



Shared health
Soins communs
Manitoba

What's in a Word?

*How Professional Interpreter Services Support the Delivery of
Equitable, Accessible, Safe Health Care*

Learning Together Session

March 13, 2023

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Shared Health Language Access

Language Barriers - Evidence & Implications

- Decrease patient/client compliance
- Decrease access to care/preventive services
- Lead to misdiagnosis/medical errors
- Increase number of tests/visits
- Negatively impact on health and health outcomes due to misunderstandings
- Result in critical incidents
- Decrease patient/client and provider satisfaction
- Increase healthcare costs



Untrained Interpreter = Patient Safety Risk

- Privacy may be breached
- Some proficiency = false fluency
- Information relayed may NOT be:
 - Accurate
 - Complete
 - Unbiased

If you can't
communicate
with your patient,
your patient is not safe!

Trained Interpreter Services Support Service Excellence

Client-Centred Care

- Enable providers to build relationships with patients/clients
- Help protect confidentiality & privacy
- Increase understanding & satisfaction
- Support accessible communication, access to care
- Support client-centred, family-focused, respectful care

Quality & Safety

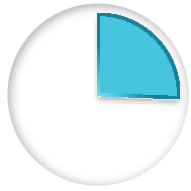
- Help ensure informed consent
- Assist with professional and legal obligations
- Support providers in performing their roles effectively
- Enhance patient safety
- Improve quality of care
- Support equity

Sustainability

- Enhance appropriate utilization of services
- Support the best use of resources
- Support provider engagement

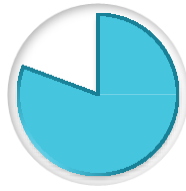
Manitoba is welcoming record numbers of new Canadians

Key Facts



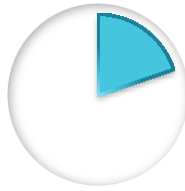
23%

Increase in Manitoba's Immigrant population from 2011-2016



80%

New Canadians in Manitoba reside in Winnipeg



18%

Manitoba's population in 2016 were new Canadians

Manitoba has the **highest per capita rate of immigration in the country** and immigrants arriving in Manitoba are not a homogenous population but represent all world areas, numerous languages, all ages, and a variety of life experiences.

In 2017:

- 14,700 permanent residents chose Manitoba as their immigration destination. This represents 5.1% of total immigration to Canada.
- 20% of these new permanent residents chose communities outside of Winnipeg, a 4% increase from 2016.
- India, Philippines, China, Eritrea, and Nigeria ranked among the top five origin countries for immigrants to Manitoba, representing 62% of all immigrants.

22% of new permanent residents in 2017 were refugees who may face additional barriers to access and have more complex or acute needs.

Key barriers to care for newcomers to Canada include:



Access and orientation challenges

Lack of familiarity with the Manitoba health system can lead to uncertainty with how and when to access care. This can impact a patient's ability to advocate for themselves or their family and their ability to access regular primary care and specialist services.



Language barriers

New Canadians who do not speak English or French on arrival face challenges understanding their care. This can impact system efficiency and effectiveness, quality of care, confidentiality of care and patient understanding and satisfaction. It may also limit participation in health promotion, prevention and screening programs.



Cultural understandings of health

Newcomers may come with a wide range of beliefs regarding health and wellbeing which may result in a different understanding of illness and treatment than their care providers. This can include shame and stigma associated with mental health conditions.

Manitoba programs are leveraging best practices to ensure that newcomer populations have safe and appropriate access to care

Examples of Existing Programs in Manitoba



Language Access Interpreter Services

Language Access currently employs trained health interpreters providing face-to-face, over-the-phone and message relay interpreter services in **over 31 languages in-person and 200+ languages over the phone**. Language Access Interpreter Services filled **99% of requests in 2018/2019 with over 2,000 in-person and over-the-phone services provided per month**.

This provincial service is offered through the WRHA and is now leveraged by other government sectors including housing and justice.

