outpatient Care Coordination, Children's Specialized Hospital

**Q: Has anything surprised you about using video interpreting? Do any stories stand out?**

**Melina Kolbeck (MK):** Well, we've learned that kids are not intimidated by video at all! They are interested in it and often like to wave to the interpreter.

I've also noticed that new residents and millennials are not at all afraid of it. They want quick and easy access to all things, so on-demand video interpreting suits them.

**Sandy Habashy (SH):** To our surprise, there are families who actually prefer to use video because of the privacy aspect. We have noticed that with some languages, there is a small community of people and that community is well-connected. It may not be comfortable to have an interpreter physically present when they are likely to see that person at church or somewhere else.

**Shannon Swope (SS):** Children think the interpreter is fun. The interpreters are very friendly and smile back at the kids, and the kids love the interaction. One of our little guys down in one of our longterm care facilities has been with us most of his life. He's deaf. Prior to having the video interpreting, we would have to hire somebody to come in and do one-on-one interpreting. We had minimal staff who knew American Sign Language. Once we got the video, we were going with him up and

down the hallways and in therapy sessions. It made him open up a lot more. There is a different connection that you get when a young patient can look the interpreter in the eye.

We've also been surprised at the extent to which the video interpreters share the same compassion that we do for our patients and their families. We see a lot of newborns and their first visit after going home. We have a lot of breastfeeding moms. I had a meeting with such a family the other day in the clinic. The woman needed to breastfeed. The interpreter recognized that and offered to place themselves on privacy mode. Examples like that really show why the parents, providers, and children truly value the video interpreter service. It has been a great way to increase everyone's comfort level in the visit.

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**Q: How does video remote interpreting factor into your overall usage of interpreters?**

**SH:** In-person interpreting represents about 80 percent of our total volume, followed by video

and phone. Video is now about 10 percent of our total volume. Providers are getting more and more used to it. From Fiscal Year 2017-2018, we noticed an increase of about 5,000 [video] encounters. Our usage is progressing and improving, in other words.

**MK:** We have 42 staff interpreters, all in Spanish. Our face-to-face interpreters are not enough [to cover demand], so we rely on outside vendors. We get about 7,000 vendor requests yearly, not just in Spanish, but in American Sign Language, Arabic, Burmese, Mandarin, and French, as well. Phone interpretation is at least 50,000 monthly minutes right now, but video is catching up. We deployed 120 new devices in October 2018, right before flu season. Our monthly usage started at 10,000 minutes monthly. By January 2019, we had used 22,900 minutes, and then 25,000 in February 2019.

**SS:** We have 13 sites and locations throughout New Jersey. We found that certain programs require more [video interpreting] devices based on where they are. We have a higher population of Spanish speakers in the northern part of the state, so we have strategically placed more devices at those sites. We did our homework before implementing to determine where the devices would be most effective. We actually have the devices at every asset from the starting point of security when they walk in the front door. We also have them at registration. When someone walks up from the street and

does not speak English, it is fantastic to literally roll up that device, power it up, and help them figure out where in our organization that family truly needs to be. It has been a tremendous asset. Having that face-to-face conversation with a family is very comforting to people. We now use over-the-phone for shorter interactions where there may be a couple of questions, or maybe they are scheduling an appointment.

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**Q: What do you consider to be the greatest advantage presented by video remote interpreting?**

**Janet Giordano (JG):** I would say the on-demand nature of it. When people come in on the spot and you don't have an available on-staff interpreter to provide language service, you can still bring in that video and have a live person within a matter of seconds right in front of them. It has been amazing in that regard.

**SH:** We have very last-minute requests and the rapid accessibility is invaluable. It's a great option to have in our emergency room, for example. I would also say the huge variety of languages. No matter how many interpreters we have on staff, we could never be able to hire people for all languages. Video interpreting is a great option for that.

**SS:** There's a great ease of use, both for unexpected visits as well as languages that

we don't have on staff—even rare languages. We had a family that was with us for about two months. They spoke a rare dialect. Our representative was fantastic and we were able to schedule a [video] interpreter prior to the patient and family even coming in.

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**“There is a different connection that you get when a young patient can look the interpreter in the eye.”**

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**Q: When have you found video interpreting to not be a good option?**

**SH:** You have to measure the criticality of the conversation. For sensitive or complex discussions, it's preferable to have an interpreter there in person. Care conferences or end-of-life discussions would be examples.

