

SWAHS Health Care Interpreter Service

User's Guide

(first published 1998, revised 2006)

A professional confidential service
available 24 hours a day,
7 days a week



We'll say it for you...



We'll say it for you...

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Introduction

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This User's Guide aims to inform health care and other service users about the effective use of interpreter services, and to answer some of the most commonly asked questions.

For more information or if you are experiencing difficulties with the Service, please contact SWAHS Health Care Interpreter Service Manager or Call Centre Supervisor.

SWAHS Health Care Interpreter Service provides
on-site and telephone interpreter services –
24 Hours, 7 Days

Phone: (02) 9840 3456

Fax: 02) 9840 3789

Email: hcis@wsahs.nsw.gov.au

All patients/clients who are Deaf or of a culturally and linguistically diverse (CALD) background should be informed of their right to have a professional interpreter.

SWAHS Health Care Interpreter Service (SWAHS HCIS)

SWAHS Health Care Interpreter Service is the specialist health interpreter service that provides interpreting services to Sydney West Area Health Service facilities, The Children’s Hospital at Westmead, some non-government organisations (NGOs) as well as some external agencies. The aim of the service is to assist clients from a culturally and linguistically diverse background to access health services by providing professional and confidential interpreting services.

HCIS interpreters and translators are highly-trained and NAATI (National Accreditation Authority for Translators and Interpreters) accredited, they understand medical terminology and are bound by the professional code of ethics.

Services provided by SWAHS HCIS include:

- 24 hour on-site and telephone interpreting 7 days a week
- Interpreting via videoconferencing
- Interpreting for groups
- Translation of health related documents
- Calling patients/clients to advise them of a new appointment or a change to an existing appointment.
- Provision of information regarding client’s cultural background to health care providers.
- In-service training on working with interpreters. (Sessions usually take between 1 – 1.5 hours, and are conducted at times and venues to suit participants).
- Professional training for interpreters
- Work experience placements for TAFE or university students in Interpreting and Translating Courses.

What is the distinction between interpreting and translation?

Both professional interpreting and translation involve the exact transmission of messages. (People are sometimes confused by the colloquial use of the word "interpretation").

Interpreting is the **verbal** transmission of speech from one language to another.

Translation is the **written** transmission of messages from one language to another.

Why use Health Care Interpreters?

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Policy Context

Professional interpreters must be used in all patient care settings to promote effective communication, ensure quality and safety in patient care and to minimise potential adverse events.

NSW Government Policy requires that professional health care interpreters be used to facilitate communication between people who are not fluent in English, including people who are Deaf and the staff of the NSW public health system. NSW Health has issued **Standard Procedures for Working with Health Care Interpreters (Policy Directive PD2006_053)**. The Policy is mandatory for all providers of health care services in NSW Health facilities and funded services.

Language spoken at home (or preferred language), country of birth, and need for interpreter assistance must be recorded at admission or intake for all patient/clients. The need for an interpreter should be recorded in a prominent place on the patient's/client's medical record.

Health care interpreters are to be used in all health care situations where communication is essential including:

- Admission/initial assessment
- Consent for operations, procedures, treatment and research
- Identifying correct patient, correct procedure and correct site
- High-risk/life threatening situations
- Counselling
- Death of a patient/client and bereavement counselling
- Discharge procedures and referrals
- Explanation of medication
- Day surgery
- Health education and promotion programs
- Medical instructions

- Medical histories, assessments and treatment plans
- Mental Health Review Tribunals and magistrate enquiries
- Pre-operative and post-operative instructions
- Psychiatric assessment and treatment
- Psychological assessment
- Treatment or counselling for sexual assault, physical and emotional abuse
- Speech therapy
- Procedures relating to organ/tissue donation.

These examples are not exhaustive. If the communication goes beyond simple matters of patient/client comfort, use a professional interpreter.



Barriers to access

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The following difficulties are not necessarily unique to people of culturally and linguistically diverse (CALD) backgrounds. However, many people of CALD background face the double disadvantage of not knowing what services exist as well as not speaking English well enough to seek appropriate and effective access to these health services.

