



How can technology improve  
access to health care interpretation?  
The experience of the Health Care  
Interpretation Network

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**[www.hcin.org](http://www.hcin.org)**

# What can technology do?

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- With improved video technologies and availability of high speed internet, providers can connect to a qualified interpreter instantly
- It is possible to create sharing systems with colleague hospitals to reduce the costs of interpretation
- Increase productivity of in-person interpreters
- Improve access of interpreters in less requested languages to a large number of users, encouraging full time employment for interpreters

# HCI N uses this technology:

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- Uses improved video technologies and availability of high speed internet, allowing providers to connect to a qualified interpreter instantly
- Used ability to share to create systems with colleague hospitals to buy and sell minutes of interpretation between them reduce the costs of interpretation
- Providers who have hired interpreters in less requested languages like Hmong, Korean, and Laotian can sell their excess capacity to other hospitals throughout the country to help offset the hospitals costs for salary and benefits

# Features of HCIN

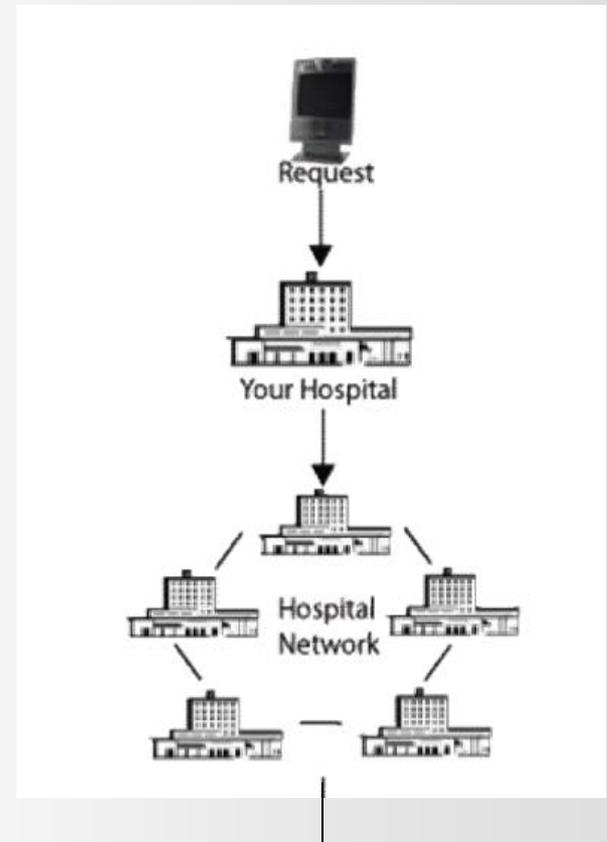
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- Providers access interpreters over video on-demand with 11 second connection time
- Uses hospital's own interpreters in high volume languages
- Network with colleague hospitals to share interpreters
- Increase productivity of in-person interpreters 3x
- Access additional languages from colleague hospitals
- American Sign Language by video 24x7

# How It Works

- Clinician initiates request
- Automated Call Distribution (ACD) routes request to an available interpreter inside your medical center
- If no local interpreters are available, ACD routes request to interpreters in hospitals in your network
- If no network interpreters are available, ACD routes the request to the hospital's contracted telephone interpreter service



