



Western Health

Office of Chief Medical Officer
Footscray Hospital
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25th March 2019

Olivia Collard
Coroners Court of Victoria
65 Kavanagh Street
Southbank VIC 3006

Dear Ms Collard,

Re: Investigation into the death of Nghi T Pham

Thank you for your correspondence about the coroner's recommendations.

Recommendation 1 – That Western Health ensures the use of an interpreter is offered at all critical points of communications, such as the initial admission, at critical decision making points and in order to provide discharge education.

This recommendation was implemented prior to receipt of the Coroner's findings, in February 2017. Western Health's organisational procedure for Interpreting Services states that an interpreter should be used on admission, for verifying the management plan and on discharge. We note that, as per the clinician's statement to the coroner, an interpreter was offered to the Pham family on May 9th 2017 in the emergency department; however they refused this.

A copy of Western Health's Interpreting Services Procedure is attached.

Recommendation 2 – That Western Health develops a best practice guideline or clear criteria to guide registrars as to which patients may require a consultant review or, at a minimum, discussion with a consultant.

One of the recommendations arising from the Western Health in depth case review of this event was that paediatric patients admitted from the emergency department to the children's ward under a non-paediatric unit, must be reviewed by the paediatric unit within 24 hours.

There has been significant stakeholder consultation around this. An organisational procedure is being developed to support the aforementioned change. Key principles that will be included in the procedure are listed below. There will also consideration given to a joint admitting unit for paediatric patients undergoing surgery.

1. All patients admitted under a surgical unit and are in the Children's Ward require discussion with the treating unit consultant i.e. surgeon.
2. All patients admitted to the Children's Ward require a consultant (i.e. surgeon) review if the inpatient stay is longer than 24hrs.
3. When any surgical unit (including Ear Nose and Throat) requires assistance in the management of a paediatric patient under their care, a formal referral will be made by the surgical unit to the paediatric unit.
 - a. The patient would remain under the surgical unit bed card (i.e. primary doctors)
 - b. This referral must be approved by a surgical unit consultant

4. When any member of the Children's Ward clinical staff has concerns relating to the management of a patient on the ward, this is to be raised with the treating team. If the treating team does not respond in a timely manner, Children's Ward staff should raise the concerns with the paediatric unit for an immediate response. If this occurs, it should be communicated by the paediatric unit consultant to the treating unit consultant, and an incident report will be submitted on the Victorian Health Incident Management System if appropriate detailing the delay and impact on patient care.

Please don't hesitate to contact me on 83456420 or at paul.eleftheriou@wh.org.au should you wish to discuss this further.

Yours sincerely,



Dr Paul Eleftheriou
Chief Medical Officer

Language Services - Interpreting Services

Procedure code: OP-CP3.1.1

Current version: February 2017

Previous version: August 2013

Next review date: February 2020

Section: Consumer Participation

Sub-section: Cultural Diversity

Important note regarding [Electronic Medical Record](#):

This Policy/Procedure/Guideline (PPG) has been identified as being impacted/affected by the introduction of the Electronic Medical Record. This will be reflected in the next scheduled revision of this document, or earlier if indicated. Please take this into account when reading this document.

1. Overview

To outline the Western Health position and processes for the provision of professional language services to all patients admitted to a Western Health managed service or program.

1.1 Rationale

Legal Obligations

The legislative framework that sets out the obligations of health services regarding their duty of care to clients, including that relating to informed consent to all medical treatment is to be found in the following Acts: the Victorian Health Services Act 1983, Victorian Equal Opportunity Act 1984, the Federal Racial Discrimination Act and the Federal Human Rights and Equal Opportunity Act 1986.

The Acts are supported by Government policies promulgated through the Department of Human Services, and the Victorian Multicultural Commission. These policies mandate the use of professional interpreting and translation services in areas including law, medicine, education and community services.

As legislated, the use of professional interpreters upholds obligations regarding privacy, confidentiality, informed consent and duty of care.

Quality of Care

The use of professional interpreters ensures the needs and wishes of the patient/client are clearly understood, and the health practitioner can be assured the appropriate information has been conveyed successfully. Without clear communication between patients/clients and practitioners, quality of care can be severely impeded and can result in poor patient experience.

The use of family members or other staff should be limited to simple communication (for example: times of low clinical risk, answering simple questions about the patient, providing basic directions/information to the patient) or in emergency situations when an on-site accredited interpreter or telephone interpreter is unmanageable or unattainable. Family may also be used when the patient has cognitive or communication difficulties which impact on their ability to understand or express themselves. The family in these cases may be able to provide more accurate information in association with a professional interpreter where possible.

Children under the age of eighteen should not be used as interpreters in any situation.

