Open Doors – University Health Network

February 17, 2009

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Hospital Name: University Health Network

Does your hospital have a health equity vision and if so, please describe how it aligns with the Toronto Central LHIN's (TC LHIN) definition?

Vision

Achieving equity of access and quality of care for all patients is foundational to the work of the University Health Network (UHN). UHN is committed to respect and fairness in the provision of healthcare services. We aim to provide equitable access and exemplary patient-centred care that meets the needs of a diverse population. Our vision of equity is predicated on several key principles:

- Continued collaboration with our multiple community partners to strengthen the provision of health services across the entire continuum of care
- Continued and further development of innovative practices to provide health services to people who have limited English proficiency
- Improved coordination and way finding to ensure that people are able to access and navigate our hospital and its resources, regardless of physical or cognitive barriers
- Ensuring that equitable resource allocation is a principle for informed decision-making at UHN

As a Toronto hospital, UHN is committed to creating an organizational culture that continually adapts to the changing demographics and needs of a diverse Toronto population. As a Provincial hospital resource for cancer, cardiac, eating disorders neuroscience and transplant, we recognize that access to the specialized care we offer needs to be equally provided to those in need.

Priorities

Please outline your hospital's access and equity priority areas. Through what process did your hospital select these?

The selection of three key priorities reflects UHN's commitment to continually building upon its existing health equity agenda. By adhering to a broadly representative and diverse team approach, UHN was able to solicit comprehensive and inclusive input from both internal and external stakeholders. Approval on the priority areas was obtained from Senior Management. As a result, the following priority areas will guide UHN's equity agenda:

1. Integrate Health Equity into the Quality Framework of UHN

The development of a framework to collect data is required to understand gaps and identify opportunities for improvement in services and supports at UHN. Once completed, program quality indicators related to health equity access and outcomes will be recommended for incorporation into our Quality Framework and approved by the Board's Quality Committee. This will promote and sustain health equity at UHN.

2. Build upon the Cultural Competency of the Organization (theory to practice)

Patient-Centred Care (PCC) principles foster the appreciation of the need for increased cultural competency among staff and physicians at UHN. Building on our existing strengths, we wish to

continue to bridge from the theoretical to the real-life applications of cultural competencies in all hospital processes. Most especially, as a teaching hospital, we will enrich our interdisciplinary team processes around the ways in which equity, language and ethnocultural barriers may impact the assessment, diagnosis, treatment, discharge and follow-up care for patient and their families.

3. Expand specific service capacities for specific populations with new funding

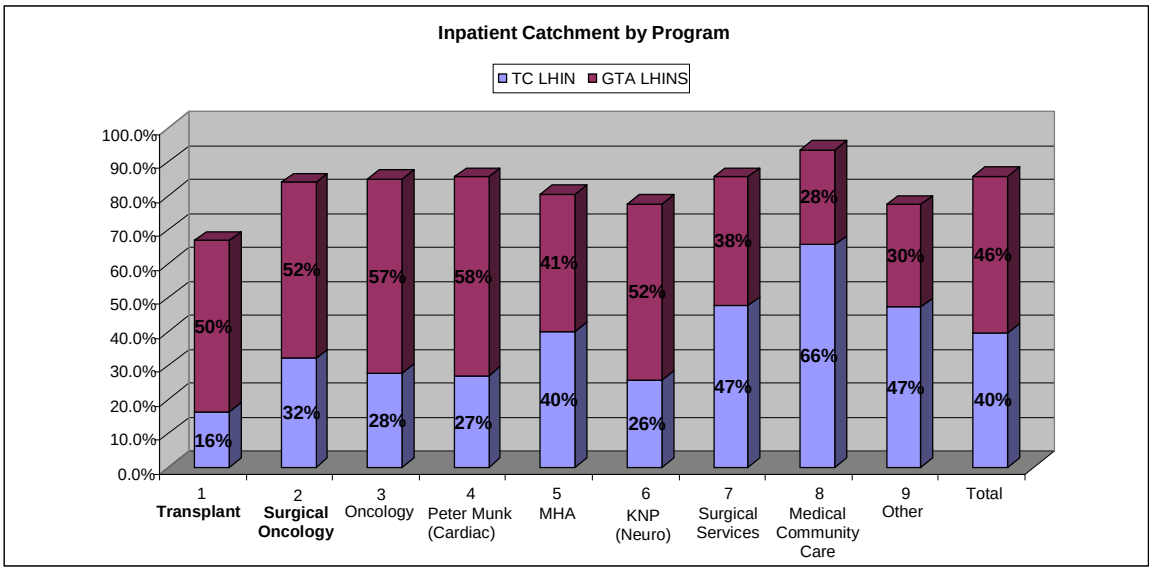
Equity gaps in health services are particularly relevant to certain patient populations in the TC LHIN. UHN is facing growing waiting lists and lack of resources to address key service gaps for patients needing health care for Thalassemia and Sickle Cell, Tuberculosis as well as Community Mental Health and Addictions, Eating Disorders and Hepatitis B. We request funding to expand programs related to these areas.

Section 1: Access, Priority Setting and Planning

1a) How do your hospital utilization patterns compare to the profile of who lives in your catchment? Please indicate data sources.

Programs such as Medical and Community Care and Musculoskeletal Health and Arthritis serve a larger Toronto population base. Specialized programs, such as Cardiac, Transplant, Cancer and Neurosciences have a larger proportion of patients coming from outside of the TC LHIN.[1] Data sources indicate that according to care volumes, 67% of UHN patients receive primary and secondary care[2] while 33% receive tertiary and quaternary[3] care. UHN's utilization patterns match the patient profile of the GTA and province.

Building Baseline – Allocating Activity to Programs (In-Patient Catchment Analysis by Program)



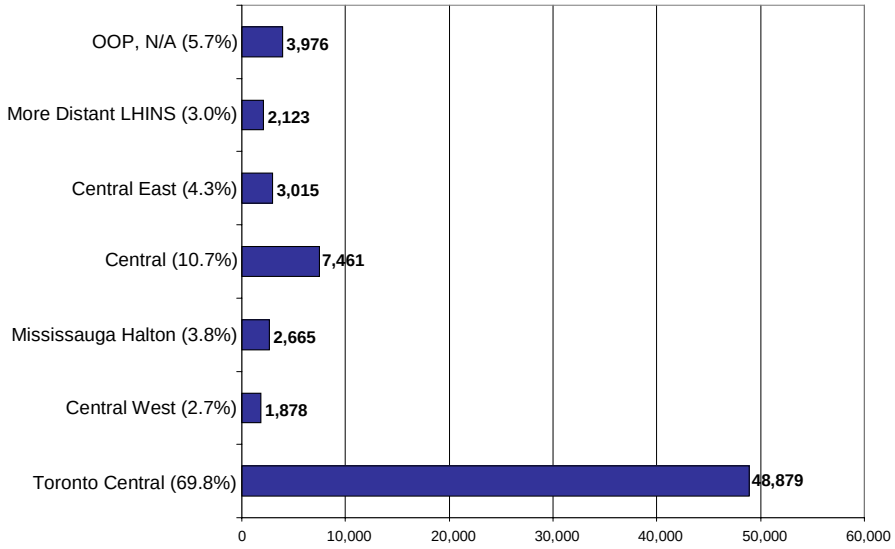
[1] Corpus Sanchez International Consultancy, Conducting an Environmental Scan to Support Planning Decisions: Overview of the Project Approach and Initial Analysis Results, November 15, 2007, p13.

[2] Primary and secondary care includes the Emergency Department, Community Mental Health and Addictions Programs and Family Health Teams.

[3] Tertiary and quaternary care includes more specialized programs that are a Provincial resource such as Cardiac, Cancer, Neuroscience and Transplant.

Building Baseline – Allocating Activity to Programs ED Catchment Analysis

69.8% of UHN activity from Toronto Central, with 91.3% from Toronto Central and the GTA LHINs



The Emergency Departments (ED) at TGH and TWH serve both a local population of some 48,900 visits and a non-Toronto Central LHIN population of nearly 21,118 emergency visits.[4]

1b) What major inequities exist in regards to the social determinants of health among your patient/client populations? Please indicate data sources.

