



reducing the language accessibility

G A P

LANGUAGE SERVICES TORONTO
PROGRAM EVALUATION REPORT

CRICH Survey Research Unit

St. Michael's Hospital

July 18, 2014

This evaluation was designed and conducted by the Centre for Research on Inner City Health (CRICH) Survey Research Unit (SRU) at the request of the Toronto Central LHIN (TC LHIN).

ABOUT TORONTO CENTRAL LHIN

The Toronto Central LHIN is one of 14 regional authorities that are responsible for the planning, integration and funding of local health services. There are 170 health service providers in the Toronto Central LHIN that serve 1.15 million local residents and hundreds of thousands more who travel to this LHIN for care. LHINs are building a better health care system for people across Ontario by improving the patient experience in the health care system by working to remove the traditional silos between health care providers.

ABOUT THE CRICH SURVEY RESEARCH UNIT

The CRICH Survey Research Unit is housed at the Li Ka Shing Knowledge Institute, St. Michael's Hospital. The SRU was created in July 2009 to consolidate, mobilize and expand CRICH's considerable survey research capabilities and expertise. The Unit provides research and evaluation services to the health and social science community. For more information visit: <http://sru.crich.ca>.

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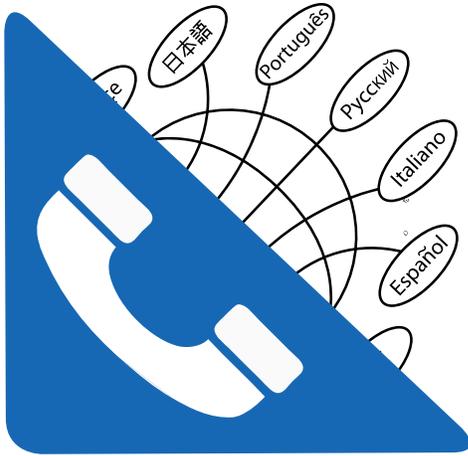


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1. Executive Summary:

Language Services Toronto Program Evaluation Report

In 2012, the Toronto Central Local Health Integration Network (TC LHIN) created the *Language Services Toronto* (LST) program to provide an initial group of community and health care organizations with greater access to professional over-the-phone interpreters so all patients could access care regardless of the language they spoke. Following the first year of LST implementation, the TC LHIN identified the need to evaluate the program before expanding to more organizations within and outside the TC LHIN.

The Survey Research Unit at the Centre for Research on Inner City Health at St. Michael's Hospital designed and conducted the evaluation using a mixed-methods approach to capture the perspectives of both patients and providers (e.g. nurses, physicians, administrative staff and managers) since the program's initial implementation in October 2012. Data collection took place between June 2013 and May 2014. Close to 90 per cent of organizations that used the LST program during the evaluation period are represented in the data.



KEY FINDINGS

The Language Services Toronto program has a strong impact on service accessibility and patient autonomy for patients with limited or no English skills.

The LST program promoted a significant shift from the utilization of ad-hoc, non-professional interpretation options to professional over-the-phone interpretation services.

The majority of patients and providers currently utilizing the LST program are satisfied with the services offered and reported improvements in different aspects of health care encounters (e.g. relationship, comfort, privacy).

There is a need to continue to monitor service provision (e.g. wait times, languages offered, training materials).

There is a need to complement LST with other interpretation strategies (e.g. accommodations for people who are hard of hearing, in-person, video conference) for certain types of visits and patient needs.

2. Introduction

In July 2008, the Toronto Central Local Health Integration Network (TC LHIN) identified language as a systematic and avoidable barrier to the equitable provision of health care services in Toronto. In 2010, the TC LHIN partnered with SickKids to release a plan for action with the publication of the report *Improving Health Equity through Language Access: A Model of Integrated Language Services throughout Toronto central LHIN*.ⁱⁱ Improved access to language supports was identified as a priority in the Hospital Health Equity Plans, in the consultations for the 2010-2013 Integrated Health Services Plan – (IHSP-2), and also during the health equity consultation that took place in the TC LHIN in the spring of 2011. In October 2012, the TC LHIN launched the Language Services Toronto (LST) program to provide over-the-phone interpretation services to hospitals and community agencies within its network. After one year of implementation and with plans to expand the program, the TC LHIN engaged the Centre for Research on Inner City Health (CRICH) at St. Michael's Hospital to conduct an evaluation. The evaluation was designed and conducted by the CRICH Survey Research Unit (SRU). The findings from this mixed-methods evaluation are presented in this report.

including 19 hospitals and 14 community agencies in the TC LHIN and other neighboring LHINs. All health and community service providers, part of the TC LHIN coverage area, as well as providers from the surrounding LHIN geographies were invited to participate in the program, with funding committed for a small group of early adopter TC LHIN community-sector organizations.

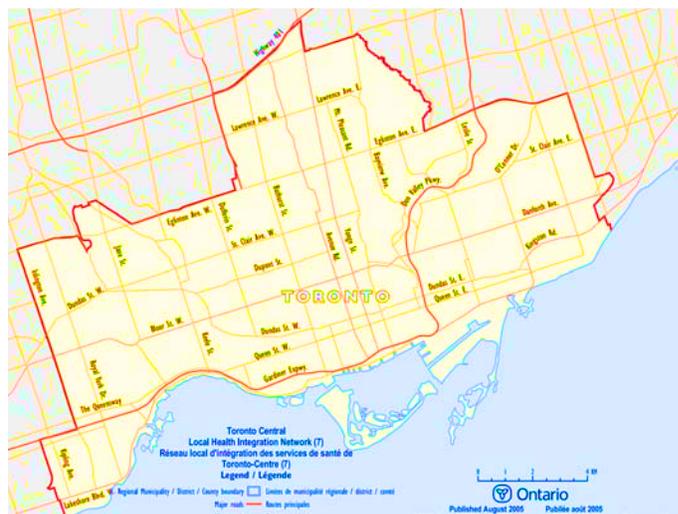


Figure 1: Geographic area of the Toronto Central LHIN

Evaluation questions

What was the impact of the LST program on the interpretation services offered?

Is over-the-phone interpretation an appropriate mode for the LST program?

What was the impact of the LST program on service delivery?

Are patients and providers satisfied with the program?

What aspects of the program should be improved and/or expanded?

Prior to LST, hospitals within the TC LHIN had identified translation and interpretation services as an area to be addressed in their health equity plans. Hospitals and other organizations within the TC LHIN had varying usage rates – in some cases, none at all – for interpretation services. The main objectives of the LST program are (1) to eliminate language barriers to accessing quality service and (2) to improve health outcomes by ensuring increased accurate communication between providers and patients through the use of professionally-trained interpreters.

“All patients should receive high quality care, regardless of the languages they speak or sign.”

-TC LHIN

PROGRAM DESCRIPTION

The Languages Services Toronto (LST) program provides real-time, over-the-phone interpretation (OPI) services in 170 languages, 24 hours a day, seven days a week to clients utilizing health care services in participating organizations. The program launched in October 2012, with the first phase

LST provides on-demand access to telephone interpreters for various health and social service-related interactions. For example, telephone interpreters can be used by a medical

secretary booking an appointment over the phone; a health care provider answering a follow-up question over the phone; and a provider conducting an in-person appointment. Users can include intake workers, primary care providers, etc.

Using a dual-handset device, speakerphone or teleconferencing phone feature, patients/clients with limited English can communicate with providers and other health care staff in their preferred language. Services are accessed through one central phone number that is answered by the RIO Network (a division of Access Alliance Language Services). Callers are prompted to key in the needed language and are then transferred to a RIO interpreter if one is available. In the event that a RIO interpreter is not available, callers are automatically transferred to Language Line Services to be connected with an interpreter. In the case of rare languages, to ensure availability, staff can call ahead and pre-book an interpreter. Each organization is provided with an access code when they sign onto the program. The code is keyed in by providers when accessing the services and used to track organization usage and direct billing.

Through the program's bulk purchase, the member organizations have access to lower per minute rates for interpretation services. The TC LHIN covers the cost for TC LHIN health services providers in Community Support Services, Community Mental Health and Addictions and Community

Health Centres. Hospitals within the TC LHIN, as well as hospitals and organizations outside the TC LHIN area, benefit from the group rate and program coordination, but use their own budgets to pay for the services.

What the TC LHIN wants to achieve with the LST program

- i) Provide organizations without access the opportunity to use interpretation services.
- ii) Provide organizations with existing access a greater opportunity to use interpretation services by addressing the high costs that can often be a deterrent to using them more freely;
- iii) Provide all organizations access to a larger range of languages during a longer period of availability;
- iv) Test the utility and efficacy of OPI in different settings (e.g. community support services, CHCs, mental health and addictions).

Program stakeholders

The TC LHIN leads the LST program as the executive sponsor.

The University Health Network (UHN) is the operational lead organization. It represents the consortium of participating sites, maintains the service contract with the vendor and provides training to program users.

A steering committee provides oversight for the program as well as strategic direction. The committee is made up of member representatives of organizations participating in the program, as well as the TC LHIN.

A larger consortium of member representatives from participating organizations also exists to create a forum for sharing best practices and business updates.

Participating organizations include hospitals and community-based agencies. A list of organizations affiliated with the program at the time of the evaluation is provided in Appendix A. These organizations serve patients with a variety of needs, including clinical and mental health, from diverse cultural and language backgrounds.

RIO Network, a division of Access Alliance Language Services, provides over-the-phone interpretation (OPI) services to the LST program. Access Alliance has also entered into an agreement with Language Line Services to accommodate additional languages or overflow from the RIO Network. In the LST program scenario, the RIO Network answers the call and, when needed, will transfer clients to Language Line Services.

Organizations that have signed onto the program enter into a contract with the University Health Network (UHN), the operational lead organization representing the consortium of participating sites.

