

Update On Texas Advisory Committee On Qualifications For Health Care Translators And Interpreters November 2013

Mary Esther Diaz
Advisory Committee Vice-Chair

Background

- In January 2009, HB 233 was introduced to the 81st Texas Legislature by Rep. Eddie Rodriguez, relating to creation of an advisory committee to establish and recommend qualifications for certain health care translators and interpreters.
- After hearings before the House Public Health Committee and the Senate Health and Human Services Committee, HB 233 passed, with an effective date of September 2009.

Background (continued)

- The Texas HHSC Office for Civil Rights issued a call for nominations to the committee, selected members, and convened the first meeting of the Advisory Committee in January 2010.
- The Advisory Committee has met continuously since then, with administrative support by the Texas HHSC Office for Civil Rights.

HB 233 (2009) Rep. Eddie Rodriguez

Creation of an advisory committee to establish qualifications for certain health care translators and interpreters

Status: Passed. Effective 9/1/09

HB 233 (continued)

Committee responsibilities

Establish and recommend qualifications for healthcare interpreters and translators, that include:

- ▣ Ability to fluently interpret another language into and out of English
- ▣ Practical experience as a translator or interpreter

Committee Responsibilities

The committee shall advise the commission on the following for health care interpreters and translators:

- Language proficiency required for certification
- Training requirements
- Standards of practice
- Requirements, content, and administration of certification examinations
- Procedure for testing, qualifying, and certifying
- Reciprocity agreements with other states

Advisory Committee Members

- Health care interpreter working with people who have limited English proficiency
 - Esther Diaz
- Health care interpreter working with people who are deaf or hard of hearing
 - Zee Broussard
- Health care practitioners
 - Irma Rubio, R.N. and Christopher Moreland, M.D.
plus...

Advisory Committee (continued)

Representatives of:

- Professional translators and interpreters association
 - ▣ Edgardo Garcia, Children's Hospital of Dallas
- Mental health services provider
 - ▣ Nancy Miller, R.N., Shoal Creek Hospital
- Hospital
 - ▣ Jacqueline Burandt, University Health System
- Insurance industry
 - ▣ Gel Detrick, Scott & White Health Plan

Advisory Committee (continued)

- Business entity that provides translators and interpreters to health care providers
 - Ryan Foley, MasterWord Services
- Organization that provides services to immigrants and refugees
 - Fabio Torres, Catholic Charities of Fort Worth
- Institution of higher education
 - Gabriel Martin, Lamar University
- Health care consumers with limited English proficiency
 - Miguel Fuentes, Scott & White Memorial Hospital
- Health care consumers who are deaf or hard of hearing
 - Detra Stewart, ADA Compliance Experts

Non-Voting Committee Members

- Health and Human Services Commission
 - Laura Jourdan
- Department of Aging and Disability Services
 - Barbara Wright
- Department of Assistive and Rehabilitative Services
 - Randi Turner
- Department of Family and Protective Services
 - Joan Miller
- Department of State Health Services
 - Patricia Hosey
- Coordinator, Health and Human Services Commission
 - Paula Traffas

Date	Activity
January 2010	<ul style="list-style-type: none"> Introductions General information Legal requirements for open meetings
February 2010	<ul style="list-style-type: none"> Operating procedures Goals and work plan Reports on existing certification efforts, training, standards of performance
March 2010	<ul style="list-style-type: none"> Medicaid/CHIP language access requirements Existing certification efforts (continued) Existing training programs
April 2010	<ul style="list-style-type: none"> CHIP Reauthorization Act Translation quality assurance
May 2010	<ul style="list-style-type: none"> Role of the health care interpreter First draft of recommendations
June 2010	<ul style="list-style-type: none"> Definition of health care interpreting terms Interpreter qualifications ADA and HIPAA violations Revise draft recommendations
July 2010	<ul style="list-style-type: none"> Stakeholder feedback on proposed recommendations
August 2010	<ul style="list-style-type: none"> Finalize recommendations for HHSC
September 2010	<ul style="list-style-type: none"> Submit recommendations to HHSC Commissioner
October 2010	<ul style="list-style-type: none"> Feedback on recommendations from committee contacts New goals and work plan
December 2010	<ul style="list-style-type: none"> Feedback from webinar on recommendations NCIHC Standards for Training of Healthcare Interpreters