People of CALD backgrounds:

- May not speak English well enough to ask questions or seek assistance when necessary
- May not know what information is available in their own language or where to get access to this information. They often have out-of-date information
- May not know the role of different health services such as Community Health Centres, Geriatric Assessment Teams, Women's Health Centres, etc.
- May not know their rights and responsibilities within the health system, especially in relation to the use of the free interpreter services
- May not know how to use medication effectively and appropriately because all instructions are in English
- May have different views on what constitutes "health" and "sickness", and as a consequence, may adopt practices for treating illness which conflict with the practices accepted by health authorities. This matter is important to grasp because it can have considerable impact on a wide range of services such as mental health, women's health, etc.
- May strike considerable resistance from the health system when requesting modifications to existing practices on the basis of linguistic or cultural norms, e.g. visits from relatives and friends, dietary requirements, religious practices, etc.

Effective communication is an essential element of successful service and safe health care.

When to call an interpreter?

Any patient/client who was born in a non-English speaking country, or who speaks a language other than English at home (including Auslan- Australian Signed Language or Signed English for the Deaf) may require the assistance of an interpreter. You will need to:

- Assess if the patient/client is able to fully understand and communicate in a health care situation. (Just because they can manage to give you their personal details and talk about everyday things such as the weather, do not assume that they have enough English to cope in a medical situation).
- Establish if the patient/client would like to use an interpreter. Stress that their services are free and confidential.
- Call the Interpreter Service if you experience difficulty in understanding the patient's/client's response.
- Call the Interpreter Service if their response is inappropriate or you have any doubt about their level of understanding.
- **The client may be carrying a SWAHS HCIS card that specifies the language/dialect s/he speaks.**

If the person needs any help from anyone with understanding English, then they need a professional interpreter.

Emergency Situations

In the event of an emergency or crisis, it is even more important to use professional interpreters to gain a clear assessment of a situation. The availability of 24-hour interpreter services from HCIS both on-site and over the telephone will greatly assist with making emergency situations less stressful for all involved – patients, clients and health care providers across the board.

AN IMPORTANT TIP TO

REMEMBER: *If you ring patients/clients to make appointments, remember that they may not speak English, and you may be speaking to a relative. To establish whether the patient/client needs an interpreter, DON'T ASK "Will Mrs..... need an interpreter?" The relative may answer "No" because they intend to do the interpreting. Instead ASK "Does Mrs... speak English well, or will she need help with English?"*

Things to remember:

- Communication is a basic right of people - to express their feelings, hopes, and fears and to have access to information about their health and their care.
- Illness and seeking treatment creates stress which can inhibit understanding and the ability to communicate, and can cause someone who otherwise copes quite well in English to revert to their first language. This can also happen to people, as they grow older.
- When interpreters are used, both patient/client and health care providers can feel sure that they are receiving the communication as it was intended.
- English is not an easy language to learn.
- Everyday English is learned first, with parts of the body and the vocabulary of sickness (or emotions) being learned later.
- Interpreter services are available 24 hours a day, 7 days a week and they are free to patients.

What if the patient/client refuses to have an interpreter?

If a patient/client declines the offer of an interpreter AND the health care provider is unsure in any way about what is being communicated, then the health care provider has both a right and an obligation to organise the interpreter. Explain that it is NSW Health policy to use professional interpreters. Reassure the patient/client that the interpreter will keep everything confidential, and insist that the interpreter be there at least for the first session. If it becomes apparent at the first session that the interpreter is not needed, you may not need to book them for further sessions.

If a professional interpreter is not used because the patient/client has refused to use one, record these details in the patient/client's medical record, with details of the discussions that have taken place about the use of an interpreter and inform the patient/client that this is being done.

How to make a booking with SWAHS HCIS

It is advisable to plan ahead and give the Interpreter Service as much notice as possible.

Tell the Customer Service Officer if your appointment is urgent and explain the nature of the emergency. We will do our best to accommodate all requests for interpreting services.

