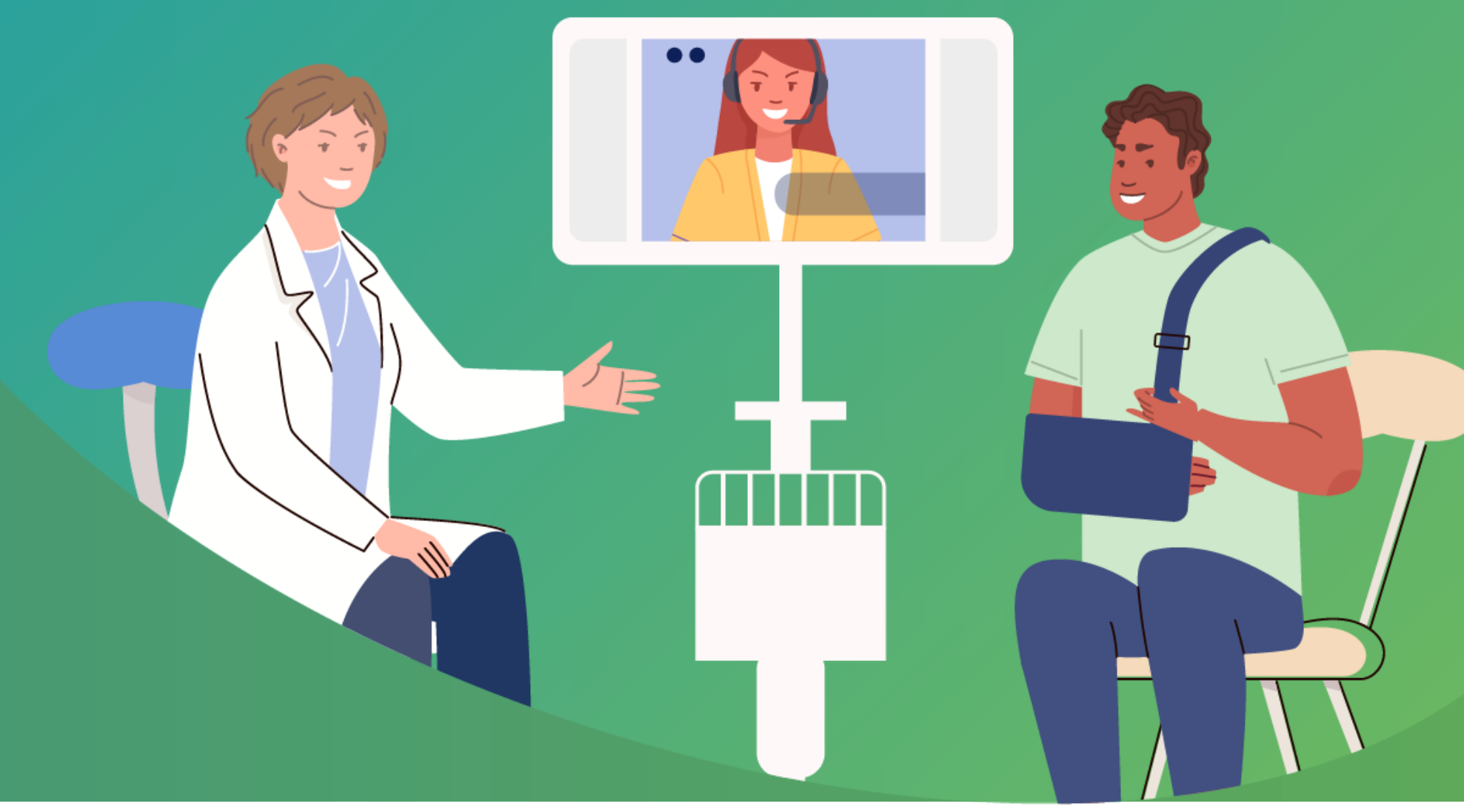


On-Demand Video Remote Interpreting (VRI) Provincial Evaluation Results

Elsie Chan, Arlene Singh, Lisa Liu, Alex Parapilay, Tina Costa, Scott Jeffery, Heather Toffanello, Anosha Afaq and Kiran Malli



Video Remote Interpreting (VRI)

- Uses audio and video technologies connected to the internet on smartphones or tablets to provide interpreting services virtually.
- Service is available through the Language Line “Insights” application.
- On-demand and available 24/7. 40 languages through video including ASL and 200 languages through audio.

Objective

To determine the impact of VRI across participating health authority clinical areas and understand patient and provider experiences in terms of access, clinical quality as well as productivity and cost-efficiency from April 1, 2021 - Dec 31, 2022.

Background

Communication between patients and providers are not always amenable to pre-scheduled interpreting services. Phones may not be available when in-person interpreters are not available. Therefore need to implement on-demand interpreting solution such as VRI.