Telephone interpreter agency

# Interpreter at Desk



# Doctor with Patient

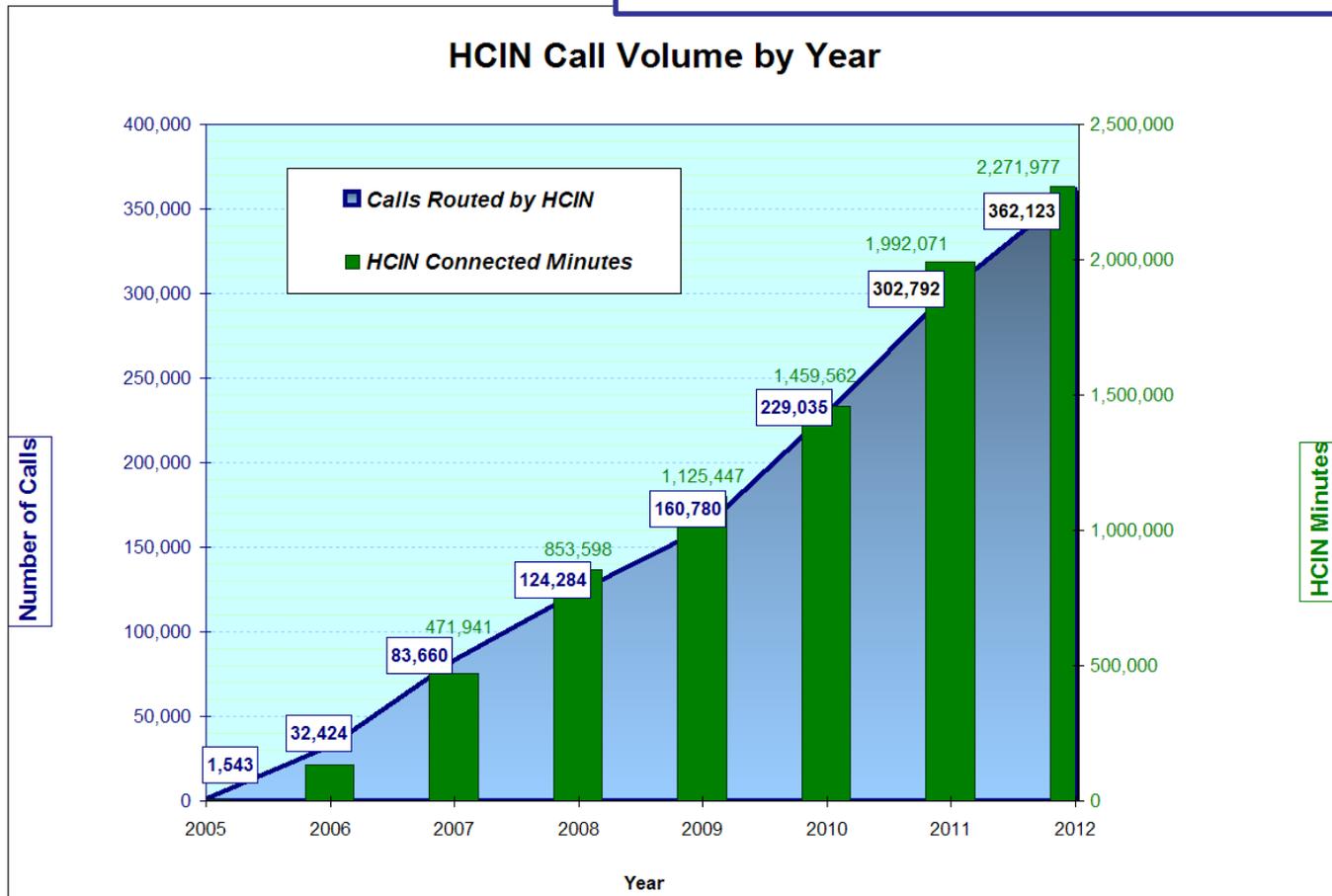
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Photo from Rancho  
Los Amigos National  
Rehabilitation  
Center

# Scale of Service

In 2012: Cumulative number of calls routed surpassed one million.



# Sharing Services

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Currently there are over 45 hospitals/systems/clinics participating in HCIN and its affiliated networks across the country.

# California

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- Children's Hospital Central California, Madera
- Clovis Community Medical Center, Clovis
- Community Medical Centers, Fresno
- Contra Costa Health Services, Martinez
- Harbor - UCLA Medical Center, Los Angeles County
- Kaweah Delta Health Care District, Visalia
- Kern Medical Center, Bakersfield
- LAC+USC Healthcare Network, Los Angeles County
- MLK Jr. Multi-Service Ambulatory Care Center, Los Angeles County
- Natividad Medical Center, Salinas
- Northern Inyo Hospital, Bishop
- Olive View - UCLA Medical Center, Los Angeles County
- Rancho Los Amigos National Rehabilitation Center, Los Angeles County
- Riverside County Regional Medical Center, Riverside
- Ronald Reagan UCLA Medical Center, Los Angeles
- San Joaquin General Hospital and San Joaquin County Behavioral Health Services, French Camp and Stockton
- San Mateo Medical Center, San Mateo
- Shasta Community Health Center
- Sierra View District Hospital, Porterville
- Ventura County Medical Center, Ventura

# National Connections

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**Abington Memorial Hospital, Philadelphia PA**

**Cambridge Health Alliance, Cambridge MA**

**Dean Clinic, Madison WI**

**Hennepin County Medical Center, Mpls MN**

**Nassau University Medical Center, Long Island NY**

**Parkland Health and Hospital System, Dallas TX**

**University of New Mexico Hospitals, Albuquerque NM**

**Medstar Interpreter Network, Greater Washington DC/Maryland**

Franklin Square Hospital, Baltimore MD  
Georgetown University Hospital, DC  
Good Samaritan, Baltimore MD  
Harbor Hospital, Baltimore MD  
Montgomery General Hospital, Olney MD  
Union Memorial, Baltimore MD  
Washington Hospital Center, DC