- All non urgent requests can be forwarded via email (hcis@wsahs.nsw.gov.au) or fax 9840 3789
- When you book the interpreter, be as exact as possible about the language and the dialect. Many countries have more than one official language, and many immigrants in Australia have more than one non-English language.
- Be as specific as possible, e.g.:
 - “Bengali” or “Hindi” or “Punjabi” or “Tamil” or “Urdu” **NOT** “Indian”
 - “Spanish” or “Portuguese” **NOT** “South American”
- Give your name, position, and contact numbers.
- Give the exact location of where the interview will be held and the time preferred.
- Be prepared to negotiate the time and date.
- Ensure that you book the interpreter at the right time, and that the duration is realistic - including time for briefing and debriefing if this is relevant. (Remember it will take a little longer when you are working with an interpreter).
- If you need an hour, don't accept a half hour appointment and expect the interpreter to stay once they are with you. Negotiate to a day or time when you can book the full hour that you need.
- Try to co-ordinate as many health care providers as may be needed to give or obtain information from the patient/client. Allow sufficient time for them all. Check with HCIS before confirming the appointment.
- State any special requirements - for example a male or female interpreter, etc.
- If you experience difficulties in arranging bookings, ask to speak to the HCIS Call Centre Supervisor.
- To arrange an in-service session, contact the Call Centre Supervisor or Professional Development Co-ordinator.
- If you are dissatisfied with any aspect of HCIS services, don't hesitate to use the Complaints Procedure described at the end of this User's Guide (Appendix 1).

Working with Health Care Interpreters

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The interpreter is there to:

- Facilitate communication, not conduct the interview.
- Ensure your message gets across accurately and without being "filtered". They are not there to give advice or opinion and are required to be objective and impartial.
- Interpret what is said. The interpreter will interpret only what is said by you or your patient/client, without adding or subtracting anything.
- Assist with your immediate communication needs, not act on your behalf, to fill out long forms, take comprehensive patient/client histories, or conduct in-depth information sessions. The interpreter will interpret as you take details or a history.

Preparing for the interview

Before the patient/client arrives:

- Brief the interpreter about the history of the case and about your role if appropriate (e.g. in a counselling interview).
- Discuss whether you have ever used an interpreter, and whether you and the interpreter have a preferred style.
- Discuss the reasons for this particular interview. The interpreter can do a better job if they have an idea of the overall aim of the session.
- Talk to the interpreter about any cultural or religious issues that may arise or be of importance.

Conducting the interview

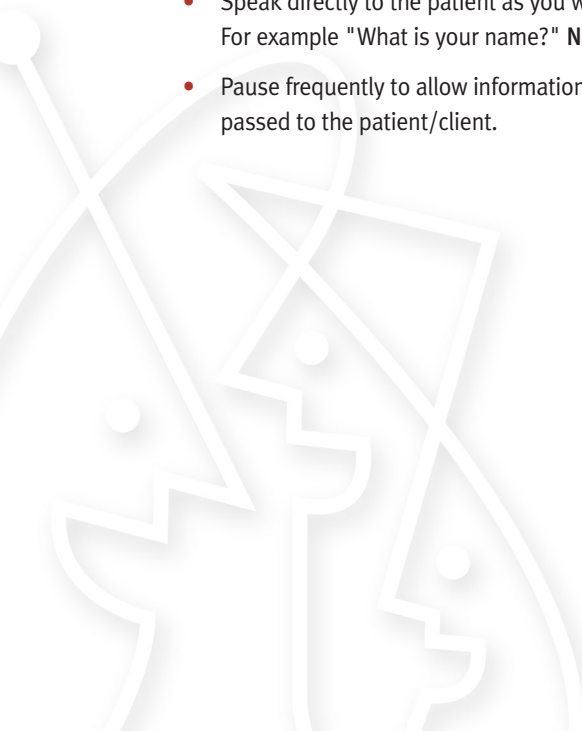
- Introduce yourself and the interpreter and make sure the patient/client knows that you are conducting the interview and what the interpreter's role is. Remember that the interpreter has to say what you tell them so don't be reticent. It is your interview, not the interpreter's.
- Sit so that you are directly facing the patient/client, and maintain eye contact with them, if culturally appropriate. Interpreters usually sit next to the patient and slightly back. Exception is made in case of Auslan or Sign Language interpreters who must sit next to you while signing to a patient/client.