Provincial Language Services (PLS) partnered with PHSA Office of Virtual Health (OVH) to implement and expand VRI at Provincial Health Services Authority, Interior Health, Island Health, Northern Health and Providence Health Care.

Methods and Patient Engagement

Mixed Method approach

- Qualitative Data (Focus groups, patient and provider surveys)
- Quantitative Data (Provided by PLS)

Patient Partners

- Engaged to support evaluation plan, develop patient survey and review of evaluation results

Focus Group

- Members of Deaf, Deaf-Blind and Hard of Hearing community invited to provide feedback on their VRI encounters with paramedics

Results

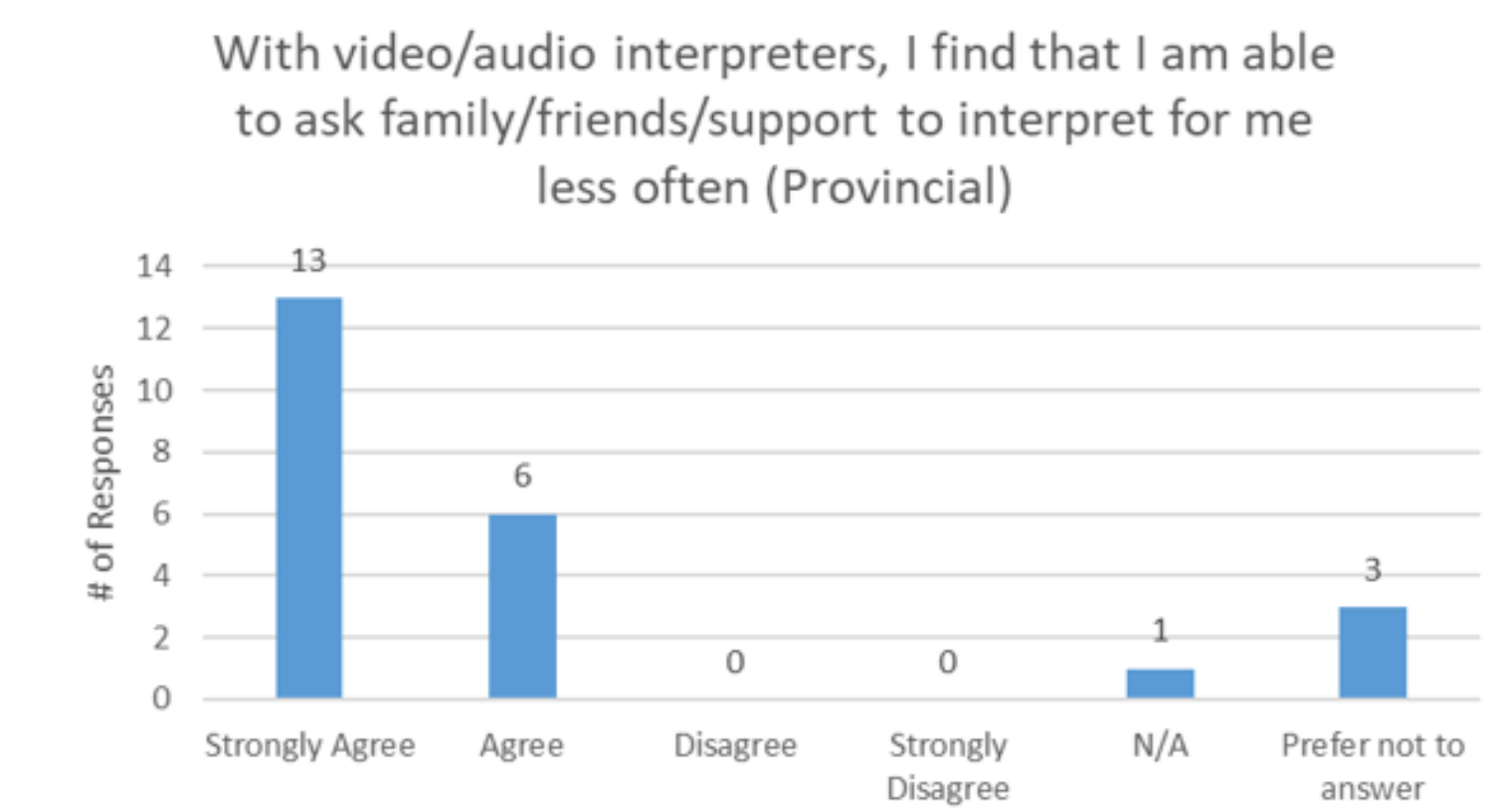
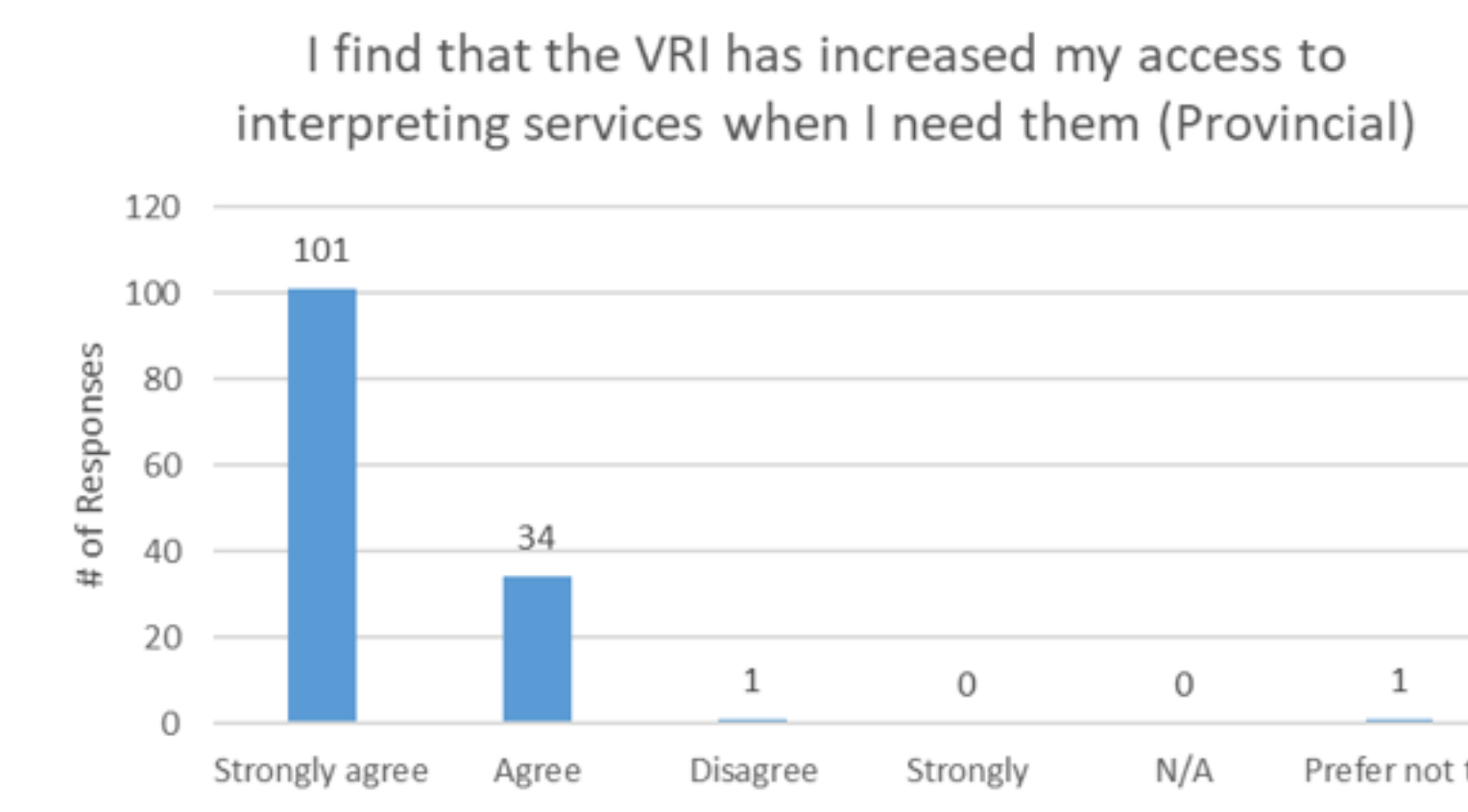
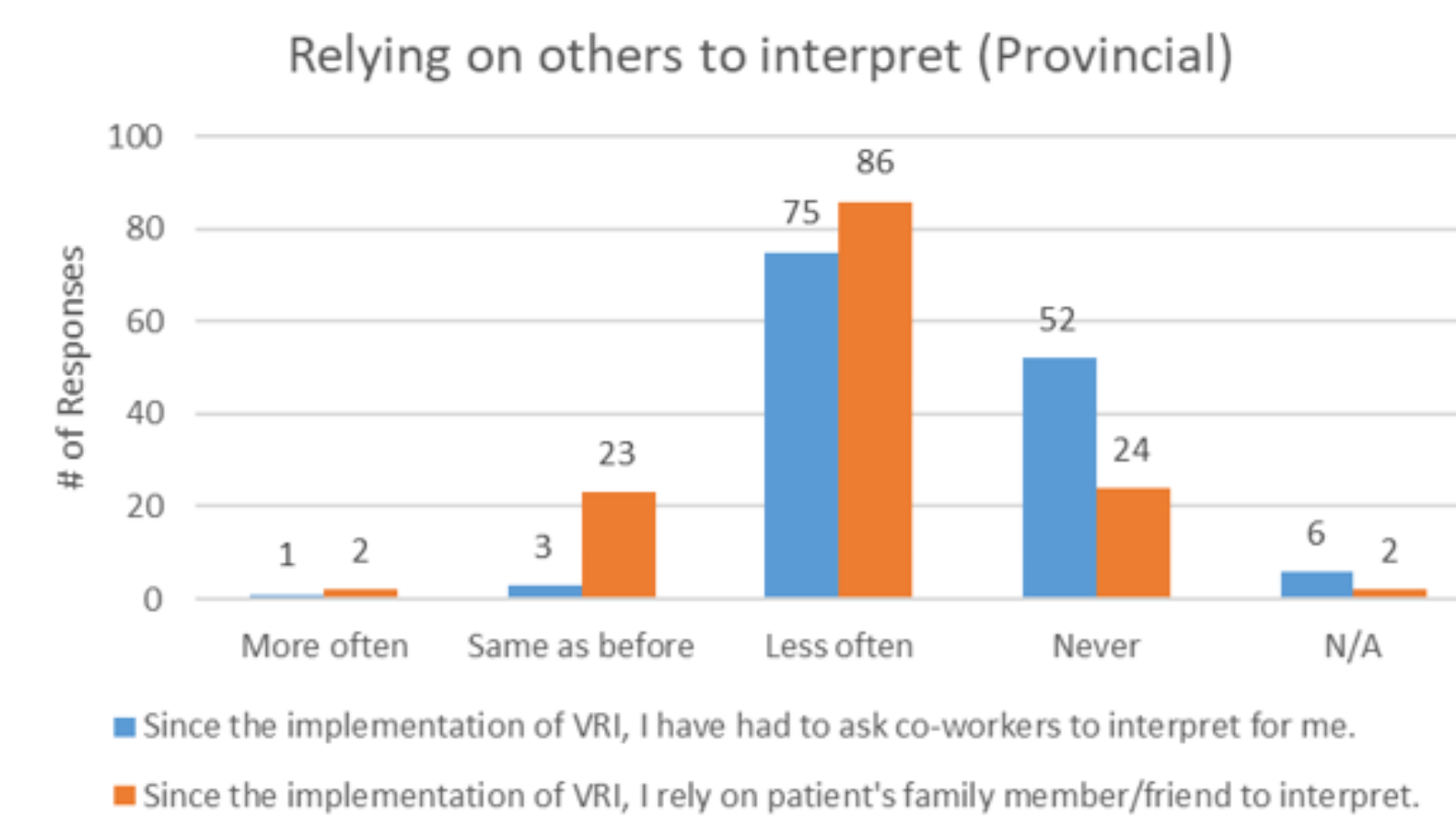
Access