Based on UHN data, the following key social determinants of health exist within our patient/client populations:

<u>Language / Literacy Barriers</u>

A large proportion of our patients have limited English proficiency, is it predicted to be possibly as high as 20-40% in some programs. A 2004 retrospective study at UHN comparing inpatient length of stay of English-speaking patients with those that are not proficient in English concluded that the latter population stay in hospital an average of a half-day longer for the same diagnoses.[5] At UHN, in high complexity areas such as ED and General Internal Medicine, there is a high proportion of patients with limited English proficiency who would benefit from enhanced language services.[6] [7] Literacy barriers also make it difficult for patients to access patient information materials and navigate our hospitals effectively.

[4] Corpus Sanchez International Consultancy, Conducting an Environmental Scan to Support Planning Decisions: Overview of the Project Approach and Initial Analysis Results, November 15, 2007, p15

[5] Ava John-Baptiste, Gary Naglie, George Tomlinson, Shabbir M. H. Alibhai, Edward Etchells, Angela Cheung, Moira Kapra, Wayne L. Gold, Howard Abrams, Maria Bacchus and Murray Krahn. "The Effect of English Language Proficiency on Length of Stay and In-Hospital Mortality." *Journal of General Internal Medicine* 19(3), 221-228.

[6] Judith Bernstein, Edward Bernstein, Ami Dave, Eric Hardt, Thea James, Judith Linden, Patricia Mitchell, Tokiko Oishi and Clara Safi. "Trained Medical Interpreters in the Emergency Department; Effects on Services, Subsequent Charges, and Follow-up." *Journal of Immigrant Health* October 2002 4(4):171-176.

[7] Dorian Ramirez, Kirsten G Engel, Tricia S Tang. "Language Interpreter Utilization in the Emergency Department Setting: A Clinical Review." *Journal of .Health Care Poor Underserved* May 2008 19(2):352-362.

Low Income

Patients' socioeconomic status can impede their ability to afford assistive devices making it difficult for these patients to maintain independent good health at home. Patients who struggle with housing issues and basic food needs typically have high readmission rates. We are also seeing an increase in the number of uninsured patients.

New Canadians to Toronto and GTA

The provision of health services for new immigrants requires additional training for staff to identify and treat illnesses that are not common in Ontario, but may be prevalent in a country of origin. There are often challenges in accessing health and social services due to language barriers and lack of system navigation skills. As well, different ethnocultural perspectives regarding health and reliance on alternative health practices need to be acknowledged when developing care plans.

1c) Are there any specific health equity gaps and challenges that require greater attention at your hospital?

To address the health equity gaps that have been identified at UHN, several initiatives are being proposed that will reduce health disparities and enable the provision of health services:

1. Integrate health equity into the Quality Framework of UHN. It is recommended that the Quality Committee of the Board establish the appropriate health equity indicators that are integral to the Programs. These indicators will be incorporated into the Quality Framework to ensure that Programs address health inequalities for their patients.

2. Build upon the Cultural Competency of the Organization (theory to practice). Delivering care to a diverse patient population requires sensitivity, respect and knowledge of diversity issues. Human Resources and the Patient-Centred Care (PCC) Corporate Committee have implemented successful initiatives such as cultural training as a component of PCC, Workplace Diversity training, e-learning and the provision of educational materials on the Intranet. Opportunities to further develop the cultural competency of staff and interprofessional team approaches to health inequities will be developed.

3. Expand specific service capacities for specific populations with new funding. Service gaps are particularly relevant to vulnerable patient populations with Thalassemia and Sickle Cell, Tuberculosis, Community Mental Health and Addictions, Eating Disorders and Hepatitis B. These gaps are reflective of growing patient need outstripping available resources.

a) Thalassemia and Sickle Cell (Request for $510,000 for 100 additional patients)

An increase in referrals to the Thalassemia and Sickle Cell Disorder Programs is coming from the Hospital for Sick Children where the wait list exceeds 120 patients over the age of 18 who continue to receive care at HSC due to lack of adult services. The need for additional Thalassemia and Sickle Cell resources can also be attributed to the increase in immigration from countries where the propensity for these diseases is higher[8]. It is necessary to expand

[8] People of Mediterranean, Middle Eastern, African, South Asian (Indian, Pakistani, etc.) Southeast Asian and Chinese descent tend to have a higher propensity for these diseases.

UHN resources so that we may continue to accept patients with these disorders and provide appropriate specialized care in an internationally recognized centre of excellence.

b) Tuberculosis (TB) (Request for $450,000 for 300 additional patients)

The active cases of TB in the GTA account for 25% of all TB cases in Canada. In Toronto, foreign-born persons[9] constitute approximately 44 % of the city's population, but account for over 95 % of all reported TB cases. The TB clinic also provides care for other high-risk populations including: chronic renal failure/hemodialysis patients, rheumatology patients starting anti-TNF medications and immune suppressed transplant/cancer patients who have complex diagnoses and are involved in prolonged treatment with potentially toxic medications. These patients often experience significant social stigma, financial hardship, isolation and psychosocial issues related to their disease.

c) Community Mental Health & Addictions Programs (Request for $395,000 for Kensington and Ossington Programs)

UHN remains committed to working with vulnerable populations; however, additional resources are required to maintain these services. In our commitment to provide linguistically specific cultural services, we currently provide care to patients who speak Portuguese, Mandarin, Cantonese, Spanish and Italian. However, without additional resources we are faced with the prospect of having to reduce already sparse services for these ethnocultural communities. This would result in an increase in mental health problems creating an additional burden to the health care system, and an increase in ED visits and Psychiatric Emergency Services.

d) Eating Disorders (Request for $602,370)

The Eating Disorder In-Patient Service is a provincial resource which provides treatment for clients, primarily young women, with eating disorders. The Eating Disorder Program is known internationally for the quality of care provided and the research that is associated with clinical services. While services are provided primarily in English, some of our training materials have been translated into French and, where possible, training activities are also offered in French.

The National Eating Disorder Information Centre (NEDIC) is another provincial resource which is mandated as a feminist health promotion and prevention program working across race, sex, class and other social characteristics to provide information and resources on eating disorders, food and weight preoccupation. Services include the development and dissemination of informational materials, telephone and email information and referral service, public education and professional development. NEDIC is unilingual (English) and partners with a similar Francophone program (ANEB Quebec) to deliver French information.

Without additional resources our ability to admit seriously ill patients with eating disorders would be impacted and patients may need to be sent out of country.

e) Hepatitis in the Chinese Community Project (Request for $1.12 M annually (start-up year one costs of $1.2 M))

The Hepatitis in the Community Project provides a dedicated focus on Hepatitis B; a disease

[9] New immigrants and refugees from TB endemic countries comprise 94% of the patients seen in the TB Clinic at TWH. The majority of TB patients are of Filipino, Chinese, Indian, Vietnam, Portuguese and Pakistani descent.

that is prevalent in immigrant populations. It is estimated that 10-20% of immigrants from Asia and Africa are chronically infected with Hepatitis B. Further, individuals with chronic Hepatitis B infection are concentrated in big cities like Toronto. Local family physicians and gastroenterologists from UHN have been engaged through education programs to raise awareness to this issue. Despite being clinically silent, it is estimated that 25% of these infected individuals will die of liver-related complications if left untreated, often when they are still economically productive citizens.

The Liver Clinic at UHN is already at capacity and without additional resources innovative models of care, such as nurses operating in the community with family physicians and screening of growing "at-risk" populations, cannot be implemented.

4. The Toronto Hospital Interpreter Services Task Force

Under the leadership of Access Alliance Multicultural Health Centre, UHN, along with language service managers from the Hospital for Sick Children, Women's College Hospital, Toronto Rehabilitation Institute and St. Joseph's Health Centre, have formed the Toronto Hospital Interpreter Services Task Force. Sharing and combining interpretation services, human resources, technology and infrastructure will:

- Improve efficiency
- Provide consistent quality of service
- Improve patient outcomes
- Reduce per-encounter as well overall health care costs
- Increase access for patients who require sign or spoken language interpretation

The Toronto Hospital Interpreter Service Task Force will be submitting a proposal in response to the call for applications for the 2009/10 Toronto LHIN Partnerships for Service Improvement (PSI) Demonstration Projects initiative for initial funding to develop a service provision model.