Date	Activity
January 2011	Rep. Eddie Rodriguez introduced HB 1719 relating to proposed recommendations.
January 2011	Review of healthcare interpreter qualifications. Discussion of two national certification programs.
February 2011	Discussion about translation. Discussion of interpreter screening criteria used in healthcare institutions. Committee members' reports on language services definitions.
March 2011	Report on members presentations to or communication with stakeholders on the committee's recommendations.
April 2011	Report data on hospital customer satisfaction surveys Discussion of Bureau of Labor Statistics information on Interpreter job descriptions
May 2011	HB 1719 died in committee.
May 2011	Continue discussion of language services definitions. Discussion of resources to post on Advisory Committee web site.
June 2011	Review of definitions for Advisory Committee web site.
August 2011	Stakeholder feedback on proposed qualifications and training.

Date	Activity
September 2011	Discussion of stakeholder input and TAHIT survey Ideas for resource website Definitions
October 2011	Established new subcommittees for Translation, Certification Mental Health
December 2011	Discussion of national certification programs: CCHI, NBCMI Ideas for resource website
January 2012	Decision to recognize certification by CCHI and NBCMI Discussion of mental health qualifications
March 2012	Discussion of resource website Discussion of translation quality
May 2012	Discussion of interpreter training Discussion of translation quality
July 2012	Discussion of possible recommendations for HHSC Ideas for resource website Definitions
September 2012	Discussion of translation outsourcing, definitions, Finalize recommendations for HHSC
December 2012	Discussion of Medicaid Waiver and Impact on Language Services

Date	Activity
January 2013	Introduction of new committee members Report from website subcommittee
April 2013	Report on Promotora/Community Health Worker Certification Report on mentoring for sign language interpreters
May 2013	Discussion of requirements for certification Report from website subcommittee
July 2013	Discussion of training requirements Discussion of funding for certification test development
September 2013	Report from website subcommittee Progress report on DARS certification test development for sign language medical interpreters
November 2013	(November 22)

Recommendations

- Two sets of recommendations submitted: one for foreign language interpreters, the other for sign language interpreters.
- Recommendations for sign language interpreters take into account existing certification programs.
- Recommendations for foreign language interpreters do not, given the recency with which these have become available.
- Recommendations for foreign language interpreters include guidelines for written translation

Obtaining Stakeholder Feedback

Recommendations distributed to stakeholders, in advance, with copies of:

- *Language Access and the Law* – The Joint Commission
- *Office Guide to Communicating with LEP Patients* – American Medical Association
- *Approved: New and Revised Hospital Elements of Performance to Improve Patient-Provider Communication* – The Joint Commission

Summary Recommendations to HHSC

1. Prohibit the practice of requiring patients to bring their own interpreters in health care settings.
2. Limit the use of uncertified or unqualified individuals to assist with communication to medical emergency situations in which an interpreter not associated with the patient is not available by any other means.
3. Require qualifications and successful completion of HHS agency approved training as set out below for any individual in the state of Texas who provides interpreting services as part of his or her professional duties in a health care setting.

Summary Recommendations to HHSC (continued)

4. Recommend that a registry of healthcare interpreters be established through a non-profit organization in which interpreters who have successfully completed an HHS agency approved training may register.
5. Recommend that when a patient liaison/advocate is working as an interpreter, he or she should refrain from advocating *during* the interpreted session.

