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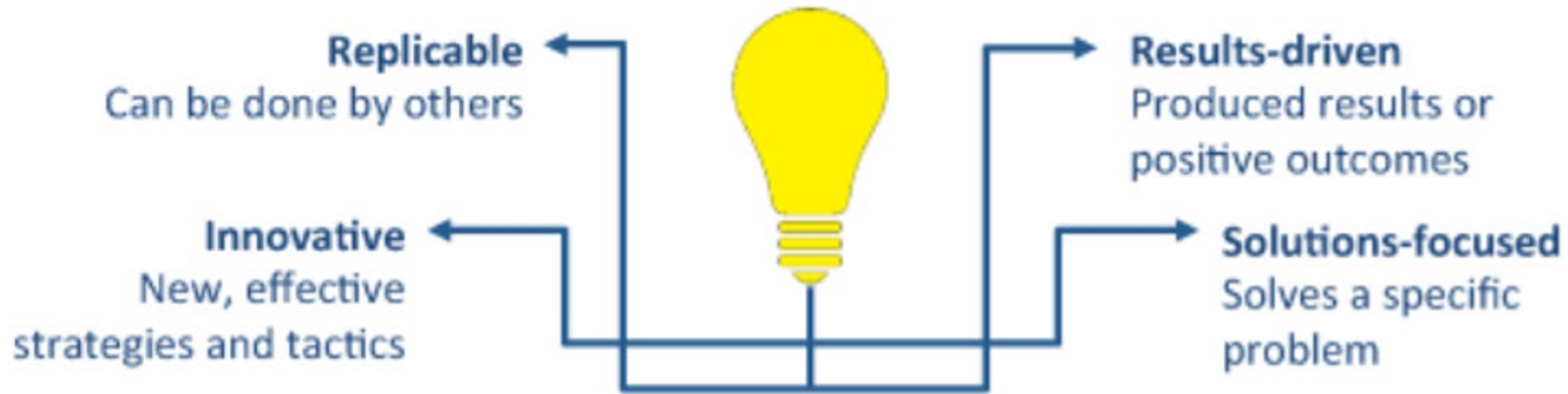
# Public Health Department Process Improvement Interpreter Unit

# BACKGROUND



When I started in February of 2018, the Interpreters were located in different areas of the department. They did not have an assigned desk to work at or a workplan to follow. There was no way to reach them just by phone and sometime was so difficult to find an interpreter that the staff were using and paying a phone interpretation line to have access to the service. They were walking around the department looking for their next mission without knowing where they were supposed to be. This had a direct negative effect on patients, especially in the non-English speaking population, who are more than 45% of our patients, as we did not offer good service, or the service was not offered at all.

# HOW WE DID IT ?



The first thing I did was to make an inventory of the available resources that we had. I began to investigate the needs for service through the department. An organizational frame was made to give structure to the unit, and a clear work plan was created with specific expectations for the employees. I looked for a bright spot, information on how other organizations equal to ours, handled the need for this service. After gathering all the information, I met with the IT staff to determine if we could do something similar that included only what we needed. After several months of brainstorming on July 1, 2018 we launched the application in the Department of Public Health on “How to Request an Interpreter” with a minimum investment.

# RESULTS

With this new service, we have gained the following 6 accomplishments:

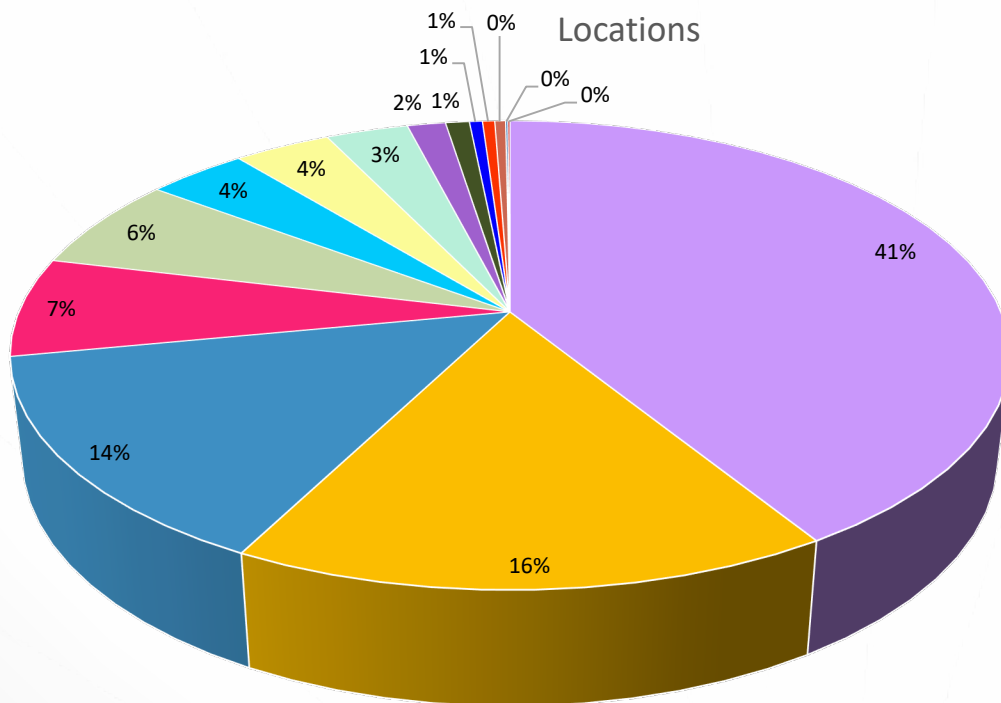
1. More effective access to care. More patients receive a quality and personalized service, which cannot be given with a telephone interpretation.
2. Motivated teamwork- (positive spiral effect).
3. The ability to measure the performance of the unit.
4. Space for continuous improvement.
5. More service to most areas of department.
6. Created savings by not using the language line so much.

