Ambulatory Management

Joint Commission Preparation Webinar Series
Interpreter Services
Ambulatory Tracer Findings
September 15, 2020

Zoom Best Practices

- Join the meeting via Zoom first
  - Use of computer audio is highly encouraged
  - If using the phone to connect audio, prompt the meeting to call you
  - Use your webcam (if possible)

- Please remain muted unless invited to speak

- Please send in questions via the Chat

- **This session will be recorded and the recording distributed**

Purpose & Learning Objectives

- **Purpose:** Ensure ambulatory practices are prepared for the upcoming Joint Commission Survey by having structures and processes in place to meet accreditation standards. Participation in the webinar series will familiarize practices with the survey process.

- At the conclusion of today's activity participants will be able to:
  - Demonstrate how to access interpreter services for patients with limited English proficiency
  - Relate best practices for working with patients with limited English proficiency
  - Describe how to access services for Deaf patients
  - Identify common findings from Ambulatory Tracers that may be applicable to your practice
  - Develop and carry out a plan in your practice to increase staff knowledge and monitor adherence to best practices using slides and checklists

Contact hours will be available for individuals who participate in the entire session and claim credit through the on-line evaluation form.

This program meets the requirements of the Board of Registration in Nursing, at 244 CMR 5.00, for 1 contact hour of nursing continuing education.

Joint Commission Readiness: Language Access Services

Chris Kirwan, Director

MGH Interpreter Services

Why do we need to have interpreters for patient encounters?

- This is a Federal Law under Title VI of the Civil Rights Act

- It is detailed in the ACA Section 1557

- The law dictates that anyone who has a preferred language in the EHR other than English must have access to a professional medical interpreter
  - The law does NOT dictate what the modality (in-person, over the phone or by video) must be
  - We recognize that many providers don't like to use the phone
  - But it is important to recognize that the phone is a critical component to our ability to meet patients' language access needs
  - Failure to provide an interpreter or cancelling an appointment because of the provider's preference for an in person interpreter is a violation of the law and incurs personal liability (not covered under malpractice insurance)

How do you know a patient needs an interpreter?

- Epic storyboard
  - 2 items are key
    - Patient's preferred language is highlighted on the storyboard
    - "Needs Interpreter?" question says "Yes"

- Patient presents an MGH Language card – printed in English and the patient's language indicating what type of interpreter they need

- Patient is able to use limited English to express their need for an interpreter

How do you access an interpreter?

- For an appointment with a provider book the interpreter resource jointly with the provider appointment in Cadence
  - Interpreter Services sees this on their worklist

- Call 617-726-6966 and request an interpreter for unscheduled encounters

- Call 617-643-3344 for direct access to an interpreter
  - If no MGH interpreter is available this will bring the caller directly to our vendor, CyraCom, have your PIN# ready

When the patient arrives, how does the interpreter know to come?

- For an in-person interpreter:
  - Call interpreter services when the patient is ready to be seen
  - You will be given an estimate as to how long before the interpreter will come
  - Due to the current situation only a limited number of in-person interpreters are available; most interpreters are remote and available by phone and video
    - Please try to use phone and video interpreters whenever possible to keep in-person interpreters available for when they are needed most

- For a telephonic interpreter
  - Simply call 617-643-3344 when you need the interpreter
  - Either an MGH or a CyraCom (vendor) interpreter can be accessed

- For Epic Integrated Virtual Video Visits
  - Book in Epic
  - Interpreter Services will put the name of the interpreter scheduled for the VV in the Appt Notes section
  - If no name is there, there is no one scheduled, call 617-726-6966

If the medical assistant speaks Spanish can they interpret for the doctor?

- Easy answer: NO

- This is beyond the scope of practice for the MA or for <u>ANY</u> staff member to interpret for any provider

- A Qualified Bilingual Staff (QBS) member is someone who is assessed and approved by the hospital to conduct DIRECT care in a language other than English
  - They are not interpreters, only direct care providers.
  - QBS candidates go through interpreter services to be assessed for language proficiency
  - Once they pass the assessment they are designated by the hospital to conduct direct care in that language

How do I get an interpreter for a Virtual Visit?