Language Access helps ensure patient safety, quality of care, informed consent, patient access to care, confidentiality, and patient understanding and satisfaction.



BridgeCare Clinic

BridgeCare Clinic was created to address the need for timely, accessible and culturally safe primary healthcare services for recently resettled government assisted refugees in Winnipeg. In partnership with the Language Access Program, the WRHA developed BridgeCare Clinic as an evidence-informed response to the health needs of this underserved population.

Results:

- Between January 1, 2014 and December 31, 2015 BridgeCare Clinic **received 1,146 new patients**, with a total of **3,769 patients to date**
- Between April 1, 2014 and March 31, 2016 BridgeCare Clinic staff **administered over 5,950 routine immunizations** and **recorded 1,212 referrals out to other services**

Language Access

Term defined as:

- Language assistance services
- Linguistically appropriate services
- Provisions for enhanced communication
 - **Interpretation** (oral) services
 - **Translation** (written) services
 - **Direct service** in patient's language
 - E.g. French Language Services



Coordinated Customer Service

Indigenous Languages



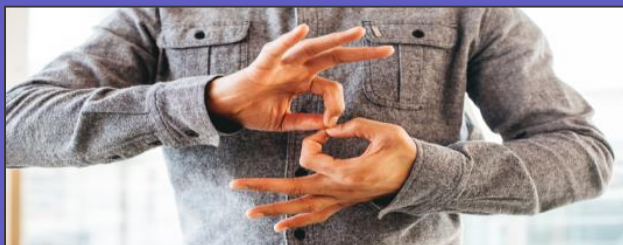
Indigenous Health & Kivalliq Inuit Services

Official Languages



French Language Services

Deaf, Deaf/Blind Community



E-Quality Communication Centre of Excellence (ECCOE)

Immigrant/Refugee Community



Language Access

Language Constituencies of Manitoba

Development of Provincial Language Access Services

2004

- Development of evidence and reports by Dr. Sarah Bowen on a proposed model for interpreter services

2006

- Creation of the Regional Language Access Committee (RLAC)

2007

- Language Access services launched via phased implementation to the WRHA

2010

- Language Access recognized as a “Leading Practice” by Accreditation Canada

2012

- Creation of the Manitoba Government Interdepartmental Working Group for Interpreter Services

2016

- RLAC evolves into the Provincial Language Access Advisory Committee with representation from regional health authorities and newcomer service organizations in Manitoba

2022

- WRHA Language Access transitions to Shared Health

Language Access Service Excellence Model

Centralized access 24/7
for all language
constituencies

Professionally trained
Interpreters

Code of Ethics &
Standards of Practice
for Interpreters

SDO Interpreter
Services Policy

Provided at no cost to
publicly funded health
services in Winnipeg

Accessible on a cost-
recovery basis by
government services,
privately funded health
services, other regional
health authorities

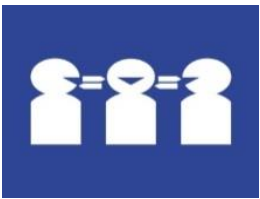
Provincial Language
Access Advisory
Committee

Province of Manitoba –
Interpreter Services
Interdepartmental
Working Group

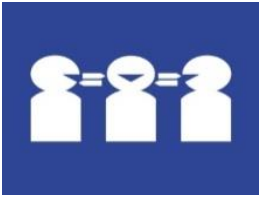
Language Access Team



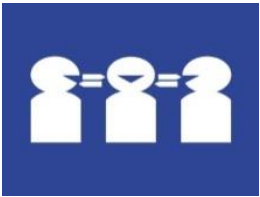
- 87 Language Access employees (casuals)
- 33 in-person languages
- Amharic, Arabic, Blin, Bosnian, Burmese, Cantonese, Croatian, Farsi (Persian), French, German (High), Hindi, Karen, Kinyarwanda, Kirundi, Korean, Kurdish-Kurmanji, Low German, Mandarin, Nepali, Oromo, Polish, Punjabi, Portuguese, Russian, Serbian, Somali, Spanish, Swahili, Tagalog, Tigrinya, Ukrainian, Urdu, Vietnamese