USE OF OVER-THE-PHONE INTERPRETATION SERVICES IN THE HEALTH CARE SETTING—WHAT THE LITERATURE SAYS

Literature suggests that use of telephone interpretation services in health care is characterized by a mix of benefits and challenges for both providers and patients. Even in health care practices where interpretation services are widely available and encouraged by regional policies, telephone interpretation can often go unused and/or be substituted by ad hoc non-professional methods of interpretation for a number of different reasons, including an attachment to current practices.^{vi, xiv}

Use of family members

The literature shows that well-documented risks of using family members as interpreters include inferior quality of care and a greater likelihood to commit errors that can lead to clinical consequences.ⁱⁱⁱ In an exploratory study of language interpretation services, patients appeared to have an appreciation of the need for readily available professional interpreters and also considered medical service without adequate professional interpretation to be unacceptable practice.^{iv} Health care sites with available telephone interpreters have also been shown to be perceived by patients as providing a higher quality of care when compared to sites that were not able to provide such a service.^{xvii}

Generally, patients do not prefer to use family or friends as their interpreters, especially when there is a chance of sensitive and intimate disclosures.^{iv} Patients have expressed concern over using loved ones as interpreters, especially children, because it can compromise confidentiality, privacy and even adversely impact family relationships.^v In cancer care, for example, family and friends who come to appointments as companions and become interpreters during visits may find their interpreter role to be emotionally difficult if they are already a part of a patient's cancer journey.^{iv} While many patients are accompanied by bilingual relatives and friends, it is not usually their preference to have them

involved in their care. Using telephone interpretation services instead of family and friends allows providers to access professional and accurate interpretation.^{vi}

Use of bilingual staff members

When professional interpretation services are unavailable or at least not *readily* available, the burden of interpretation can also fall on bilingual staff members.^{iii, v} Studies have shown concern from staff and physicians regarding unbalanced workloads in group practices where a bilingual physician is overwhelmed with more patients because of other practice members not being bilingual and not using professional interpreters.^{vii} Additionally, Hammick, Featherstone and Benrud-Larson^{vi} caution that when employees are used for interpretation they can become too involved with the patient's care as time progresses, making it increasingly difficult for them to maintain the role of a third party interpreter and not elaborate or add their own interpretations when communicating between patients and physicians.

Contributions to privacy and confidentiality

Most literature on the topic maintains that an over-the-phone interpreter does not compromise the confidentiality of a patient-provider exchange because neither the patient nor interpreter is visually or verbally identified to each other.^{viii} When telephone interpretation is used instead of a third-party, in-person interpreter or staff member during a health care appointment, it can help patients feel comfortable disclosing sensitive information during history-taking and throughout the consultation.^{ix, x} Having a telephone interpreter is also more advantageous for physical examinations because it provides the needed linguistic assistance without the physical presence of an interpreter in the room.^x

Non-clinical use of interpretation in health care settings

Telephone interpretation services are also proven to be effective and appropriate for non-medical tasks involved in health care. Administrative, ancillary, and follow-up care scenarios with patients who speak limited English can benefit from the use of over-the-phone interpretation.^{xi} Conference calls and three-way calling with telephone interpreters also provide an efficient way to make appointments with patients when they are at home.^{xi}

Limits and barriers to use of over-the-phone interpretation

Over-the-phone interpretation is not without its limitations, however. Compared to having a face-to-face interpreter, telephone interpretation cannot support the writing of prescriptions and other medical instructions for patients.^x When using a telephone interpreter, gestures, facial expressions and other nonverbal cues that can impact the interpretation and convey understanding, can be lost.^{xii} Finally, when patients speak limited or no English, staff may require the help of an intermediary to identify the language they speak before accessing a telephone interpreter.

Literature shows that barriers to using a telephone interpreter can also include misconceptions in terms of the impact it can have on the length of an appointment. When they see telephone interpretation services as “too hard to use” and/or “taking too long”, some providers will often use less appropriate methods for interpretation such as family members or accompanying friends.^{xiii} More generally, this perception can lead to the view that over-the-phone interpretation is inconvenient and cumbersome to staff and providers.^{xiv} Additionally, a more practical barrier to using these services is the equipment and setup involved. Phone jacks, proximity to patients and wireless phones in patient areas can determine the practicality of using a telephone interpreter during an appointment.^{vii, xv, xvi}

Studies have noted that a critical reason why many staff and health care providers may not use the services is because they are unaware of the range of available services and how to access them. In addition, literature shows that providers are at times unsure about the preparation interpreters have received for the role, their knowledge of medical terminology and their ability to maintain confidentiality.^v

3. Evaluation Methodology

The evaluation was based on a two-phased mixed-methods approach. The selected approach was to start with open-ended qualitative interviews, which later informed the development of close-ended surveys. Information collected from both phases was analyzed and is being reported together.

PHASE 1 – QUALITATIVE EXPLORATORY INTERVIEWS

Qualitative exploratory interviews were conducted to obtain an in-depth understanding of the perspective of program stakeholders and to gather relevant information to develop the quantitative survey questions. Semi-structured interviews were conducted with managers, health care providers and administrative staff at organizations that had used the LST program, as well as those involved with program management at the TC LHIN. Due to interpretation logistics, the patients' perspective was not included in this phase¹. Participants were asked about their experience with the LST program from program introduction through implementation, identifying the current state, process recommendations and overall assessment. Please refer to Appendix B for a list of questions from the interview guide.

The sample was purposively recruited to include small and large organizations, organizations with different usage patterns and different organization types (hospital, community health centre, mental health and addiction services). One main contact was selected for each site. Through purposive and snowball sampling², additional managers as well as health care providers and administrative staff were nominated to participate in an interview.

A total of 31 participants completed the qualitative interviews from June to August 2013. Just over half of the participants (n=17) were health care providers, and the remaining were service managers (second largest group), administrative staff and TC LHIN staff. In order to represent organizations of varying size (e.g. small CHCs, large hospitals) and low-, medium- and high-usage of LST, nine health care sites were purposively selected to recruit managers, providers and administrative staff participants. All sites had at least one provider and one manager participate in the qualitative phase.

¹ To avoid conflict of interest, the evaluation team decided not to use the LST services for data collection purposes.

² Snowball sampling is a non-probability sampling technique, where existing research/evaluation participants recruit and or refer people they know to also participate in the research/evaluation.

Interviews were audio recorded. All data was transcribed verbatim and thematically analyzed.

PHASE 2 – QUANTITATIVE SURVEYS

The purpose of phase 2 was to further investigate the identified qualitative themes to understand the impact of the LST program, appropriateness for different types of care, and areas of satisfaction and needed improvement, while including the patient perspective as well. The surveys were designed and distributed to all sites that had signed on for the LST program, to collect more generalizable data. The surveys were web-based, self-administered, and had closed-ended questions. Patients were also offered a paper version of the survey as an alternative.

Provider survey

The provider survey contained closed- and open-ended questions about changes in communication strategies, frequency of usage, patient impact, care appropriateness, as well as program satisfaction and recommendations. Please refer to Appendix D for the full survey instrument.

A total of 127 providers participated in the quantitative survey, representing 88 per cent (30 of 34) sites that were signed on and using the LST program at the time of recruitment. During recruitment and follow-up calls, it was determined that some of the sites that had signed up and had recorded usage had not actually used LST with a patient or client. These sites did not complete the evaluation and reduced the number of eligible sites from 38 to 34.

All health care sectors were represented by providers who participated in the survey, with 40 per cent from hospitals, 37 per cent from community health centres and the remaining 23 per cent from community support services with some community mental health and addictions representation³. The largest groups of participants were nurses and social workers, representing 22 per cent and 16 per cent of the sample respectively. The rest of the sample was made up of doctors, dietitians, allied health professionals, case managers, care coordinators, technologists, administrative staff, management and other groups. Fifty-six per cent of providers had been at

³ Numbers for community mental health and addictions organization participation were too small to report (n<5) separately. They have been combined with counts for community support services.

their organization for 1 to 5 years, and 46 per cent of them had been in their position for in that organization for 1 to 5 years. Eighty-five per cent of participating providers were female and 84 per cent of all provider respondents fell within the age range of 25 to 54 (the largest age range was 25 to 34, which made up 39 per cent of the sample).

Patient survey

The patient survey contained closed-ended questions that asked patients about the impact of the program, their satisfaction with telephone interpretation and what they would do if the program was no longer available. Please refer to Appendix C for the full survey instrument.

The survey was translated into the top 10⁴ languages accessed through the LST program at the time of the evaluation.

In total, 41 patients completed the survey and represented usage of the LST program at 23 different sites. Patients reported all sites at which they had used LST and not just the one from which they received the survey information. Sixty-one per cent of people had used the service at community health centres, 59 per cent at a hospital and 32 per cent at community support services⁵.

The majority of patients were female (78 per cent). Twenty five per cent were age 65 and over, 25 per cent were 45 to 54 and 27.5 per cent were 35 to 44. Most participants identified as White/European (32 per cent), East Asian (26 per cent) and Latin American (16 per cent). The top languages preferred by the survey respondents were Portuguese and Spanish, representing 22 per cent and 20 per cent respectively of the patients in the sample. The next most represented languages were Russian, Cantonese, Vietnamese and Korean.

EVALUATION LIMITATIONS AND STRENGTHS

Evaluation limitations

Providers and patients who answered the survey could be different from those who did not. For example, those who didn't answer the survey may have been patients who were not literate in their mother tongue or didn't feel physically

⁴ The top 10 languages accessed for the LST program, in order of frequency were Hungarian, Italian, Korean, Portuguese, Russian, Simplified Chinese (Mandarin), Traditional Chinese (Cantonese), Slovak, Spanish and Vietnamese.

⁵ Patients indicated *all* sites where they had used LST and not just the site that informed them of the survey.



or mentally able to answer a survey. Providers who didn't participate may not have used the service. Surveys were also offered less often in acute health situations, which would impact the characteristics of the sample of patients and providers.

The evaluation does not include qualitative input from patients. Only quantitative information was collected from this group due to interpretation logistics.

Evaluation strengths

All organizations that actively used the LST program during the evaluation were invited to participate and 88 per cent of these sites were represented.

Due to active input from LST consortium members and help from all participating organizations, the survey data incorporates the views of 127 providers and 41 patients who have used the LST program.

The two-phase exploratory design made it possible to develop a survey instrument tailored to the LST program, as it incorporated all the main themes that emerged from the qualitative interviews.

PRIVACY AND APPROVALS

All data was collected by SRU staff, anonymized and stored at St. Michael's Hospital. The evaluation framework was reviewed and approved by the TC LHIN. Since the evaluation was a quality improvement initiative, St. Michael's Hospital did not require the evaluation to receive Research Ethics Board approval as the *Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans, 2nd edition* outlines.

4. Evaluation Results

“[LST] has made a world of difference when it comes to communicating with my clients. Not having to rely on my clients' family and friends for interpretation ensures confidentiality and promotes autonomy.”