Provider

- 93% (n=137) ask co-workers less often to interpret
- 80% (n=137) rely less often on patient's family/friend to interpret
- 99% (n=137) agree VRI has increased their access to interpreting services

Patient

- 83% (n=23) agree that VRI video/audio resulted in the reduced need to ask family, friends, and other support for language support/interpreting



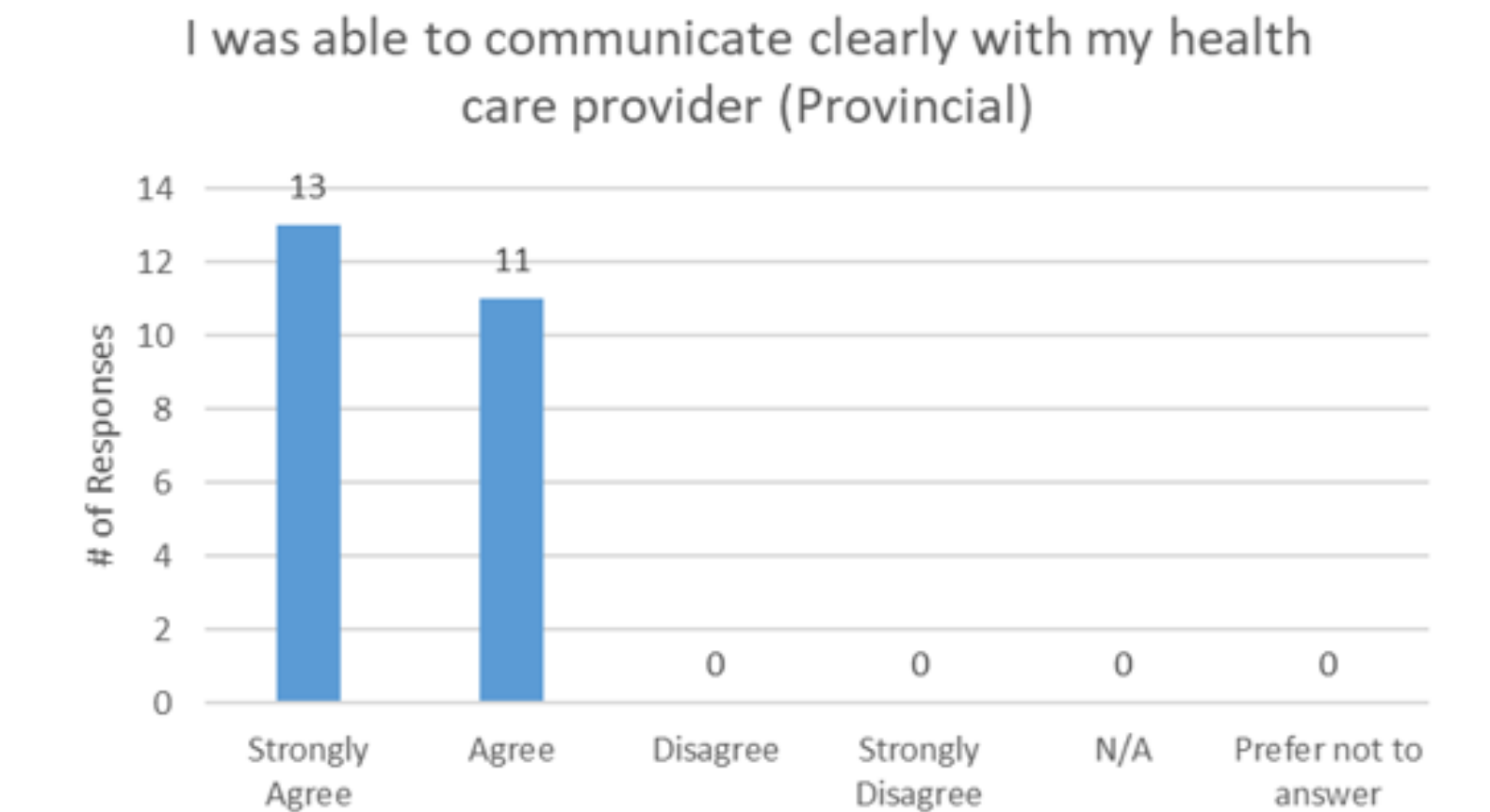
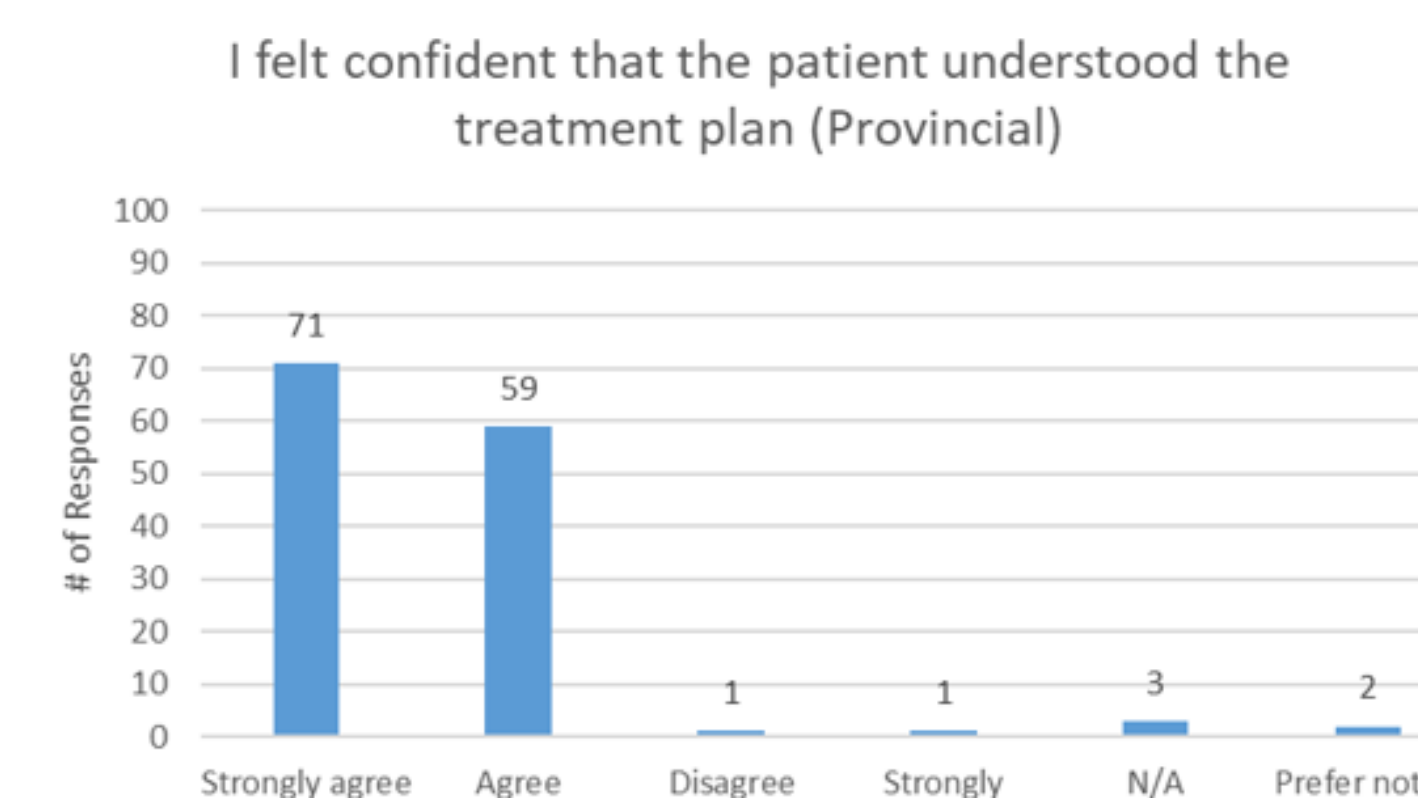
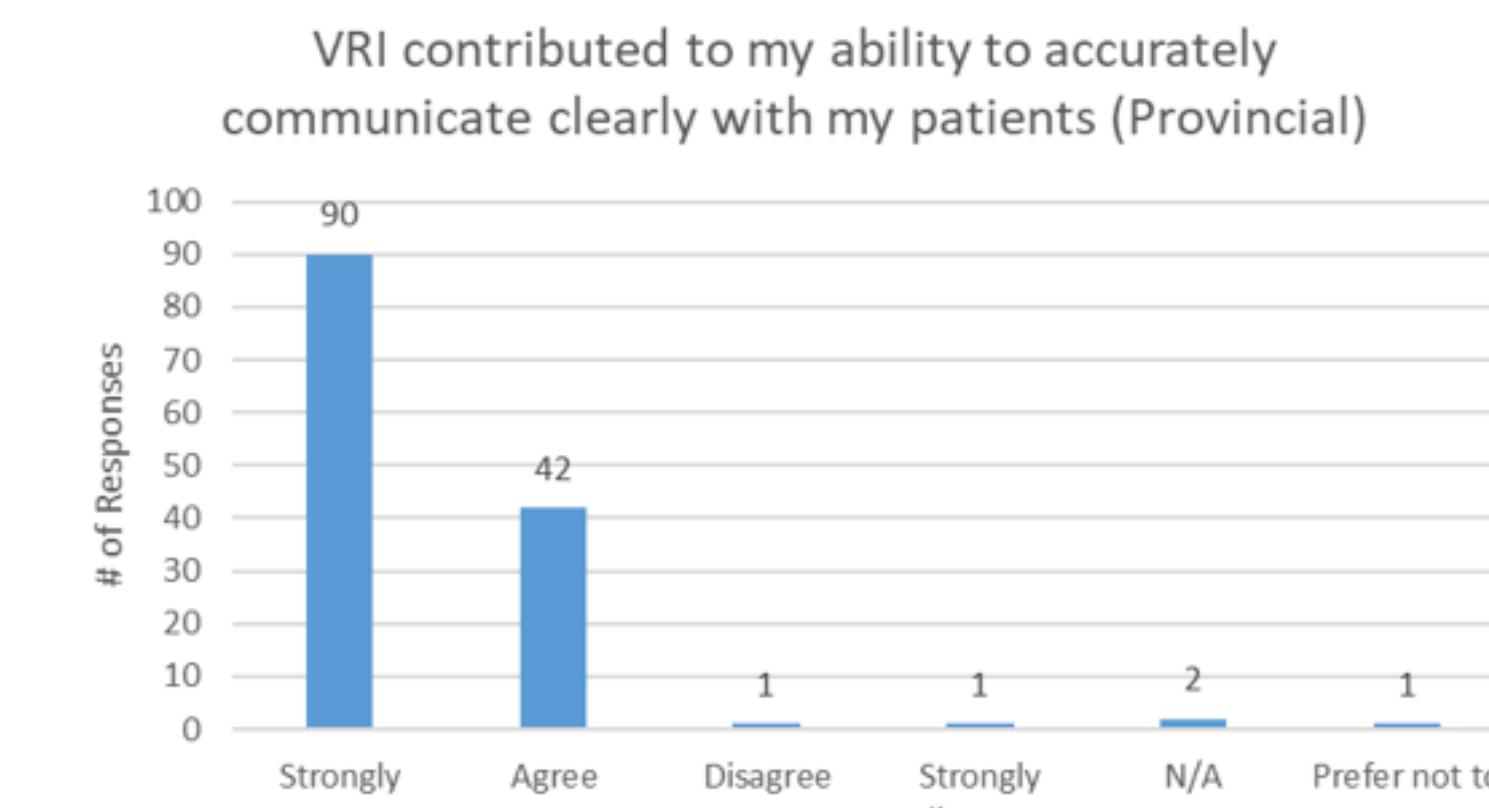
Quality