Face-to-Face Interpretation



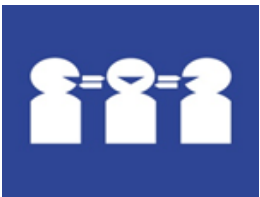
Message Relay, Reminder Call



Conference Call



Video Conference



Sight Translation

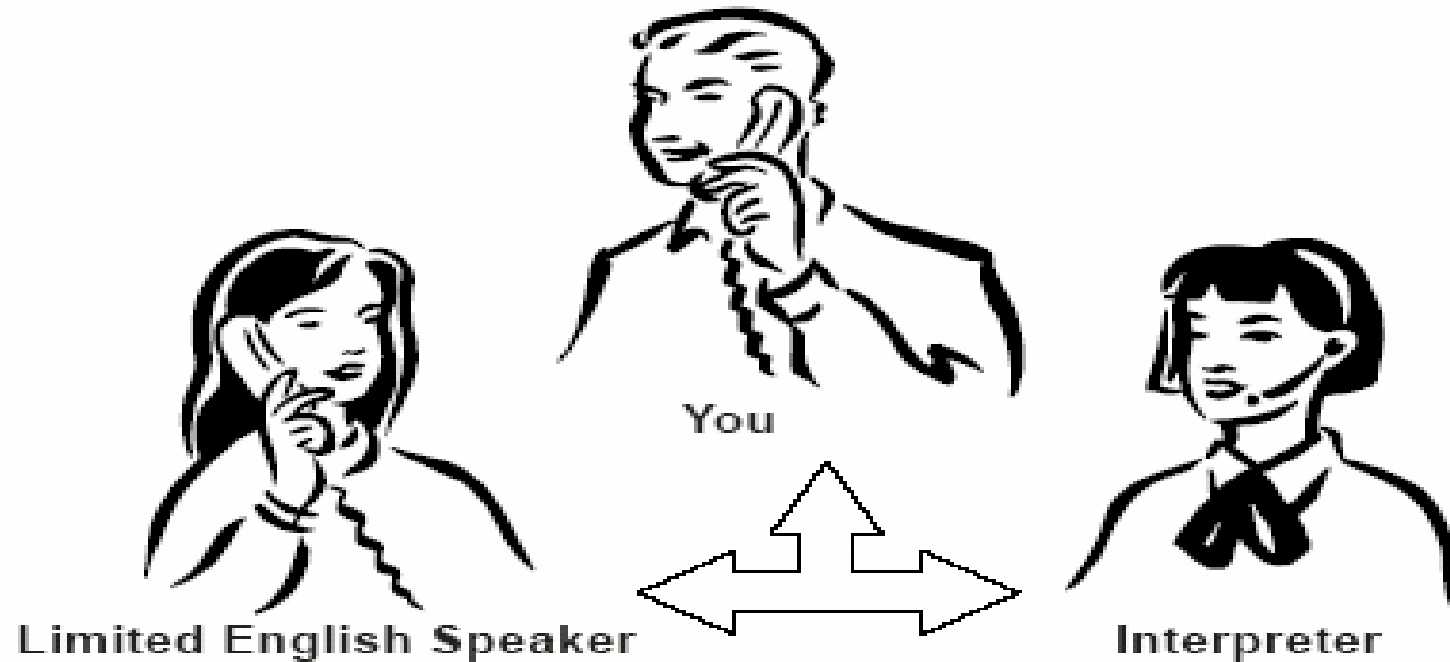
Quality Indicator: Interpreter Recruitment & Training

1. Paper Screen & Telephone Screen
2. Language/Skills Testing (ILSAT/CILISAT)
3. Personal Interview
4. Interpreter Training
 - 72-hrs, intense, skill-based
 - Intro to medical terminology
 - Final written & audio evaluation
5. Ongoing Professional Development & Performance Monitoring

I help people
communicate.
What's your
super power?

