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## **Focused Delivery Model of Language and Cultural Services**

Providing Language Access to an extensive and rapidly growing monolingual and LEP population is a challenge to a short-staffed language and cultural services department. A Focused Delivery Service approach to language and cultural services assures the best availability of service to patients and families in high patient volume clinics and treatment care units. This model minimizes wait periods and maximizes availability of language and cultural services. The model supports specialization (e.g., pediatric cancer), increasing communication effectiveness. The focused service model generates a deeper understanding of the culture of that particular field of medicine, making the language and cultural specialist more receptive and aware of patient/family needs during interactions. This model has a positive impact to a Family Centered Care program because of continuity of care, education, interdisciplinary communication, and in creating an atmosphere of trust between clinicians and patients/families.

### **Over View**

This paper will explore the challenges that led to the creation of a Focused Delivery Pilot Model, how the pilot model was developed, and the benefits derived from implementation of that model.

### **Challenges: Demand vs. Capacity**

Language and Cultural Services is a fairly new department at Childrens Hospital Los Angeles (CHLA). While Childrens Hospital is one of the pioneers in the field of providing culturally and linguistically care for many years, the dramatic demographic changes of the last decade have been catalyst to the creation of the department of Language and Cultural Services. This department was established in 1998.

Language and Cultural Services at Childrens Hospital Los Angeles provide service twenty-four hours a day, seven days a week. The department has a total of twelve full time specialists, two part time positions and four per diem positions. In addition, the department engages the services of *an employee volunteer language list*, as well as various community and private agencies. The twelve full time positions are spread as follows: four specialists dedicated to the Emergency Department; one to the pediatric intensive care unit (PICU); one to The Center for Cancer and Blood Diseases (Ambulatory); one half time position to General Pediatrics Clinic, and one translator. The remaining five staff members respond to all other inpatient and outpatient demands. The per diem staff is called in on an as needed basis.

Childrens Hospital Los Angeles is a 270 bed pediatric hospital and medical center that sits within the city hub of the largest Central American immigration in the nation. The hospital is also impacted by immigrants from other cultures, (e.g., Korean, Russian, Chinese, Armenian, etc.). The Center for Cancer and Blood Diseases is world renown and attracts local patients as well as many patients from different parts of the state, nation and worldwide.

The Hispanic patient population at Childrens Hospital Los Angeles accounts for over sixty five percent of the patient base. Seventy percent of that population is monolingual or LEP. Challenged by massive demands posed by a growing monolingual and LEP populations and an extensive clinical staff covering ambulatory, inpatient and ED areas, Language and Cultural Services faced and felt the limitations of Language and Cultural Specialists staff shortages. The demand for services out-weighted the capacity for delivery.

## **Key Bottlenecks**

Attempting to deliver 24/7 services with a limited staff creates challenges that become hard to avoid. There are four key bottlenecks to overcome: waiting period (the period of time that patient or clinician has to wait for language services, or the interpreter must wait for the clinician); inadequate communication caused by attempting to communicate without an interpreter; delay in treatment; and lastly the effect in healthcare outcomes due to cultural issues that are not addressed.

Of these bottlenecks, the most significant reason and cause for aggravation is the waiting period. Significant time lapses have a domino effect, especially at certain ambulatory services areas where high patient volume, intense and continuous treatment, and the culture of the illness itself place high demands on clinicians as well as patients and families. One area significantly impacted by lack of prompt access to language services was the Center for Cancer and Blood Diseases. A simple explanation of the domino effect is easily identifiable at The Cancer Center: without prompt language access the patient cannot be seen on time, when the patient is not see at the appointed visit time, it impacts the entire center (e.g. treatment cannot be prepared and administered until after the medical visit). Physicians at The Cancer Center had experienced waiting periods for interpreting services of as long as two hours. Treatment delayed because of lack of interpreter services had a definite impact on clinic flow as well as on bottom line operations: the clinic/day hospital remained open longer, incrementing incidentals like over time for nurses and transportation for patients. The trickle effect also manifested at the inpatient level in the form of late admissions.

## **Development of the Focused Delivery Model for Language and Cultural Services**

The pilot program for a Focused Delivery Model for Language and Cultural Services targeted the Center for Cancer and Blood Diseases (HEMONC Clinic). The Cancer Center became the selected target due to its high patient volume, treatment intensity and cultural and language impact on healthcare outcomes.

The Center for Cancer and Blood Diseases (HEMONC) provides clinic appointments and treatment for over 1500 active patients annually. The Center also follows another 2,200 patients recently off therapy or in remission, and part of the cancer survivor's clinic. The clinic and its

Day Hospital operations have 29,000 clinic and treatment visits annually. In addition, The Cancer Center also provides Urgent Care visits for sick patient visits. The average time period for treatment is two years for girls and three years for boys, and post-therapy follow up visits up to five years from diagnosis. Presently, the Cancer Center receives over 800 new referrals and consults a year.

