Canberra Health Services

Consultation Paper;

Interpreter Service

Divisions of Rehabilitation, Aged & Community Services and Allied Health

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1. Introduction

Canberra Health Services (CHS) is focussed on the delivery of high quality, effective, person centred care. It provides acute, sub-acute, primary and community-based health services to the Australian Capital Territory (ACT)—a catchment of approximately 400, 000 people. It also services the surrounding Southern New South Wales region which includes the Bega Valley, Bombala, Cooma-Monaro, Eurobodalla, Goulburn, Mulwaree, Palerang, Queanbeyan, Snowy River, Upper Lachlan Shire and the Yass Valley.

CHS administers a range of publicly funded health facilities, programs and services including but not limited to:

- **The Canberra Hospital:** a modern 600-bed tertiary hospital providing trauma services and most major medical and surgical sub-specialty services.
- **University of Canberra Hospital Specialist Centre for Rehabilitation, Recovery and Research**: a dedicated and purpose-built rehabilitation facility, with 140 inpatient beds, 75-day places and additional outpatient services.
- **Mental Health, Justice Health, Alcohol and Drug Services:** provide a range of health services from prevention and treatment through to recovery and maintenance at a number of locations and in varied environments for people suffering from mental health issues.
- **Dhulwa Secure Mental Health Unit:** a purpose designed and built facility providing clinical programs and treatment options for people suffering from acute mental health issues.
- **Six community health centres:** providing a range of general and specialist health services to people of all ages.
- **Three Walk-in Centres:** which provide free treatment for minor illness and injury.
- A range of **community based** health services including early childhood services, youth and women's health, dental health, mental health and alcohol and drug services.

CHS is a partner in teaching with the Australian National University, the University of Canberra and the Australian Catholic University.

On 1 October 2018 ACT Health transitioned into two separate organisations being the ACT Health Directorate (ACTHD) and Canberra Health Services (CHS).

The current organisational chart and the recent Annual Report and the ACT Government Budget Papers provide more detail about CHS.

CHS has identified that it does not consistently partner in the delivery of care with some of our high risk and diverse patient groups. The impact is these patients may not consistently have the best patient experience with CHS and therefore face barriers to actively engaging in decisions about their care at CHS. In 2021, the Partnering with Consumers Committee identified gaps in meeting the actions of the Standard (actions 1.15, 2.3, 2.07, 2.08, 2.10) in relation to navigating and access of services, health literacy, advocacy, support, and person-centred care.

Two of the top themes for Consumer Feedback (complaints) in the 2020-21 financial year were communication and information. This has continued to be the case throughout the 2021-22 financial year. Interpreters play a vital role in supporting patients and their family, carers, and friends to engage in their health care and communicate effectively with treating health professionals and other hospital staff. Currently, there is no consistent or reliable mechanism to assess the performance of the interpreter service and model provided on behalf of CHS. For the 2020-21 financial year there were 5152 requests for interpreters with this increasing in 2021-22 to 5335 requests across 69 languages. The top five languages for 2020-22 were Mandarin, Arabic, Spanish, Vietnamese, and Farsi/Dari. Across the 2021-22 financial year the cost of cancellations, where CHS either failed to inform Translating and Interpreting Service (TIS) or failed to give sufficient notice, was over $64,000, an increase from $58,000 in 2020-21.

2. Purpose

The purpose of this paper is to describe the current provision of the Interpreting Service and the associated design implications for the consumers and staff of CHS. The following document outlines the proposed changes to the CHS Interpreting Service. The aim is to streamline the interpreting services offered by CHS to improve access to timely and appropriate services.

3. Current model

Currently, interpreting services are arranged by clinicians or administration officers and are reliant on consumers being identified as requiring an interpreter or requesting an interpreter themselves. This is ideally identified at the time an outpatient appointment is made or as soon as a patient is admitted.

- Interpreters are arranged through Translating and Interpreting Service (TIS National).
- The National Interpreting and Communication Services (NICSS) provides on-site and Video Remote Interpreting Auslan interpreters.
- CHS uses professional interpreters accredited by the National Accreditation Authority for Translators and Interpreters (NAATI).
- They can be:
  - pre-arranged in advanced e.g., for outpatient appointments or for family meetings and planned consultations for inpatients.
  - emergency bookings made in urgent circumstances e.g., presentations to the Emergency Department.
- Interpretation can take place with an interpreter in-person onsite or via the telephone.
- Not all languages have the option of in-person interpretation (see Table 1 for available languages).
- Interpreting services are provided for free to consumers with CHS covering any associated costs.

- Across the 2021-2022 Financial Year, 5335 requests were made to TIS for interpreting services, up approximately 4.5% on 2020-21.
- Across 2020-2022 requests were across 69 different languages.
- The top 4 languages have been consistent across 2020-21 and 2021-22:
    - Mandarin
    - Arabic
    - Spanish
    - Vietnamese
- It is recommended that Multilingual staff and family/friends can help to communicate with consumers with limited English proficiency, but they must not replace professional, accredited interpreters, particularly in situations which may be a risk for consumers and/or CHS (*CHS Procedure: Language Services – Interpreters and Translated Materials*).
- There is currently no dedicated staff at CHS responsible for arranging and managing interpreting services at CHS.