- Tell the patient/client what is going to happen and allow them to raise any concerns they might have.
- Advise the patient/client through the interpreter that the discussion is totally confidential, and the interpreter is bound by a strict Code of Ethics.
- Always speak directly to the patient/client (“I” and “you”, or “Mrs Prasad, tell me...”). Speak *through* the interpreter, not *to* the interpreter.
- Speak only a little more slowly than usual. Pause frequently and avoid slang, jargon or jokes. Give simple, full explanations as you would with any patient/client. Just try to ensure that the information is in manageable "chunks" for the interpreter.
- Use the tone of voice you would use with any patient/client. Show interest, concern, confusion, etc, as would be appropriate in English.
- Avoid "private" conversations with the interpreter. If you need to clarify something, then do so - but make sure you tell the patient/ client, through the interpreter, exactly what you are doing.
- Conversely, the interpreter may ask you to clarify or paraphrase a point. Be patient, and explain what is happening to the patient.
- Remember sometimes there is no direct translation, so the interpreter needs more time (and more words) to explain concepts which may not be familiar to the patient/client. This can be useful, as long as the interpreter keeps you informed at each step.
- If the interpreter is taking over, stop the session and quietly remind them that you are conducting the session.
- Think carefully about whether or not your patient's/client's relatives should be present. In some cases it is better to ask family members to wait outside while you speak with the patient/client. In other cases their presence might be helpful and culturally appropriate – but it is your interview – do not hesitate to ask them to leave if you feel they are hindering the process by interrupting, adding their own opinions, or trying to control the interview. The interpreter's work will become impossible if you allow several people to talk at once, and you may need to intervene to control the session.

Tips on working with an interpreter over the phone

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- The operator may not immediately have a person available in the requested language, but will put you in contact with an appropriate interpreter as soon as possible.
- Normal handsets are acceptable for occasional or emergency calls, but dual handset or the use of a loudspeaker facility (in a private room) is best for longer calls.
- Tell the interpreter:
 - Who you are
 - If it is an emergency
 - Clearly and briefly about the problem
- Make sure you keep contact with the patient/client - that is, that you keep looking at them. The conversation is still between both of you! Use their name in the conversation - take the interpreter's lead for pronunciation.
- Speak directly to the patient as you would in a face-to-face interview. For example "What is your name?" **NOT** "Ask her what her name is".
- Pause frequently to allow information to be taken in by the interpreter, and then passed to the patient/client.



Videoconferencing with an Interpreter

As well as telephone interpreting, videoconferencing may be a faster and easier option for some sessions that do not necessarily require the presence of an interpreter.

SWAHS HCIS videoconferencing service is available to all units with access to videoconferencing facilities. The service is compliant with NSW Health standards for patient consultations via videoconferencing.

Things to remember when working with an interpreter via videoconferencing:

- Always telephone first to arrange a videoconference.
- The communication link must be established and the consulting physician must be in front of the camera before the patient enters the room.
- Clinician must be present with the patient at all times.
- Avoid moving backgrounds such as curtains blowing in a draught, moving objects or people walking behind as it can distract the attention of the interpreter.
- Avoid background noise, such as noisy air-conditioning, as it can be distracting to the interpreter as well.
- Brief the interpreter about the case and the objectives for the interview. The interpreter can do a better job if they understand the overall aim of the session.
- Maintain eye contact with the patient and speak directly to him/her as you would in a face-to-face interview.
- Pause frequently to allow information to be taken in by the interpreter, and then passed to the patient/client.

What happens when SWAHS HCIS cannot provide an interpreter?

HCIS Call Centre is staffed 24 hours a day 7 days a week and can arrange 24-hour on-site and telephone interpreting services as well as videoconferencing.

The aim of the 24-hour service is to cater for out-of-hours emergencies, baby arrivals, or other crisis situations. So if you need an interpreter at any time of the day or night, call HCIS and in most cases we should be able to provide you with a health care interpreter fairly quickly.

The Health Care Interpreter Service, faced with rapidly increasing demand, acknowledges that it is not always possible to provide a health care interpreter for every occasion when one is required. This usually happens when a new language emerges that is still not available on the panel, or when a short notice request comes in for a high demand language.