Summary Recommendations to HHSC (continued)

6. Recommend that the following quality assurance measures be implemented for translation of written documents:

Summary Recommendations to HHSC (continued)

Request should include the following information:

- ▣ Function, overall purpose and end use of the source text
- ▣ Description of target audience for translated text – literacy level, cultural concepts, regional language variations.
- ▣ Specific needs and special requirements, such as adaptation for low literacy level or specific terminology preferences
- ▣ Specific deadline by which the document is required

Summary Recommendations to HHSC (continued)

The translator should meet the following qualifications

- ▣ Ability to read and write at a professional level in the source and target language
- ▣ Knowledge and experience with the culture of the intended audience
- ▣ Knowledge of medical terminology and concepts
- ▣ Experience as a medical translator

Summary Recommendations to HHSC (continued)

The translation should be reviewed and edited by an experienced editor, if a professional editor is not available, with the following criteria in mind:

- Reliability – meaning of original text is clearly conveyed in the new language
- Completeness – nothing is omitted or added to the original message
- Accuracy – text is free of spelling and grammatical errors
- Cultural Appropriateness – message is meaningful and appropriate for the target culture

Summary Recommendations to HHSC (continued)

Recommend the following criteria for outsourced translation provider:

- Offers transparency in its processes
- Uses up-to-date technology and tools (including translation memory)
- Uses HIPAA and HITECH compliant security measures
- Includes editing, proofreading, language localization and formatting as steps in its process
- Has mechanisms for Quality Assurance / Quality Control (such as ISO Certification which specifies requirements for a quality management system)

Recommended Interpreter Qualifications

- Certification by the Certification Commission for Healthcare Interpreters (CCHI) or
- National Board of Certification for Medical Interpreters (NBCMI)

OR all of the following:

Recommended Interpreter Qualifications (continued)

- Age 18
- High School Education
- Fluency in English and a Language Other Than English
- Experience as a Translator or Interpreter in a Health Care Setting

and...

Recommended Training

- Interpreting Skills
 - ▣ Consecutive Interpreting
 - ▣ Simultaneous Interpreting (for ASL Interpreters)
 - ▣ Sight Translation
 - ▣ Protocols (Managing the session)
- Code of Ethics for Health Care Interpreters
- Standards of Practice for Health Care interpreters
- Roles of the Health Care Interpreter
- Cultural Awareness

Recommended Training (continued)

- Legislation and Regulations (Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, Health Information Portability and Accountability Act (HIPAA), Health Information Technology for Economic and Clinical Health Act (HITECH), National Standards on Culturally and Linguistically Appropriate Services (CLAS).

Recommended Training (continued)

- General Medical Knowledge
 - ▣ Anatomical Terms for Major Body Systems
 - ▣ Medical Tests and Diagnostics
 - ▣ Common Specialties and Medications (including physical and mental health)
 - ▣ Acronyms and Abbreviations
 - ▣ Routine Medical Equipment
 - ▣ Infection Control
 - ▣ Onsite Mentoring

Recommended Training (continued)

- Mental/Behavioral Health
 - Common disorders of adults, children/adolescents
 - Common Medications
 - Psychiatric Tests and Diagnostics
 - Treatment Plans
 - Acronyms and Abbreviations
 - Legal Status (Voluntary, POEC, OPC)
- An HHS agency shall have authority to establish, by rule, the minimum standards for approved training and interpreter qualifications.

Recommended Training Hours

In consideration of all the topics that should be included in training for healthcare interpreters, the Advisory Committee is considering the following recommendation:

- Instruction of 120 hours
 - ▣ in a classroom or online and
- Practicum (onsite mentoring) of 40 hours
 - ▣ in person

Errors of Medical Interpretation and Their Potential Clinical Consequences: A Comparison of Professional Versus Ad Hoc Versus No Interpreters. Glenn Flores, et al.

Conclusion

- Professional interpreters result in a significantly lower likelihood of errors of potential consequence than ad hoc and no interpreters. Among professional interpreters, hours of previous training, but not years of experience, are associated with error numbers, types, and consequences. These findings suggest that requiring at least 100 hours of training for interpreters might have a major impact on reducing interpreter errors and their consequences in health care while improving quality and patient safety.

Participate in the discussion

For a schedule of future Advisory Committee meetings and minutes of past meetings, see:

www.hhsc.state.tx.us/about_hhsc/AdvisoryCommittees/HCT/default.shtml

Meetings are free, and open to the public.

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Also see Resources for Interpreters and Translators in Healthcare www.interpreterhelp.com