Over-the-phone Interpreter Services

200 languages



Language Access Code of Ethics & Standards of Practice for Interpreters

1. Accuracy and Fidelity
2. Confidentiality
3. Impartiality
4. Respect
5. Cultural Responsiveness
6. Role Boundaries
7. Accountability
8. Professionalism
9. Professional Development

Interpreter's Role

To deliver the message as faithfully as possible between individuals who do not share a common language.



Professionally Trained Interpreters Follow Evidence-Based Best Practice

Accuracy & Fidelity

- Interpret all messages without additions/omissions/changes
- Do not add cultural information or explanations

Impartiality

- Do not advocate or advise either party
- Do not give their opinion
- Do not engage in side-conversations

Confidentiality & Role Boundaries

- Keep all information seen/heard confidential
- Do not provide written translations
- Do not fill out forms, escort, etc.

Full Introduction in English and Target Language:



- Name, language(s), organization
- Deliver messages faithfully (accuracy)
- Consecutive mode in 1st person (supports direct communication between service provider and patient/client)
- Interpret everything said (including side conversations)
- Confidential and impartial; interpreter is never alone with patient
- Will leave the room if service provider leaves room
- Note taking to aid memory (destroy in confidential manner at end of session)
- Intervene for clarification(hand signal)
- Seek permission to interpret

Performance Quality Monitoring

- Interpreter Self-Assessment Tool
- Regular debriefing opportunities
- Annual Performance Conversations
- Interpreter Services Feedback Form
- Patient Feedback - WRHA Client Relations & Language Access staff have immediate access to over-the-phone interpretation 24/7 (confidential third-party)



Interpreter Services Policies

Each health service delivery organization in Manitoba has an Interpreter Services policy for their region.