- Manager

IMPACT OF LANGUAGE SERVICE TORONTO ON OTHER SOURCES AND MODES OF INTERPRETATION

Survey data suggest that the introduction of the LST program as an option for interpretation led to a decrease in the use of ad-hoc, non-professional and non-over-the-phone interpretation (OPI) communication strategies.

“[LST] provides a vital service and supports the autonomy of the client to direct their own care needs. It reduces reliance on other family members whose viewpoints may or may not be shared with the client.” - Project coordinator

Assistance of family and friends: Before the introduction of LST, assistance of family and friends was used by 52 per cent of providers 'often' or 'always' (an additional 37 per cent reported using family and friends at least some of the time). The introduction of the OPI program has allowed patients the opportunity to schedule and attend appointments regardless of the availability of friends and family, and also gives providers greater confidence in the conversation. According to the providers, patients should never feel pressured to bring people to appointments they may not want there.

Assistance of other providers/staff: Of these non-OPI strategies, the assistance of other providers and administrative staff that speak the needed language showed a large decrease in frequency of usage, going from 35 per cent and 23 per cent respectively, to 16 per cent and 11 per cent. Providers explained that while they themselves or others in their department may often call upon other providers and

“When you’re pulling other nurses to come and translate for you, when you’re pulling housekeeping to translate for you, you’re pulling them from another patient. You’re pulling them away from their work.” - Health care provider

“They could be an admin assistant...but really have insufficient capability to discuss things from a medical perspective... regular communications can be quite different than communication pertaining to medical issues.” - Health care provider

“Using family members is clearly less than ideal because you don’t know the language skills of the family member. You don’t know what they’re translating; they’re not bound by any sort of ethical training. They don’t necessarily understand, they are not translating what implications might be and they really don’t have any accountability in terms of quality of interpretations. There are all kind of issues related to family interpretation.” - Manager

“If they don’t speak much English, and they have family, we connect, but there are situations if clients, they are newcomers, they were being abused, and they did not want to involve anybody, any friend, any family members, then it would be very important for them to communicate with us directly, and using the OPI is very important.” - Manager

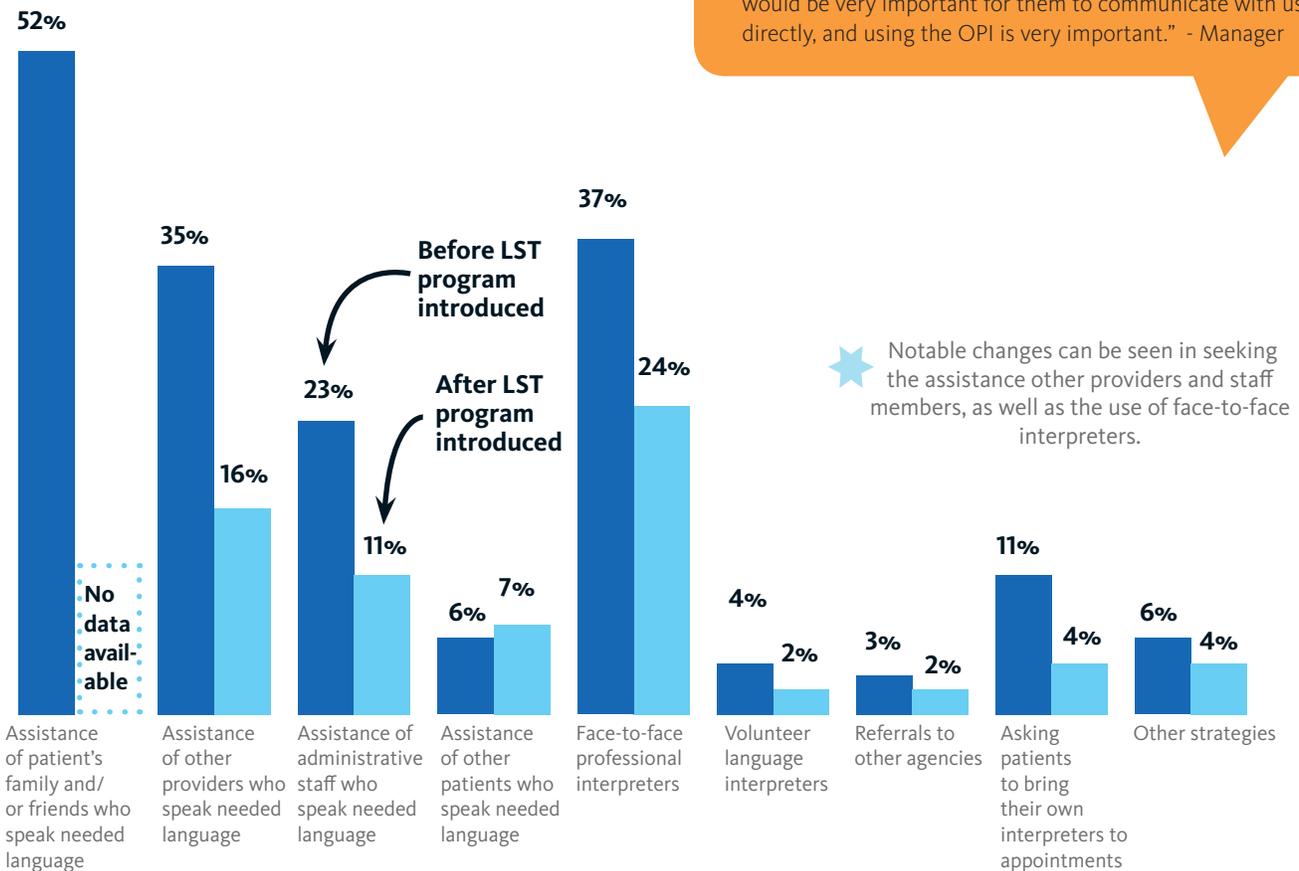


Figure 2: Non-OPI strategies providers reported as ‘often’ or ‘always’ using before and after the introduction of the LST program

staff members to assist with a non-English speaking patient, they recognized this was not the most efficient method. Seeking the assistance of a staff member was described more as a last resort option and not something considered to be fair to colleagues or always appropriate for the type of patient visit.

It was also highlighted that staff could lack the necessary knowledge of medical terminology information to properly interpret.

Assistance of face-to-face Interpreters: After the LST program was introduced, there was a decrease in the use of face-to-face interpreters, from 37 per cent to 24 per cent. While face-to-face interpreters still remain the only appropriate method for certain health care encounters (e.g. demonstrating medication administration and explaining medical procedures using organ models), OPI has begun to be a strategy that can be used in visits where the presence of a third-party could negatively impact the patient experience.

““[Through the telephone] there's no face-to-face contact. It's anonymous. I haven't seen one person having negative attitude towards it. They're all happy to have the service and we go over lots of personal issues if we talk about mental health or sexual health. They actually prefer to use phone so there is no ...judgmental face in front of them.” - Health care provider

“We can actually communicate with the patient whenever we want now. Not if that interpreter [or] this interpreter, is available.” - Health care provider

Providers also explained the added convenience of OPI and appropriateness in emergency situations, when compared to in-person interpreters.

“Sometimes the interpreters won't show up or we'll have a last minute emergency. Somebody comes in and they don't speak English. We can always get a phone interpreter. We can understand what the client needs.” - Health care provider

Providers also highlighted the scheduling challenges of in-person interpreters.

“In terms of calling the interpreters face-to-face its always an issue because we have to know ahead of time that we need an interpreter and quite often when we ask interpreters to come, those are the [patients] who really are dealing with a lot of issues in their own lives and they often don't show up for appointments.” - Health care provider

OPI has also made it more possible for non-bilingual providers to care for the patients of bilingual providers in emergency and drop-in situations, distributing workloads and increasing availability to patients.

“I've had a lot of pregnant women and a lot of new babies where the mom does not speak English and I think that it's just really allowed them the comfort that they know if they drop in and their regular Spanish-speaking provider isn't here that myself or the nurse can still see them, communicate with them and provide them good care. They'll be able to get their concerns or their worries across too.”

- Health care provider

APPROPRIATENESS OF LST PROGRAM AS A MODE OF INTERPRETATION

“[LST] is not appropriate for every client and every visit. It’s not a weakness of the program, it’s just the nature of needs and not every need can be met by this program.”

- Health care provider

While LST provides a professional interpretation option for patients and providers, it varies in its level of appropriateness for different types of care. Overall, the majority of providers found over-the-phone interpretation (OPI) to be appropriate, however the percentage of agreement varied by type of care. Of the providers that said they do not use LST each time they need interpretation (n=39), 44 per cent responded ‘phone not appropriate modality for type of visit.’

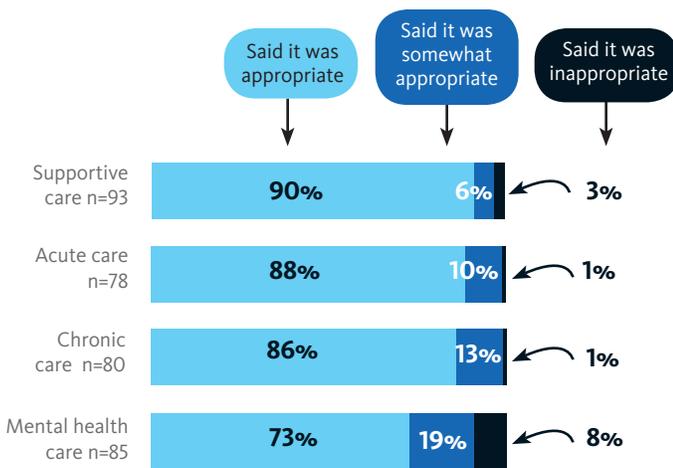


Figure 3: Providers rated how appropriate OPI services were for each type of care. Ninety per cent agreed that LST was appropriate for supportive care—the highest percentage. Only 73 per cent agreed that LST was appropriate for mental health care.

Overall, most providers believed OPI services to be appropriate for health care visits. Supportive care (e.g. dietitians, pain and symptom management teams, spiritual needs, psychosocial care, etc.) ranked the highest with 90 per cent reporting OPI to be appropriate. Acute care,

chronic care and mental health care were next, with 88 per cent, 86 per cent and 73 per cent respectively. Mental health care was shown as the type of health service where phone interpretation services would be most often inappropriate (8 per cent). Providers explained that OPI is not appropriate for patients experiencing paranoia or dementia as the voice without a physical presence can be difficult for patients to understand and for providers to explain. Providers also believed that building rapport is especially important when discussing sensitive mental health topics, and the involvement of a third party interpreter that the client never physically meets can make establishing rapport more challenging. Language interpretation in mental health care also requires an understanding and knowledge of symptoms, episodes and patient history to sensitively interact with patients. A social worker provided an example of an interpreter repeatedly seeking clarification from the patient, not recognizing that the patient was experiencing a delusion.