2. Applicability

This procedure relates to all staff that have direct contact with patients throughout all Western Health facilities.

3. Responsibility

The Manager of Language Services has the initial responsibility for introducing and implementing this procedure.

The Manager of Language Services reports quarterly to the Cultural Diversity /Consumer Advisory Committee.

4. Authority

Exceptions to the practices described in this procedure can only be made in consultation with the Manager of Language Services.

5. Associated Documentation

In support of this procedure, the following Manuals, Policies, Instructions, Guidelines, and/or Forms apply:

Code	Name
OG-CP3.3.1	Interpreter Minimum Requirements for Use with Inpatients
OP-CP3.1.2	Language Services – Translation Services
OP-CP3.1.3	Responding to Diversity

6. Definitions and Abbreviations

A professional interpreter is an interpreter accredited at the Professional Level (formerly Level 3) by the National Accreditation Authority for Translators and Interpreters.

7. Procedure Detail

7.1 Guiding Principles

The Western Health principles on language services are:

- Every attempt will be made by staff to identify the preferred language of the patient.
- Patients will be informed of their right to an interpreter.
- The patient is the person who should be asked if an interpreter is needed.
- Further to the patient request for an interpreter, family members, carers and clinicians can also request that an interpreter be used.
- A patient has the right to refuse the use of a professional interpreter.
- A professional interpreter should be present when key information is being provided to or discussed with the patient. Specific points of care when interpreters should be used are detailed below in “Critical Pathways when providing interpreters”.
- Where family or carers are used to interpret, staff should engage the use of a professional interpreter as soon as practicable, either onsite or by telephone to ensure that the information communicated was accurate.
- Research and special projects may be required to provide specific funding for Interpreting services.
- Priority for interpreters will always be given to services that support the delivery of direct safe and effective individual patient care.
- All individual programs responsible for directly booking interpreters must adhere to these principles.

7.2 Procedure

7.2.1 Communicating patient’s rights

All patients/clients who demonstrate a limited use of English are to be informed of their right to access the services of a professional interpreter. This may be done using an interpreter, a staff member, relative, friend, the interpreter brochure, or the telephone interpreting service.

Information regarding the availability of interpreting services in different languages will be displayed in appropriate areas across the Health Service (e.g. interpreter posters/brochures, Patient Rights Charter, Intranet and Internet)

7.2.2 Identification of patients who require an interpreter

The need for interpreters should be electronically recorded in patient records on iPM and as an Alert on BOSSnet.

When making a booking on iPM for a patient who requires an interpreter the registration details needs to be completed as follows:

- The “Spoken Language” field needs to be selected with the patient’s preferred language.
- The “Yes” option then needs to be selected for the “Needs Interpreter” field.
- The “Interpreter” option must then also be selected in the “Dependent” resources field.
- All these three steps need to be completed to successfully book an interpreter through iPM.

When adding an alert on BOSSnet:

- Search for a patient and then double click on the patient banner to launch into the **DMR**.
- Select the **P** icon to launch into Protocols.
- Select the **Add medical or Administrative Alert** icon.
- Click **Select node**.
- In the search box enter all or part of the word ‘**interpreter**’ and click the **search icon**. The search results will display all alerts that contain the text searched for. Highlight “interpreter required” and click **select node**. Complete answer to the question in the “other information” section by selecting the language from the drop down list (if it is listed). If it is not listed, click “OTHER” (at the bottom of the list) and type the language required into the box titled “Please describe the context of this patient’s alert”.
- Click **save**.

7.2.3 Critical pathways when providing interpreters

For all patients:

- Interpreters should be provided:
 - When a patient requests one.
 - During assessments, when taking medical histories.
 - On admission when explaining admission procedures, rights and responsibilities.
 - Obtaining informed consent for procedures - when a signature is required.
 - Explaining treatment/care plans.
 - Discharge and planning for discharge.
 - When providing patients with key information. This Includes but is not limited to: explaining medication, entitlements, rights and responsibilities
 - When the patient wishes to make a formal complaint.
 - Any formal interview.
 - For parents who have limited English proficiency when they bring their children to any area of the health services.

Specific to inpatients:

- The Interpreter Minimum Requirements for Use With Inpatients Guideline was developed in 2016 to provide clear information about recommendations for interpreter use with Inpatients. This guideline was endorsed by the Best Care Committee, Board Quality.
- It outlines that interpreters be used at three key time points:
 1. Admission, or within the first 24 hours.
 2. Consent and/or Verifying the Management Plan.
 3. Discharge.
- Additionally, it is strongly recommended that interpreters be used with inpatients for:
 - Assessment.
 - Treatment.
 - Providing Education.
 - On Patient Request.
 - For Patient Questions.