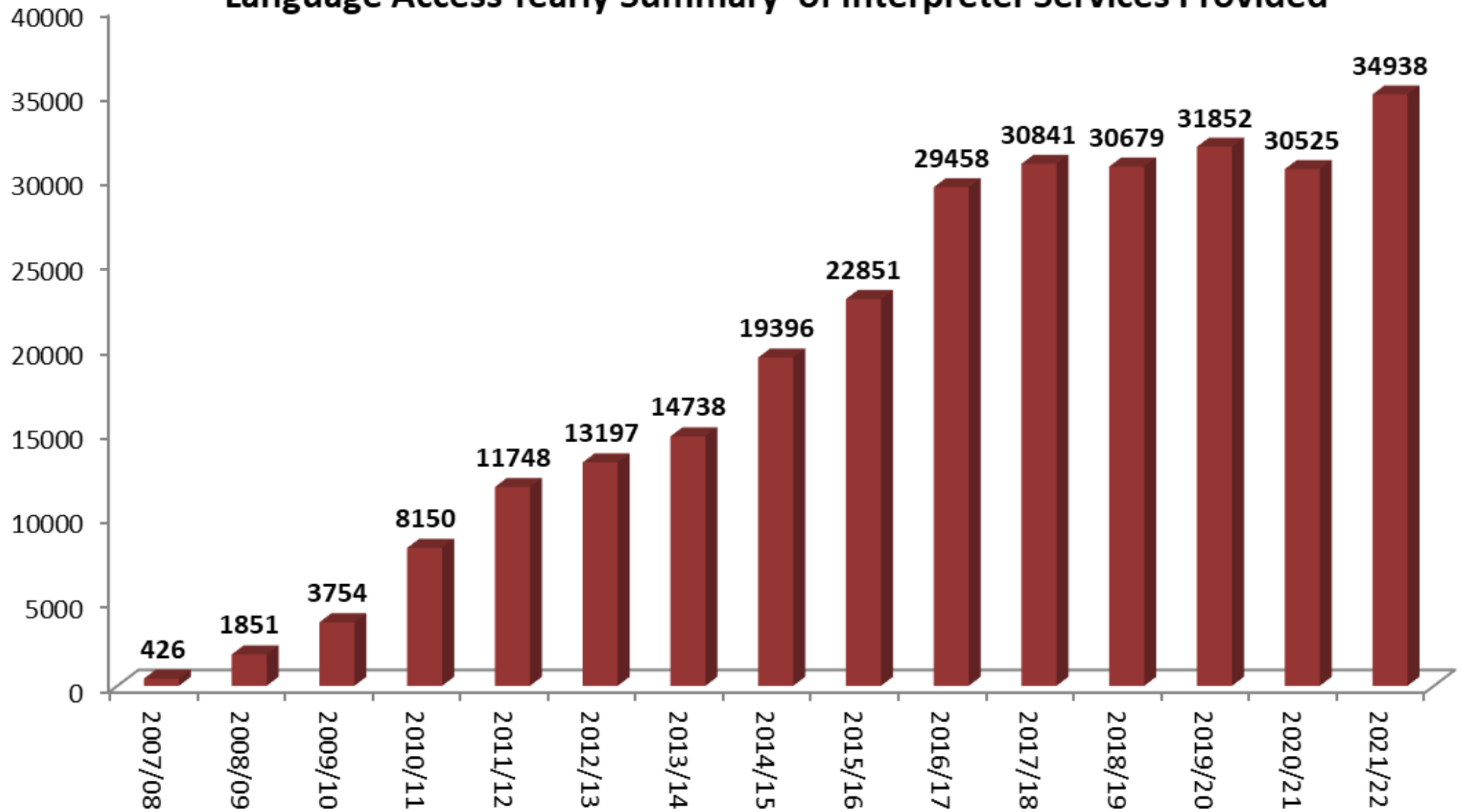
➤ When To Request Interpreter

- History taking, examination, assessment, intake
- Diagnosis, prognosis, treatment plan, care plan
- Patient/family conference / education
- Mental health issues and concerns
- Treatment, procedure, or investigation
- Informed consent
- Medication instructions; potential side effects
- Discharge plan
- Use of seclusion, restraints
- End-of-life issues / decisions

- Ad Hoc Interpreters shall not be asked to interpret for situations described in previous item except when Shared Health Interpreter not available within reasonable time frame either in person, over the phone or via Telehealth.