Table 1. TIS Onsite languages in the ACT as of March 2020

Amharic	Mizo Chin
Arabic	Mon
Cantonese	Myanmar
Croation	Polish
Dari	Portugese
Falam Chin	Punjabi
Farsi	Serbian
Finnish	Sinhalese
Greek	Somali
Hakha Chin	Spanish
Hazaragi	Tamil
Hindi	Thai
Indonesian	Tibetan
Italian	Tingrinya
Korean	Urdu
Mandarin	Uzbek
Mara Chin	Vietnamese
Matu Chin	

4. Rationale for change

Providing high quality and safe healthcare to all consumers is the primary goal of CHS. As part of CHS' commitment to meeting the National Safety and Quality Health Service

Standards (NSGHS Standards), CHS is aiming to strengthen its ability to *communicate with consumers in a way that supports effective partnerships* (Health Literary – Action 2.8, 2.9, 2.10). Our consumers who are from culturally and linguistically diverse backgrounds and/or with limited English proficiency, are deaf or hard of hearing they are at greater risk of adverse incidents from health care, often due to communication issues. If staff do not use professional, accredited interpreters when required, there are risks for consumers to their healthcare and health outcomes and for CHS which may include legal action (*CHS Procedure: Language Services – Interpreters and Translated Materials*).

The total cost for interpreting services for CHS in the 2021-22 Financial Year was approximately $584,500. The top 4 languages requiring interpretation across 2021-22 cost CHS approximately $334,000 (57% of total costs) for onsite and phone interpreting services. One of the aims of the proposed changes is to streamline the interpretation for consumers from these high frequency language groups. Where CHS either fails to inform or give TIS sufficient notice CHS will still be charged for the service, across 2021-22 this cost CHS more than $64,000, an increase of approximately 5.9% from 2020-21. Therefore, one of the aims of the proposed changes are looking to limit these potentially avoidable charges.

Specific feedback received from the Health Care Consumers' Association from multicultural consumers regarding CHS' current model for interpreting services include:

- interpreters not turning up to health appointments
- TIS unable to locate interpreters for a specific language requested
- long wait times at walk-in centres when interpreter is requested
- family members still needed to interpret due to unavailability of interpreters

Therefore, CHS is proposing to work with consumers and the Health Care Consumers' Association to ensure that any changes made to the Interpreting Services looks to address their concerns. It is acknowledged that any proposed changes may not address all concerns raised initially and that the model will need to be adaptable and receptive to any future changes that may be required as the health care system and its consumers develop and change over time. Based on advice from NSW Health Care Interpreting Services, the proposed changes will be trialled initially and extensively reviewed and evaluated to ensure they are both meeting the needs of consumers and the finical responsibilities of CHS.

5. Future model

5.1. Scope of the future model

A mixed model approach, similar to that of NSW Health Care Interpreter Service - Western Sydney Local Health District, albeit on a smaller scale. It is proposed that CHS employs staff to directly manage the Interpreting Service and also employ staff interpreter/s, for high frequency languages. The team will sit within the Division of Allied Health and potentially form part of a Patient Advocacy Unit, for which the model and consultation paper is currently in development. The Interpreter Service unit will report to Acute Allied Health Social Work in the interim until the outcome of the Patient Advocacy Unit discussion has occurred.

Proposed Change 1: CHS to employ two dedicated administration officers to manage and oversee the interpreting services, one ASO5 (team leader) and one ASO3. The hours for the two staff would initially be scheduled to cover 8am to 8pm, Monday to Friday, with this to be reviewed with in the first 3 months to see if these extended hours are cost effective and required. The requirement of weekend coverage will also be evaluated during the first 3 months. The roles and responsibilities of these two positions will be to provide a central booking service for both consumers and CHS staff. They will be able to monitor and confirm bookings 48 hours head of time to attempt to decrease the costs associated with not cancelling appointments through TIS in a timely fashion. Another role of these positions will be to explore options for afterhours interpreting and/or when interpreting services are required at short notice, for example, translation applications and loan iPads. Standardised process and resources for consumers and staff to access will be established. The two administration positions will be advertised with the “Highly Desirable” quality of being proficient in at least one language other than English. However, providing interpretating services would not be their primary role.

Proposed Change 2: Establish one or two staff interpreter positions, the full-time equivalent (FTE) hours requires further investigation and consultation with key stakeholders. It is proposed that at least a Mandarin interpreter +/- an Arabic interpreter be employed by CHS. The current associated costs to CHS for these two languages is 41% of the total interpreting service costs, approximately $242,000 for 2021-22. CHS would also investigate the feasibility of employing casual/on-call interpreters for several of the high-frequency languages. Anyone employed for the purpose of providing interpreting and translation services for CHS would be required to be NAATI certified. NSW Health has a *Health Employees' Interpreters' (State) Award 2022,* and this would be used to help guide the appropriate salary levels and conditions for any staff interpreter positions.