On the rare occasion when SWAHS HCIS cannot provide an interpreter, you will be referred to Translating and Interpreting Service (TIS). TIS is an interpreting and translating service administered by the Department of Immigration & Ethnic Affairs (Commonwealth).

Things to remember when using TIS

- Use TIS only if you have called SWAHS HCIS first and we were not able to provide you with an interpreter
- TIS will ask you for your name and unit. SWAHS users will also be asked to quote their TIS client code. Please give all details as they are requested.
- When SWAHS units utilise TIS for phone interpreting, HCIS bears the cost of the session. However, if a TIS interpreter is used on-site, the relevant SWAHS unit will be charged directly for the service.

NB: The above restrictions DO NOT apply to non-SWAHS users.

Why not use relatives, or bilingual staff?

NSW Health policy is to use professional interpreters.

Interpreting is a professional skill. Health care interpreters are bilingual, their language and interpreting skills have been tested, they are trained in medical terminology, and they operate under a strict code of professional ethics, which ensures that their services are impartial and confidential. They also attend a number of professional development courses related to interpreting in the health care field including *Mental Health for Health Care Interpreters* and *Interpreting in Specialist Health Care Areas*.

The use of non-professional interpreters such as relatives, friends, children, or bilingual staff is not only a breach of the official Standard Procedures, but also a breach of the duty of care owed to the patient/client, and could result in legal action.

Relatives have an emotional involvement, their language ability is untested, and they are not skilled in medical terminology. The use of relatives to interpret is also breaching confidentiality for the patient/client, and there is no guarantee of impartiality or professional conduct.

Bilingual staff are encouraged to deliver their service directly in their other language, without using an interpreter, but the use of bilingual staff to interpret is inappropriate. Although they are not involved emotionally, their language ability is untested, and they may not possess the necessary skills in medical terminology, or understanding of professional interpreting techniques.

Bilingual staff need to be aware of their legal position – basically, if interpreting is not in your job description, think carefully before you do it, and make sure that every attempt has been made to obtain a professional interpreter. If anything goes wrong, you could find yourself in court trying to explain why you considered it necessary to act outside of your job description. Leaving your normal duties to perform interpreting services may also cause difficulties in your workplace.

IMAGINE THE FOLLOWING

SCENARIO: *A patient arrives with a suspected broken bone and requires an X-ray. The radiographer on duty is busy and the patient is required to wait for one hour before they can be X-rayed.*

The patient's spouse (or for example, another member of staff not employed as a radiographer) offers to help and says "Take me to your X-ray machine, I'm a qualified radiographer and I'll take the X-ray".

How would you feel about this? Would you let them do this? Of course not. So why allow a spouse, friend or any bilingual staff member to interpret?

The Australian Institute of Interpreters and Translators Inc (AUSIT) Code Of Ethics

General Principles

1. **PROFESSIONAL CONDUCT** – *Interpreters and translators shall at all times act in accordance with the standards of conduct and decorum appropriate to the aims of AUSIT, the national professional association of interpreting and translation practitioners.*
2. **CONFIDENTIALITY** – *Interpreters and translators shall not disclose information acquired during the course of their assignments.*
3. **COMPETENCE** – *Interpreters and translators shall undertake only work which they are competent to perform in the language areas for which they are “accredited” or “recognised” by NAATI.*
4. **IMPARTIALITY** – *Interpreters and translators shall observe impartiality in all professional contracts.*
5. **ACCURACY** – *Interpreters and translators shall take all reasonable care to be accurate.*
6. **EMPLOYMENT** – *Interpreters and translators shall be responsible for the quality of their work, whether as freelance practitioners or employed practitioners of interpreting and translation agencies and other employers.*
7. **PROFESSIONAL DEVELOPMENT** – *Interpreters and translators shall continue to develop professional knowledge and skills.*
8. **PROFESSIONAL CONDUCT** – *Interpreters and translators shall respect and support their fellow professionals.*

The above is a short version of the AUSIT Code of Ethics. Health Care Interpreters adhere to the full Code of Ethics issued by AUSIT (the Australian Institute of Interpreters and Translators Inc.)

