

Adapting Interpreter Services to a Hybrid Model during COVID

Shari Gold-Gomez, Jordan Ellis, Interpreter Services Supervisor Team, and the entire Interpreter Services department

Introduction/Problem

In January 2020, Interpreter Services moved from a long-time paging system to a just-in-time interpreter request software.

Two months later, in March 2020, Interpreter Services used this just-launched system to enable appointment dispatching to approximately 50 interpreters, representing over 15 languages. We quickly increased to over 30 languages representing 100 interpreters, including staff, per diem and non staff.

This quick transition to a hybrid model within 48 hours allowed BIDMC to maintain communication and service delivery to LEP patient population.

Aim/Goal

The goal of this work was to provide seamless service delivery to the LEP patient population in virtual, ambulatory, and inpatient settings during the COVID-19 pandemic.

The Team

- > Shari Gold-Gomez, Director, Interpreter Services
- > Jordan Ellis, Project Manager, Improvement & Innovation
- > Stephanie Baumeister, Operations Manager, Interpreter Services
- > Supervisors: Ana Torres, Janice P Chung, Ernestina Damoura Moreira, Rina Levin
- > The entire Interpreter Services department

The Interventions

- We first piloted remote interpretation with large language teams in the weeks leading up to March 13, 2020. We then had a proof of concept that it was possible to provide interpreter services remotely.
- We then changed protocols and began taking hospital-issued devices home to be prepared for remote work prior to March 13,2020.
- After the March 13th announcement that clinics were closing, Interpreter Services changed their configuration to base a minimal number of staff on site with the balance of interpreters at home ready to work remotely via the dispatching software. The outcome was successful to adapt

the dispatching software to allow interpreters to safely work from home while maintaining an onsite presence for complex patient interactions.

Donated clinical iPads were configured for ease of use with Starleaf and interpreters on selected inpatients floors for video interpreting.

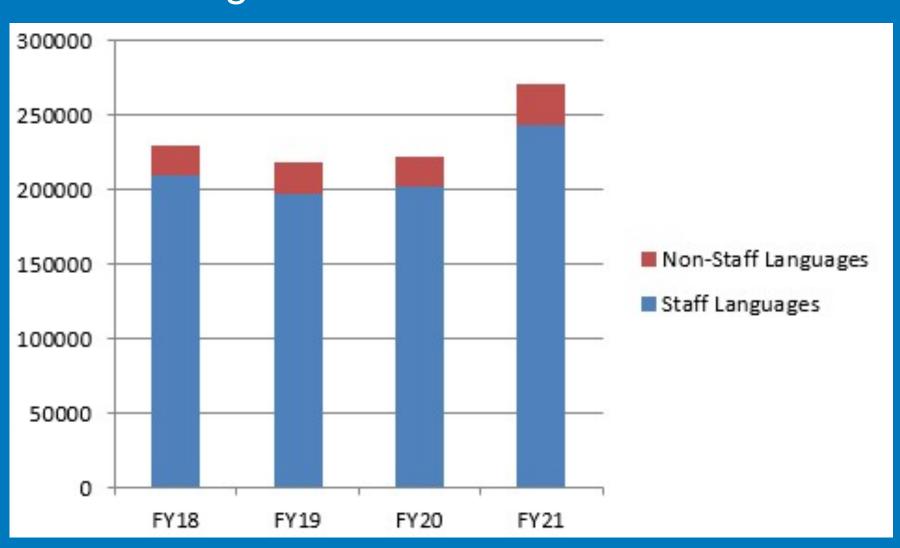
Year	Average Response Time (Minutes)
2019 (scheduled interpreters)	15 minutes
2021 (hybrid model, dispatching software)	5 minutes

Results

This project allowed a hybrid model to both allow a key on site presence of interpreter, with the balance of 100 interpreters to work remotely: providing video and telephone interpreting which had never been done before by BIDMC interpreters.

This current models allows Interpreter
Services to serve 18% more encounters for
LEP patients and providers with the
efficiencies gained by not traveling and waiting
in a just-in-time model compared with FY 18
levels. This equates to supporting more than

40,000 more encounters since FY18 with the same staffing.



For more information, contact: