

INTRODUCTION

The use of clinical and nonclinical staff who speak a non-English language but who are untrained in medical interpretation can pose potential safety risks (Regenstein et al., in press). Research has shown that when clinicians speak a non-English language, or when untrained bilingual staff is available, an important set of potential barriers can arise and hinder the effective and appropriate use of trained interpreters (Maul, Regenstein, Andres, Wright, & Wynia, 2012). Qualified Bilingual Staff (QBS) represent a critical link to providing effective communication and quality care to the limited-English proficient (LEP) communities and individuals we serve.

Departmental Instruction 209, Ensuring Access to Language and Communication Supports is the Department’s policy that requires facilities to ensure meaningful access for individuals receiving services and to individuals’ authorized representatives who them to make informed decisions. The DI states that bilingual employees can **only** provide foreign language or sign language interpretation if they:

- have documented proficiency in English and the target language;
- have completed a qualified bilingual staff program;
- and have the necessary certificate on file.

If facilities are utilizing bilingual staff who have not met these requirements, they are out of compliance with Departmental policy.

The Qualified Bilingual Staff program is a resource for facilities to ensure they that do not fall out of compliance with this policy. The QBS model can be a key strategic initiative with the goal of ensuring meaningful language access at THE ORGANIZATION. ***The model leverages and invests in internal expertise. Having a QBS program will also provide a structured plan for interpretive services recognized by the JC.***



Adapted from National Diversity, Cultural & Linguistic Programs, 2000.

### CORE TRAINING ELEMENTS

The QBS Model & Program were designed by Kaiser Permanente National Diversity & Inclusion and adapted by DBHDS to capitalize on an organization's existing workforce diversity and ensure qualified linguistic services and culturally competent care at every point of contact.

DBHDS adaptation is specifically designed to build terminology in behavioral health, substance abuse, and developmental services setting and discuss the unique role that bilingual staff may have interpreting in these settings. This model is recognized by the Robert Wood Johnson Foundation, the California Endowment, the National Committee for Quality Assurance; and the Migration Policy Institute as a best practice in ensuring high quality health communication. Over 200 bilingual providers and staff have been trained since the program was implemented at DBHDS in 2011.

### COURSE CONTENT

Levels 1 and 2 are classroom portions offered for free to facilities by the Office of Cultural and Linguistic Competency (OCLC) period for a total of 24 hours of didactic instruction and all candidates must attend. This program is focused on introducing theory and practice. The content of these two levels include:

- legal and regulatory requirements on language access
- diversity and cultural competence
- effective communication strategies
- modes of interpreting
- basic concepts of interpreting
- roles and responsibilities as a "dual role" staff
- standards of practice
- ethical issues and code of ethics and
- common concepts and terminology used in our practice setting
- review of the target language assessment

### PROFICIENCY TESTING

Every bilingual staff member in this program must also be assessed for competence in the target language called the QBS Assessment. This language assessment was developed and is administered by ALTA Language Services. This telephonic assessment determines the level of both English and target language proficiency. Specifically the QBS Assessment is designed to assess a staff members' ability to directly communicate with target-language speaking individuals in practice settings. The assessment is available in 19 languages.

Test results allow facilities to categorize bilingual staff's interpreter capacities based on the following criteria:

### QBS Level 1 Bilingual Staff – Language Liaison (L1)

- Ability to converse in English and in the language of service (LOS)
- Ability to provide directions and simple instructions in English and LOS
- Ability to provide customer services types of interpreting where knowledge of medical terminology/concepts is not required.

The QBS L1 is able to use LOS to directly communicate or interpret in the following situations:

- Handling appointments
- Taking complaints and/or grievances
- Providing location-based directions
- Providing non-medical instructions, such as, basic business forms
- Performing sight translation within the customer service parameters from English
- into the target language

### QBS Level 2 Bilingual Staff – Language Facilitator (L2)

- Meets level one’s (L1) requirements
- Ability to use English and LOS within the scope of practice in a clinical setting
- Ability to provide simple interpreting in various healthcare settings

The QBS L2 is able to use LOS to directly communicate or interpret in the following situations:

- Providing simple medically and/or non-medically related instructions within scope of practice
- Providing health care interpreting in simple/routine clinical encounters
- Performing simple sight translation from English into the target language

*“About 30 percent of those who believe they are proficient did not pass the QBS language assessment. This fact demonstrates and reinforces the need for a facility to have a formal process in place to utilize only staff that have completed the classroom portion of the training and be assessed in order to conduct any type of interpretation for the organization.”*

It should be stated that about 30 percent of those who believe they are proficient did not pass the QBS Assessment. This fact demonstrates and reinforces the need for a facility to have a formal process in place to utilize only staff that have completed the classroom portion of the training and be assessed in order to conduct any type of interpretation/translation for the organization.