**Kaiser Permanente Interpreter Network, CA**

Fremont Medical Center  
Hayward Medical Center  
Mount Diablo Region  
San Rafael Medical Center  
Union City Medical Office Building

**Illinois Video Interpreter Network**

Illinois Valley Hospital, Peru, IL  
Little Company of Mary, Evergreen Park, IL  
Rush Copley, Aurora, IL  
Salem Township Hospital, Salem, IL  
Sinai Health System, Chicago, IL  
University of Illinois Hospital, Chicago, IL

# Languages Available by Video

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- American Sign Language
- Amharic\*
- Arabic
- Armenian
- Bengali
- Cambodian
- Cantonese
- Farsi
- Haitian Creole
- Hindi
- Hmong
- Korean
- Lao
- Mandarin
- Mien
- Mixteco
- Oromo\*
- Polish
- Portuguese
- Punjabi
- Russian
- Somali\*
- Spanish
- Thai
- Vietnamese

\*added Q2 2013

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# For the Administration

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- Lowest Cost Alternative
- Video equipment, where appropriate and money available
- Inexpensive telephone equipment for all others
- In-House interpreters for high volume needs
- Shared interpreters in next tier usage
- Contracted interpreters for all others

# The HCIN Administration

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- Established as a 501(c)3 non-profit
- Contracts for Administration, Including Liability, Decision Making
- Standards for interpreters being shared
- Model for financial fairness of reimbursement for use of interpretation
- Scalable to add others

# Standards for Sharing

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The criteria for shared status on the Network were informed by standards promoted by interpreter organizations and adopted by hospitals and agencies in their hiring requirements.

These criteria were written into the HCIN Rules, voted on by member organizations, and revised in periodic meetings as needed.

# Standards for Sharing

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- **Training** - Minimum training requirement of 40 hours training
- **Testing** – Interpreter skills tested, submitted to HCIN and approved
- **Orientation** – Orientation to the Network
- **Work Station Requirements** – Audio and Visual Privacy and Internet Access
- **Complaint Process** – Spelled out in Rules

# Standards for Sharing

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Next: Build agreement on continuing education hours and ways to offer and document training.

- HCIN Learn
- Webinars
- Employer hosted training
- Interpreter organization sponsored training

(In the U.S., the newly nationally certified interpreters for spoken languages set a new norm. Their CEU requirements are 8 hours per year for CCHI and 6 hours per year for NBCMI.)

# Technologies of HCIN

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- World's first video/voice call center
- Virtual distributed call center with interpreters in multiple hospital locations
- Cisco ACD and PBX software



# Technologies of HCIN

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**Equipment for Clinical Use (providers make calls to interpreters) – Videophones:**



# HCIN Summary

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- Uses existing interpreter base
- Uses remote interpretation to improve productivity
- Uses economy of scale, sharing resources
- Uses economy of scale for administration
- Adds contracted services for difficult to staff shifts and languages such as ASL
- Creates complete package at the lowest possible price point



# New HCIN Scheduled Appts

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- Expanding system to incorporate access to less requested languages
- Will incorporate web portal scheduling software to allow members to request a language by appointment
- Will be creating pilots to allow local providers of qualified interpreters to make their interpreters available by appointment to entire HCIN system
- Have received a small grant to pilot this system and hope some providers of interpretation and clinical users might be willing to pilot in Hawaii

# Scheduled languages to add

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- Mixteco- Alto, Medio, Bajo
- Triqui- Alto, Medio, Bajo
- Zapoteco
- Chatino
- Kanjobal
- Nahuatl
- Tarasco
- Quiche
- Lahu
- Karen
- French
- Burmese
- Nepali
- Chin
- Chuukese
- Ilokano
- Japanese
- Marshallese
- Samoan
- Tagalog
- Taiwanese
- Tongan
- Visayan
- Thai

# What could be done in Hawaii?

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- Opportunity to test scheduled appointments with community based interpreter providers in needed languages
- With wider cooperation, full time remote interpreters in key languages, such as Chuukese, Marshallese, Ilokano, Japanese could be hired and seated as remote on-demand interpreters
- We hope the HCIN organizational model of cooperation and advanced remote video technologies can help to improve access to qualified interpreters. We hope to partner with local providers and users of healthcare interpretation to use these tools to improve access to interpretation and the quality of healthcare to immigrant populations here in Hawaii