**We are walking the talk**



# Resource Usage Report by Location

## 10,345 REQUESTS – 8 months

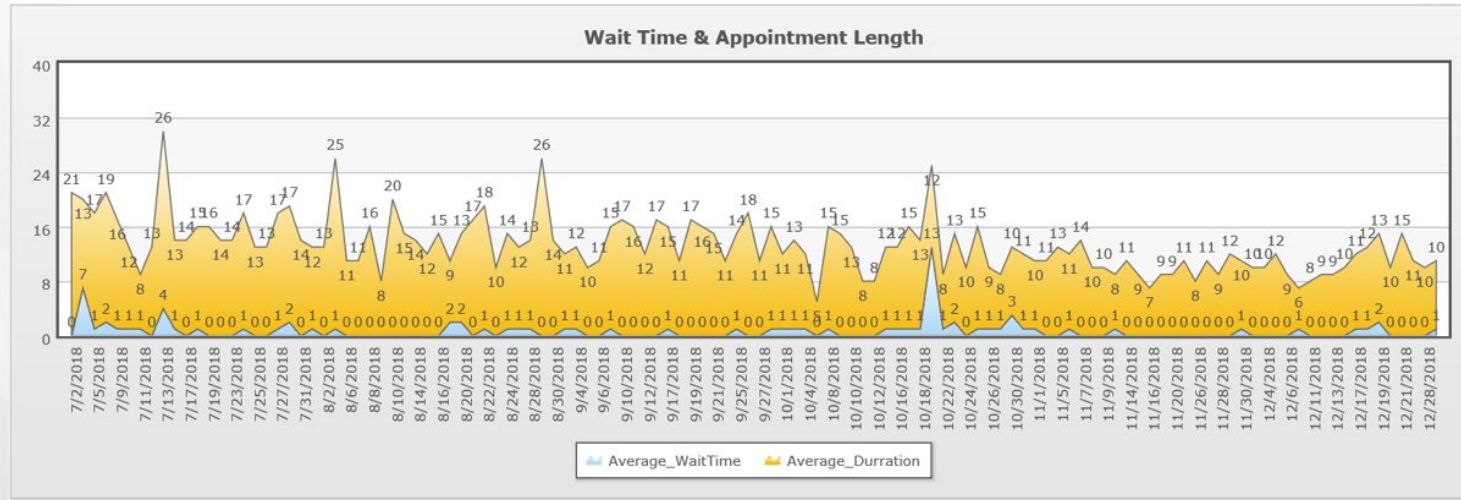


Location	Requests	Percentage of Usage
Maternal Health	4,197	40.57%
Phone Calls	1,618	15.64%
Family Planning	1,409	13.62%
Registration	788	7.62%
Immunization	693	6.70%
Tuberculosis	412	3.98%
Presumptive Medicaid	198	1.91%
Adult Health	423	4.09%
Nutrition	196	1.89%
Centering Group	41	0.40%
Administration	132	1.28%
Laboratory	64	0.62%
Pharmacy	42	0.41%
School Health	10	0.10%
Environmental	104	1.01%
Vital Records	18	0.17%
Total	10,345	100.00%