Two opportunities are given at achieving either level 1 or level 2 of the language assessment and it may take the test either before the classroom course or immediately following the course. There are advantages Implementing the QBS Program and disadvantages to getting assessed prior or after the classroom course and is typically been left up to the staff member to decide when they wish to be assessed, although this could be determined be the organization.

### RESPONSIBILITY FOR THE QBS PROGRAM

The OCLC provides technical support, implementation consultation, interpreter proficiency testing, and QBS training supported by Kaiser Permanente and other nationally recognized healthcare organizations. At the facility level, it is suggested that a team be established to be accountable for the regularly scheduled supervision and continued development of the Qualified Bilingual (QB) staff and overall facility program. Ideally, this program should consist of one person from management, one from clinical, one person from Training, and one person from HR at a minimum. The facility is responsible for enforcing the use of only QBS for interpretation and training staff to recognize the value of such protocol as well as effective strategies for communicating through QBS.

### COST OF PROGRAM

The organization needs to implement the QBS program organization-wide as a part of their language access plan as such; the 24 hour training can be conducted on-site at no charge. Currently, the proficiency test fee of \$100 is being provided by OCLC at no charge. This will change if resources are not in place to offer the test for free. If the organization is not implementing or operating a QBS program and wants to send individual staff to a training offered in another location, the cost of the training is \$75 per person.

### DETERMINING LANGUAGES TO BE COVERED

In order to make this program cost effective, it is recommended that the top five languages for which we require formal interpretive services for be recruited for our initial project. It is understood that the top five languages can change over time so it will be the responsibility of the organization's QBS program to monitor changes to recruit for the appropriate languages. This means that staff who request to be trained and certified in a language that is not in the top five would not be approved unless there is strong rationale for doing so. Examples of making an exception would be that there is evidence that a particular language will be needed in the near future due to large numbers of citizens entering the community who speak that language or evidence of a shift to a language that is not in the current top five.

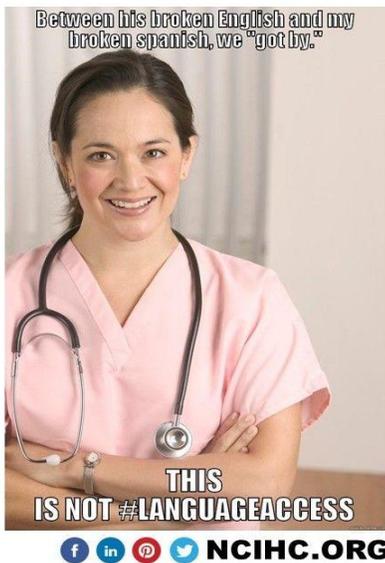
### SUGGESTED PROCEDURE FOR QBS RECRUITMENT AND TRAINING

- 1) The organization's QBS program would send a communication out to all staff to recruit personnel who speak one of the five top languages and who have an interest in becoming a QBS.
- 2) A formal application will be used in the process and it will include the five languages we are seeking to have staff be qualified in. Initially, only applications from staff who wish to be certified in these languages will be considered.
- 3) Additional requirements on the application will include a good attendance history, no active written notices, performance rating of contributor or higher on last evaluation, completion of the probationary period or within two months of completion, and permission of the supervisor.
- 4) The QBS Program will review all applications for appropriateness into the program.

## Qualified Bilingual Staff Organizational Implementation

- 5) Arrangements will be made for the OCLC to come to the organization to conduct the training. If it's not possible for the OCLC to come to the organization and training is being offered elsewhere in the COV, sending staff will be considered contingent upon available funding.
- 6) If the staff member wishes to wait until completion of the classroom class, they will have 45 calendar days after completion of the classroom course in which to take the language assessment.
- 7) The organization would create an account with ALTA. Once they contact ALTA, the employee will set up a time and a date to take the test and will call in to take the test on the phone. The assessment is conducted utilizing a telephone and computer. The staff member will need a quiet place to do the assessment which is a speaking and listening test that is validated through a private vendor.
- 8) Upon completion of the assessment, ALTA will send a final assessment report to the designated recipient. The recipient will share with the OCLC and the OCLC will generate a Certificate of Completion to the staff member who will provide a copy to the Training Department for entry into their training transcript and a copy to the QBS Program for the organization's records maintenance.
- 9) Once the Certificate is received, the staff member may participate in QBS activities.
- 10) The QBS Program will maintain a list of QBS and the languages they speak.

### IS THIS HOW YOU WANT TO DELIVER YOUR CARE?



“ I would tell the doctor 'okay', but I didn't understand anything [about taking my medications]. ”

The Access Project. "What a Difference an Interpreter Can Make"

***“I went to the hospital and they gave me documents to sign only in English. Then, I had trouble understanding what would happen to my brother now.”***

—LEP patient

Yeah, who needs me, a qualified interpreter? Go ahead, doctor, practice your Spanish. (I'll try my hand at diagnosing this guy, via Google.)

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