Section 2: Promising Practices

2a) Please briefly describe a maximum of five current hospital initiatives that help to improve access to health services by underserved or underrepresented populations?

Which population do they target and/or which access barrier do they seek to remove?

In what ways is success being measured and what outcomes yielded as a result? Please provide samples of related documents if any.

1. Patient-Centered Care (PCC)

The concept of PCC is fundamental to the provision of services and has been incorporated into the culture at UHN. Patients and their families are engaged at various levels and their perspectives and priorities are incorporated into the care provided, which allows for a mutually enhanced experience.

During PCC training, staff are coached to be learners and to be curious about the patient's world view rather than assume they know what is important to the patient and family.

UHN has also worked on developing patient education tools for patients who communicate in languages other than English. For example, meal plans are offered in eight languages and include

guidelines on how to manage disease with culturally-preferred foods.

2. Community Mental Health & Addictions Programs (CMH&A)

UHN is committed to providing health services that meet the medical needs of a linguistic and ethnocultural mix of patients. The CMH&A programs based at TWH are reflective of this approach. For instance, the Portuguese Mental Health and Addiction Service provides a range of services to Portuguese speaking clients who have little or no capacity to speak English. The program has multiple partners, such as the Centre for Addictions and Mental Health, where an intensive addictions treatment program in Portuguese is offered once per year to meet the language needs of clients as well as provide care within the appropriate cultural context.

The Asian Initiative in Mental Health is a service that is focused on enhancing the provision of culturally competent mental health services to the Chinese Community in Cantonese and Mandarin. UHN is a member of the Chinese Mental Health Network which has the objective of enhancing mental health capacity and is a founding member of the Early Intervention in Psychosis Network.

Our Housing Support Service focuses on supporting those who speak Spanish and Portuguese and we have a formal Family Support Service for families who speak Spanish, Portuguese and Italian and who have a family member who is experiencing mental illness or substance use.

UHN also operates Woman's Own Community Withdrawal Management Services, which is part of the Withdrawal Management Service Sector, and the only one of its kind in the Greater Toronto Area. Patients are supported by trained, female professionals as they go through withdrawal in a safe and comfortable environment.

UHN is also committed to the Toronto Urban Health Alliance program, which provides clinical mental health support to clients of specific community health centres.

3. Provincial / Regional Outreach Efforts

UHN is involved in numerous outreach efforts both provincially and regionally to increase access to services for patients in Ontario.

- Telehealth: Health care services for patients and families as well as education for health care professionals are provided at UHN through innovations in technology. We use live two-way videoconferencing systems, digital stethoscopes and high-resolution patient examination cameras, to overcome barriers to access due to geography, time, distance, and lack of specialists in rural areas
- The James Bay Project is a collaborative Health Human Resources Demonstration initiative funded by the Ministry of Health and Long Term Care (MOHLTC). UHN staff nurses gain diverse experiences as a result of placement in the remote First Nations communities along the James Bay coastal areas of Attawapiskat, Fort Albany, Moosonee and Moose Factory. In addition, remote James Bay nursing staff can experience nursing practice in an urban environment. Within the pilot year to date, 30 UHN nurses and five James Bay nursing staff have participated in this program
- The Long-Term Care Home (LTCH) Emergency Mobile Nurse Project is an initiative aimed at providing acute geriatric nurse consultation to LTCHs to reduce avoidable ED visits and

focus ED care on those patients who require acute interventions

4. Patient Education

Patient & Family Libraries at TWH, TGH and PMH offer free multilingual brochure/pamphlet collections for patients. The libraries also offer free mini-workshops on how to search the internet for health information and free printing/photocopying of relevant health information. A series of educational workshops, led by Allied Health professionals, address issues such as chemotherapy, radiation therapy, nutrition, anaemia and more. Workshops consist of oral presentations and plain language slides with images to illustrate processes and concepts. We are currently investigating opportunities to offer the workshops in multiple languages.

The Patient Education Network (PEN) coordinates hundreds of multilingual translation projects of patient education materials each year, while providing training to clinicians on plain language and health literacy. PEN's course on patient education features the "teach back" method, an important approach for patients with limited English proficiency, low health literacy or cognitive limitations.

Health Education Talks offers free health information presentations to patients and the community and translates flyers, while providing free interpretation and multilingual handouts. UHN partners with Telehealth to videoconference these sessions to remote sites across Ontario.

Community Health (TWH) provides access to Healthcare in Ontario workshops to newcomers in the community, improved access to oral health and education to lower income residents. This initiative is particularly active with regard to Chinese health education.

Printed Materials (Pamphlets/Brochures/Posters/Communication Cards) include communication cards which are customized with PEN and can be used to enhance communication with people who are not proficient in English or have limited communication abilities. Multilingual print, e-brochures and posters are also available that promote education, information and safety.

5. Patient Relations

The Patient Relations Department supports patients and families who have concerns, suggestions, complaints and compliments regarding their care experience at UHN. Patient Relations is an effective advocate for patients and their families and is one of the strongest programs of its kind in Canada. Patient Relations has implemented innovative approaches to understanding and improving patient and family experiences at UHN, such as the Virtual Patient Focus Group.

The Virtual Patient Focus Group is comprised of former patients who have volunteered to provide advice on issues throughout the continuum of care at UHN. The focus groups allow patients who may not be able to participate otherwise, to connect via computer to discuss and offer advice on proposed issues at UHN. Presently, there are several hundred people participating in virtual patient focus groups at UHN.

The department also regularly offers the Patient Relations Road Show which, to date, has been attended by over 1000 staff. It offers front-line staff a hands-on, practical approach to patient relations and teaches ways to be responsive to patient needs.

2b) Are there hospital based initiatives that address the social determinants of health identified in 1b? Please describe briefly.

Interpretation and Translation Service (ITS)

ITS at UHN provides interpreter services in 65 languages, including American Sign Language for deaf, deafened and hard of hearing patients. In addition, ITS contracts services from Access Alliance Interpreter Services for languages not available at ITS. After hours, the Language Line telephonic interpretation service is available 24/7 in over 150 languages.

Providing Culturally Sensitive Care

Social workers and discharge planners in UHN have extensive training in providing culturally sensitive care to patients they serve. Many of them have specialized knowledge in working with vulnerable populations, such as the homeless and frail elderly. Social work staff provide leadership for diversity in the workplace, by recognizing and representing the patient populations that UHN serves. Many of the social workers impart their knowledge and experience in equity to medical students by supervising the Determinants of Community Health course at the University of Toronto.

The UHN Accessibility for Ontarians with Disabilities Act (AODA) Committee

The UHN AODA Committee was formed in early 2008 and began its work in accordance with the legislative requirements of the act. The reduction of all barriers within UHN is a long-term goal. Infrastructure, in conjunction with the AODA Committee at UHN, will continue to develop and implement changes that not only comply with the legislation, but strengthen its underlying principles within UHN.

2c) Describe specific partnerships, projects or activities that your hospital has undertaken with other organizations to address health equity, including those addressing the broader social determinants of health. Please include the names of those organizations and outcomes of the projects.

1. The Hospital Collaborative on Health Equity is a group of Toronto-area hospitals working in partnership to reduce health inequities for vulnerable populations. Through the leadership of Dr. Bob Bell, CEO, and Jeanne Jabanoski, VP of UHN Integrated Medical Programs, UHN is committed to addressing health inequalities through several key initiatives in the collaborative which include:
   - Cross-hospital consistency on uninsured patient services policies and practices
   - Data tracking among member hospitals
   - Collaborating with the Centre for Research in Inner City Health on a project to report on optimal approaches for conceptualizing, operationalizing, and measuring equity of care in hospital settings
   - Toronto Withdrawal Management Services
   - Services for vulnerable seniors

2. The UHN LGBT (lesbian, gay, bisexual, and transgender/transsexual) Education and Positive Space Committee has consulted with the LGBT community in Toronto, the RNAO, Rainbow Health Ontario and the University of Toronto's School of Continuing Studies to assist in developing recommendations associated with training for clinicians and exploring the idea of positive space.