Similarly for other types of care, providers cited situations where face-to-face interpreters would be more appropriate for specific types of visits. Some expressed hesitation in using OPI with older patients. Providers also mentioned that while OPI may not be appropriate for the appointment itself, it could at the very least be used to book the appointment as well as to follow up with patients over the phone between appointments.

“It would be great if this program can expand into providing face-to-face interpreters as most of our clients need to be provided with demonstrations on how much food is consumed, food portions, how the diabetes medications are being administered; unfortunately, over-the-phone cannot accommodate for this sort of needs. Face-to-face would be the appropriate option.” - Health care provider

“This service is wonderful for young patients who speak non-English—for people who understand and grew up using technology. Many elderly people do not like to use technology, and decline to use the IPOP altogether. The volume is also an issue.” - Health care provider

IMPACT ON SERVICE DELIVERY

“A wonderful service which has increased our access and timeliness in reaching out to our clients in a manner which makes them most comfortable and able to participate in the arrangement of their care.”

- Health Care Provider

Both patients and providers indicated that the program had a positive impact on service provision. Figure 4 shows that 84 per cent of providers reported an overall improvement in care, and 85 per cent of patients reported that the overall quality of their visit and service provided had improved.

“Clients are most comfortable if they communicate in their primary language.” - Administrative staff

Patients and providers both reported a substantial impact on patient engagement and relationship with health care providers, with 68 per cent to 78 per cent of providers (see Figure 5) and 68 per cent to 76 per cent of patients (Figure 6) reporting improvement.

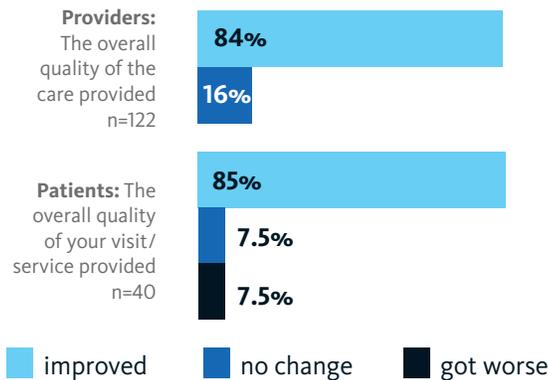


Figure 4: Overall, patients and providers both believe quality of care has been improved with the use of LST

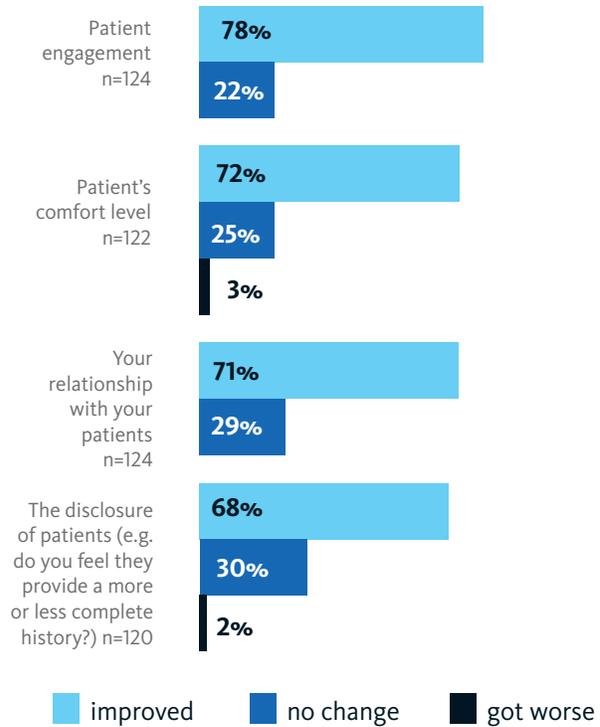


Figure 5: Providers reported improvements in engaging patients and their relationships with them

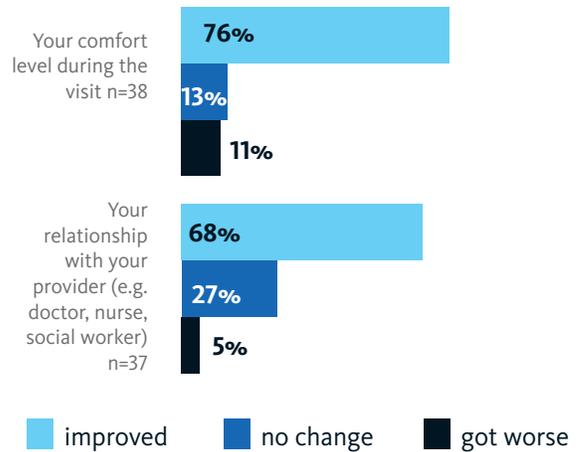


Figure 6: The majority of patients believed their relationship and comfort has improved with the use of LST

The majority of patients and providers also reported an increase in patient privacy due to the implementation of the program (see Figure 7).

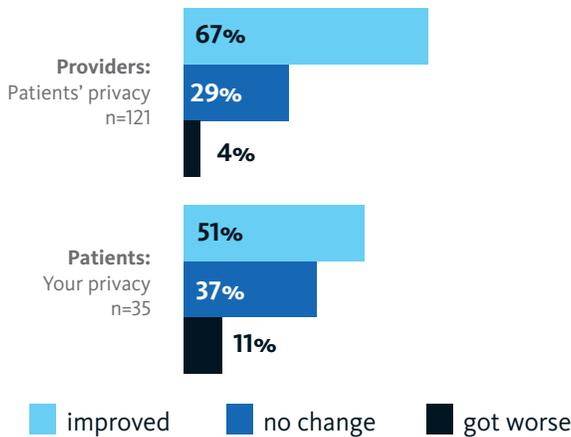


Figure 7: Both patients and providers were asked about the impact of LST on patient privacy

Strong positive impact was also reported regarding patient accessibility and autonomy, with 73 to 78 per cent of the providers (see Figure 8) and 72 to 87 per cent of the patients (see Figure 9) indicating improvement.

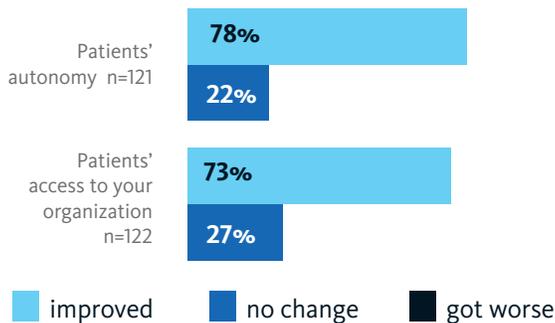


Figure 8: The majority of providers reported that LST has had a positive impact on the autonomy of their patients and access to care

Providers believed 'bigger picture' impacts of having and using OPI to be an improvement in patient autonomy, as well as access to their organization.

"Interpretation is really important for maintaining the health of the individuals in the community. It is very important that they understand instructions really well, and that they express what they want to tell physicians really well to be able to get good health care." - Manager

For patients, using the LST program during their appointment has positively impacted aspects that reach beyond their visit and health care encounter.

"It has fundamentally changed who we are able to offer services to." - Health care provider

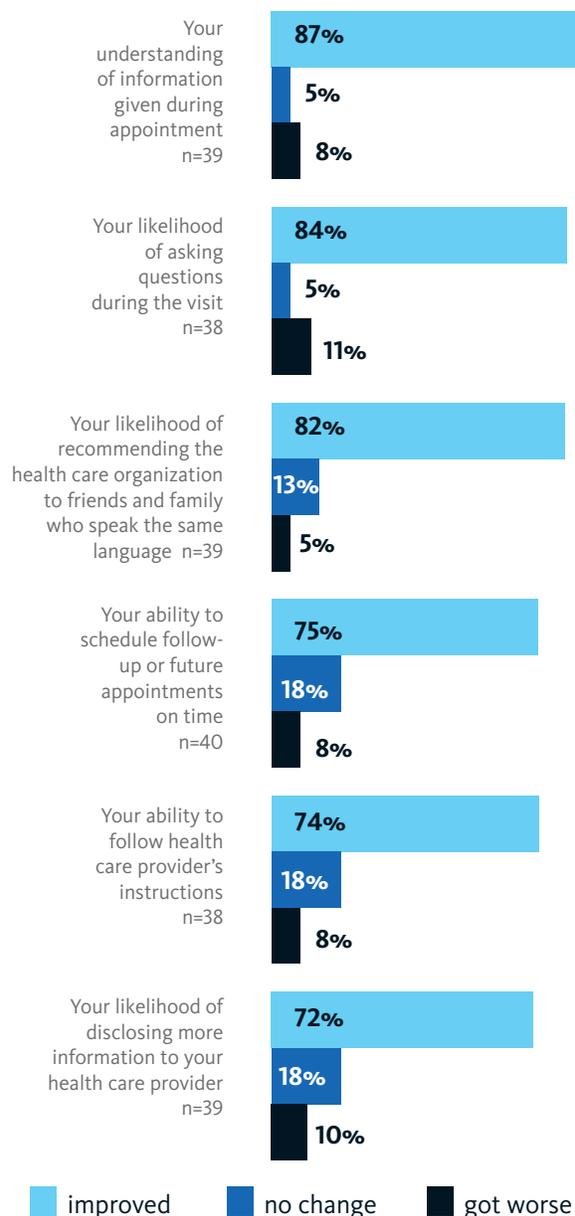


Figure 9: Patients who used LST reported improvement in different areas related to their capabilities during their health service visit



For patients, the largest decreases (around 10 per cent) were shown in privacy, comfort, likelihood to ask questions and disclosure of information. The patient data suggests that for some patients, LST can have a negative impact on their health encounter experience and ability to engage with their provider to discuss information, supporting the earlier presented findings that while LST is a valuable asset it is not appropriate for every patient.

Impact if program was cut

“I think it might be a lifeline that is cut, because communication is everything for us.”

- Health Care Provider

Both patients and providers were asked about the impact to themselves and their organization if the LST program was no longer available. Eighty-one per cent of providers agreed that it would lead to an increased difficulty in engaging patients. Providers explained that, for some patients, it could even mean no longer being able to see them at their organization. Providers also believe that a decrease would be seen in both the quality (74 per cent) and efficiency (71 per cent) of care.