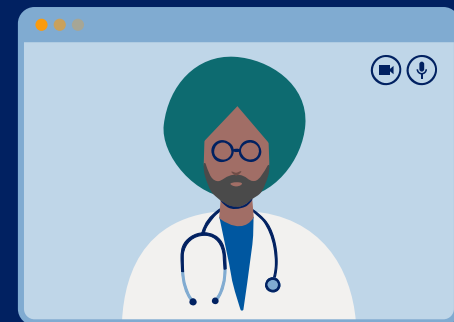
Also, for an intake appointment where there are lots of questions, a face-to-face interpreter might be preferable. For example, a first-time physical therapy evaluation might have an on-site interpreter, and then use video for follow-up visits.

Mental health scenarios and certain disabilities are also not ideal for video. For example, we've

## What Is Video Remote Interpreting?

**Video remote interpreting is an on-demand platform** that provides communication to limited English proficient, deaf, or hard-of-hearing individuals by connecting to a professional interpreter in an off-site location. This is done via camera and microphone on a tablet, smartphone, or desktop, using an internet or cellular connection.

Video remote interpreting reduces the risk of misunderstanding by capturing body language and facial expressions to read visual cues.







found that it is really hard with autistic kids to have somebody come on the screen and ask them to pay attention.

Classes or multi-patient therapy groups where there is a lot of interaction and a lack of structure usually are best handled by a face-to-face interpreter.

**SS:** If the patient or parent has difficulty seeing or hearing, then obviously the video interpreter is not ideal. Visually impaired patients have challenges with the video, so we look for in-person interpreting options in those cases. The other issue is connectivity. Certain areas of the facility, like radiology, have thick walls that make Wi-Fi connectivity difficult. I recommend testing connectivity before depending on video interpreting for a session.

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**Q: What modality are you using in group sessions?**

**MK:** Face-to-face interpretation is ideal for a group session. The cross-talk makes it difficult for a remote interpreter to follow. In an emergency, if we can't access an on-site interpreter, I turn to video next, and phone would be my last option.

**Q: What do you do with American Sign Language patients who insist on an on-site interpreter, when you know video would be sufficient for the appointment? What do you do in that instance?**

**MK:** We have had those situations. Many times they've had a specific interpreter they worked with in the past and they want to do it again. It's a conversation. You really have to compromise. I have personally called and spoken with the families and asked, "If you're willing, can we just try [a video interpreter]?" It has worked. Just ask for the opportunity to let them experience it once.

**JG:** We have had that situation a few times. On the outpatient side, we proactively tell the families that we have video interpreting available. We encourage them to please give it a try. I think it's been very successful. On the inpatient side, obviously we are a 24-hour hospital, as well as a long-term care hospital. Our parents are allowed to be in our facility 24 hours a day with their children in our rehab unit. What we tell them is that, while it's difficult to have an interpreter sitting bedside 24 hours a day, we can guarantee that we can access an interpreter via video literally at any time during the day or night. It's a work in progress, but they are generally comfortable with that compromise. We have been pretty successful with that approach.

**Q: How do you manage pre-booking of interpreters?**

**JG:** When we are dealing with a language that is not common, we contact the vendor and ask when a video interpreter will be available in that language. Typically, we'll be told what hours that interpreter is available during the day, then we schedule the family's appointment during that time. There are usually a small number of interpreters for that language. Patients often become familiar with their interpreter and want to maintain continuity.

**Q: Do you have any advice on talking to leadership about implementing video remote interpreting?**

**MK:** You should have full support from your leadership and information system department and make them a part of your decision-making about video. It took me a few months. When you go in and say, "This is the way we need to do it, we don't have enough staff," you need to have data to support your position. How many times did you pay for an onsite interpreter, only to have that patient no-show? How many times did you pay an onsite interpreter's two-hour minimum, only to have that appointment last a much shorter amount of time? Also, every hospital has

goals. What are your goals? Align them to your video interpreting proposal. One of our goals is to improve communication, and video helps us do that.

**SS:** The reporting that you get from the device can tell you a lot about the patient population you serve. The mix can sometimes be surprising, which is interesting for leadership to learn.

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**Q: How much has cost management factored into your decision to use video interpreting?**

**SH:** Video does help us manage our costs effectively. We are mainly paying for what we are using, as opposed to paying for a two-hour minimum for an agency's on-site interpreter. We don't have to pay when the patient cancels.

**MK:** When speaking with leadership, I learned to have data—for example, our no-show rate for appointments where we'd scheduled and paid for an interpreter. I also have data for the pricing of a vendor's onsite interpreter versus a video interpreter. It all helps support the implementation of video interpreting.



**About:**

Boston Children's Hospital is a 404-bed comprehensive center for pediatric health care. As one of the largest pediatric medical centers in the U.S., it offers a complete range of health care services for children from birth through 21 years of age.

