

NCIHC webinar: Temporary Transition to Remote Interpreting During Health Emergencies: Guidance and Tips for Language Access Stakeholders 03/28/2020

The below are questions and comments submitted by attendees during the live webinar. The presenters, Jody Prysock and Nick Arce, generously volunteered to provide written replies to the questions submitted by the attendees. This document is shared as a supplement to the full webinar presentation.

Work and Employment

1. Looks like my current agencies (on-site Medical Interpreting) are impeding my request to add me to a remote interpreting department. Nobody contacted me so far. Do you think it is the case and I need to look for different agencies, which don't have me in a pool of onsite interpreters?

JODY PRYSOCK: *I would be patient. I think a lot of the agencies are scrambling trying to reassure clients that they won't experience a gap in services while at the same time, they are scrambling to find out what platforms they need, the interpreters need, the clients need...if there is a cost involved, who incurs that cost. I would try to give them the benefit of the doubt and perhaps send a supportive reminder email that you're out there and ready to help in any way you can. I know that I do work for several agencies and that's always a good idea. I would approach it in the way that you are anxious to help...to ensure people get the services they need.*

2. Anyway, what would be a most effective way for a Medical interpreter make her/himself useful for OPI. Agencies or hospitals directly. I bet that NY has a shortage of interpreters now!

NICK ARCE: I suggest reaching out to OPI Agencies to see if they have any positions "open" for you to apply.

3. About freelancers: Are agencies trying to exploit the situation by "offering" low rates for OPI and VRI?

NICK ARCE: Not that I am aware of.

Platforms/Call Centers

4. From the six options (Doxy.me, Facetime, Zoom, and so on), is there one that works best for simultaneous interpreting (I understand CMIs use consecutive more)? My setting is legal. Any guidance would be welcome. Our court has reached out to us to brainstorm ideas.

JODY PRYSOCK: I reached out to an interpreter who works in the court system here in NY and she said they are in the same process of trying to identify the most appropriate forum.

I would suggest seeing if there is a FB page for interpreters in the legal system (you may have done this already) and pose the question to the group. I find listservs and professional FB pages wonderful resources.

5. We are a language service provider, what phone system or Call management system we should use to set up a successful call center?

NICK ARCE: There are many technologies available (Call Management Systems or Telecommunication Apps). While I am unable to endorse or recommend a specific technology/application, I encourage you to consult with your IS Department.

6. How can I test build-in technical features of and OPI/VRI system?

NICK ARCE: Consult your IS Department for specific technical assistance.

7. What about HIPAA? these systems like Skype are 3rd parties recording everything!

JODY PRYSOCK: *There are HIPAA compliant components for Healthcare in Zoom, MS Team, WebEx and I'm sure there are others. Although the penalties for HIPAA have been temporarily lifted for healthcare providers using telemedicine, to my knowledge, there is nothing yet that speaks to the interpreting profession and the platforms we use. I will try and get more information on this. In the meantime, I would try and stick with the platforms we know are HIPAA compliant.*

8. Are call centers able to keep up with the volume of calls during this crisis? especially if call centers may have to reduce the number of staff in the call centers due to the 6 ft social distancing rules

NICK ARCE: Ability to handle call volume depends on a variety of variables, some of which include your department specific call volume/demand per day and/or hourly and also staffing available at your organization. For this reason, it is vital to establish a roll-over function in your call center to ensure there is a back up to staff interpreters.

PPE

9. Our organization is not allowing us to use PPE at all. Not even home-made mask are allowed.

JODY PRYSOCK: *I would share with them the announcement from CCHI sent on March 25th and posted on the NCIHC Listserv. Talk to the Patient Safety Officers or Chief Regulatory Officers...Someone in the "C-Suite"*

NICK ARCE: I suggest you first activate your chain of command and consult with your direct supervisor. She or he may consult with your organization's Epidemiology or Employee Health department for guidance.

10. What can be done if the organization that we work for do not provide us with PPE?

NICK ARCE: Same answer as above.

11. Is it possible for ASL interpreter to use PPE?

JODY PRYSOCK: *It is not only possible, but it should be standard practice. While some Deaf prefer to see your mouth when your signing (it's part of the grammar of ASL), they will be able to understand a skilled interpreter without the benefit of the mouth movements. However, please understand, that I believe an on-site interpreter should only be expected to interpret in dire situations where VRI (whether through a vendor or agency is absolutely not an effective mode of communication.*

12. Who provides PPE for your interpreters?

JODY PRYSOCK: *I imagine it should be the Hospital. You are considered part of the Healthcare Team. I'm actually trying to follow up on the whole PPE issue as it's an important one.*

NICK ARCE: Our central supplies department provides access to masks and other supplies to the entire hospital. As we are staff on-site interpreters, we have access to said supplies, when deemed clinically necessary to reduce exposure.

13. Since PPE is so limited in hospitals currently. Wouldn't it be better to save PPE for healthcare workers that are hands on and not use it for interpreters that are just using their voice. Specially knowing that interpreters can use video or phone to do their job.