HEMONC staff includes forty two Clinical Faculty, four Physician Assistants, and thirty nine nurses. Due to the fact that CHLA is also a teaching hospital, a number of residents and fellows also train at this clinic. Other additional services, like anesthesiology, surgeons, radiation oncology, pain specialists, nutritionists, lab personnel, behavioral sciences, social work, and outpatient Bone Marrow Transplant follow patients within the HEMONC structure. Other services, like those provided by Padres Contra El Cáncer and the Life Clinic for cancer survivors are part of the intricate dynamics of The Center for Cancer and Blood Diseases

In 1999, the number of new patients at The Cancer Center was: 59% Hispanic, 12% Asian, 7% Black, 22% Anglo. The percentage of monolingual and LEP Hispanics is 70%.

A review of the dynamics, flow and culture of The Cancer Center made it a clear and definite candidate for the implementation of the Focused Delivery Model for Language and Cultural Services.

## **The Focused Delivery Model**

The Focused Delivery Model delivers a focused approach to Language and Cultural Services by maintaining a Language and Cultural Specialist on-site. The Language and Cultural Specialists also serves as liaison with the Employee Volunteer Language List and Community and Agency Services and coordinates when languages other than Spanish are needed. The objective of the program is to maximize the quantity and quality of language access to the patient base, and thus optimize healthcare delivery to monolingual and LEP patients/families.

The Language and Cultural Specialist assigned to this model is responsible for assessing the daily language needs for the HEMONC clinic and prioritize work in relation to those needs. The Specialist is also responsible for collecting, tracking and analyzing data of language and cultural services provided to document the model's efficiency and effectiveness, and therefore adjust the model according to findings. The Specialist will document the record by affixing the seal certifying that interpreting services were provided for the patient to the permanent record in patient's file.

The Focused Delivery Model promotes specialization in a specific area. This particular piece of the model has significant importance for training and cross training of Language and Cultural Services staff. Specialization in a specific area provides an added value when delivering language services during intricate and complicated conferences, where a deeper knowledge of the subject can assure correct delivery of information.

The Model also calls for prioritization of services. As previously outlined, the dynamics of the Cancer Center involve high volume as well as many different interrelated functions. In order to provide the service for such large staff, a method of prioritizing had to be established. The model calls for the following order: In occurrence category, crisis, death, new diagnosis and relapse are prioritized in that order. Medical Faculty always has first priority, followed by nursing, and other

staff. In categories the priorities are conferences (treatment, DNR, etc.), office visit, teaching, discharge, and any other.

The Model fosters improved healthcare outcomes by providing accessibility and continuity of service. The Specialist serves as a point of reference for parents, who know that there is someone available to help them bridge the gap. The model helps improve healthcare outcomes by having a person available to assist with phone triage and increased teaching opportunities.

## **Benefits**

The leadership at The Cancer Center identified the following benefits after the first year of implementation of the Focused Delivery Model:

**Immediate access and reduced wait time:** The new model had a significant impact on the waiting period/access to interpreters. Whereas we were seeing waits as long as two (2) hours, these waits were reduced significantly, response time ranged from instantaneously to not to exceed 15 minutes.

**Increased delivery with minimum staff:** The model utilizing one specialist yielding three times the number of interpreting sessions.

**Improved physician/nurse teaching and treatment planning:** Initially, our primary goal was to avail interpreter services to direct patient care (i.e., faculty visits with patients, pre-procedures, consents and extended caregiver visits). The most obvious improvement has been the ability to foster better physician and nurse education and teaching to patients and families. The validity of this is that patient care outcomes are improved given the ability to teach and educate both patients and parents. There has also been some advantages in terms of telephone triage with sick and urgent visits. This has reduced unnecessary visits to the clinic so that issues can be resolved over the telephone. Other advantages have been availability of resources for psychosocial and behavioral science conferences and sessions.

**MD perceptions in regard to use of interpreters:** MD's are much less frustrated and perceive non-English patient visits as less stressful. There is much more open communication with non-English speaking families which raises the quality and outcomes of patient care and education. MD's in the past have commented on the inappropriateness of communicating directly with the patient, and then the patient passing the information on the parents/guardians. Cultural issues in relation to care, treatment and compliance are better perceived and understood.

During the first two years that this program has been in effect, the number of interpreting sessions increased dramatically: 1,250 in 1998 the year before the model was implemented; 2,900 in 1999, the first year of implementation; 3,700 in 2000, second year.

## **Summary**

In summary, when the demand for language services exceeds the capacity of current staff, it is the institution's responsibility to become creative enough to find a solution that will provide language access maximizing current resources. The first step to this process is identify the problem areas and complete a needs assessment. The Focused Delivery Model approach is most efficient in areas of high volume of patients and intensity of treatment. The pilot program that went into effect at The Center for Cancer and Blood Diseases at Childrens Hospital Los Angeles

was adopted as a model of service after the first year evaluation, medical review and careful analysis due to its efficiency and effectiveness in direct patient care and healthcare outcomes. Subsequently, last year the same model was implemented at the Pediatric Intensive Care Unit, and the General Pediatrics Clinic; both have experienced an increase in demand and volume.