3. The Artists Health Centre is a collaboration with Toronto visual and performing artists from the local community to provide traditional as well as complementary and alternative health services. Most clients are low income and underemployed. The Artists Health Centre Foundation supports the provision of unfunded complementary and alternative services raising money for services for those in need.

Section 3: Policies, Procedures and Standards

3a) What specific policies, procedures and/or standards does your hospital have to ensure equitable access and treatment for all patients/clients? (E.g. a Patient Charter)

How do you ensure that these policies are followed?

Patient Focus

"Working Together: UHN's Commitment to Patients" reflects UHN's pledge to respond respectfully and sensitively to concerns from any patient. This includes:

- A pamphlet explaining the Patient Relations function and outlining how Patient Relations will deal with patient complaints
- Patient-Centred Care Standards: "Respect for Patient's Values, Beliefs, and Concerns"
- An "Interpretation and Translation Policy" recognizing that all patients have a right to informed decision-making regardless of English proficiency (please refer to appendix)
- A "Caregiver Preference Guideline" recognizing that preferences can be a function of culture. This document guides clinicians in how to engage patients/families in discussions (please refer to appendix)

Community Engagement

UHN has a variety of mechanisms and approaches to community engagement that support decision-making around diverse issues facing the organization. No new program will be approved without evidence of community engagement and the results of that effort. By requiring that all UHN projects be taken through this process, we will expand our level of community engagement. A list of UHN hospital and community partnerships was submitted as part of the Hospital Annual Planning Submission.

Human Resources

"Workplace Code of Ethics" assists staff with ethical dilemmas and provides guidance in decision-making related to conflict of interest, privacy, confidentiality, hospital assets and respectful behaviour toward patients and staff. UHN offers a variety of courses for all staff including one in Cultural Competence. This course examines cultural stereotyping and the negative impact on care and service delivery and offers practical tools and strategies to enable providers to work within a culturally competent framework. The Code of Conduct outlines the rights and responsibilities of staff to deal with each other, and with patients respectfully.

Workplace Diversity

Much of the training content offered by Workplace Diversity includes some aspect of cultural competency. Training is offered year-round to all staff from the individual to the department level, at all employee orientations, supervisors' training modules, and new managers' orientations.

Quality

Caring and Respect are integral to UHN's Purpose and Core Values statements. A tool kit for Staff Working with Patients in Need of Shelter contains guidelines to help identify homeless patients and assist in the development of a care plan, a list of community resources and best practice examples.

How does UHN ensure policies are followed?

All policies are communicated to staff using the UHN Intranet and many are also available on the public website. Additionally, these policies are reinforced in training and orientation initiatives. Policies governing conduct are imbedded in the performance indicators of the UHN performance evaluation system. Programs are also required to update the Board of Trustees on their performance on a number of issues on a yearly basis.

3b) How does your hospital provide for the delivery of culturally-competent care? Please provide specific examples.

Do you have any special programs or policies that address the needs of Aboriginal and Francophone communities? Please describe.

1. Community Mental Health and Addictions (CMH&A)

In addition to the CMH&A services discussed in question 2a, TWH offers several other language specific programs:

- The Spanish Team cares exclusive for Spanish-speaking patients, many of whom are new immigrants to Canada
- The Family Support Program, comprised of three clinicians, speaking Spanish, Portuguese and Italian, work with the families of patients
- Chinese-language Early Intervention in Psychosis Service in Toronto. Dr. Fung, Director of the Asian Initiative in Mental Health, is a member of the Mental Health and Addictions Council with the TC LHIN

These CMH&A Programs endeavor to maintain their cultural competency with a continuous review of services in weekly rounds/supervision, monthly cross-cultural rounds, as well as individual professional development in this field. There are also several formal linkages with community agencies who serve these special populations. We ensure our clients have access to the care they need in their own languages and by staff who are aware of ethnocultural issues. Staff maintain a strong advocacy role and have developed key internal connections to the inpatient and emergency psychiatry services.

2. Spiritual Care

The Spiritual Care Department at UHN is based on the principle that spiritual wellbeing comes from an individual's connection with the transcendent, with self, and the community. Spiritual Care providers provide assistance that is sensitive to cultural, religious and spiritual diversity. The Department has made a strong statement in appreciating patient diversity by hiring staff of diverse faith backgrounds.

The Department meets three times per year with a diverse Advisory Committee which provides advice on the Department's direction and represents a wide range of opinion, culture and faith. This helps the Department stay current with the issues and concerns of the community.

The Department has a wide diversity of people applying for and being accepted into UHN's student programs. This diversity is very important in order for other students in their preparation to deal with patients, family and staff of all cultures and faith.

To assist other caregivers, the Department provides a number of helpful resources on its Intranet site including presentations on differing rituals around death and dying and the differences between eastern and western modes of communication. The Department recently conducted a 6 week intensive Interprofessional Education Training Program for nursing and allied health staff so that they can enhance their skills by incorporating spirituality into their model of care.

3. Nutrition

The Nutrition Department offers a variety of menus which recognize the diversity of UHN patients. The Food Preference form is available in four languages other than English. In recognition of the fact that UHN cannot meet the personal food choices of all patients, a guideline has been developed for families who would like to bring prepared meals from home.

4. Bioethics

The Bioethics department supports the delivery of culturally sensitive care by providing ethics consultation services to address patient care issues and policy review and development to proactively manage these issues. Consultations assist in managing discomfort in handling patient or family requests related to their cultural or religious views. The development of guidelines such as the Caregiver Preference Guideline provide staff with resources for consistent and comprehensive decision-making in response to some requests of this nature.

5. Task Force on Patient Diversity

In 2005, then-CEO Tom Closson assembled a Task Force with the following objectives:

1. To build on patient diversity achievements undertaken to date.
2. To improve the basic cultural competence (behavior, attitudes and practice) practiced by all staff and physicians so that effective interactions, in a cross-cultural framework, will occur.
3. To support Patient Diversity efforts within units.
4. To make patient diversity recommendations to the senior management team

The Task Force completed its report in 2006, which focused primarily on language. The Interpretation and Translation Department adopted these recommendations and Patient Relations, Workplace Diversity and the Patient-Centred Care leads undertook related cultural competency training initiatives.

More recently, UHN has formed a Task Force on Health Equity which was asked to take a leadership role in the implementation of the hospital's current health equity goals.

6. Aboriginal Services

The Concurrent Disorders Service within the Addictions Program has recently developed an innovative and collaborative partnership with Native Child and Family Services. The focus is to provide assessment, consultation, case conferencing and education in a culturally sensitive and competent manner. We integrate traditional healing concepts such as the use of a Medicine Wheel to better engage our clients and provide culturally safe environments. This process is reciprocal

and generative in nature with learning experiences for both partners increasing capacity and reducing barriers to access for the Native population. UHN also participates in a placement/developmental opportunity for nurses who wish to be placed in Northern communities through the James Bay Project (details provided in question 2a).

7. French Services

The Interpretation and Translation Department has seven French interpreters on contract. If the request for interpretation is made on short notice, providers are referred to Language Line, a telephone interpretation service that runs 24/7 and offers 150 languages. In 2008, French interpreters attended 56 patient visits. At Princess Margaret Hospital, all patient signage is bilingual (French/English) and all patient education materials are available in French.

3c) What non-English language services are provided corporately? How are these services provided?

Please name or attach the list of languages available and the number of requests you receive for each language, if this is recorded.

Interpretation and Translation Services (ITS) has a roster of over 200 trained interpreters working in 65 languages, including American Sign Language (ASL) for deaf, deafened and hard of hearing patients. In addition, ITS contracts services from Access Alliance Interpreter Services for languages not available at ITS. After hours, Language Line telephonic interpretation service is available 24h in over 150 languages.