- For an appointment with a provider book the interpreter resource jointly with the provider appointment in Cadence
  - Interpreter Services sees this on their worklist

- If the visit is an Epic integrated visit
  - The interpreter will be assigned individually to this appointment and join the appointment through Epic at the scheduled time
  - The interpreter's name will be noted in the Appointment notes

- If this is a Standalone video platform
  - Email mghinterpreters@partners.org with the link for the appointment and the Coordinators will assign an interpreter and pass along the link to them

- For Telephonic Telemedicine appointments, call 617-643-3344 and have your PIN# ready in case no MGH interpreter is available

- Tip sheets
  - For Epic integrated: Adding Interpreter to an Epic Integrated Virtual Visit
  - For standalone platforms: Adding an interpreter for Standalone Platforms

How do I access services for Deaf patients?

- Contact Susan Muller-Hershon to determine appropriate services for the patient SMULLER-HERSHON@PARTNERS.ORG or call Interpreter Services (6-6966) during regular business hours
  - ASL – born Deaf, Culturally Deaf use ASL interpreter
  - CDI – born Deaf, not fluent in ASL, need both an ASL and a CDI interpreter
  - Deaf/Blind – need a Tactile Interpreter
  - CART – Latened (individuals who have become deaf later in life) Deaf patients who do not use ASL – Book Communication Access Realtime Translation services

Best Practices

- Don't assume that a patient who can check in on their own will not need an interpreter for the medical visit
  - -Poor communication can lead to medical errors and taking an incomplete medical history

- Never ask a patient to bring their own interpreter - that's a violation of the law

- Huddle with the interpreter prior to the encounter
  - -Helps give context for interpreter
  - -Gives provider an opportunity to inform the interpreter of their goals for the encounter

- Speak directly to the patient, not the interpreter (*e.g.*, don't say to the interpreter, "Tell him to take his medication regularly")

- Use plain language and easy to understand concepts; avoid local/professional jargon and pace your speech

Resources

- Pool of freelance interpreters in additional languages (call interpreter services at 6-6966 for details)

- VPOPs provide instant access to staff interpreters via video (spoken languages only); access to 200+ languages by audio only [Dial 33344 and use your unit PIN#]

- IPOPs provide backup professional telephone interpreting services, 24/7/365, in 200+ languages

- VRI (Video Remote Interpreting) - Provides backup access to ASL interpreters by video 24/7

- Bluephones (on inpatient units) – Connects to backup professional telephone interpreting services

- Voalté phones – Use "IPOP" from the Universal directory to access a telephonic interpreter
  - Use the "Virtual Visit" app to connect to an interpreter through VICS for a video interpreter

- Vocera – Say "Call IPOP" for an interpreter

Tracers Findings

July 2020-Present

How are we preparing for the JC survey?

- Ambulatory Management Webinars
- Interdisciplinary Tracer (IDT) Rounds
- Discussing findings with Practice leadership
- Evaluating the webinars
  - Seek answers
  - Real time Improvement (example: Coming soon- Suicide prevention HealthStream)
- Providing slides, Q& A on Ambulatory Blueprint- Ambulatory Joint Commission survey preparation page
- Sharing Findings

Interdisciplinary Tracer (IDT) Rounds

- IDT rounds help practices maintain readiness, identify opportunities for improvement and provide a preview of what Joint Commission Surveyors may look for during the survey.

- A multidisciplinary team, including representatives from the Ambulatory Management Clinical Operations team are participating in the IDT rounds.

- After each IDT, the compliance office schedules a meeting with the practice leadership to discuss the findings in details and share best practices and the ways to correct.

- All findings are shared with Ambulatory Management Clinical Operations.

