1. Getting Started
During the Self Assessment phase of the Public Health Accreditation Beta Test process, Public Health staff discovered that there was no finalized policy regarding health interpretation. This QI project was used to finalize a process that standardizes interpretation services.

2. Assemble the Team
The QI project team members were selected based upon their strengths and skills, and their roles as clinic managers. Members of this consisted of management staff from Public Health Nursing and specialized public health clinics, HR, performance management, data analysis, epidemiology, and operations. The Public Health Officer actively participates in this committee as well.

AIM Statement: By November 30, 2010, the department will have an updated interpretation policy and procedures and public health clinic staff will demonstrate improved knowledge of protocols by 25% using a pre and post test assessment.

3. Examine the Current Approach
Each clinic and public health center manager was asked to develop a flow chart of the process used in working with non-English speaking customers and the team found that the interpretation procedures vary greatly by site whereby some sites used a language interpretation line while others relied on staff or friends and family of the clients.

Root cause analysis was done using a fishbone diagram. The team decided to address finalizing a policy and procedures to standardize the methodology used in medical/health interpretation.

4. Identify Potential Solutions
The team discovered that the social services programs already had guidelines to standardize the process in the Family Resource Centers. Staff chose to adapt these to fit public health service delivery, which included the use of bilingual and multilingual staff, organizations contracted with HHSA to provide interpretation services, Language Line services, impairment services, and the use of a Civil Rights Coordinator (CRC) into a policy.

A pre-test survey was sent to 189 staff identified by the public health nurse managers including six questions to assess current knowledge of various components of the interpretation policy. Seventy staff completed the pre-test survey.

Only one staff member of 70 completing the pre test knew that the policy encompassed impairment services and less than half the staff knew they had access to a CRC.

5. Develop an Improvement Theory
If a final policy and procedures for our clinical interpretation services are developed & shared with staff, HHSA staff will improve knowledge about what to do when a non-English or LEP customer arrives. The test methodology includes administering a post-test to the staff to assess improvement in their knowledge after reading the policy and procedures. The pre/post test contained questions specific to the policy and procedures.

6. Test the Theory
The team aligned the interpretation policy with the interpretation guidelines for the social services programs within HHSA. The team also connected with the CRC and was able to meet the CRC's need of assigning the role of Civil Rights Liaison to a Public Health Services (PHS) staff member, filling a gap in the CRC's requirements. The team disseminated the new policy and procedures to the 70 staff who had taken the pre-test. Forty-seven (47) staff completed both the pre and post test.

7. Check the Results
The post-test data collected were limited to conclude that the improvement was effective. Two of six areas showed improvement of >25%: knowledge of the CRS and addressing impairment services. The tight timeline resulted in pre and post test questions that lacked some specificity to the new policy. Also, the majority of staff (>90%) was able to correctly answer most of the pre-test questions (4 of 6).

8. Standardize the Improvement or Develop New Theory
The HHSA Interpretation Policy is currently undergoing the final approval process with the executive staff and will be adopted with revisions that include feedback from the end users of the final product. The PHS Civil Rights Liaison now actively participates in the CRC meetings.

9. Establish Future Plans
The next step will involve working with each site to conduct another QI project(s) around the implementation of the policy and the quality of the interpretation interaction, and explore cost effective, quality interpretation solutions.