Translations

SWAHS HCIS can provide translation services including:

- Translation of documents essential to a specific patient/client consultation (e.g. medical records, diets, medication instructions) or short notices, signs, etc. These translations may be arranged through the HCIS Call Centre, if we have translators available in the requested language.
- Interpreters provide sight translations of information written in English or other languages, which are essential to the health care of an individual patient/client. Sight translation essential to the health care of an individual patient/client must take place in the presence of a health care provider. The translation of lengthy and technical complex documents may require extra time and resources.

Existing translations may be downloaded from the **NSW Multicultural Health Communication Service** website:

- **Via the Internet:**
www.mhcs.health.nsw.gov.au
- **Via the New South Wales Department of Health Intranet:**
NSW Health employees can use NSW HealthNet
<http://internal.health.nsw.gov.au/health-public-affairs/mhcs>



Policy on User Charges

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Charges to Patients / Clients

SWAHS HCIS services are normally provided **free of charge to the patient/client**.

There are two **exceptions** to this for services **within Sydney West AHS**:

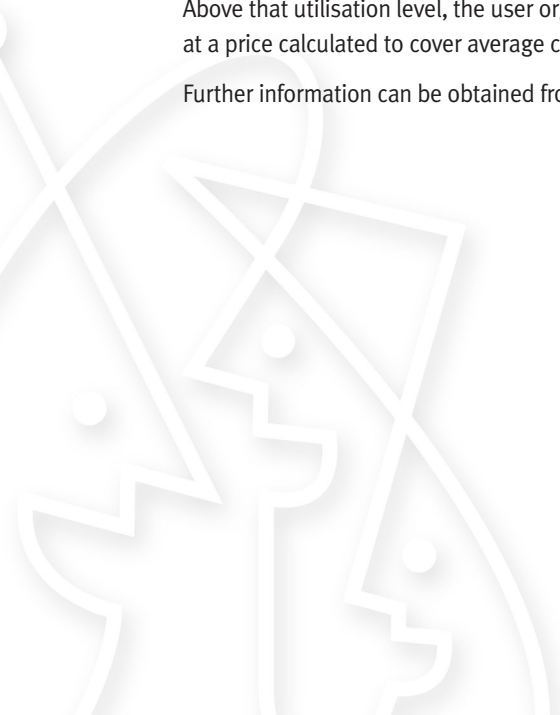
1. where the patient/client is an **overseas visitor** – the patient is charged
2. where the patient/client's treatment is subject to a **compensable claim** (eg Workers' Compensation or Compulsory Third Party) – the insurance company is charged

Charges to User Organisations

For all other services (inside or outside of SWAHS), there is a system of **contribution to cost by the user organisation**.

The basic principle is that a certain level of utilisation is free of charge (i.e. its cost is considered to be covered by the base budget allocated to HCIS by Sydney West AHS). Above that utilisation level, the user organisation is charged for every appointment, at a price calculated to cover average cost.

Further information can be obtained from the HCIS Manager.



How you can help us to help you

SWAHS HCIS aims to provide a high quality customer service and to work closely with all service users. This guide has offered information about how interpreter services can help you. Here is some further information to assist you in arranging appointments with an interpreter for your clients.

Short notice requests for on site interpreting

If you ring HCIS at short notice requesting an on-site interpreter:

- be prepared to negotiate date and time if at all possible
- be prepared to accept phone interpreting or videoconferencing if an on site interpreter is not available
- In the event of a **high priority, unforeseen emergency call**, HCIS will do all in its power to get an interpreter to you
- In the event of a **high priority** request, which **you could have foreseen** (i.e. you could have planned ahead and given us more notice), then we will try but may not be able to get an interpreter to you.

If none of the above applies, you may not get a Health Care Interpreter when you want one.

If this happens:

- Please, understand that the HCIS Customer Service Officer (CSO) has explored all the different options of providing you with an interpreter and was unable to fulfil your request.
- Please, be patient and offer the CSO enough information about your needs so that we can record your request as "Unmet". This is important information if we are to increase the availability of interpreters.