- Please note: Due to COVID, not all practices will be visited

Areas of Opportunity

Clinical		Environment of Care	
Patient identification	Passive ID	Cleanliness/Cleaning Procedure	Disinfectants dry time
Anticoag/High Risk Meds	Steps to take to reduce risk	Expired Supplies/Infection Control	Calstat, gloves, test strips, reagents, shipping boxes, under sink storage
PPE/ MDRO/HAI	Improper use, precautions	Tracking System/Inventory	Inspection labels missing
Expired Medications		Medical Gasses	Blocked valves, O2 storage
Medication Storage	Unlocked, SALAD, temp logs, own meds	Routine Maintenance	Overdue Inspection, red plug for emergency equipment
Code Cart	Missing checks	Electrical Safety	Lights out
Required Documentation	Inc Consent e.g. laterality; fall risk banner	Fire Safety	18" violation, fire doors, escutcheon plates, fire extinguishers inspected
Medication Safety	Haz Meds, Labeling syringes	General Safety	BR pullcords, broken items
Suicide Risk Assess	What to do	Life Safety – Building Related	Stained ceiling tiles
Hand Hygiene	Gloves without hand hygiene,		
Scopes	Transport and Cidex Process		
Medical Emerg Plan	Not available, staff awareness		
Competencies	Up to date		

Findings

- **Environment of Care Standards-Environmental Health & Safety/Buildings & Grounds:**
  - Life safety, electrical safety, fire safety, General safety, Medical Gases- Slides and Checklist
- **Medication Management Standards:**
  - Expired supplies, Medication storage, Expired Medication, medication safety, medication orders, pre-procedure labeling, Anticoag/High Risk Meds, Code Cart- Slides and Checklist
- **Provider orders, documentation:**
  - Forms, Required documentation – Slides and Checklist
- **Infection Prevention:**
  - Equipment Cleaning, PPE, Hand Hygiene- Slides and Checklist
- **Human Resources –** Slides and Checklist
- **High Risk Patients –** Slides and Checklist
- **Labs and Point of Care Testing –** Slides and Checklist

What to do with this information?

- Create your readiness plan
  - Review your specific areas tracer results, if available.
  - Share the slide presentations with staff.
  - Use the checklists for you team to perform rounds
  - Reach out to the subject matter experts if you have questions
  - Keep doing the great work you have already be doing

2020 Joint Commission Preparation Webinar Series

Date/Time		Topic
July 7th	12:00-1:00pm	Joint Commission 101 ✔
July 14th	12:00-1:00pm	Environment of Care, BioMed, Police & Security and Emergency Management ✔
July 23rd	12:00-1:00pm	Human Resources ✔
July 28th	12:00-1:00pm	Safeguard High Risk Patients, Falls, Suicide ✔
August 4th	12:00-1:00pm	Infection Control
August 11th	12:00-1:00pm	Provider Oriented Overview of Key Standards ✔
August 18th	12:00-1:00pm	Lab and Point of Care Testing (POCT) ✔
September 1st	12:00-1:00pm	Pharmacy ✔
September 15th	**12:00-1:00pm**	**Ambulatory Tracer Findings** **Interpreter Services**

Contact Hours

- We will be offering CEUs for participation. Each session will be equivalent to one contact hour. To receive credit, you must complete the evaluation*:

    https://www.surveygizmo.com/s3/5839968/JC-Prep-Webinar-9-Interpreters-and-Tracers

*Only individuals who fully attend and complete the evaluation will be eligible to claim the Contact Hours.

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- Ambulatory Communication:
  - MGH/MGPO Ambulatory Management News - weekly e-mails:

  - [Ambulatory Blueprint](#)
  - [Ambulatory Joint Commission Preparation](#)

- What if I Have Questions?

- We are here to help:
  - Ambulatory Management Clinical Operations Nurses [MGH Ambulatory Clinical Programs](#)
  - Management Project Managers/Liaisons: [MGH Ambulatory Management](#)