JODY PRYSOCK: *I strongly believe that on site sign language interpreters should only be secured if video interpreting is not or cannot result in effective communication. There are more than a few interpreters who are still willing and able to go to hospital sites but we're not talking about 100's of PPEs but for those interpreters who are called in when their presence on site is essential.*

NICK ARCE: PPE is available to any hospital employee who interacts with a COVID-19 Confirmed or Suspected patient. While remote interpreting is encouraged and recommended, there may be (a few) situations where an interpreter may need to interpret in-person. If interpreting for a COVID-19 Confirmed or Suspected patient, the interpreter should wear appropriate PPE.

Visitor Restrictions and Patient Care

14. Hospitalized COVID-19 patients will not be allowed to have visitors when they are hospitalized. How can we ensure they have access to "continuity of care" and "continuity of communication" in what may be an end-of-life setting?

JODY PRYSOCK: *Through advocacy – If you yourself are willing to go in and providing interpreting services on-site, make that known to the agencies and hospitals (if you are hired directly). I think the best thing we can do is not only present the problem and ask the question, which is important, but to be ready to offer a solution as well.*

NICK ARCE: Hospitals are required to comply with Joint Commission and other Regulatory Requirements specific to Language Access. Those regulatory requirements remain in effect. Visitation restrictions (families and friends) are subject to vary depending on the hospital, medical center or health system. Nonetheless, visitation restrictions should not influence a hospital's ability to comply with regulatory requirements.

Interpreter Protocols

15. The session is always the same based on my experience. But will depend on the provider and the situation. A pre-session could be short in an emergency situation, especially during this COVID-19 outbreak

JODY PRYSOCK: *Yes, but if you have a script already prepared, you can try and get the info you need as it will help those for whom you are interpreting. Your ability to do your job and ensure your clients all understand each other is not to be dismissed. Obviously, if you can't, let it go and do your best!*

16. How, if at all, should interpreters change the wording of their pre-session for VRI?

JODY PRYSOCK: *I'm not a Video Interpreter so I don't know what the standard intro may look like but I would suggest asking, "Is this the ER", " Who is at the bedside"? "I may need to stop either you or the patient for clarification...while I know time is of the essence, I do want to make sure you all are able to understand each other". Something to that effect.*

17. How can I do pre-session if I don't know who's the patient I'll be interpreting for?

JODY PRYSOCK: *The pre-session is with the provider.*

18. When interpreting for multiple hearing/ Deaf participants via Zoom, I find it challenging to ask people to slow down, speak clearly, and state their name. What is your approach?

JODY PRYSOCK: *It is a challenge. Sometimes, depending on the Deaf participants, I may ask them how would they like this managed? Would they like to set up housekeeping communication rules or are they ok with you doing it? If everyone is able to see each other; can raise their hands?*

19. Would face to face interpreting be necessary during the peak of the crisis?

JODY PRYSOCK: *I really don't have an answer for this...I would think that for end-of-life discussions, it may be but remember, most likely the patient doesn't have their family member physically with them so you may all be communicating remotely.*

NICK ARCE: The manner in which interpreting services is provided will vary depending on situation. At this time, remote interpreting is recommended, OPI or VRI. Nonetheless there may be situations where these modalities are not ideal. Consideration should be given to best modality for patient, provider, and also the health and well-being of the interpreter. The goal is to bridge communication while simultaneously ensuring the safety and well-being of all parties.

Provision of Language Services

20. Can anyone comment on use of interpreter services for virtual COVID-19 screenings and phone visits? We have been contacted about 2 health systems in WA offering this free service to the public regardless if they are patients of said system, but callers are finding that no language assistance is offered. Advocates have contacted administrators, who say no interpreter service available, people should provide their own interpreter. WASCLA is following up, we want to hear what is happening everywhere and plan strategy to remind that legal requirements have not gone away during crisis.

NICK ARCE: Screenings and phone visits should use interpreter service to ensure accurate and complete communication.

21. Why would anyone go back to FTF after the crisis?

JODY PRYSOCK: *That's the goal and that was one of the points I was trying to make? I personally do not think that cultural brokering, for example, can happen as effectively for anyone (Deaf or from another country) with an OPI or VRI.*

NICK ARCE: There is and there always will be a need for in-person interpreting. We can expect changes in society and should be ready to adapt to changes in society and in our industry, if any. Nonetheless, it is too early to speculate.

22. Do you think anyone will go back to FTF interpreters for spoken languages?

NICK ARCE: There is and there always will be a need for in-person interpreting. We can expect changes in society and should be ready to adapt to changes in society and in our industry, if any. Nonetheless, it is too early to speculate.

Self-Care

23. What would you advice to do when you feel the situation is affecting you mentally and the hospital you work for refuses to allow you to work from home? How can we protect ourselves?

JODY PRYSOCK: *Are you saying that all interpreters are required to report to the hospital? Sign language and spoken language interpreters?*

24. There is no congregation in a call center? How many people are there?

NICK ARCE: It depends on the number of staff in your call center. Our call center is separated by rooms and all interpreters have access to PPE.

25. Working over the phone, how many breaks will be given to the interpreter to be reasonable? If I feel stressful after answering many calls for 4 hrs with only 15 min breaks, does that mean I am not suitable to work over the phone? thank you

NICK ARCE: First and foremost, it is important to comply with your State's meal and rest break laws. I recommend consulting with your employer for your specific regulations and practices.