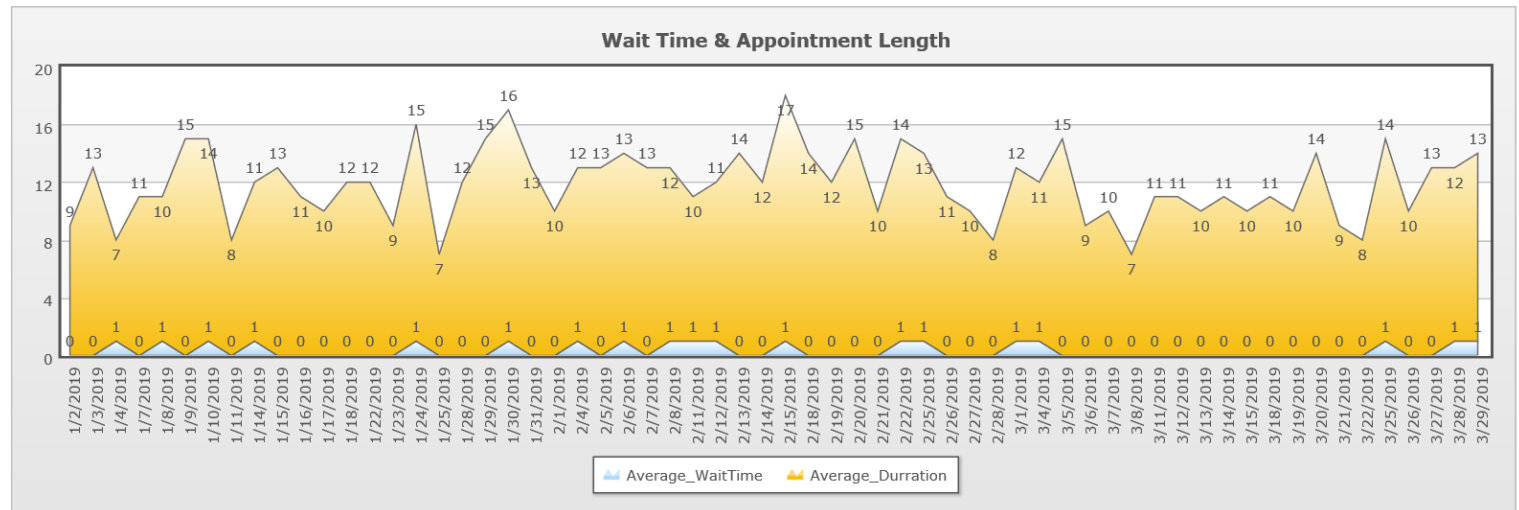
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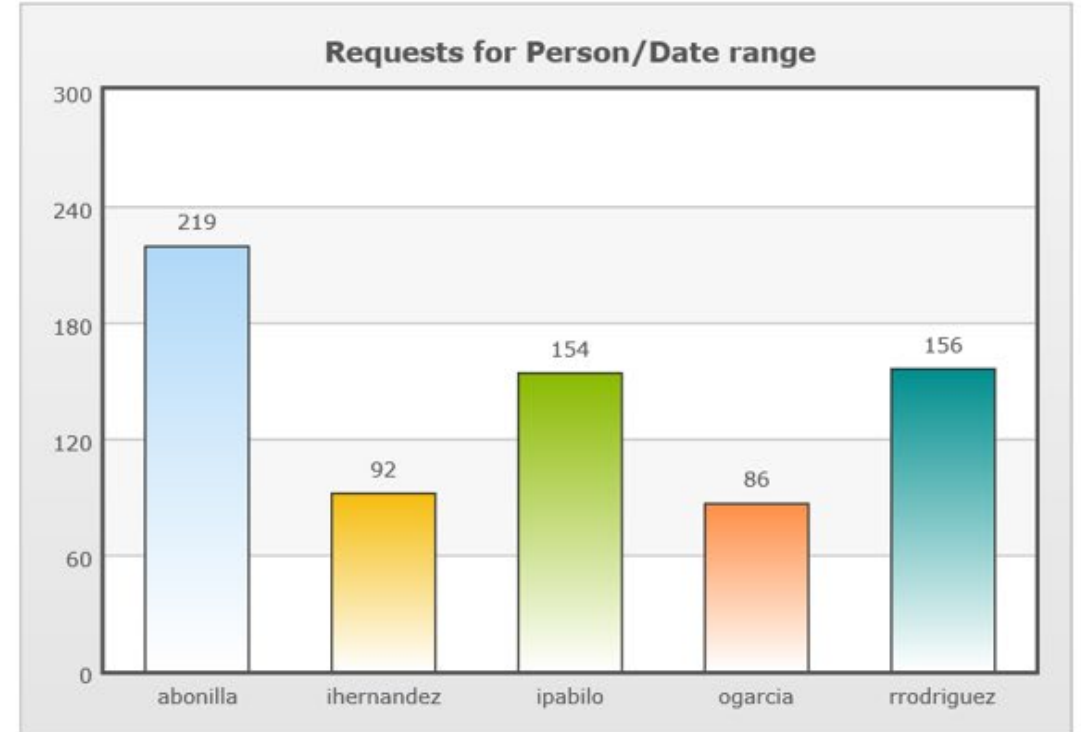
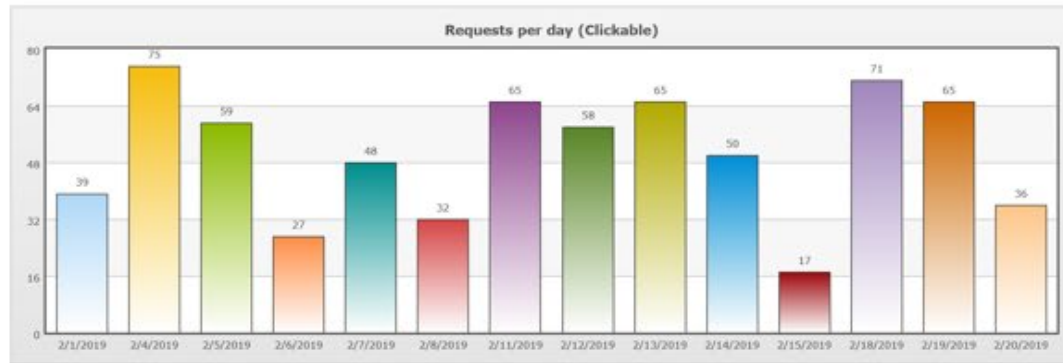
# Estimated waiting time – 29 seconds



