



Case Study:

The Mount Sinai Hospital

A discussion with one of America's top hospitals on how mobile interpreting is improving patient care.

**LanguageLine
Solutions®**



The Mount Sinai Hospital in New York is one of America's largest and most respected medical facilities, acclaimed internationally for excellence in clinical care. In the "Best Hospitals" issue of U.S. News and World Report, Mount Sinai was nationally ranked in 10 specialties, and its pediatric center was listed among the country's best children's hospitals in six out of 10 areas of care.

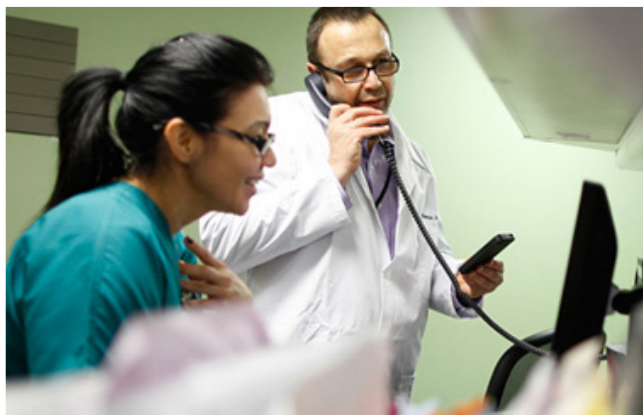


Located in Manhattan, Mount Sinai serves one of the most diverse populations in the world, helping patients who speak 150 different languages. Providing optimal care to non-English speakers is a priority for the hospital's leadership. In that pursuit, Mount Sinai was willing to innovate.



"(I) found it easy and more personal. The patient felt very comfortable."

– Child Life Specialist





The Mount Sinai Hospital in New York adopted [LanguageLine on-demand mobile interpreting](#) in 2017. The hospital initially deployed the LanguageLine application, which provides one-touch access to 10,000 interpreters via video in 36 languages and audio-only in more than 240 languages, on 41 iPads mounted on rolling carts. They noticed immediate success in communicating with patients who spoke limited English. Mount Sinai quickly saw yet another opportunity to innovate and ensure more caregivers had access to interpreting whenever and wherever it was needed. The hospital soon installed the [LanguageLine app](#) on 58 physician iPhones.

Language Assistance Program Associate Director Silvina de la Iglesia, CMI-Spanish, discussed how the LanguageLine app has enhanced access to interpretation at Mount Sinai, as well as lessons learned to help others quickly and easily implement the mobile solution.

Q: At last count, there were an estimated 192 languages spoken at home in the New York metro area. Which of those languages are most frequently spoken by patients at The Mount Sinai Hospital?

A: Spanish is the most popular, followed by Mandarin, Cantonese, and Bengali. Given our reputation as a top hospital for numerous specialties, we also have a lot of international patients coming to us from all over the world. The bottom line is that we are in the business of delivering health care in multiple languages. We have to be prepared to communicate with all patients who come through our doors.

“Awesome idea. I feel that the providers hear me better than with the phone as we try to develop a care plan for my daughter.”

– Family Member

Q: What challenges did you face prior to implementing LanguageLine on-demand mobile interpreting?

A: One of the things we discovered early last year was that it was difficult for medical and nursing staff to use existing telephonic interpretation services when performing some of their briefer patient interactions. As a result, staff needed a more convenient and rapid means of fully explaining important information to their limited-English-proficient (LEP) patients. With the use of the smartphone app, this has gotten much better.

Q: How did the use of mobile interpreting compare with traditional over-the-phone interpreting?

A: Mobile was a much improved experience. In any medical setting, there tends to be a lot of background noise – machines, beeping sounds, other people. Interpreters would often ask for more repetition. When we use mobile interpreting on the iPad or smartphone, it captures audio extremely well, and of course the video aspect makes it much more evident to the interpreter who is speaking.

Q: What was the genesis of your implementation of InSight for Smartphone?

A: Our hospital leadership has been very focused on enhancing communication with LEP patients. That has been a priority. Our leadership learned that we could take the power and technology of InSight and put it in our users' pockets through the smartphone application. Our hospital president was actually the one who suggested we give the smartphone app to our hospitalists. (Hospitalists are dedicated inpatient physicians who work exclusively in the hospital.) The mobility enhancement was very appealing, and we were able to identify areas where this technology could be helpful right away.

Q: How are you currently deploying mobile interpreting?

A: We activated 58 smartphones beginning in February. The app is primarily used by hospitalists doing rounds, typically early in the morning, and by physician assistants in the emergency room. These encounters are usually short and concentrated. We believed this group would be a logical place to test the technology. We've used the smartphone app for audio and video calls.

In addition to these physicians, we also gave it to our patient liaisons and patient representatives who perform customer-service functions. They can use it when they assist LEP patients with requests and interpretation services are immediately required. If a face-to-face interpreter is not readily available, they can use the smartphone app.

“Excellent. The (interpreter) knew how to listen and explained everything well for our communication. If there is no in-person (interpreter), video makes me comfortable.”

– Patient

“We found (the application) extremely helpful and user friendly.”

– Physician

Q: Have you noticed a correlation between increased use of the mobile application and increased patient satisfaction?

A: Yes, definitely. Based on the surveys that we give patients, we have captured a lot of positive comments. We have noticed a great acceptance of the technology by patients.

Q: What about your hospitalists? What has been their response to the smartphone application?

A: The ability to get instant access to an interpreter when doing rounds has had a dramatic impact on the ability of our hospitalists to communicate with non-English-speaking patients. This leaves patients with a much more complete understanding of their condition and care, which ultimately leads to better health outcomes. The mobility aspect of the smartphone app provides incredible flexibility and having language access on their phones keeps the service top-of-mind.