“There’s a few clients that I don’t know how we would go about seeing each other [without the LST program], they don’t have anyone who could translate for them and they don’t speak English and for them I don’t know what we would do. They wouldn’t be able to access care.” - Health care provider

The most largely supported option (49 per cent) for patients would be to ask family and friends to provide needed interpretation if they no longer had access to LST. Some patients also said they would have to find a health care provider who speaks their language (32 per cent) and/or stop going to the organization and find one that offers interpretation (20 per cent). For both patients and providers, no longer having LST would compromise their relationship and in some cases, ability to give and receive care.

PROVIDER AND PATIENT SATISFACTION

Both surveys showed that most patients and providers were satisfied with the Language Services Toronto program. Ninety-three per cent of providers said that they were satisfied *overall* with the LST program and 85 per cent of patients reported overall satisfaction with the telephone interpretation they experienced.

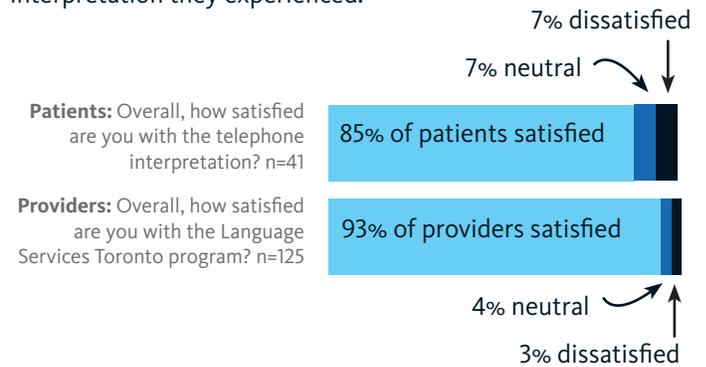


Figure 10: Both patients and providers were asked how satisfied they were with the overall program of telephone interpretation

Patients also reported high satisfaction levels regarding their relationship with health care providers and their comfort level during the appointment.

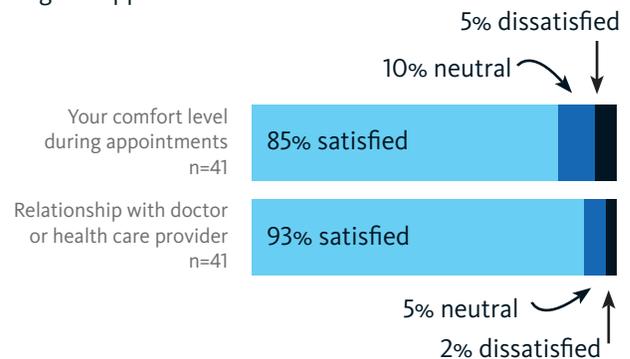


Figure 11: Most patients reported satisfaction in the areas of ‘comfort’ and ‘relationship’ (n=41)

“I’m satisfied with the program, because I think it is giving us the opportunity to have accessibility and just provide better services, like I said. So, I think that, anytime that you can increase accessibility, especially to clients that maybe are isolated because of their situation...or their language is holding them back and is a barrier, I think that that’s a good thing.” - Health care provider

Providers highlighted the importance of patient understanding and communication during the appointment, as well as building rapport to better their relationships with patients.

“[LST is a] very efficient service. Very user-friendly, and I am confident that what I ask or say to the client is being repeated in the chosen language verbatim. Allows me to initiate home care services in a timely manner with the confidence that the client understands the process and the system.” - Health care provider

High levels of satisfaction (76 to 90 per cent for patients and 83 to 95 per cent for providers) were also reported for the interpretation services itself and the equipment utilized to access the service.

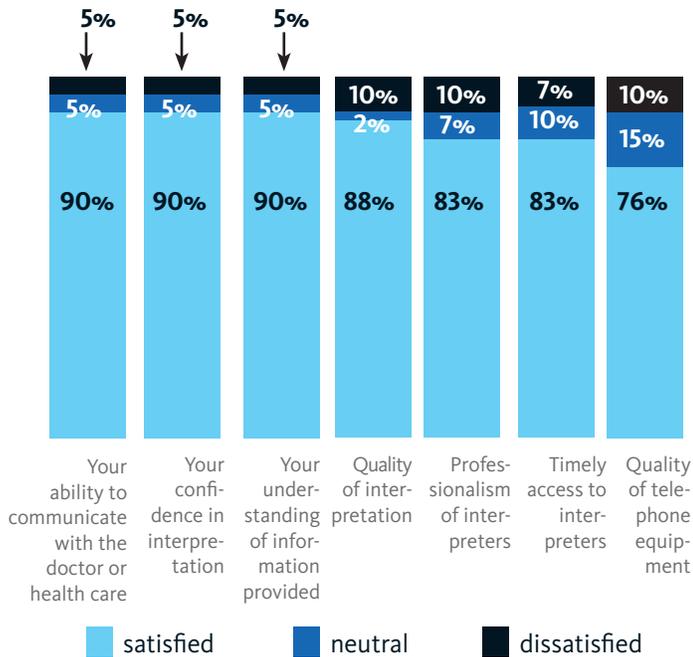


Figure 12: Patients reported high levels of satisfaction in many areas related to the interpretation service and equipment (n=41)

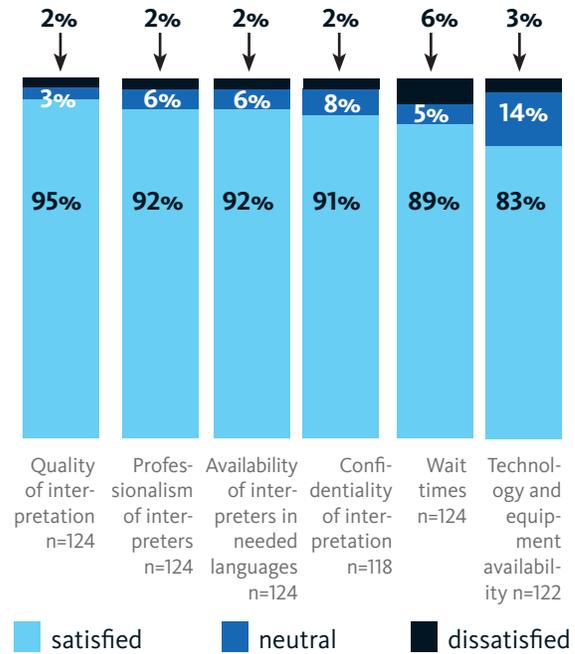


Figure 13: Most providers also reported satisfaction with the interpretation service and needed equipment

Higher neutral responses were reported regarding the providers satisfaction with the program leadership and supports (22 to 42 per cent), indicating that on these topics, compared to others, more providers were “neither satisfied nor dissatisfied” with the program. Dissatisfaction was consistently low (1 to 6 per cent) and satisfaction ranged from 55 to 72 per cent. Providers spoke highly of the training webinar and said subsequent demonstration of the service was helpful and beneficial for understanding how the program worked. It was, however, highlighted that what was missing from training was a follow-up session *post*-implementation. Additionally, providers positively commented on the availability of written instructional material for program utilization, but also the need to be selective in what their organization could use. One manager highlighted the need to take those materials and adapt them to the specific needs and services of each site.

“When you’re just starting a service you don’t know what questions really to ask because it’s kind of like you’ve got your blinders on and in retrospect there was probably a lot of questions that I would ask after six months being into the service.” - Manager

“[We] use the reference documents but we certainly massage them or certainly change them a little bit to fit our organization because that, you know, they’re guidelines and then there’s kind of our own institutional processes that we also had to take into account.” - Manager

“Hospitals coming together and working wherever we can to find common ground, and to share our pain but also to share our gain, kind of thing. It’s just it’s made it you don’t feel so alone. I mean, I don’t feel alone I feel like at any time I could e-mail somebody in the consortium and say ‘Help,’ you know. So there is that kind of relationships that form and both formal and informal relationships” - Manager

“I think it was a bit of a challenge because it is a very big group [the consortium]... there are some similarities but there are a lot of differences between the agencies” - Manager

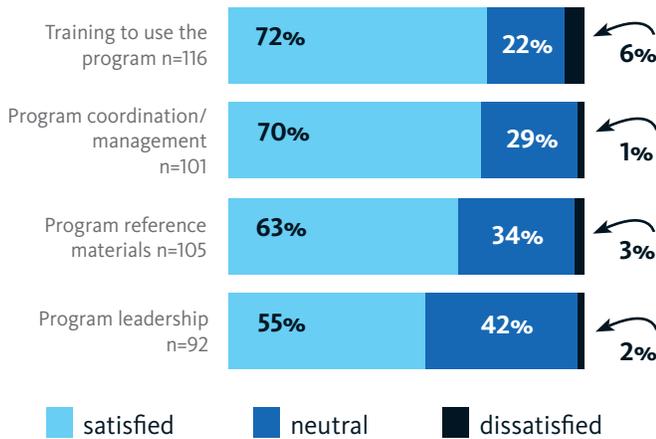


Figure 14: Providers were asked to rate their satisfaction with program leadership and support given to their organization

It was expressed that the University Health Network (UHN) is responsive in their role as program coordinator. The consortium, as a gathering of different organizations, was found to also be particularly useful as a way of sharing best practices and coming up with solutions. It was also highlighted, however, that the many variations amongst the group made coordination seem challenging.

Providers believed the fact that the LST program is a TC LHIN initiative added credibility to the program and encouraged uptake amongst staff and providers at their organization, as “the LHIN gives us some clout” (Manager). Some concern, however, was expressed related to the fact that the TC LHIN covers the costs of LST for certain organizations while other organizations cover OPI out of their budgets.

“UHN as being the admin, have done an absolute fabulous job about being available for questions.” - Manager

IDENTIFIED AREAS FOR IMPROVEMENT AND EXPANSION OF THE LST PROGRAM

More than two-thirds (69 per cent) of providers surveyed reported that they use LST every time they need language interpretation to communicate with non-English or limited-English speaking patients.