The estimated time an interpreter takes to take a request



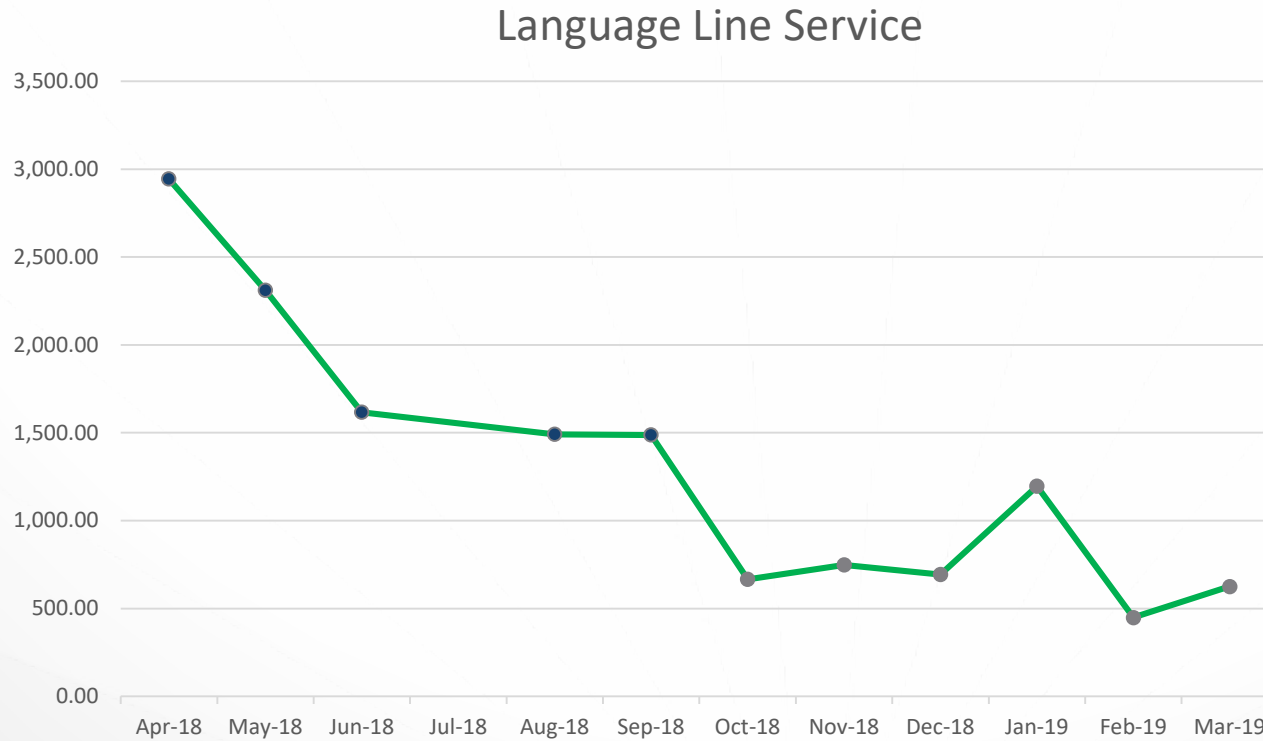
# RESULTS- METRICS



# Language Line Savings

56% savings in 11 months/ 79% in March 2019

Month	Amount
Apr-18	\$2,943.78
May-18	\$2,311.02
Jun-18	\$1,616.94
Aug-18	\$1,490.71
Sep-18	\$1,487.87
Oct-18	\$666.85
Nov-18	\$748.04
Dec-18	\$693.46
Jan-19	\$1,196.27
Feb-19	\$448.47
Mar-19	\$625.19
Apr-19	\$1,028.01