Provider

- 96% (n=137) agree that VRI contributed to their ability to accurately communicate clearly with their patients
- 95% (n=137) felt confident that the patient understood the treatment plan

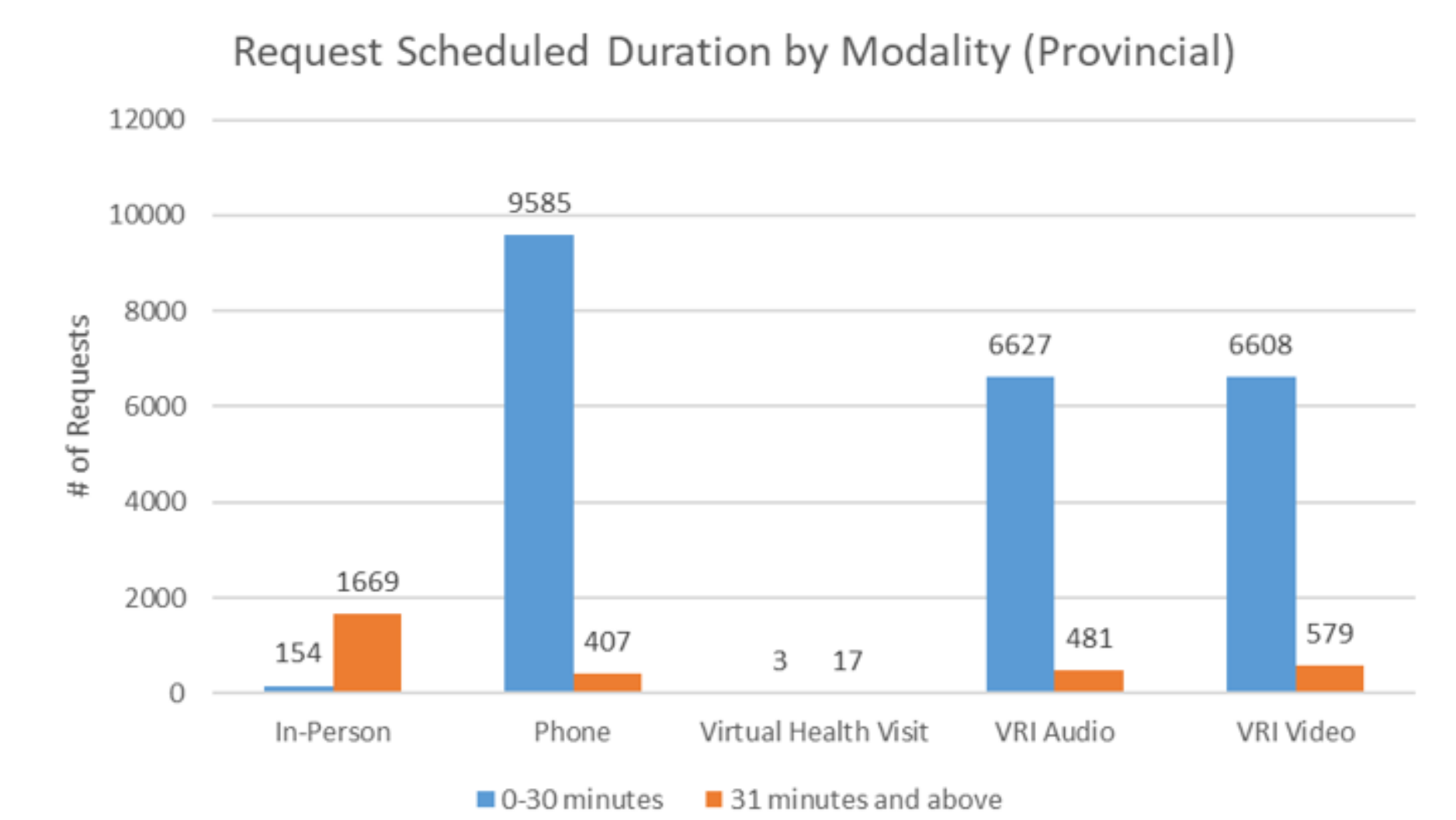
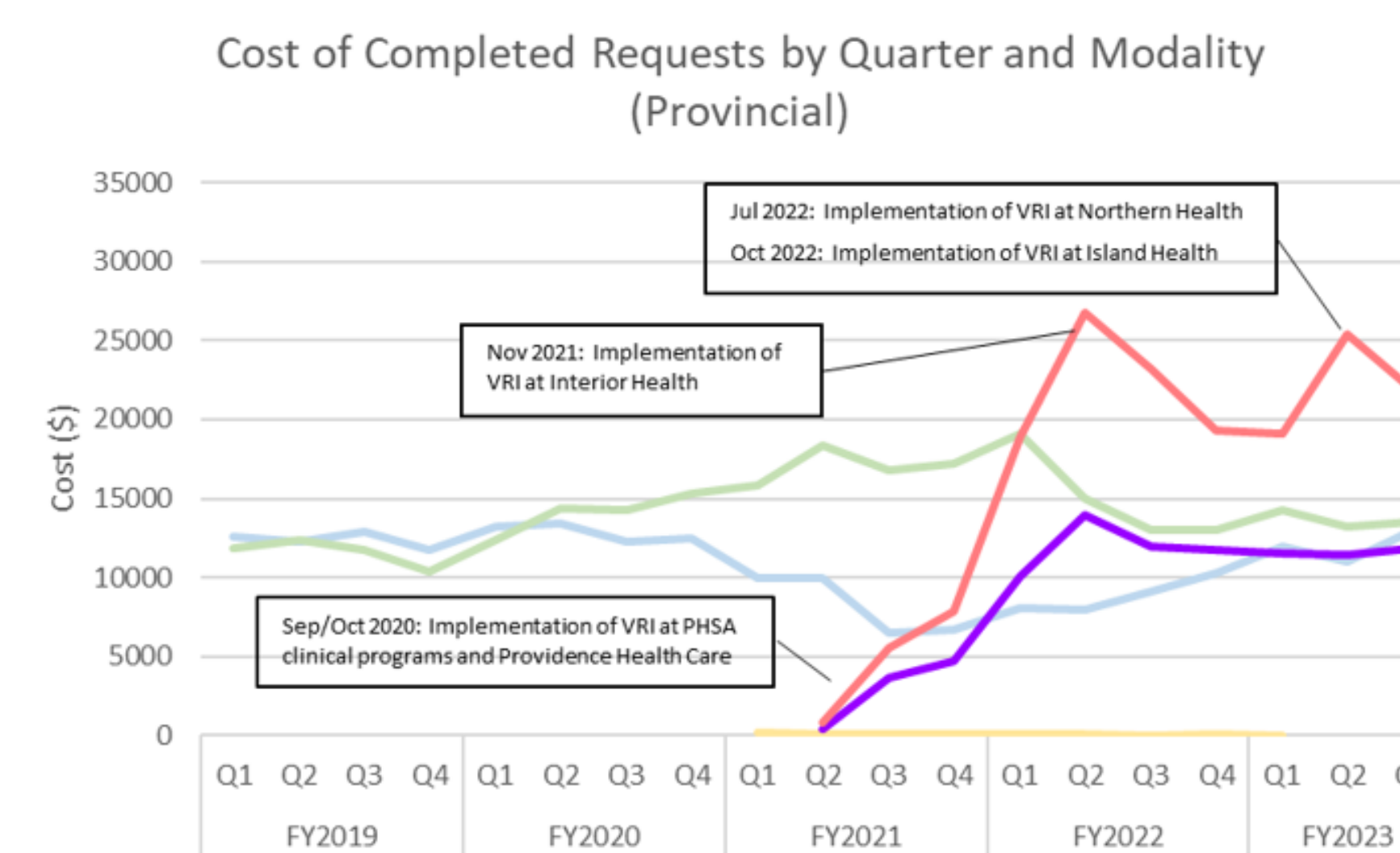
Patient

- 100% (n=24) agree that they were able to communicate clearly with healthcare provider, understood instructions and better able to manage symptoms



Cost

VRI is more expensive per minute than the other modalities. In-person interpreters are available upon request and are subject to cancellation fees. Therefore, in-person interpreters may be more costly than VRI because VRI does not require a minimum cost and has no last minute cancellation fees. VRI is recommended for sessions less than 30 minutes.



Conclusion

- VRI has proven as an effective solution for bridging communication between patients and providers.
- Continued support and roll out of VRI as an additional language access solution is essential.
- VRI not yet ubiquitous across participating health authority. Continued efforts required to implement the solution further.

Recommendations for Improved VRI Access

Ensure appropriate usage of VRI devices

- Continuous monitoring of PLS dashboard
- VRI usage reports sent to Health Authority
- Relocation of VRI to high usage areas to ensure accessibility
- Explore possibility of increasing number of available devices



Improve VRI access across all patient population

- Develop process to identify and escalate access concerns to PLS and add to training material
- Ensure a PLS incident report is submitted in the event VRI was needed and not available



Increase awareness of technical support

- Ensure training module reviews contact information for technical support
- Add contact information for technical support to devices