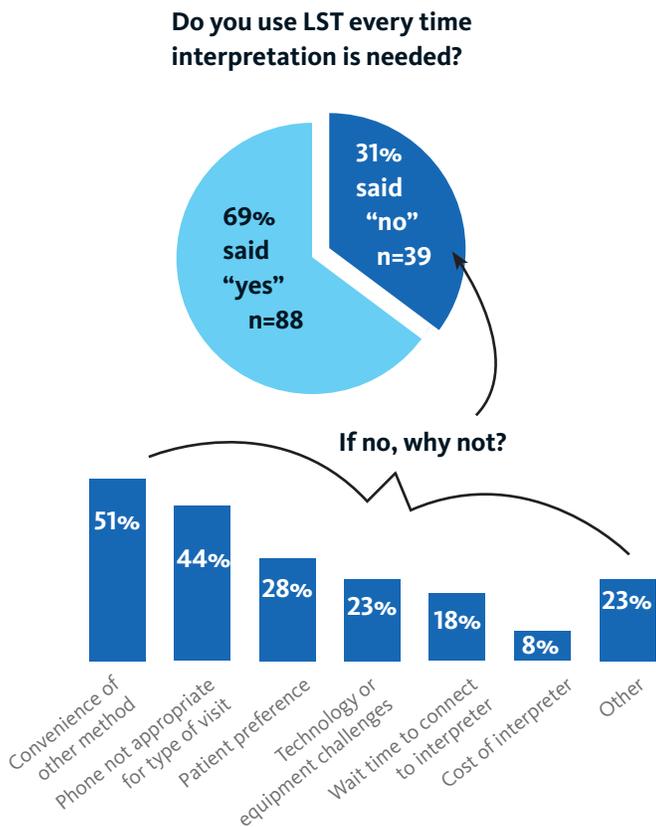


Figure 15: Providers were asked if they use LST every time they needed interpretation to communicate with a patient. Most providers said 'yes', while 31 per cent said 'no'. The bar graph shows their reasons for not accessing it every time.

Why not use LST?

Of the 31 per cent who reported not using the program each time they needed a language interpreter, the top reasons were convenience of other methods; phone not appropriate modality for type of visit; the patient's preference for communicating using a different strategy; and challenges with technology and equipment.

Convenience of other methods: Fifty-one per cent (n=20) of providers who don't use LST for all language interpretation needs cited the 'convenience of other method' as being the main reason for little-to-no usage of the program. Providers gave examples of accompanying family members and friends, existing volunteer interpreters on duty, available providers and staff, as well as getting by with gestures and miming, as more 'convenient' ways of interpretation that deterred them from using the program.

Patient preference: Providers reported that low usage of LST was also a result of patient preference. Patients may find it easier to use the person who accompanied them to the appointment, for example, and in some cases they bring people for that reason. Providers also explained that sometimes patients become impatient during the dialing and connection process and would rather attempt to get by with limited English, gestures and simplified questions. Often patients with limited English feel they know enough to get through the conversation.

Technology or equipment challenges: While the introduction to LST has provided organizations with greater opportunities to access over-the-phone interpretation services, sites are still figuring out how to develop the technical and equipment capacity necessary to make sure the program is available every time it is needed. The location of telephones relative to the patient examination area was one identified challenge. "If I'm at the exam table doing a blood pressure and I'm trying to speak and the telephone is on the desk with the speakerphone. Sometimes the interpreter is having a hard time hearing us so we're kind of yelling across the room to them." (Health care provider) Shortage of speakerphones, phone jacks and dual handsets were also cited as examples of barriers to usage. "I like the services provided once I can access them. It is just often technically difficult at my institution to find a room with the proper equipment to have a proper three-way conversation." (Health care provider)

In recognition of these challenges and the value of the program, some organizations are, however, responding to improve the technology and equipment capacity of their patient areas so the program can be used more often. "We've [now] offered them at this point four different phone options, from, you know, to using their Blackberrys and how they would do that. To a cordless to, a cordless conference phone, so we've gone around to try to address that issue around equipment." (Manager)

Wait time to connect to interpreter: For some, the wait time for a specific language or the steps involved in connecting to an OPI through RIO or Language Line (e.g. keying in language and access code) can be a deterrent to always using OPI.

Areas for improvement

Quicker connections to interpreters by further streamlining the connection process was chosen as the top area of needed improvement. It was suggested that RIO increase its portfolio of languages and interpreters so fewer calls are transferred to Language Line Services. Other suggestions included a live operator instead of an automated system and the transfer of information that's already been keyed in directly to Language Line Services.

Improve training of interpreters and time to brief interpreters were also top suggestions for the current LST program. Providers felt that, at times, interpreters lacked the needed medical training and knowledge to be effectively worked into appointments. This most often occurred in the context of mental health care in cases where interpreters may not understand or know the patient's current health and past history.

"[interpreters] need to be aware that some people they're translating for are not going to be making sense ... I hear the patient say something that probably doesn't make sense and then I hear a silence, and then I hear the translator try again to make them make sense. Whereas what I'm actually wanting to hear is the thing that doesn't make sense, so that I can draw my own conclusions." - Health care provider

Providers also felt that they were not always given enough time to brief the interpreter on the nature of the appointment, purpose of involving them and relevant patient history before introducing them into the three-way conversation.

Option to choose gender of interpreter was also highlighted as an aspect of interpretation that is sometimes needed to sensitively and effectively work with an over-the-phone interpreter during an appointment. As one provider explained, "I was doing counselling with a mum around

Top suggested improvements for LST program

1. **Quicker connection to interpreter** (26 per cent of providers suggested this)
2. **Improve training of interpreter**
3. **Time to brief interpreter**
4. **Decrease cost jump after 30 minutes** (22 per cent of providers suggested this)

Additional suggested improvements for LST program

1. **Increased availability of number of interpreters** (13 per cent of providers suggested this)
2. **Option to choose gender of interpreter**
3. **Increased availability of languages offered**
4. **Availability and visibility of needed equipment** (10 per cent of providers suggested this)

breastfeeding at one point and it was a male interpreter and I think that made her a bit uncomfortable. (...)We couldn't really discuss it, because we would be using him to discuss it, but it might be helpful to have that option for something like that." (Health care provider)

Ideas for expansion of program

The top suggestions for expansion of the program were accommodations for people who are hard of hearing, inclusion of face-to-face interpreters and an expansion to video options.

Providers felt that if the structure, organization and streamlining of the LST program was applied to other interpretation strategies, they and their patients could

benefit. "... face-to-face because I think it will bring down cost in the same way. We're paying for it anyways. We're spending an awful long time with different agencies trying to get interpreters so it's a resource issue because, you know, it's very tough to coordinate. I think if that was streamlined in some way I think it would save us some time and money." (Health Care Provider)

Providers also showed support for expansion of the program beyond their own organization. Thirteen per cent believed the LST program should be expanded to specialists that are not part of the program already.

Expanding to specialists and other sites appeared to be a needed requirement for continuation of care and the overall impact of not only the care provider was a part of, but also the additional care they prescribe when they refer someone elsewhere.

"The dollars are going up so we need to look for ways to work together not with only within organizations but across organizations and not only within the same sector but across different sectors... we have CHCs, Community Service Agencies, hospitals; fabulous that we are coming together to figure out efficiencies on how to provide service...we really need to figure out as an organization how we can work together rather than against each other or compete against each other. So, I think you know, in the long-run this has been fantastic." - Manager

Expanding to sites was also viewed as beneficial to some providers, as it could encourage greater collaboration and partnerships.

"When people go to see specialists, they need interpretation as well, and that service is not available. Because when you send somebody, like, we've had, on multiple occasions, we've had to pay for an interpreter to go to the surgeon's office with the client. Because you want them to understand a procedure, if they're going to have a procedure, or, the process, or, whatever that specialist is talking about." - Manager

"It's the continuity of our work. When we have clients that we send, either to hospitals, we know that some of the hospitals are part of this initiative. So, we are happy when they are, but we serve a huge number of non-insured clients, and we are funded to pay their bills as well. So, when those clients go to obstetricians or go to heart specialists, or, you know, they need that interpretation, because, we get a report back, we need to follow up on their situations." - Manager

Top suggested ideas for expansion

- 1. Accommodations for people who are hard of hearing** (31 per cent of providers suggested this)
- 2. Include face-to-face interpreters**
- 3. Expansion to video** (20 per cent of providers suggested this)

Additional suggested ideas for expansion

- 1. Expansion to specialists** (13 per cent of providers suggested this)
- 2. Program expansion to other sites** (4 per cent of providers suggested this)



Hyperglycemia
Common blood sugar signs and symptoms

 Thirsting	 Headache	 Extreme tiredness and weakness
 Trembling	 Hunger	 Blood change
 Blurred vision	 Diabetes	

5. Summary of Answers

What was the impact of the LST program on the interpretation services offered?

The program promoted a significant shift from using ad-hoc, non-professional interpretation options (e.g. patient family/friends, administrative office staff, other providers, etc) to professional over-the-phone interpretation services that patients and providers felt comfortable using.

Is over-the-phone interpretation an appropriate mode for the LST program?

YES, for the majority of needs. According to the patients and providers using the program, OPI is accessible, offers privacy and provides an opportunity to bridge the gap in communication, while providing professional and reliable interpretation of medical information. Appropriateness levels reported were high, ranging between 73 per cent and 90 per cent depending on the type of care provided. Mental health service had the highest inappropriate rate (8 per cent). Other interpretation modes are still required to meet specific patient needs (e.g. in the context of some encounters related to mental health, to demonstrate medical equipment, for sign language interpretation).

What was the impact of the LST program on service delivery?

Besides the expected positive impact on the communication gap between patients and providers, the program also had a strong positive impact on service processes (e.g. improved patient-provider relationship, increased comfort and privacy levels) and interim outcomes (e.g. increased ability to schedule follow-up appointments and follow health care providers' instructions, increased likelihood to disclose information and ask questions). According to the patients and providers using the program, the overall quality of care improved after LST program implementation, positively impacting patient autonomy and health care accessibility.

Are patients and providers satisfied with the program?

YES, the satisfaction rates reported for patients and providers were very high: 85 per cent of the clients and 93 per cent of the providers reported being satisfied with the program. For patients, the higher satisfaction rates were associated with the impact on their relationship with the health care provider (93 per cent) and the lowest satisfaction rates were associated with the quality of the telephone equipment available (76 per cent). For the providers, the higher satisfaction rates were associated with the quality of interpretation (95 per cent) and the lowest satisfaction rates were associated with program coordination, leadership, training and quality of reference materials (55 to 72 per cent).

What aspects of the program should be improved and/or expanded?

The main suggestions for improvement were quicker connection to interpreters, improved training of interpreters and time to brief interpreters. The main suggestions for expansion were accommodations for people who are hard of hearing, inclusion of face-to-face interpreters and inclusion of video conference. Providers also commented on the need to expand to other organizations, including the specialists they refer patients to, in order to ensure the continuity of a patient's health care across organizations.