ITS provided trained interpreters for 13,500+ patient encounters in 2007/08. The top 10 languages at UHN in that period were:

- Cantonese (2768)
- Portuguese (2454)
- Spanish (1451)
- Mandarin (1128)
- Italian (878)
- Vietnamese (704)
- Punjab (470)
- Korean (408)
- American Sign Language (ASL) (374)
- Polish (369)

Other requests include emerging languages such as Karan, Twi and Assyrian, a reflection of evolving patient demographics.

For deaf, deafened and hard of hearing patients, UHN has developed an emergency protocol for supplying ASL interpreters after hours and on weekends.

3d) Does your hospital have dedicated FTE or other positions that promote, lead or address your health equity goals? (E.g. Director of Corporate Diversity, Access or Human Rights Officer, Mentorship Coordinator, Equity Trainer, etc.) If yes, please list main role components.

Workplace Diversity Managers (2 FTEs), Reporting to the Vice-President of Human Resources

- Develop and deliver diversity-related training to staff (including cultural competency training)
- Resolve diversity-related (human rights) complaints through alternative dispute mechanisms as well as through formal investigations.
- Advise all levels of staff on all aspects of diversity, including accommodation, conflict resolution, and workplace ethics

Manager of Interpretation and Translation Services (1 FTE)

- Manages staff and contract interpreters and translators
- Advises senior management on applicable legislation, patient safety and risk management issues
- Creates partnerships with departments throughout UHN to reduce barriers to access for patients with limited English proficiency and deaf, deafened and hard of hearing patients
- Educates physicians and clinicians on serving UHN's diverse patient population
- Coordinates training and professional development activities for medical interpreters
- Manages and oversees multilingual translation projects with teams of certified translators

3e) How has your hospital implemented any special initiatives to mentor, recruit and retain staff from diverse communities? (E.g. where jobs are posted, Internationally Educated Professionals projects, staff education, etc.)

1) Recruitment

All jobs are posted on the public website and many are also posted on Workopolis where each posting makes it explicit that UHN is "an equal opportunity employer". Workplace Diversity, in tandem with staffing specialists, developed a bias-free hiring training session for managers, as well as a bias-free guideline on UHN's Intranet as part of a manager's toolbox.

The Volunteer Resources Department, recognizing that many of its volunteers are new immigrants seeking Canadian experience and networking, provides coaching to assist volunteers in job searching. In recruiting volunteers, the Volunteer Resources Department has built partnerships with Human Resources Department Canada (HRDC) funded schools and agencies, occasionally making presentations at HRDC Employment Centres. In addition, UHN is participating in a two-year pilot with the MOHLTC which has placed five internationally-trained physicians to work as physician assistants.

2) Mentoring

Workplace Diversity's programs/training emphasize the need to work inclusively and respectfully with all staff and patients. One of these programs is the Workplace English Language Program, which is designed to help improve the language proficiency of staff whose first language is not English. This was recently piloted at the Toronto Western Hospital in the Environmental Services Department. The success of this pilot has led to the decision that the program will be extended corporately beginning Spring 2009.

3) Retention

UHN has been named as one of Canada's Top100 Employers for six years running, Top 10 Family Friendly employers for five years running and Canada's Top 25 Diversity Employers for two years running. These awards are incorporated into UHN's recruitment communications.

UHN has four diversity councils, which are comprised of volunteers from all levels. Their role is to engage in awareness initiatives (including Black History Month, Pride and Mental Illness) and to act as referral agents for employees in need of assistance. The monthly council meetings offer many learning opportunities for members.

UHN also sponsors the annual Champion of Diversity Award which recognizes the efforts of staff who exemplify the values of inclusion and respect for all staff and patients.

3f) Please give some examples of how your hospital accommodates patients/clients, visitors and staff with disabilities and/or other special needs in compliance with the Ontarians with Disabilities Act.

The UHN Accessibility for Ontarians with Disabilities Act (AODA) Committee was formed in 2008 and began its work in accordance with the legislative requirements of the Act. It formed partnerships with several external stakeholders including:

- Canadian National Institute for the Blind
- Canadian Hearing Society
- Community Living
- Toronto Seniors (TS) and Ontario Seniors Accessibility Directorate
- Centre for Addiction and Mental Health
- Advocacy Resource Centre for the Handicapped
- UHN Community Advisory Councils

A consultant was engaged to provide a comprehensive interactive workshop for Committee members. The Committee's work plan for 2009 includes sub-committees developed to deal with specific topics such as a working group to explore the need to support understanding of mental illness in the workplace. Additionally, there is a barrier identification form available on the Workplace Diversity Intranet site which collects information about barriers encountered by staff, patients and visitors.

From a physical space perspective, the Infrastructure Department at UHN has worked diligently to ensure that all new renovations and construction abide by both the Ontario Building Code and the AODA guidelines. Accessible design principles and increasing accessibility to people with a wide range of disabilities are the goals. From a physical and sensory perspective, all construction projects include:

- Appropriate lighting installed to ensure that people with vision disabilities may clearly identify colours, patterns and signage
- Curb cuts or ramps are wide enough for wheelchairs and scooters
- Accessible entrances are clearly marked with the International Symbol of Accessibility

In public washrooms an accessible stall is provided for each sex when integrated into regular washrooms or an accessible stand-alone unisex washroom is located nearby.

The elimination of barriers within UHN is a long-term goal. Infrastructure, in conjunction with the AODA Committee at UHN, will continue to develop and implement changes that not only comply with the legislation, but strengthen its underlying principles within UHN.

Section 4: Governance

4. Do you collect information to evaluate how well your employees and Board of Trustees reflect the communities you serve? If yes, please describe how well your employees and Board reflect your communities and indicate your data sources. If not, please explain why.

UHN focuses attention on the creation of an inclusive and culturally competent workforce. At this time, data are not collected on our staff composition.

The Board of Trustees at UHN is composed of 13 independent members and eight ex-officio hospital and University members. In 2001, a Governance Task Force completed a governance review and identified the need for a new governance structure and functions. The Board implemented all the recommendations which included renewed focus on Board roles and responsibilities, streamlining of Board Committees to three (Finance and Audit, Quality and Governance) and establishment of a skills-based Board. Each Board member completes an annual self assessment and skills inventory related to identified governance competencies such as community relations, finance and strategic planning. In 2005, The UHN Board of Trustees was awarded the prestigious Conference Board of Canada Governance Excellence Award.

The Governance Committee also undertakes to recruit new members to fill any gaps identified while continuing to focus on identifying diverse candidates who are representative of Toronto communities.

Through the Quality Committee, the Board challenges programs to show how they are addressing community needs including gender and age-related demographics as well as a wide variety of standardized quality, wait time, academic and performance indicators. Program Quality Reports are discussed thoroughly in a highly engaged and constructive manner at both the Quality and full Board Committees.

The Board takes its governance role of ensuring continued organizational responsiveness to community needs very seriously. A community engagement framework has been endorsed by the Board based on six principles: inclusion, transparency, appropriateness, accountability, fairness, equity, and accessibility.

Section 5: Targets and Measurement

5a) Please outline the goals and action plans to address your health equity and access priorities.

1. Integrate health equity into the Quality Framework of UHN

It is recommended that the Quality Committee of the Board establish the appropriate health indicators that are integral to the Programs. These indicators will be incorporated into the 09/10 Quality Framework to ensure that Programs are addressing the relevant health inequalities for their patients.

Prospective measures may include:

- Number /percentage of people who have regular access to the UHN Family Health Team
- Percentage of ER visits from high and low income neighbourhoods
- Percentage of hospital processes in which a health equity lens is applied
- Measures that highlight the relationship of health equity dimensions to access, medical/surgical complications, readmissions and other health outcomes for each Program at UHN
- The number of severe or critical incidents where health equity dimensions may have played a role

2. Build upon the Cultural Competency of the Organization (theory to practice)

Delivering care to a diverse patient population requires sensitivity, respect and knowledge of diversity issues. UHN has implemented successful initiatives such as cultural training as a component of Patient-Centred Care and Workplace Diversity training, e-learning and the posting of educational materials on the Intranet. Nevertheless, there are still opportunities to further develop the cultural competency of the staff, over the next 2 years, such as:

- Establish cultural competence as a core competency
- Provide opportunities for team-based learning
- Establish a cultural consultation team to provide advice and support when dealing with patients from various cultures. People from various communities could be invited to share the perspective of their community
- Provide opportunities for real-life application of teachings to supplement and bridge cultural competency embedded in academic curriculums
- Interprofessional models of practice to incorporate with existing tools
- Implement a user survey of ITS to better determine the level of staff awareness and access of these services

Prospective measures may include:

- Percentage increase in interpretation services
- The proportion of patients who report language barriers and poor quality interpretation
- Percentage of staff trained and/or educated on key equity issues

3. Expand specific service capacities for specific populations with new funding

Equity gaps in services are particularly relevant to vulnerable patient populations with Thalassemia and Sickle Cell, Tuberculosis, Eating Disorders, Community Mental Health and Addictions and Hepatitis B.