Further details of these requirements are outlined in guideline: OG-CP 3.3.1 Interpreter Minimum Requirements for Use with Inpatients.

Interpreting in a medical setting usually requires on-site interpreting. In cases where a face to face interpreter is not available telephone interpreting should be used.

The following principles apply to the appropriate use of telephone interpreting service:

- When a patient requests an interpreter at the time of the appointment but a face to face interpreter is not available.
- In emergencies or urgent situations when there is no time to get an interpreter on site.
- When determining the language spoken by a patient.
- When the communication is simple in content and would take less than 15 minutes, including reconfirming a consent that has already been signed.
- When making an appointment for a patient, or changing/confirming an appointment.
- Where a face to face interpreter is not available and the patient is present, telephone interpreting should be used rather than send the patient away without any consultation.

7.2.4 Emergencies and urgent situations

If a non-accredited interpreter is used in an emergency or urgent situation, the name of the person must be recorded in the patient/client file and the reason for not accessing an accredited interpreter clearly stated.

As soon as practicable after the urgent situation staff are to book the services of a professional interpreter.

7.2.5 Access to interpreters

For WH bed based services and specialists clinics:

- Interpreters may be accessed via the paging system or booked via the Language Services Booking Office. This service consists of both in house employed interpreters and agency interpreters.

For MBS clinics:

- Interpreters are booked via TIS (Translating and Interpreting Services) by the clinic staff in each area. If the TIS service has confirmed that it is unable to provide an Interpreter then an Interpreter may be requested via the Language Services Booking Office. A minimum of 72 hours' notice is required for all MBS clinic bookings. Urgent requests will be considered on a case to case basis and depending on availability of interpreters.

For Children's Allied Health service:

- Interpreters are booked by the clinic staff in each area through the Department of Education as per their service agreement.. If the preferred provider has confirmed that it is unable to provide an Interpreter then an Interpreter may be requested via the Language Services Booking Office. A minimum of 72 hours' notice is required for all bookings. Urgent requests will be considered on a case by case basis and depending on availability of interpreters.

For Community Based Services, Care Coordination Services, Hospital in the Home:

- Interpreters are booked directly by the clinic staff in each area and will be invoiced directly.

MBS:

- Clinics and eligible services which claim Medicare rebates may be entitled to receive free interpreting services from TIS (Translating and Interpreting Services).

For Case Conferences, Dialysis Education, Student Exams:

- Interpreters are requested via the Language Services Booking Office and the individual service requesting the interpreter will be invoiced directly.

For Research Studies:

- Please contact the Interpreting Department to discuss your requirements.

7.2.6 Fail to attend patients who require interpreters

If a patient fails to attend two consecutive clinic appointments an interpreter will not be booked for a further appointment to the same clinic, except under special circumstances by individual negotiation.

7.2.7 Complaints about the Interpreting Service

If a health professional is dissatisfied with the service they received, or has a complaint regarding interpreting services by a patient/carer, they should report and discuss any issues of concern with the Manager of the Language Services Unit or with the individual clinic staff responsible for the booking.

If there is a complaint about the conduct of an external agency interpreter the Manager of Language services will address this directly with the agency when notified.

7.2.8 Refusal to accept interpreter assistance

If a patient refuses to accept a professional interpreter the health professional must:

- Explain to the patient/about the benefits of using an interpreter.
- Suggest the use of a telephone interpreter to reduce the risk of the patient and the interpreter knowing each other.
- If the patient/client still refuses to use an interpreter and the health professional assesses that it is safe to proceed with care then they may proceed. The health professional will need to determine if it is safe and in the patients best interest to proceed or not with the interview.
- The steps taken regarding the issue of interpreting should be recorded in the patient's medical file.

7.2.9 Documentation

The details of whether an interpreter was present at the consultation including name of the interpreter should be recorded in the patient's/client's medical notes. If a professional interpreter was not present and family or other person was used this must also be noted.

7.2.10 Non-Australian citizens

If the patient/client is not an Australian citizen/resident and does not possess a Health Care Card / Medicare Card, or is here on a Visitor's Visa, staff must advise the patient and /or the family that they must pay the costs of a professional interpreter when it is necessary to use one.

Visitors from countries with reciprocal Medicare agreements with Australia are entitled to the use of an interpreter as part of emergency services only.

8. Document History

Number of previous revisions: 3

Previous issue dates: September 2004, January 2009 and August 2013

Minor amendment: October 2018

9. References

Victorian Equal Opportunity Act 1984
Racial Discrimination Act
Human Rights and Equal Opportunity Act 1986
Victorian Health Services Act 1983
Language Services Policy-Department of Human Services 2005

10. Sponsor

Director of Allied Health

11. Approval Authority

Executive Director of Community Integration, Allied Health and Service Planning