For example: Let's say you want a Cantonese interpreter on site at short notice – it's likely that all our Cantonese staff interpreters will be heavily booked already. What happens then?

YOUR CHOICES ARE EITHER:

1. You will have to negotiate your date and/or time to fit in with the existing interpreter appointments *or*
2. You will have to provide a good reason why the date and time are not negotiable, *or*
3. You may have to accept a booking for telephone interpreting or videoconferencing.

IF YOU CHOOSE OPTION 2, (PROVIDING YOU REQUIRE ON SITE INTERPRETING ONLY), OUR CHOICES ARE EITHER:

1. To cancel, shorten, or delay someone else's pre-booked appointment, or
2. To try to book a contract interpreter to attend your urgent needs.

Delays

Interpreters work on tight appointment schedules.

SWAHS HCIS procedures require the interpreter to **wait only 20 minutes** after the booked starting time, before telephoning the HCIS Call Centre for advice as to whether to wait longer, or proceed to the next appointment. Interpreters are also required to telephone the HCIS Call Centre if they are asked to stay longer than their booked finishing time.

Example: An interpreter has been booked for a 9.00am appointment, for a duration of one hour. The interpreter arrives at 9.00am, but you're busy with the previous patient/client, and are not ready to start with the person for whom you've booked the interpreter. If you do not start the appointment with the interpreter until 9.30am, and you still need the interpreter for one hour, the interpreter will be half an hour late to their next appointment. This delay could affect the interpreter's ability to meet their scheduled appointments for the remainder of the day. The flow-on effect will mean that health care providers and patients/clients, especially towards the end of the day, will have their appointments seriously disrupted because the interpreter is late.

So, to avoid these problems:

- Be realistic about when you need the interpreter, and for how long. Remember that appointments using interpreters may take a little longer than usual
- Do your best to ensure that you are not delayed when you have an appointment to see a patient/client with an interpreter
- In clinics where several patients/clients are given the same appointment time (and seen in order of arrival), give priority to the ones who need interpreters. This may seem unfair to the people not needing interpreters, and it's possible that some of

them may complain about others going ahead of them - but this is a problem you have to deal with. The interpreter cannot wait, and without the interpreter you cannot give the patient/client the service they need.

- One useful strategy that you may consider is to give the CALD patient/client an appointment time half an hour earlier than the time you book the interpreter for. For example, tell them the appointment is at 9.00 am, but book the interpreter for 9.30am. This helps to avoid the problem of the patient/client being too late for the interpreter.

Cancellations

Remember to notify HCIS of all cancellations as soon as possible.

It is a costly waste of resources when an interpreter turns up at an appointment that has been cancelled and HCIS has not been notified. When HCIS is notified of cancellations the interpreter can be allocated to another urgent call.



Quality Assurance

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SWAHS HCIS Quality Assurance mechanisms focus primarily on the interpreting service delivery, with special emphasis on the performance of interpreters. Our Interpreters-in-Charge conduct ongoing performance monitoring, through both telephone surveying and on-the-job appraisal, providing feedback and guidance to interpreters as required.

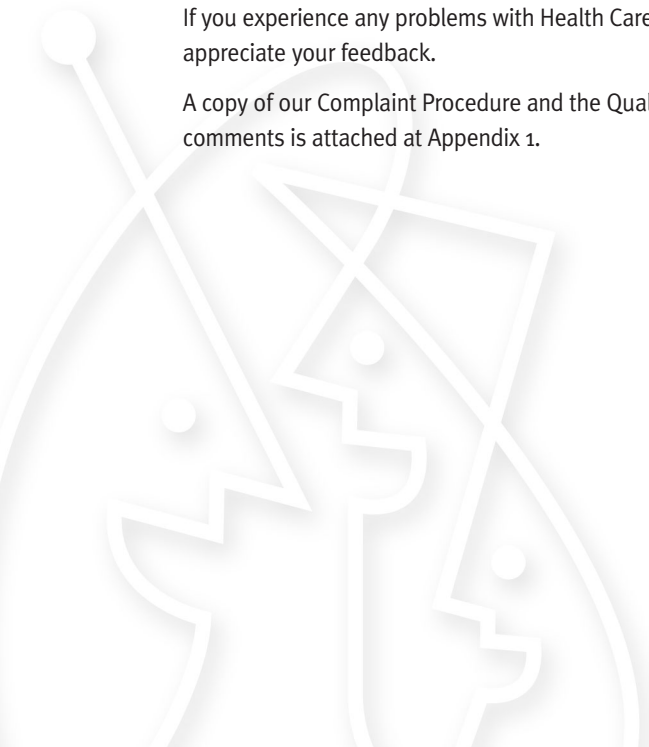
Strategies to monitor and improve the accuracy and responsiveness of the bookings system and other administrative procedures are also in place.