If approved by the LHIN for additional funding, prospective measures may include:

- Percentage decrease in wait lists for these services
- Re-admission rates to hospitals
- Percentage improvement in patient satisfaction with healthcare services received
- Percentage improvement in health status

5b) Please provide some examples of how you incorporate your access and equity objectives, or use an equity lens, in your initiatives to address the MOHTLC and LHIN priorities? (E.g. Strategic Plan, Wait Times Reduction, Patient Safety, Staff Interactions, Capital Projects including Facility Improvements, etc.)

UHN considers its primary role to be providing all patients with the highest possible standard of care consistent with MOHLTC and TC LHIN priorities. The following systems and tools are in place to address and measure health equity within the organization:

Patient Safety and Discharge Planning

UHN has developed safety warnings for patients (e.g., Has someone checked your wristband today?, hand hygiene and falls prevention posters) translated into our most common languages. Discharge planning efforts take into account the patient's individual needs, including ethnocultural considerations.

Staff Interactions

Through training, coaching and mediation services, Workplace Diversity helps UHN to achieve the goals of creating an inclusive environment consistent with the *Fostering Respect in the Workplace Policy*, which outlines rights and responsibilities for all staff. UHN's Code of Conduct and Code of Workplace Ethics also makes explicit the obligations of every staff member to act respectfully and ethically towards staff and patients.

Wait Times Reduction Strategy

In 2001, UHN was the first hospital to post wait times externally and to submit both diagnostic imaging and surgical wait times electronically in Ontario. Currently, wait times are monitored for all patients and analyzed to identify disparities by gender and age.

Academic and Research

Program-specific research examining disparities among patient populations (e.g., by gender, ethnocultural groups, etc.) is led by clinician-researchers throughout UHN and its three research institutes: Ontario Cancer Institute, Toronto Western Research Institute and Toronto General Research Institute. Results are presented to the Senior Management Team and to the Quality Committee of the Board.

5c) What indicators and tools are used to monitor progress? (E.g. interpreter requests, accessibility plan implementation, balanced scorecards, patient compliments and complaints, etc.)

UHN has several indicators and tools to monitor progress:

- Performance Measurement provides UHN's programs with evidence-based data and analytical expertise to help plan services
- Employee and Labour Relations and Human Resources monitors and reports on staff complaints of inequity and discrimination in the workplace
- Interpretation and Translation Services reports statistics on the number of requests in each language, each site, and by department
- Department of Patient Relations tracks and reports patient compliments and complaints

5d) What information and data do you require in order to better identify and monitor health inequities?
In order to identify and monitor gaps in access and equity, it is important for the Patient Registration process to be modified to include language, ethnocultural group, socioeconomic status and other indicators. It will be important to collect more information on factors that impact discharge planning. Collecting this information will increase the involvement of discharge planners in the care of these vulnerable patient populations. Also, additional discharge data will create more robust data sets to positively impact health outcomes of vulnerable patient populations. Monitoring patient outcomes post-discharge, ideally in coordination with the Toronto Central Community Care Access Centre (CCAC), will require the development of a performance management system for health equity, based on population and clinical care.

5e) How are members of diverse communities, staff and board members involved in planning and setting health equity priorities for action by your hospital? (E.g. community engagement approaches)
The new UHN Health Equity Plan will serve as a catalyst for involving diverse community, staff and board members in planning and setting health equity priorities. This will include community engagement forums that are already evident across UHN, including patient and agency representatives within hospital Community Advisory Committees, Patient-Centred Care Committees, Program Quality Committees and other various corporate and program committees. The work of these groups informs, and requires, input from the Senior Management Team as well as the Board of Trustees. It is anticipated that UHN's equity framework will be incorporated in the annual budgeting cycle and ultimately roll-up into the Balanced Scorecard, strengthening the equity agenda.

Section 6: Communications
6. In what ways are your health equity goals communicated to the following groups? In the coming weeks, UHN will communicate its health equity goals to the following bodies listed below. A priority of UHN's communication plan is to promote and adhere to a transparent and inclusive health equity agenda.
Staff & Physicians UHN has a number of communication vehicles which will be used to communicate health equity goals and progress towards those goals. These include the intranet news space, dedicated area on the intranet, the print UHN News, the electronic version of UHN News, the internet when appropriate, All Users e-mails, and targeted communications with UHN's management group with requests to distribute information and key messages throughout the organization.
Board of Trustees The Board of Trustees is responsible for the quality of care provided at UHN and Program groupings report through to the Board's committee on Quality of Care each year or as requested by the committee. They are also informed and involved in all major activities listed elsewhere in this document including PCC, the Workplace Code of Conduct, Workplace Ethics etc.

The hospital's Chief Executive Officer (CEO) will communicate UHN's health equity goals to the Board of Trustees and the CEO will receive recommendations about the goals and for reporting on the goals from the Board. Reporting on the goals will take place as part of the normal reporting of UHN's activities to the Board of Trustees.
Patients/Clients, Families and Community Members UHN's health equity goals and the reporting process for these goals will be posted on the internet site as part of Performance Measurement and Accountability. This is the same section that houses all of our quality of care indicators.
Health and Social Service Partners Health equity goals and progress on those goals will be directly communicated to all of UHN's partners and will be available to all health and social service partners on the website.
The Toronto Central LHIN Health equity goals and progress on those goals will be directly communicated to the TC LHIN given the LHIN's mandate to plan for the entire community.

Section 7: Potential Roles for the Toronto Central LHIN
7. Does your hospital have specific requests, actions or comments that the LHIN should consider to ensure a system-wide approach to improving health equity?
Recognizing the unique health equity needs in the TC LHIN, it will be vital for the TC LHIN to collaborate with other LHINs to develop a robust planning framework for vulnerable patient populations across GTA and Ontario. The TC LHIN could take a leadership role in funding UHN for additional services in: Tuberculosis, Thalassemia and Sickle Cell, Community Mental Health and Addictions, Eating Disorders and Hepatitis B. The Hospital Collaborative on Health Equity has developed a number of proposals for action on uninsured patients in Toronto which the TC LHIN should consider. It will be vital for the TC LHIN to continue to maintain emphasis on the equity agenda in order to sustain momentum across Toronto. This includes inserting the equity agenda into health service provider and TC LHIN accountability agreements and working with hospitals and agencies to identify and set benchmarks and targets for health equity outcomes. The TC LHIN can also work with MOHLTC to create a clear set of guidelines for equitable discharge to Long Term Care Homes (LTCHs). UHN believes that it would be more equitable if resources were made available so patients can wait for the LTCH of their choice in a non-acute setting. The TC LHIN can also support the Toronto Hospital Interpreter Task Force in its proposal for the Partnership for Service Improvement Demonstration Project initiative.

Section 8: Attachments/Appendixes
8. Please list all attachments to this report here.
 C:\Documents and Settings\t15580uhn\M  C:\Documents and Settings\t15580uhn\M

Section 9: Contact and Authorization

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Title:	President and Chief Executive Officer
Hospital:	University Health Network
Address:	200 Elizabeth St., Toronto, ON, M5G 2C4
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Feb. 17/09

Signature: _____ Date: _____

Caregiver Preference Guidelines

Purpose

The purpose of this guideline is to provide caregivers* with recommendations on if, or how, to comply with a patient's request that seems to contravene UHN's anti-discrimination policy.