Q: How have you blended the use of video interpreting with live, onsite interpreters?

A: The mobile application is ideal for personnel who are up, moving, and making rounds. They don't necessarily have outpatient appointments. Otherwise, we use the mobile app for last-minute requests and as a backup when a live interpreter is not available.

In terms of evaluating whether to use a live interpreter or video interpreting for a pre-planned medical appointment, we first try to understand the purpose of the encounter. If it's a sensitive conversation, a group discussion, a traumatic case, or a conversation with a child or elderly person, we would try to have a live interpreter if at all possible.

It's also important to find out how long the appointment is going to last. If it is going to last more than an hour, we will attempt to bring in a live interpreter, because it becomes more affordable than a video interpreter at that point.

Q: What have you learned from your implementation of mobile interpreting that would be useful to another healthcare organization?

A: Our first objective when we implemented mobile interpreting was to cover every point of entry at the hospital – essentially emergency rooms and admissions – and to make sure staff knew how to locate and use the device. We made sure it was available on our inpatient units. Initially these were the

“The patient and our liver transplant team had an effective communication thanks to the use of the device.”

– Coordinator

“Interpretation was done very well. There was an ease in manipulating the device.”

– *Manager*

departments we thought would benefit the most from mobile interpreting based on the types of encounters they have.

In terms of quantifying the app’s impact, we have had to actively solicit this information from our patients through surveys.

One area where we are trying to improve our processes is at registration, where we are increasing efforts to identify whether or not a patient is limited English proficient. This will give us a clearer understanding of language needs and resources planning going into the future.

Q: What do you see as the next steps for your rollout of the mobile app?

A: Our next step will probably be to give it to our social workers. They are like our hospitalists in that they are up and moving. They are not in a single location, in other words. The smartphone app is ideal for this sort of personnel.

Beyond that, some of the other hospitals in our system know about our use of the app and are eager to give it a try. ■

“Great device. It made my life easier and the patient was satisfied.”

– *Nurse*



Mobile interpreting is deployed in these Mount Sinai departments:

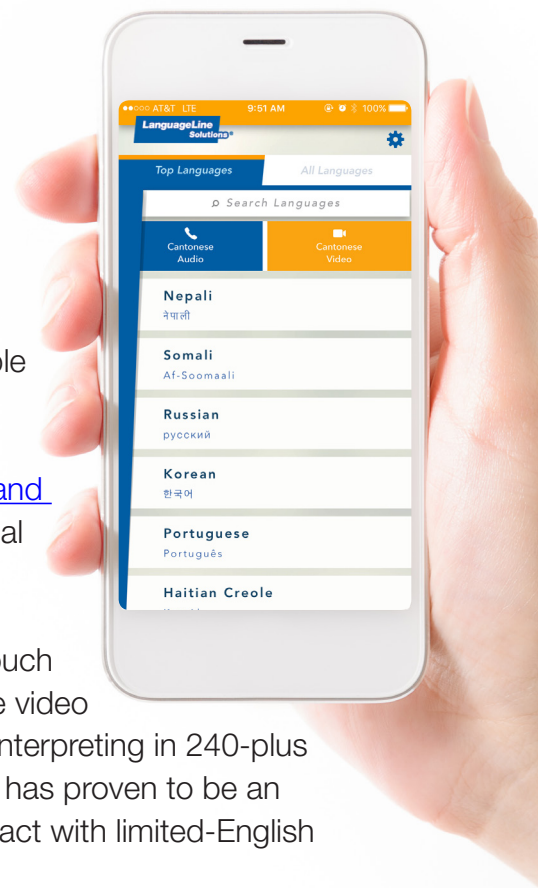
- Admissions
- Ambulatory Services
- Emergency Medicine (Adult, Pediatric, Psychiatry)
- Inpatient Units
- Patient Service Center
- Radiology
- Rehabilitation

About LanguageLine On-Demand Mobile Interpreting

Our society is growing more culturally and linguistically complex. It is important that any organization serving a multicultural audience be able to provide language access anywhere, at any time, for any reason.

Accessible via tablet, smartphone, or PC, [the LanguageLine on-demand mobile interpreting application](#) places the power of 10,000 professional interpreters and more than 240 languages in users' pockets.

Available on iOS and Android devices, the app enables instant one-touch access to more than 10,000 linguists, who provide interpreting via live video in 36 languages (including American Sign Language) and audio-only interpreting in 240-plus languages. Without the need for Wi-Fi, the LanguageLine mobile app has proven to be an invaluable tool for teams that move from location to location and interact with limited-English speakers, as well as the Deaf and Hard-of-Hearing.



For More Information

Contact your Account Executive or call 1-800-752-6096

www.languageLine.com/interpreting/video

View our videos at www.languageLine.com/resources/videos

The Mount Sinai Hospital

The Mount Sinai Health System is New York City's largest integrated delivery system encompassing seven hospital campuses, a leading medical school, and a vast network of ambulatory practices throughout the greater New York region.

Mount Sinai's vision is to provide the safest care, the highest quality, the highest satisfaction, the best access and the best value of any health system in the nation. The System includes approximately 7,100 primary and specialty care physicians; 10 joint-venture ambulatory surgery centers; more than 140 ambulatory practices throughout the five boroughs of New York City, Westchester, Long Island, and Florida; and 31 affiliated community health centers.

The Mount Sinai Hospital is ranked No. 18 on U.S. News & World Report's "Honor Roll" of top U.S. hospitals; it is one of the nation's top 20 hospitals in Cardiology/Heart Surgery, Diabetes/Endocrinology, Gastroenterology/GI Surgery, Geriatrics, Nephrology, and Neurology/Neurosurgery, and in the top 50 in four other specialties in the 2017-2018 "Best Hospitals" issue.