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Appendix A: Organizations signed onto LST during evaluation

1. Access Alliance Multicultural Health and Community Services
2. Alzheimer Society of Toronto
3. Baycrest Centre for Geriatric Care
4. Bridgepoint Health
5. Canadian Mental Health Association - Toronto
6. Central Toronto Community Health Centre
7. Centre for Addiction and Mental Health (CAMH)
8. Flemington Health Centre
9. Four Villages Community Health Centre
10. Guelph General Hospital
11. Holland Bloorview Kids Rehab
12. Hospital for Sick Children (SickKids)
13. Humber Community Seniors' Services Inc.
14. Humber River Regional Hospital
15. Jean Tweed Treatment Centre
16. Mount Sinai Hospital
17. North York General Hospital
18. Parkdale Community Health Centre
19. Providence Healthcare
20. Regent Park Community Health Centre
21. Rouge Valley Health System
22. Salvation Army Toronto Grace Health Centre
23. South Riverdale Community Health Centre
24. St. Joseph's Health Centre
25. St. Stephen's Community House
26. Stonegate Community Association
27. Storefront Humber Inc.
28. Taddle Creek Family Health Team
29. Toronto Central Community Care Access Centre (Toronto Central CCAC)
30. Toronto East General Hospital
31. Unison Health and Community Services
32. University Health Network (UHN)
33. West Park Healthcare Centre
34. West Toronto Support Services for Seniors
35. William Osler Health System
36. Women's Health in Women's Hands
37. Women's College Hospital
38. WoodGreen Community Services

Appendix B: Qualitative interview guide

Page 1

Qualitative Interview Guide Question	Managers	Providers	Administrative Staff
Objective: To understand the objective of the program and to assess and inform the level of commitment to the program			
1. Can you tell us a little about how you came to know about the program and describe your involvement with it?	✓	✓	✓
2. Please name the top 2 reasons why you think this initiative is important.	✓	✓	✓
Objective: To understand the comparison with not having access to the services			
3. Before implementation of the program, what strategies did you use for dealing with non-English speaking patients? <ul style="list-style-type: none"> How do you compare these strategies with what is offered today with the program? 	✓	✓	✓
Objective: To understand the impact of the program			
4. [M&A] What are the top 2 impacts of the program on your organization or services? <ul style="list-style-type: none"> [P] From your perspective, what are the top 2 impacts that the program has had? <ul style="list-style-type: none"> On organizations? On patients? 	✓	✓	✓
5. [M] Remembering back before the interpretation services were offered, how have the interpretation services changed your organization? <ul style="list-style-type: none"> How does it affect the providers' time? [P] Remembering back to before the interpretation services were offered, how have the interpretation services changed your daily work? <ul style="list-style-type: none"> In what ways? Has having the services changed your workload or daily schedule in any way? Has it changed the quality of your work in any way? How does having the services affect the patient's privacy? 	✓	✓	✗
6. [M] If the program was cut, what would be the impact to your organization or services? <ul style="list-style-type: none"> Would you pay for the services yourself? [P] If the program was cut, what would be the impact to your services? <ul style="list-style-type: none"> On funding? On quality? [A] If the program was cut, what would be the impact to your services?	✓	✓	✓
7. How does the utilization of interpretation services affect the organization's budget?	✓	✗	✗
8. How does the program affect your workload?	✓	✗	✓
9. What proportion of your population requires interpretation services?	✓	✗	✗
Objective: To understand the utilization patterns of the program			
10. Are you accessing the service every time you need to? <ul style="list-style-type: none"> [NO]: Why aren't you accessing the services? [NO]: What would need to change for you to use it every time you need to? 	✗	✓	✓
Objective: To understand the process of implementing and carrying out the program			
11. Are you responsible for identifying the language that the client speaks? <ul style="list-style-type: none"> [YES]: How do you do that? 	✗	✓	✓
12. Are you responsible for scheduling the interpretation services?	✗	✗	✓
13. [M&A] Can you list a barrier you've encountered while trying to implement or manage the service? <ul style="list-style-type: none"> Do you have any suggestion on how to overcome this barrier? [P] Have you encountered any barriers to using the service? <ul style="list-style-type: none"> Do you have any suggestions on how to overcome this barrier? 	✓	✓	✓
15. Did you attend a training session on how to use the services? <ul style="list-style-type: none"> [NO]: Would you have found that helpful? Would you attend? [YES]: Did you find the training appropriate? How so? [YES]: Do you use a document or protocol that outlines the process for using the services? [YES]: Was the document given to you or did someone at your organization create it? [YES]: Do you think anything was missing from the training or did you get what you needed? 	✓	✓	✓
16. Does your organization have a protocol or a guide to determine the process of identifying the need for interpretation and scheduling the interpreters? <ul style="list-style-type: none"> [YES]: What is included in the guide? 	✓	✗	✗
17. Are you a member of either the Language Services Toronto Consortium or Steering Committee? <ul style="list-style-type: none"> [YES]: What do you see as the most valuable part of your role on it? [YES]: What valuable contributions have they made? 	✓	✗	✗
18. Do you find the governance and management of the program appropriate?	✓	✗	✗
19. Do you feel you can have your questions answered when needed? <ul style="list-style-type: none"> [NO]: What additional avenues would help? 	✓	✗	✗

Page 2

Page 3

Qualitative Interview Guide Question	Managers	Providers	Administrative Staff
Objective: To understand the level of satisfaction with the program			
20. Overall, how satisfied are you with the program? <ul style="list-style-type: none"> [P] Are you satisfied with the interaction you have had with the interpreters? <ul style="list-style-type: none"> Have you had any unpleasant interactions with an interpreter? [P] Are you satisfied with your interaction with the client while using the interpretation services? [A] What about the process of scheduling the service? 	✓	✓	✓
21. For what type of patients do you feel this is working really well, for example, specific cultures or languages? <ul style="list-style-type: none"> [P&A] Do the services work well for the first visit when compared with a follow-up visit? 	✓	✓	✓
Objective: To understand the satisfaction with the program from the providers' perspective and the indirect client perspective			
22. From your perspective, how do you think the interpretation services have impacted client satisfaction? <ul style="list-style-type: none"> Do you have a particular story that comes to mind that would illustrate that? 	✗	✓	✓
23. From your perspective, please describe how the interpretation services have impacted client adherence or understanding of information from providers? <ul style="list-style-type: none"> Can you give examples? 	✗	✓	✓
Objective: To understand the strengths and weaknesses of the program			
24. What do you think are the top two strengths of the program?	✓	✓	✓
25. Can you name 2 weaknesses of the program?	✓	✓	✗
Objective: To understand suggestions for improvement and new users introduced to the program			
26. Do you have any suggestions for improving the program? <ul style="list-style-type: none"> Why do you feel that should be addressed? 	✓	✓	✓
27. Do you have any suggestions or tips for institutions that are not involved with the program yet, but that will be introduced to the program in the future?	✓	✓	✓
Objective: To understand recommendations for expansion of the program			
28. Would you recommend expanding the program to other areas and organizations? <ul style="list-style-type: none"> Your peer organizations? Across the province? Within your organization? Training other staff members on the services? 	✓	✓	✓
29. Would you recommend expanding the services to include a video option or something else similar to that? <ul style="list-style-type: none"> Translated discharge documents or other documents? 	✓	✓	✓
30. If you had a limited budget, which expansion recommendations would you prioritize?	✓	✓	✓
31. That completes the questions that I have to ask. Is there anything else about the program that you would like to add that hasn't been discussed?	✓	✓	✓

Appendix C: Patient survey

Page 1

Telephone Interpretation Services Evaluation: Patient/Client Perspective

Thank you for agreeing to participate in this survey. We are interested in learning about your experience with over-the-phone language interpreters during your visits to health care providers, to find out what is working well and what could be improved with the program. This survey should take approximately 5 minutes to complete. All responses are confidential and will not be linked back to you in anyway nor reported to any health care provider. Upon completion of the survey, you will be offered the chance to provide your name, email address and phone number to be entered in a draw to win an iPad mini.

A. Are you 18 years of age or older?

Yes

No

B. Have you completed this survey before?

Yes

No

C. Have you used a telephone interpreter while visiting a health care provider in the past year?

Yes

No

Please select the organization(s) where you have used a telephone interpreter (check all that apply):

Access Alliance Multicultural Health and Community Services
 Alzheimer Society of Toronto
 Baycrest Centre for Geriatric Care
 Bridgepoint Health
 Canadian Mental Health Association - Toronto
 Central Toronto Community Health Centre
 Centre for Addiction and Mental Health (CAMH)
 Flemingdon Health Centre
 Four Villages Community Health Centre
 Guelph General Hospital

Regent Park Community Health Centre
 Rouge Valley Health System
 Salvation Army Toronto Grace Health Centre
 South Riverdale Community Health Centre
 St. Joseph's Health Centre
 St. Stephen's Community House
 Stonegate Community Association
 Storefront Humber Inc.
 Taddle Creek Family Health Team
 Toronto Central Community Care Access Centre (Toronto Central CCAC)
 Toronto East General Hospital
 Unison Health and Community Services
 University Health Network (UHN)
 West Park Healthcare Centre
 West Toronto Support Services for Seniors
 William Osler Health System
 Women's Health in Women's Hands
 Women's College Hospital
 WoodGreen Community Services

Page 2

Section 1 - Impact

1.1 We are interested to know how using the telephone interpretation service impacts different aspects of the health care services provided to you. Please remember back to a time when you had a health care appointment without an interpreter. Please compare this health care appointment with the service you received when the telephone interpretation service was provided.

