

# MINUTES | Community Advisory Group | Meeting 14

## 14 October 2021

Meeting 3:30 pm – 5:30 pm

Location: Virtual, Zoom Meeting

Present: Craig MacLean (Lower Mainland), Dan Braun (Lower Mainland), Gordon Rattray (the Interior), Leanor Vlug (Lower Mainland), Monika Lane (Vancouver Island), Kiran Malli (Provincial Language Services), Paula Wesley (Indigenous).

Facilitator: Scott Jeffery (Provincial Language Services)

Note-Taker: Chelsea Numanga (Provincial Language Services)

Absent: Sarah Taylor (Lower Mainland)

1. **New Team Member Welcome**

* Introduction of all participants and welcome back to Paula Wesley. Paula will be an Indigenous representative for Community Advisory Group meetings.

**Review Action Items and Approve Community Advisory Group Meeting Minutes**

* All instances of ‘intervener’ and ‘intervening’ change to ‘intervenor’.
* Page 10, action item – three listed focuses change formatting from sentence to bullet-points.
* Spelling and grammatical edits updated.

**Minutes approved for posting**

1. **Strategic goals for Fiscal Year 21/22**

* Provide education for healthcare professionals on how to work with interpreters and Deaf Interpreters.
* Expanding virtual services in British Columbia: Virtual Visit Interpreting and Video Relay Interpreting.
* Community networking.

Action Item: Kiran and Scott to develop plans and strategies for these three goals.

1. **Update on lack of available interpreters**

* Some interpreters are expressing concern about issues with their contracts.
* This is a priority for Provincial Language Services. We are meeting Wavefront with urgency, as this is an issue for access.
* We are working on how we can adjust our contracts to accommodate what interpreters are saying.
* Wavefront owns some issues concerning their own relationship with their own contract interpreters.
* We hope that next week we can get information out to interpreters concerning what can be adjusted.

1. **Update on Video Relay Interpreting**

* The goal for Video Relay Interpreting is to act as a bridge between the time a patient arrives and the time that an in-person interpreter can arrive.
* Provincial Language Services is working closely with Island Health, Interior, and Northern Health to have Video Relay Interpreting set up in the emergency departments of those hospitals.
* We aim to have Video Relay Interpreting in the emergency departments of all British Columbia hospitals.
* Interior and Island Health training and equipment will hopefully be ready in December, while the Northern region will likely be ready in the New Year.
* British Columbia emergency health services paramedics have the Video Relay Interpreting app on their phones in ambulances.
* Community Advisory Group has brought up concerns about dispatch education, so additional training has been provided for healthcare professional new hires about where to use Video Relay Interpreting and what it is for.
* A focus group will be held for people who are experienced using Video Relay Interpreting. Paramedics and the public are invited to become involved in this focus group.
* We will look at the statistics around Video Relay Interpreting from the focus group feedback, including where it is being used, looking for high concentrations of usage.
* If the device screen is too small to enable effective Video Relay Interpreting use, we could look at offering device upgrades to make them bigger.
* Multiple departments within the same facility can have their own Video Relay Interpreting setup.
* Question: How many Video Relay Interpreting setups did Provincial Language Services provide outside Lower Mainland, Fraser Valley and Vancouver Island?

Answer**:** Video Relay Interpreting was established for Spoken Language, not American Sign Language. COVID brought restrictions on hospital capacity, so we have Video Relay Interpreting to bridge the gap for any patients who have to wait at the facility for in-person interpreters to arrive. We know that small towns do not yet have Video Relay Interpreting, our first priority is establishing Video Relay Interpreting in all hospitals, and it takes time to implement this and to train staff.

1. **Update on CART**

* Provincial Medical Sign Language Service provides three services:
  + American Sign Language interpreter
  + Deaf interpreter
  + Intervenors
* Now we are looking at a fourth service: CART: Communication Access Real time Translation.
* CART would provide real time captioning for Hard of Hearing individuals, for those who cannot hear but do not know American Sign Language.
* There are three different ways to use CART services:
  + On-site: healthcare professional, patient, and CART captioner are in the same room.
  + Remote: healthcare professional and patient are in the same room, CART captioner works from a different location.
  + Remote CART for virtual health visits: healthcare professional and patient are in different locations, the encounter is virtual. CART captioner is in a third location.
* This project is in its infancy and developing. The Hard of Hearing community has told us that no one is providing these services, so we may be the first group to do so.
* No one has developed policy around this in British Columbia, or guidelines on how to book, where it can be used, so we will develop those on our own.
* We are going through privacy impact assessments while looking for a company that can meet the needs of this service. Zoom does have captioning which we can use for public meetings, but we do not have privacy impact assessments to use between a healthcare professional and patient with a CART transcriber. This includes where the information is stored, does it get downloaded, all those privacy issues.
* Question: For CART using Zoom, will they be using a transcript, or actual CART service typing out everything?