Proposed Change 3: Explore the option of expanding the number of organisations that CHS use to book interpreters through, to assist with the financial costs and with issues such as

interpreters not turning up to appointments, TIS being unable to locate interpreters for a specific language requested, and the long wait times for interpreters to attend. Examples include About Translation (used by Calvary Bruce Public Hospital) and Language Loop (Vic Health and Qld Health).

Proposed Change 4: CHS's staff employed in roles other than as an interpreter are entitled to a yearly allowance if they are NAATI certified and are involved in *communication on a regular basis in languages other than English, including Deaf Oral language, Deaf Sign language and Aboriginal languages* (ACT Government Enterprise Agreements). Therefore, it is proposed that NAATI certified staff can opt in to be included on a contact list to be used as an interpreter, when already on a rostered shift and with their manager's approval. CHS, through the Our People Committee, has agreed to staff receiving this allowance, however work will need be done alongside People and Culture to establish how many staff are NAATI certified and to define a *regular basis*. If the ASO3 and/or ASO5 are proficient in a language other than English, they would qualify for this allowance. The staff interpreters would be expected to help support these staff members.

There will be a requirement to find office space to accommodate up to the 3-4 staff, including space for private and confidential phone interpreting by the staff interpreters. It is anticipated that the staff interpreters will endeavour to provide most interpretation in person, however it may be time and cost effective to provide some phone interpretation if there is a need for interpretation at multiple CHS sites across one day. Staff interpreters may also benefit from mobile IT infrastructure to be provided to allow them the capability to work from home/be on call for emergency phone appointments.

5.2. Benefits of the future model

The benefits of the proposed mixed model Interpreting Services include:

- Providing a central access point for consumer and staff to arrange, manage, and book interpreting services, therefore improved efficiencies and timeliness of bookings and cancellations of interpreting services.
- Improved health care to our consumers from culturally and linguistically diverse backgrounds and/or with limited English proficiency, who are deaf or hard of hearing and decrease their risk of adverse incidents due to communication issues.
- Improved compliance with NSQHS Standard Partnering with Consumers (Actions 2.8, 2.9, 2.10).
- Improved access to interpreting services for high frequency languages.
- In-house translation of consumer handouts and forms for high frequency languages.
- Potential cost savings for CHS.

5.3. Implementation of the future model

The proposed changes will be implemented in stages, commencing with the employment of the ASO5 Team Leader position. Following the commencement of the ASO5, a communication strategy about the changes, and evaluation outcomes would be established. For example, the number of requests for interpreters, languages, day of the week and time of day data would be collected. Once the communication strategy and outcomes have been established Stage 2 would start (approximately 1 month after the commencement of the ASO5). Stage 2 would include:

- recruiting to the ASO3 position;
- initiating the communication strategy detailing the changes to the service to CHS's consumers and staff; and
- recruitment of the staff interpreter position/s, including casual staff.

Stage 3 would involve moving to the 8am-8pm Monday to Friday service, occurring once the ASO3 and staff interpreters have been employed.

After 3 months, the initial trial would be evaluated with the option to implement changes e.g., decreased coverage Monday to Friday and increased coverage Saturday and/or Sunday. The full trial would then continue for 12 months with a full evaluation process to take place at the end of the 12-month period, with the option to permanently implement the changes if successful, or to complete another round of changes and evaluation. The main aim being to implement changes that will lead to improvements for our consumers and staff that are also financially responsible.

5.4. Related change processes

This is related to the potential for a Patient Advocacy Unit to be established with the Division of Allied Health that will be consulted on in the near future.

5.5. Implications for not undertaking the change

The implications associated with not implementing change to the interpreting services currently offered by CHS include:

- Continued negative experiences and feedback by consumers
- Continued negative experiences and feedback by CHS staff
- Ongoing increased risk of adverse events for consumers who are from culturally and linguistically diverse backgrounds and/or with limited English proficiency, who are deaf or hard of hearing
- Ongoing staff time inefficiencies arranging interpreting services
- Ongoing lack of transparency for consumers when requesting interpreting services

- Ongoing wasted CHS finance on untimely or lack of cancellation of unnecessary appointments

6. Consultation methodology

This proposal provides more detail in relation to the Interpreter Service. There are still details that need to be determined and your feedback, suggestions and questions will assist in further refining the Interpreter Service.

Feedback can be provided via email to RACCExecutiveOfficer@act.gov.au.

Feedback is due by 31 March 2023.

In particular we are seeking responses to the following questions:

1. Do the proposed changes begin to address the issues associated with and experienced by consumers and CHS staff?
2. Do you have any concerns about the proposal so far, if so, what are they?
3. Do you have any other feedback you would like to be considered in relation to the Interpreter Service?

For any further information relating to the Interpreter Service and subsequent consultation process, please contact Emily De Alvia via email: RACCExecutiveOfficer@act.gov.au.

7. References

Document	Author
National Safety and Quality Health Service Standards. Second edition	*Australian Commission on Safety and Quality in Health Care*
CHS Procedure: Language Services – Interpreters and Translated Materials	*Quality Safety Innovation and Improvement*