Principles

The patient-centred care (PCC) approach is about caring for patients by first finding out what their needs/concerns and values are and working with them to plan care to meet those expectations and enhance their experience while in our care at UHN. UHN's commitments to its patients are outlined in **"Working Together: University Health Network's Commitment to Patients."** Relevant promises to patients include listening to what is important to them, responding to their concerns, and respecting their health care choices.

UHN also abides by the **Fostering Respect in the Workplace** policy, which prohibits discrimination or harassment of any kind.

UHN's **Code of Workplace Ethics** requires that all who work at UHN abide by principles, which require that we work together to build an ethical workplace.

At times, satisfying a patient's request may appear to put these principles at odds with each other.

Case Examples

A man refuses to be treated by a nurse because of her perceived Jewish background, and requests a change in caregiver.

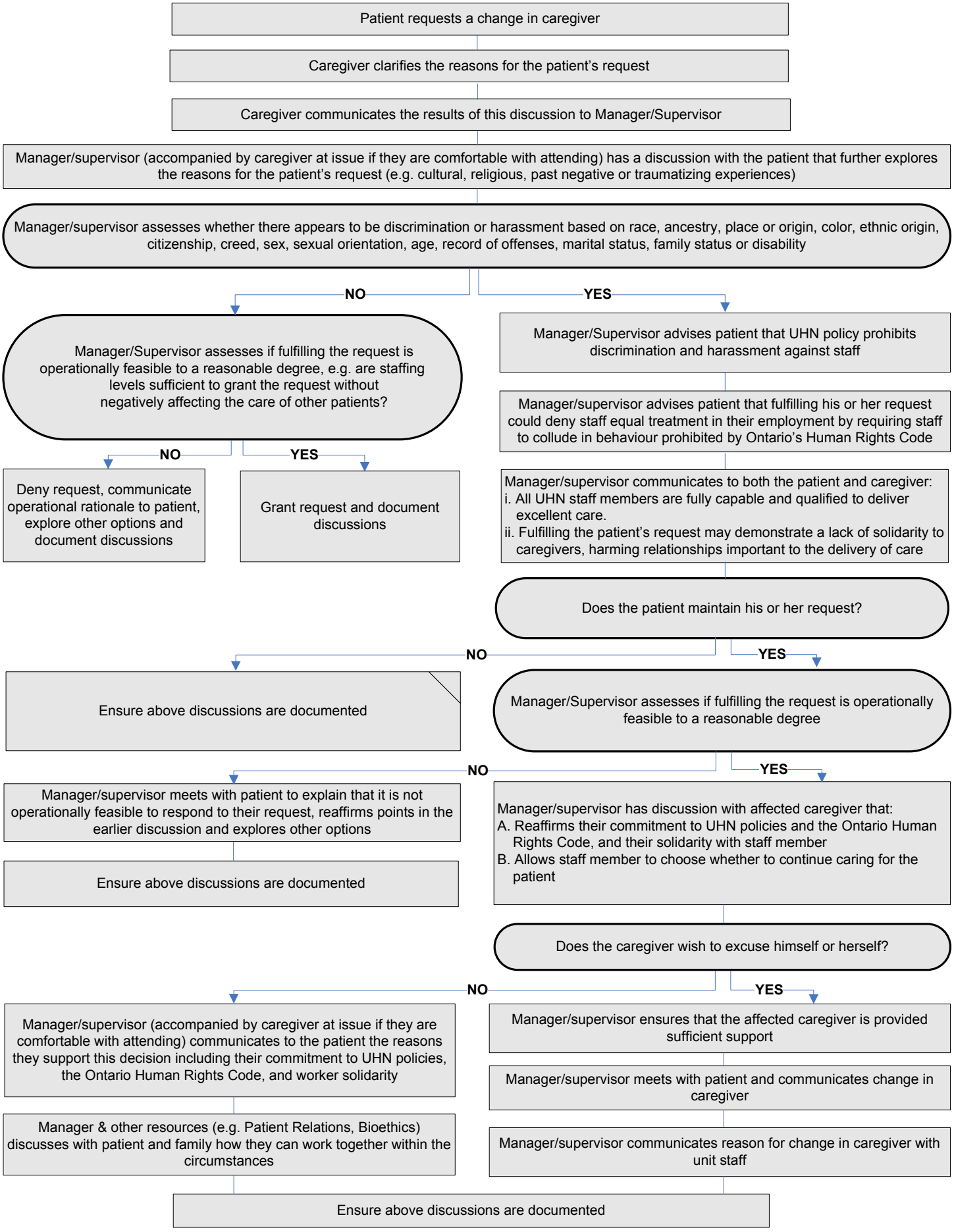
A 66-year-old man requests that an older and more experienced physician replace the junior physician assigned to him.

A woman enters the emergency room, and before a care provider is assigned to her, requests a care provider of a particular skin colour.

A man requests that a heterosexual caregiver replace his current caregiver, who he believes is homosexual.

* Most patients' requests for caregivers are for particular nurses or physicians (i.e. those who deliver medical care directly to patients). Patients may also make similar requests for particular managers, support staff, student volunteers, etc. (i.e. those who have contact with patients, but not necessarily to provide medical care). *For the purposes of this document we extend the definition of "caregiver" to include not only nurses and physicians, but also, managers, support staff, student volunteers, and any other staff who have contact with patients.*

Addressing Caregiver Preference Requests



Rationale

Guided in their approach by the values and principles of patient-centred care, healthcare providers endeavour to respect patient preferences. However, UHN policies and Ontario's Human Rights Code place reasonable limits on respecting preferences for caregivers.

When a patient requests a caregiver based on race, ancestry, place of origin, color, ethnic origin, citizenship, creed, sex, sexual orientation, age, record of offences, marital status, same-sex partner status, family status or disability, a conflict may arise between our duty to care for the patient and our duty to respect staff. In general, healthcare professionals' beneficence and duty to care for their patients prevail over the interests of staff.

However, in some cases these requests require staff to balance respect for the patient's autonomous decisions with the rights and interests of hospital staff to work in an environment where they are not discriminated against.

In all cases, efforts need to be made to clarify the reasons behind the patient's request. These discussions may reveal motivations for requests that are important to respect. Examples include cases of gender preference where patients may feel uncomfortable being treated by a person of a particular sex due to modesty, cultural practices related to gender roles, or to past negative or traumatizing experiences, rather than disrespect for people of a certain gender. There are other instances, however, when the intent and effect of the request is unacceptable.

In all cases, fulfilling a patient request is conditional on it being operationally feasible to do so. For example, staffing levels and/or scheduling must permit the change in caregiver.

Regardless of operational feasibility, managers and supervisors should show solidarity with caregivers subject to patient requests by affirming their clinical competence to the patient, outlining the relevant policy and legislative requirements, and allowing the caregiver to make the decision as to whether or not to continue caring for the patient, subject to the availability of other staff to take over. Staff who wish to excuse themselves should be offered appropriate support.

Emergencies:

In emergencies where a patient or family requests a caregiver on the basis of the above factors, and where urgency of medical care does not permit enough time to proceed with the above suggested response, UHN has a moral obligation to take whatever means necessary to provide care.

Caregivers should use judgment in responding to such requests in an emergency situation.

University Health Network
Policy & Procedure Manual
Clinical – Interpretation & Translation Services

Policy

University Health Network (UHN) recognizes that all patients have the right to informed decision-making about their health care and requires clinical staff to utilize Interpretation and Translation Services (ITS) to help deliver quality care, enhance patient-centred care, reduce risk and to help improve overall clinical outcomes.

UHN is committed to providing quality health care interpretation services to Limited English Proficiency (LEP) patients and their family members. UHN's Interpretation and Translation Services (ITS) provides interpretation (verbal) and translation (written) services to all UHN programs and services, to facilitate communication between health care providers and LEP or deaf, deafened, or hard of hearing patients and their families.

Interpretation Services

Best practice guidelines dictate the use of trained interpreters. ITS's health care interpreters are trained; abide by a professional code of ethics, and UHN's confidentiality and privacy policies. ITS also utilizes external contract health care interpreters who are assessed and trained in health care interpretation. They are utilized for languages that are less frequently requested at UHN and that are not readily available in-house. These interpreters also abide by the same professional standards and ethics. Other forms of informal interpretation services and overhead paging for untrained staff who speak various languages is strongly **discouraged**.