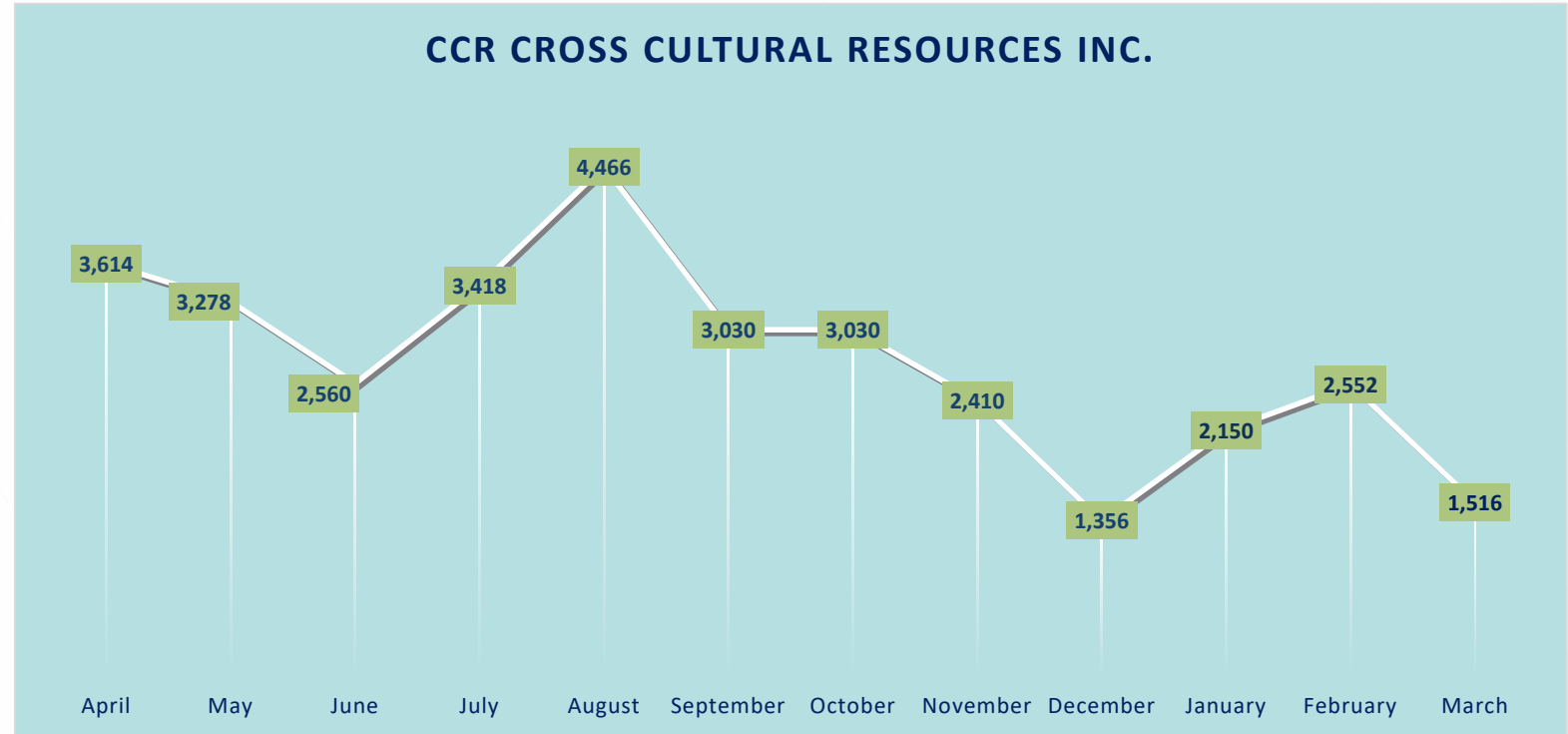


The Language Line monthly cost has decreased significantly since the interpreter unit was structured.



# CCR Cross Cultural Resources Inc.

CCR is another resource with more available languages. For the month of March we had savings of **58%**



# IMPROVEMENT

We're still looking for opportunities to improve

This is part of the health department's effort to seek improvement opportunities

Thank you



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Interpreter Unit

Thank You!



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