Answer: There are two options:

* + Live captioning, which is not recommended as we are aware of the issues. This is currently disabled.
  + Live, in-person captioning. This is what we are recommending.
* Question: If patient is a slow reader who could not keep up with the healthcare professional’s speaking pace, will the captioning be saved, or only temporarily displayed?

Answer: Following privacy impact assessments, captions cannot be saved or downloaded. We are developing guidelines to make sure healthcare professionals are not talking too fast, checking in with patients, making sure there is understanding along the way, and not leaving the patient behind. Maybe the transcript can be available throughout the meeting for scrolling and re-reading, and then disappear after. With Zoom, we would need to look at preferences to see how many lines of text would show.

* Question**:** Will CART provide for language preferences?

Answer: CART will provide services in English first.

1. **Update on Provincial Language Services working with Doctors of BC (DoBC) regarding education for doctors.**

* We have noticed a gap in healthcare professional awareness around booking American Sign Language interpreters. Often healthcare professionals put this onus on Deaf individuals.
* We are working on educational material; creating information online for healthcare professionals to use as reference material for their education, and we are sending educational emails to doctors.
* The Medical Office Assistant, not the doctor, is the first person you meet in the facility, dealing with scheduling, payments, and other administrative duties. We are looking at providing education to the people who train Medical Office Assistants.
* We have connected with the Vancouver Division. The well-being program provides services there; they have given us feedback on issues in the Vancouver area, including doctors who refuse to book interpreters and who have shirked that responsibility.
* We will choose a few different clinics within the Vancouver Division, provide them with training, and use this training to provide a model that can be leveraged across the province to create better access.
* There are differences between booking in large and small communities, in rural and remote areas. We want to make sure the training meets the needs of all those different places.

1. **Update on Medical interpreter Screening**

* We are looking for an independent group to take responsibility for screening and logistics, and we have found a group who is not in British Columbia. This is what we want: neutral, outside assessors.
* This piece will likely be ready by fall next year.
* All in-person and remote interpreters are required to have Waveli membership, at a minimum. Waveli has Occupation Title Protection, which means that anyone working in British Columbia as a Sign Language interpreter is required to be a Waveli member.
* Question: Will all interpreters be required to be screened, or are they grandfathered?

Answer: Right now we are focusing on finding out who can provide screening, what is needed, and then we will look at the interpreter process later, thus we are not yet ready to announce this. We are yet unsure who is responsible for keeping this information.

* Question: Is there a way to ensure that there is ongoing education for Sign Language interpreters?

Answer: Within the Request For Proposal there is a requirement that interpreters have a minimum of 8 hours of professional development each year. That means that the vendor (Wavefront) needs to ensure that interpreters and Deaf interpreters are meeting that 8 hour annual minimum educational requirement. If an interpreter becomes inactive, it is incumbent upon Waveli to ensure they are meeting interpreter requirements before they come back to work.

1. **Update on PCQO**

* The Patient Care Quality Office (PCQO) is responsible for patient complaints and compliments.
* Provincial Language Services is working closely with Provincial Health Services Authority (PHSA) to make PCQO more accessible for DDBHH individuals.
* PCQO is aware that Video Relay Service indicates a Deaf person calling in, and we are continuing education around that, and on how to hire interpreters.
* All Health Authorities have their own PCQO set up. We hope to standardise it so that each group knows how to make their services accessible for DDBHH.
* Moving forward, complaints should not go to Wavefront, but should go directly to PCQO. PCQO will give the complaints to us, we file and indicate what can be done differently. This is a more efficient, centralised system than what currently stands.
* When this is established and ready to go, we will let the community know that this is the way to provide complaints and compliments.

*Meeting adjourned at 5:36 pm.*