HCIS follows formal procedures for managing complaints, whereby all complaints are recorded in a register and those confirmed in writing are fully investigated.

The management of complaints has proven very valuable in highlighting procedural problems that require attention, or staff issues that require further training or clarification, as well as in building relationships with the health care providers using HCIS.

If you experience any problems with Health Care Interpreter services, we would appreciate your feedback.

A copy of our Complaint Procedure and the Quality Assurance form for reporting any comments is attached at Appendix 1.



SWAHS Health Care Interpreter Service

Quality Assurance

Please fill out the form as part of quality assurance process for the SWAHS Health Care Interpreter Service. Comments of both a positive nature and any gaps you perceive in service provision would be appreciated.

Date of service: _____ Your name and title: _____

Time of service: _____ Place of service: _____

Language: _____ Your contact phone number: _____

Department name and address: _____

Please state your concerns:

Please state your suggestions or ideas for improvement:

Your signature: _____

Thank you for participating in the SWAHS HCIS quality assurance process.
More details on our Complaint procedure can be found at the back of this form.
Please send this form, marked **CONFIDENTIAL**, to:

Manager SWAHS HCIS

Cumberland Hospital

Locked Bag 7118

PARRAMATTA BC 2150

OR

Fax to: 02 9840 3789

Attention to: Manager

Email: hcis@wsaahs.nsw.gov.au

SWAHS HCIS Complaint Procedure

Despite our best efforts to provide high quality interpreting services as well as professional customer service, we acknowledge that there might be times when users of our service will need to bring their concerns to our attention.

All complaints are used constructively to help SWAHS HCIS eliminate any problems and improve the service.

How to make a complaint

1. In the first instance, we encourage you to contact our Call Centre Supervisor on 9840 3792. If a complaint is related to any difficulties re booking procedures, the Call Centre Supervisor may be able to resolve the problem. If a complaint is related to interpreting services, you will be referred to an Interpreter in Charge.
2. If you consider your complaint to be of a serious nature, you may wish to talk to SWAHS HCIS Manager
3. You can send your written complaint to SWAHS HCIS in one of the following ways
 - Use the Quality Assurance form
 - Write a letter of complaint
 - Email your concerns to usAll written complaints should be marked "confidential".

4. Other avenues of formal complaint which you may use include writing to
 - Service Director
Multicultural Health, Sydney West Area Health Service,
Locked Bag 7118
Parramatta BC NSW 2150OR – The NSW Health Care Complaints Commission

What we will do with your complaint

1. We will record brief details of your complaint if received over the phone.
2. We will ask you to put your complaint in writing, giving us all details.
3. All complaints received in writing are investigated and HCIS Manager will respond to you.
4. Complaints received over the phone only will not be investigated individually, but it will be recorded and any trends that emerge will be investigated and actioned appropriately.
5. SWAHS HCIS maintains a Complaint Summary and reports to the Area Executives on a regular basis.



SWAHS Health Care Interpreter Service
Telephone: 02 9840 3456 **Fax:** 02 9840 3789
Email: hcis@wsahs.nsw.gov.au



We'll say it for you...



HCIS

HEALTH CARE
INTERPRETER SERVICE

SWAHS Health Care Interpreter Service
Locked Bag 7118
Parramatta BC NSW 2150

Telephone: (02) 9840 3456

Fax: (02) 9840 3789

Email: hcis@wsahs.nsw.gov.au

Intranet: <http://westnet/services/hcis/index.htm>

Web: www.swahs.health.nsw.gov.au/services/hcis/index.htm