How has having the telephone interpretation service impacted:

	Significantly increased	Increased	Neither increased nor decreased	Decreased	Significantly decreased	No response
Your comfort level during the visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your relationship with your provider (e.g. doctor, nurse, social worker)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your likelihood to disclose more information to your health care provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your likelihood to ask questions during the visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your understanding of information given during an appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your ability to follow health care provider's instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your ability to schedule follow-up or future appointments on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your likelihood to recommend the health care organization to your friends and family who speak the same language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The overall quality of your visit/service provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.2 What would you do if the telephone interpretation services are not offered anymore by the organization where you received it? (check all that apply)

- Ask a friend/family member to help me with interpretation
- Stop going to the organization and find another one that offers interpretation
- Try to understand what providers say without the help of interpreters
- Find a health care provider who speaks my language
- Don't know
- Other

Please specify:

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Section 2 - Satisfaction

2. Please rate your level of satisfaction with the following during appointments that involved the telephone interpretation:

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	No response
Quality of interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism of interpreters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timely access to interpreters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidence in interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of telephone equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with doctor or health care provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your understanding of information provided during appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your comfort level during appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your ability to communicate with the doctor or health care provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, how satisfied are you with the telephone interpretation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Section 3 - Demographics

3.1 What is your gender?

- Male
- Female
- Transgender
- Other
- No response

3.2 What is your age?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+
- No response

3.3 What is your preferred language?

- Cantonese
- Hungarian
- Italian
- Korean
- Mandarin
- Portuguese
- Russian
- Slovak
- Spanish
- Vietnamese
- Other
- No response

Please specify:

3.4 Which racial or cultural group(s) do you belong to or identify with? (check all that apply)

- Black/African (e.g., Kenyan, Jamaican, American)
- East Asian (e.g., Chinese, Japanese, Korean)
- Indigenous/Aboriginal (e.g., First Nations, Métis, Inuit, Maori, Quechua)
- Indo-Caribbean (e.g., Guyanese with origins in India)
- Latin American (e.g., Argentinean, Cuban, Salvadorian)
- Middle Eastern/West Asian (e.g., Egyptian, Iranian, Lebanese)
- South Asian (e.g., Indian, Pakistani, Sri Lankan)
- South East Asian (e.g., Malaysian, Filipino, Vietnamese)
- White/European (e.g., English, Italian, Russian)
- Mixed heritage (e.g., Black and White)
- Other
- No response

If 'mixed heritage', please specify:

If 'other', please specify:

If you would like to be entered into a draw to win an iPad mini, please provide the following information:

Name: _____

Email address: _____

Telephone number: _____

Submitted information will only be used to determine and contact the winner.

Thank you for completing the survey. Please hit the SUBMIT (✓) button and you will be redirected to the web page for the Survey Research Unit, St. Michael's Hospital.

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Appendix D: Provider survey

Page 1

LANGUAGE SERVICES TORONTO PROGRAM EVALUATION SURVEY Provider Perspective

Page 3



The **Language Services Toronto Program** wants to hear from **service providers** that have experience using the telephone interpretation services in the **past year**. This short survey is part of a program evaluation initiative sponsored by the program and coordinated by the CRICH Survey Research Unit at St. Michael's Hospital, designed to understand how well the program is doing. The overall evaluation includes qualitative and quantitative data collection phases and incorporates the perspective of patients, providers, service management and program coordination. The main objective of this survey is to understand the perspective of providers regarding different aspects of program utilization, impact and satisfaction. If you have any questions please contact Kimberly Devotta (Research Coordinator) at devottak@smh.ca or 416.864.6060 x77496.

Have you completed the *Language Services Toronto Program* evaluation survey already?

- Yes
- No

Have you used the *Language Services Toronto Program* to connect with an over-the-phone interpreter in the past year?

- Yes
- No

Page 2

Please select the organization where you have used the service:

- | | |
|---|---|
| <input type="radio"/> Access Alliance Multicultural Health and Community Services | <input type="radio"/> Regent Park Community Health Centre |
| <input type="radio"/> Alzheimer Society of Toronto | <input type="radio"/> Rouge Valley Health System |
| <input type="radio"/> Baycrest Centre for Geriatric Care | <input type="radio"/> Salvation Army Toronto Grace Health Centre |
| <input type="radio"/> Bridgepoint Health | <input type="radio"/> South Riverdale Community Health Centre |
| <input type="radio"/> Canadian Mental Health Association - Toronto | <input type="radio"/> St. Joseph's Health Centre |
| <input type="radio"/> Central Toronto Community Health Centre | <input type="radio"/> St. Stephen's Community House |
| <input type="radio"/> Centre for Addiction and Mental Health (CAMH) | <input type="radio"/> Stonegate Community Association |
| <input type="radio"/> Flemingdon Health Centre | <input type="radio"/> Storefront Humber Inc. |
| <input type="radio"/> Four Villages Community Health Centre | <input type="radio"/> Taddle Creek Family Health Team |
| <input type="radio"/> Guelph General Hospital | <input type="radio"/> Toronto Central Community Care Access Centre (Toronto Central CCAC) |
| <input type="radio"/> Holland Bloorview Kids Rehab | <input type="radio"/> Toronto East General Hospital |
| <input type="radio"/> Hospital for Sick Children (SickKids) | <input type="radio"/> Unison Health and Community Services |
| <input type="radio"/> Humber Community Seniors' Services Inc. | <input type="radio"/> University Health Network (UHN) |
| <input type="radio"/> Humber River Regional Hospital | <input type="radio"/> West Park Healthcare Centre |
| <input type="radio"/> Jean Tweed Treatment Centre | <input type="radio"/> West Toronto Support Services for Seniors |
| <input type="radio"/> Mount Sinai Hospital | <input type="radio"/> William Osler Health System |
| <input type="radio"/> North York General Hospital | <input type="radio"/> Women's Health in Women's Hands |
| <input type="radio"/> Parkdale Community Health Centre | <input type="radio"/> Women's College Hospital |
| <input type="radio"/> Providence Healthcare | <input type="radio"/> WoodGreen Community Services |

Page 4

1. **Before** implementation of the *Language Services Toronto Program* in November 2012, how often did you use each of the following strategies for dealing with non-English speaking patients?

	Never	Rarely	Sometimes	Often	Always	No response
Assistance of patient's family and/or friends who speak needed language	<input type="radio"/>					
Assistance of other providers who speak needed language	<input type="radio"/>					
Assistance of administrative staff who speak needed language	<input type="radio"/>					
Assistance of other patients who speak needed language	<input type="radio"/>					
Other phone interpretation programs	<input type="radio"/>					
Face-to-face professional interpreters	<input type="radio"/>					
Volunteer language interpreters	<input type="radio"/>					
Referrals to other agencies	<input type="radio"/>					
Asking patients to bring their own interpreters to appointments	<input type="radio"/>					
Other strategies	<input type="radio"/>					
If other, please specify:						

2. **After** the implementation of the *Language Services Toronto Program*, how often do you use each of the following strategies for dealing with non-English speaking patients?

	Never	Rarely	Sometimes	Often	Always	No response
Assistance of other providers who speak needed language	<input type="radio"/>					
Assistance of administrative staff who speak needed language	<input type="radio"/>					
Assistance of other patients who speak needed language	<input type="radio"/>					
Other phone interpretation programs	<input type="radio"/>					
Face-to-face professional interpreters	<input type="radio"/>					
Volunteer language interpreters	<input type="radio"/>					
Referrals to other agencies	<input type="radio"/>					
Asking patients to bring their own interpreters to appointments	<input type="radio"/>					
Other strategies	<input type="radio"/>					
If other, please specify:						

3. Do you use the *Language Services Toronto Program* every time you need?

- Yes
- No
- No response

If no, please select the reasons why? (check all that apply)

- Technology or equipment challenges
- Wait time to connect to interpreter
- Cost of interpretation
- Convenience of other method
- Patient preference
- Phone not appropriate modality for type of visit
- Other

If other, please specify:

4. How has the use of the *Language Services Toronto Program* impacted the following aspects of health care provision for patients that used the program?

	Significantly improved	Improved	Neither improved nor decreased	Decreased	Significantly decreased	No response
Patient's privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient's autonomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient's comfort level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your relationship with your patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The disclosure of patients (e.g. do you feel the patient provides a more or less complete history?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient access to your organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient engagement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall quality of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. If the Language Services Toronto Program was cut, what would be the impact to your organization? (check all that apply)

- Increased financial cost to offer interpretation
 - Increased difficulty for staff to engage patients
 - Decreased use of phone interpretation
 - Decreased quality of care
 - Decreased efficiency of care (time)
 - Patient access to care would be compromised
 - Impact on reputation of organization (organization would no longer be seen as accessible to non-English speaking patients)
 - Momentum to collaborate with other sites would be compromised
 - No impact to my organization
 - Other
 - No response
- If other, please specify:

6. How satisfied are you with the following aspects of the over-the-phone interpretation provided by Language Services Toronto Program?

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	No response
Quality of interpretation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professionalism of interpreters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of interpreters in needed languages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wait times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technology and equipment availability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training to use the program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program reference materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TC LHIN leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program coordination/management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confidentiality of interpretation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, how satisfied are you with the Language Services Toronto Program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Please choose up to three recommendations for improving the Language Services Toronto Program?

- Improve training of interpreters (includes professionalism, customer service, medical terminology and logistics of call)
 - Expansion to video
 - Expansion to specialists
 - Increased availability of languages
 - Increased availability of interpreters
 - Availability and visibility of needed equipment
 - Quicker connection to interpreter
 - Option to choose gender of interpreter
 - Accommodations for people who are hard of hearing
 - Time to debrief interpreter
 - Program expansion to other sites
 - Decrease cost jump after 30 minutes
 - Include face-to-face interpreters
 - No improvements to recommend
 - Other
- If other, please specify:

8. Are over-the-phone interpreters through the Language Services Toronto Program appropriate for the services you provide?

	Somewhat appropriate	Appropriate	Inappropriate	Not applicable	No response	Please state the reason(s) for selecting 'inappropriate' or 'somewhat appropriate'
Acute Care	<input type="radio"/>					
Chronic Care	<input type="radio"/>					
Mental Health Care	<input type="radio"/>					
Supportive Care	<input type="radio"/>					
Other	<input type="radio"/>					

If other, please specify:

DEMOGRAPHICS

10. What is your current position (occupation)?

- Doctor
- Nurse
- Social Worker
- Other
- No response

If other, please specify:

11. How many years have you worked in your organization?

12. How many years have you worked in your current occupation/role at any organization?

13. What is your gender?

- Male
- Female
- Transgender
- Other
- No response

14. What is your age?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+
- No response

If you would like to be entered into a draw to win an iPad mini, please provide the following information:

Name:

Email address:

Telephone number:

Submitted information will only be used to determine and contact the winner.

If you would like to include any additional comments related to the Language Services Toronto Program or this evaluation initiative, please do so in the space below:

Thank you for completing the Language Services Toronto Program Evaluation survey. Please hit the SUBMIT (✓) button and you will be redirected to the web page for the Survey Research Unit, St. Michael's Hospital.