ITS provides health care interpretation for **research projects**. The primary investigator is responsible for paying the hourly fee of the interpreter plus a nominal administrative processing charge.

ITS provides health care interpretation services for **international patients** (e.g., patients with pre-arranged payment, those without OHIP or those who have private insurance) who are LEP. ITS bills the requestor of the service (see Non-residents & Uninsured Residents of Canada policy 1.90.011).

The response to immediate requests will be based on the availability of Interpreters who speak that specific language and who are on site. In-house staff interpreters are available for the following languages: Cantonese, Mandarin, Vietnamese, Italian, Portuguese and Spanish.

Every effort will be made to provide services for all **other** languages through external resources available at the time of the request. ITS also provides for American Sign Language Interpreters on contract or from OIS–Canadian Hearing Society. All aforementioned interpreters must follow the departmental ITS policy for Contracted Interpreters.

It is recognized that UHN has culturally specific programs (such as Portuguese & Asian Mental Health) that often reflects the population it serves. No interpreter is required when the clinician is employed in these types of programs and is required to speak in the same language as the care being delivered. In addition, no interpreter is required when a staff provides direct patient care in the same language of the patient. To do so the staff must use professional judgment to self determine competency in that language. (See Guide Statement on Language in Workplace Diversity on the Human Resources web site.)

It is the responsibility of the clinician to document the interpretation interaction and the full name of the person utilized to interpret the clinical interaction, as specifically as possible, i.e., relationship to patient, or UHN interpreter or staff member.

Cancellation of an Interpreter

Interpreters services requires a minimum of 48 hours' notice to cancel an appointment, whenever possible, to maximize resources within the ITS budget. (If external resources are arranged and are not cancelled within this timeframe, ITS is still charged for the service.)

If there are three or more occurrences of the same booking from the same department (with no cancellations within the 48-hour timeframe), and the problem is not a no-show or patient illness, the department may incur the external resource charges.

Other Interpretation Resources

Language Line

ITS also facilitates access to Language Line, a professional telephone-based interpretation service, available 24 hours, 7 days a week. Departments interested in obtaining this service may request it by contacting the ITS Coordinator or Manager. There is no charge for setup or installation.

Presently, there are some Language Lines available at designated UHN sites. Staff are advised to use the Language Line for urgent, after-hours or weekend interpretation needs.

Language line phone calls must be carried out as conference calls between the telephone interpreter, medical professional and patient unless the department has a dual handset telephone. Dual handset telephones help to facilitate confidentiality of the patient and family members, and can be acquired, if requested, by the department. ITS pays for the basic line fee but each department is charged internally for its individual calls, by the minute.

MedBridge Computer Software

MedBridge, which is a communication computer program, can be used in the absence of an interpreter. This interactive program (that talks to patients) may be used to facilitate the communication with LEP patients (up to 16 languages) for a basic immediate clinical assessment. MedBridge can also print out discharge instructions in the patient's language, as well as a transcript for the patient's chart. The software has interactive video (using American Sign Language) for patients who are deaf, deafened or hard of hearing. ITS will arrange installation of the program, upon request, without a fee. The Appropriate Use of Technology policy 1.20.014 and Privacy policy 1.40.007 apply.

Translation Services

UHN is committed to providing quality-translated documents for the purpose of education, information and informed consent to Limited English Proficiency (LEP) patients and their family members. UHN's Interpretation and Translation Services (ITS) provides qualified translation services to all UHN programs and services, to facilitate understanding of health education and promotion, clinical diagnostic and procedures, as well as informed consent to LEP patients and their families.

UHN contracted translators are qualified individuals with recognized competency and proven experience in the field.

UHN recognizes that all patients have the right to informed decision-making about their health care and encourages clinical and non-clinical departments and staff to translate written patient education and informational materials, to assist in the delivery of quality, enhanced patient-centred care, reduce risk and to help improve overall clinical outcomes.

ITS also assists in the translation of written documents for **research projects**. The primary investigator is responsible for paying the costs for the translation plus an administrative processing charge.

ITS maintains a current list of qualified translators as well as competitive prices within the market.

- Staff must use an approved ITS translator to translate all UHN written materials to ensure quality standards.

- Before sending documents for translation, Translating Your Materials on the UHN Patient Education Network should be reviewed at http://intranet.uhn.ca/education/patient_ed/materials/translating_materials.asp.

Definitions

Limited English Proficiency (LEP) – A legal term referring to a level of English proficiency that is insufficient to ensure equal access to medical services without a health care interpreter.

Interpretation – Is the act of verbal communication, which is a process of accurate transposition of spoken words from one language to another.

Translation – Is the act of translating a written expression, of the meaning of a word, speech, book, etc in another language.

Procedure

Interpretation Services

1. The health care provider or designate must determine the need for an interpreter and identify the language required as soon as the patient is admitted or **before** an outpatient appointment is confirmed.

2. Contact Interpretation Services (ITS) to book an interpreter as soon as possible in order to ensure that the request is filled in a timely fashion.

3. To request an interpreter:

    - Call Interpretation Services at 13-6400, press 1 to book an interpreter, or

    - Complete the Interpretation Service Request Form from UHN Interpretation & Translation Services Intranet web site at http://intranet.uhn.ca/departments/interpretation_services/.

      Note: UHN interpreters service all three sites and, therefore, may be booked with appointments all day at the three sites. Patients requiring interpretation services should be seen as soon as the interpreter arrives

to facilitate timeliness of the interpreter attending his/her next appointment.

4. Make any changes or confirmations of appointments with the **ITS Secretary**, as soon as possible, at 13-6400, (press 1) not with the individual interpreters.

5. Provide a minimum of 4 to 6 weeks advance notice when requesting a Contract American Sign Language interpreter. (This is due to the high demands for this type of contract service within the GTA.) These services will be paid for by ITS only if arranged through ITS.

Language Line Set-up

1. To use the Language Line available in an area, contact the Manager/Team Leader for access to a designated code and ID number.

2. If a Language Line in not available in an area, contact the Coordinator or Manager of UHN Interpreter Services to request installation. For more information on Language Lines see After-hours or Alternative Interpreter Service at http://intranet.uhn.ca/departments/interpretation_services/language_line.asp.

MedBridge Set-up

For information on setting up the MedBridge software in an area, contact the ITS Manager at 13-2544.

Translation Services

1. After the final draft of the English document requiring translation is approved, establish if the document falls under the category of **patient education** or **general information**.

   - If it is **patient education** material, edit it for plain language (see Publishing with PEN on the Patient Education Network at http://intranet.uhn.ca/education/patient_ed/) then submit it for translation through the submission form found within Publishing with PEN.

     After being translated, the patient education material is sent back to the requestor via the PEN process for the standard PEN Evaluation Process by patients.

   - If the document is considered **general information** (such as a letter), complete the Translation Service Request Form on the ITS Intranet web site or email Lisete.Figueiredo@uhn.on.ca and attach the document. If the document is a

letter or other general material, the ITS Coordinator returns the translated document directly to the author.

2. The author of the document may trial the translated version with his/her patients/clients in order to assess the level of understanding of the translated document.

    - If patients/clients **consistently** identify different wording that reflects a more regional or colloquial form of expression the author contacts the ITS Coordinator to explain and request changes.

3. The ITS Coordinator provides a quotation of the cost if requested.

4. ITS bills the requestor's cost centre number internally.

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1. Olivia Carter-Pokras, Marla, J.F. et al. Providing Linguistically Appropriate Services to Persons With Limited English Proficiency: A Needs and Resources Investigation. American Journal of Managed Care, September 2004.

2. Ed. Chen-Hrn, Alice Language Barriers in Health Care Settings: An Annotated Bibliography of the Research Literature. The California Endowment August 2003

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4. Blake C. Ethical Considerations in Working with Culturally Diverse Populations: The Essential Role of Professional Interpreters. CPA Bulletin de l'APC, Montreal, Quebec. June 2003.