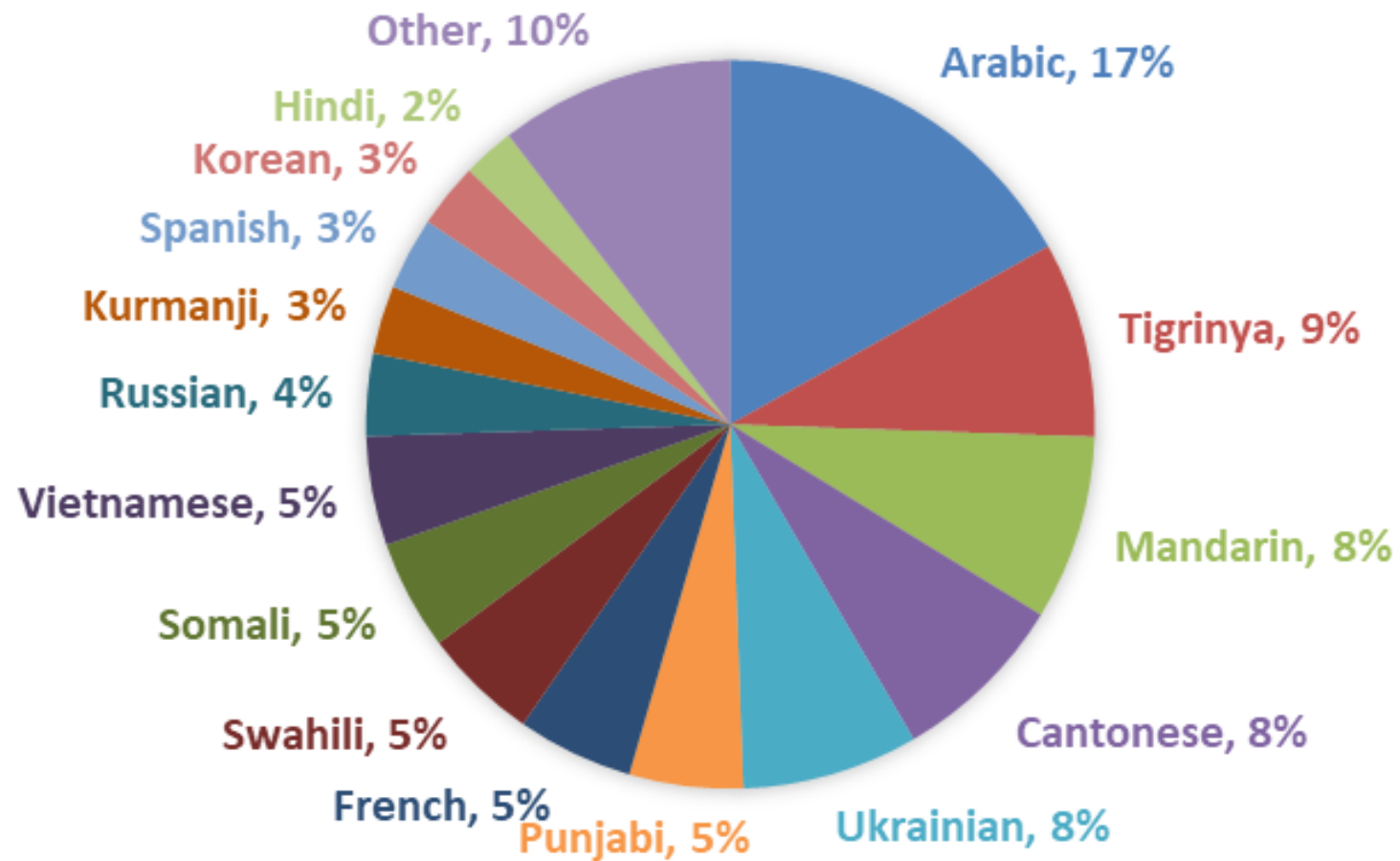
Language Access Yearly Summary of Interpreter Services Provided



INTERPRETER SERVICES BY LANGUAGE

FACE-TO-FACE AND REMOTE INTERPRETATION

OCTOBER 1 - DECEMBER 31, 2022 (Q3)



Tips for Working Effectively with Trained Interpreters



- Introduce yourself and allow interpreter time to perform their introduction
- Face Limited/Non-English Speaking Person (LNEP), make eye contact
- Speak directly to LNEP
- Avoid directing questions to interpreter

Tips for Working Effectively with Trained Interpreters



- Speak clearly/slowly
- Use 1-2 short sentences; pause frequently to allow for 1st person, consecutive interpretation
- Avoid:
 - technical terms/jargon when possible
 - slang/idiomatic expressions
 - jokes

Tips for Working Effectively with Trained Interpreters



- Allow interpreter to intervene for clarification as required
- Be aware interpreters will take notes to aid their memory
- Remember everything said will be interpreted, including side conversations

How do I Request a Language Access Interpreter?