Boston Children's has ~25,000 inpatient admissions each year and their 200+ specialized clinical programs schedule 557,000 visits annually. In 2018, the hospital performed more than 26,500 surgical procedures and 214,000 radiological examinations.

The hospital's team of physicians and nurses has been recognized by a number of independent organizations for overall excellence.



## About:

**For more than 100 years, the mission of Children's Health System of Texas has been to make life better for children.**

The system is consistently recognized among the top children's hospitals by U.S. News and World Report. Children's Health has more than 600 licensed beds, with 800,000+ patient visits each year.

Children's Health has nearly 300,000 patients in its care per year, and delivered \$37.5 million in charity health care in 2018. The system has more than 7,600 employees, with a medical and dental staff in excess of 1,100.

### **Q: Do you have any advice about implementation?**

**MK:** We made sure that as many people as possible knew about our video interpreting program. They knew where the devices would be located and that they were expected to use them. We advertised it system-wide. I was very active in making sure that I got myself invited into manager meetings. It's something new, and you have to take advantage of that newness to grab their attention. Make it super-exciting. Talk to your marketing department. I was really happy at the beginning of our implementation to discover that people were using the device.

**SH:** People can be apprehensive about anything new. You can reassure them that the ease of use is very high. It's really not so strange after you get started.

### **"It's important to find healthcare providers within the organization who are super-users and champions."**

### **Q: How did your staff interpreters feel about your organization implementing video?**

**MK:** It is really important to be aware of your existing staff interpreters and their feelings,

and to communicate with them. We remind them that [video] is a supplement and not intended to be our only source of interpretation.

It's for emergencies and unanticipated events and languages that we don't cover internally. We just have to keep reminding them that this is about the patient. It's not about replacing them.

### **Q: Did you receive any pushback from your medical team when you initially implemented video remote interpreting?**

**SH:** Some of our healthcare providers were accustomed to in-person interpreters. There was a lot of pushback from them in the beginning about switching to video. Many of them are much more comfortable with video now, though.

### **Q: What were the biggest challenges you faced in getting your video interpreting program off the ground?**

**MK:** One of the challenges is getting the attention of the people that need to be involved. When it comes to a new implementation, you have information systems or the IT department. You might need marketing. You'll also have a large amount of equipment delivered to your facility, so you need to work with that department. Of course, once everything is assembled, it becomes about getting adoption.

**Q: How do you deal with staff education and adoption?**

**JG:** We have an annual computer-based, online learning that is mandatory for all staff. We take that opportunity to go over video interpreting and how to use it. Video interpreting is that important to us. We feel that everybody needs to be understood despite our not all speaking the same language. We tell our staff that language is not a barrier any longer [because] we have devices that are now in place 24/7.

**MK:** There is going to be pushback from physicians. They might not like you knocking on the door of pediatrics or the ICU and asking, “Are you OK with me coming in with this device?” I think it’s important to find healthcare providers within the organization who are superusers and champions. If you find physicians who really like it, they can advocate for you and help you get buy-in from others. It never ends, that’s for sure.



**About:**

**Children's Specialized Hospital is among the nation's leading providers of inpatient and outpatient care.**

They care for children from birth to 21 years of age facing special health challenges—from chronic illnesses and complex physical disabilities like brain and spinal cord injuries to developmental and behavioral issues like autism and mental health.

At 13 different New Jersey locations, their pediatric specialists partner with families to make their many innovative therapies and medical treatments more personalized and effective so each child can reach their full potential.



## LanguageLine Can Help

We believe that being understood is empowering. For nearly four decades, LanguageLine has worked with healthcare organizations to overcome language and cultural hurdles.

The LanguageLine® App provides easy, on-demand video interpretation in 40+ languages, including American Sign Language and British Sign Language. It also delivers audio-only interpretation in more than 240 languages. Within seconds, users access our team of 20,000+ professional interpreters. The LanguageLine App is available on tablets, smartphones, and laptop computers. Please contact us so that we can learn more about you and the particular challenge you are facing.

## For more information

Contact your Account Executive or call 1-800-752-6096

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## LanguageLine Solutions® has been the leader in innovative language access solutions since 1982

We set the global standard for phone, video, and onsite interpreting, as well as translation, localization, and testing and training for bilingual staff and interpreters.

LanguageLine is trusted by more than 30,000 clients to enable communication with the limited English proficient and Deaf or

Hard of Hearing communities. LanguageLine provides the industry's fastest and most dependable access to more than 20,000+ professional linguists in more than 240 languages—24 hours a day, seven days a week, 365 days a year.

LanguageLine is a proud language access partner to 18 of the 20 Best Hospitals. We have the expertise and technology needed to handle any challenge a children's hospital might face, including on-demand and in-person interpretation, as well as the translation and localization of written materials.