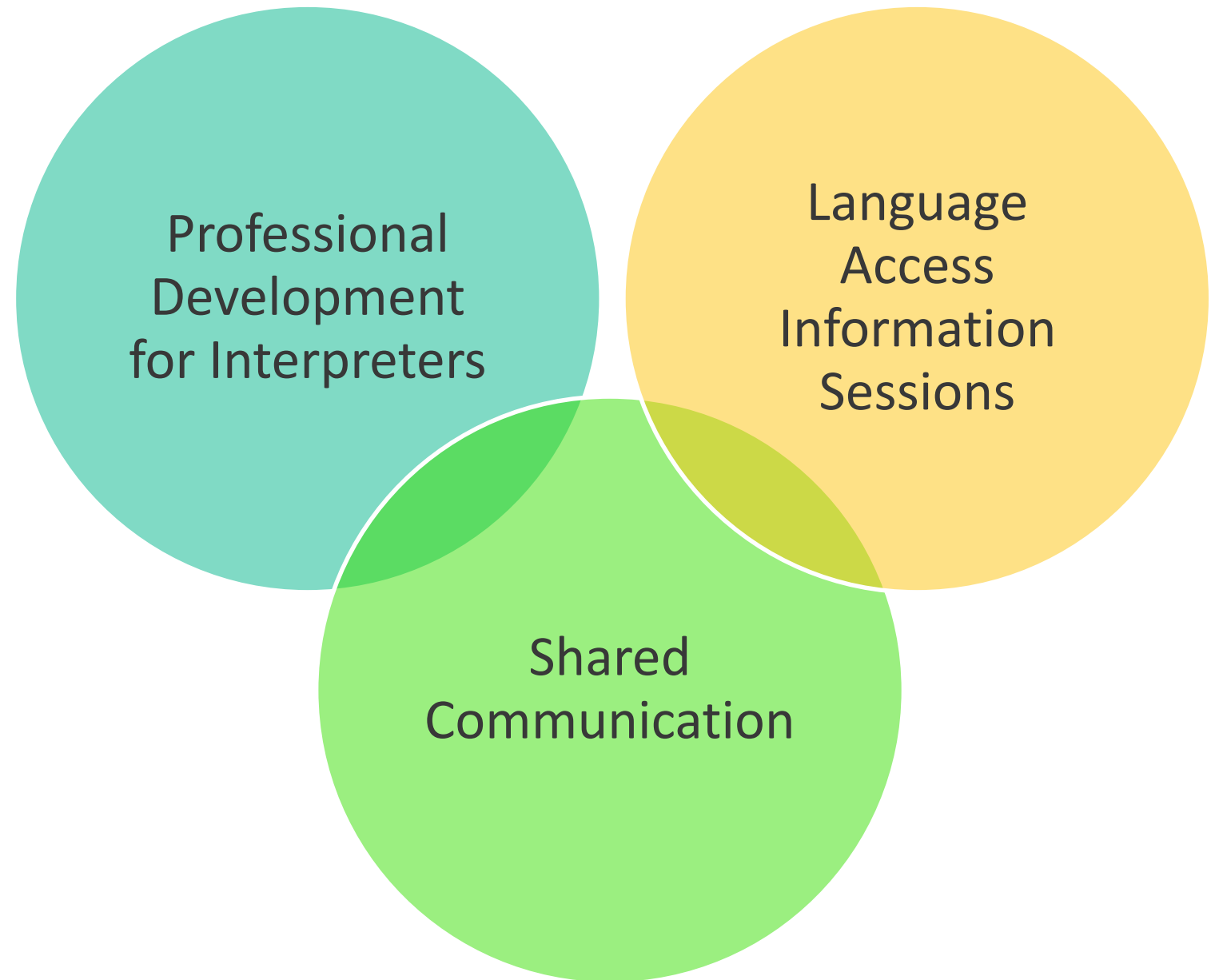
Phone 204-788-8585 (24/7/365)

or

Fax Interpreter Request Form to 204-940-8650
(Mon-Fri, 0800-1600)

Interpreter Request Form available online at
<http://www.wrha.mb.ca/professionals/language/index.php>

Opportunities for Collaboration



For more information:

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<https://sharedhealthmb.ca/patient-care/language-access/>

