

# Michigan Medicine University of Michigan

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**Project**  
Management  
Institute®  
Great Lakes

# Communications and Patient care in a Pandemic

Maithili Vadula

# Purpose of the project

- Increase service availability and decrease costs
- Improve interpreter productivity
- Partner with vendor and Interpretive Network
- Use department interpreters for existing languages
- Minimize use of dept. in-person interpreters
- Cost savings must exceed \$0.15 per minute to offset setup costs and provide return on investment (ROI)

# What is the problem?

- Covid pandemic disrupted communications
- Wearing a mask and social distancing was a challenge
- Additional challenge when patients cannot communicate in English. Federal law requires interpretation for limited English proficiency patients (LEP)
- Audio interpretive services has existed for 25years. However, providers were requesting video over audio interpretation
- Requirement for 54 different language (audio + video)

# Scope and objectives

- Identify on-site areas for video services
- Establish 3-way interpretation from triage to discharge
- Utilize existing devices for application deployment
- Provide video as primary service followed by phone
- Participate in the National Healthcare Interpreters Network (HCIN)

# Engaging vendor experts towards solution

## **Recommendation:**

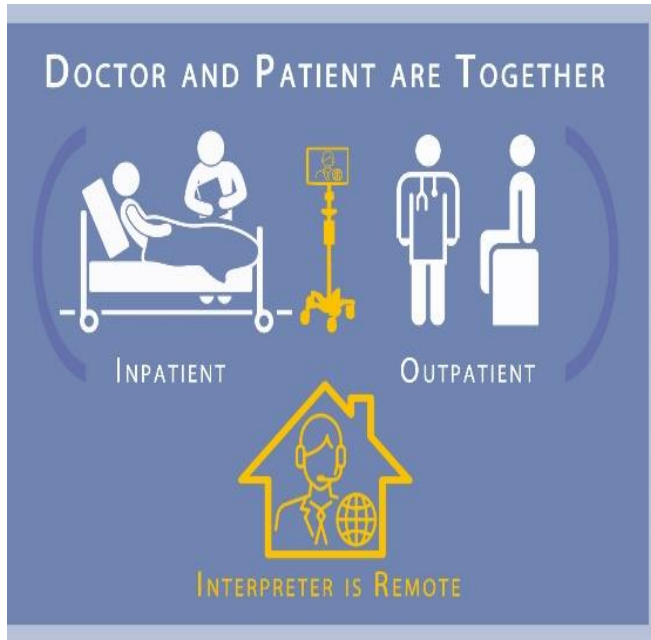
Contract with a vendor that uses organizational interpreters as first line of service, followed by vendor resources

Reduce in-person interpreters to certain days of the week at satellite locations

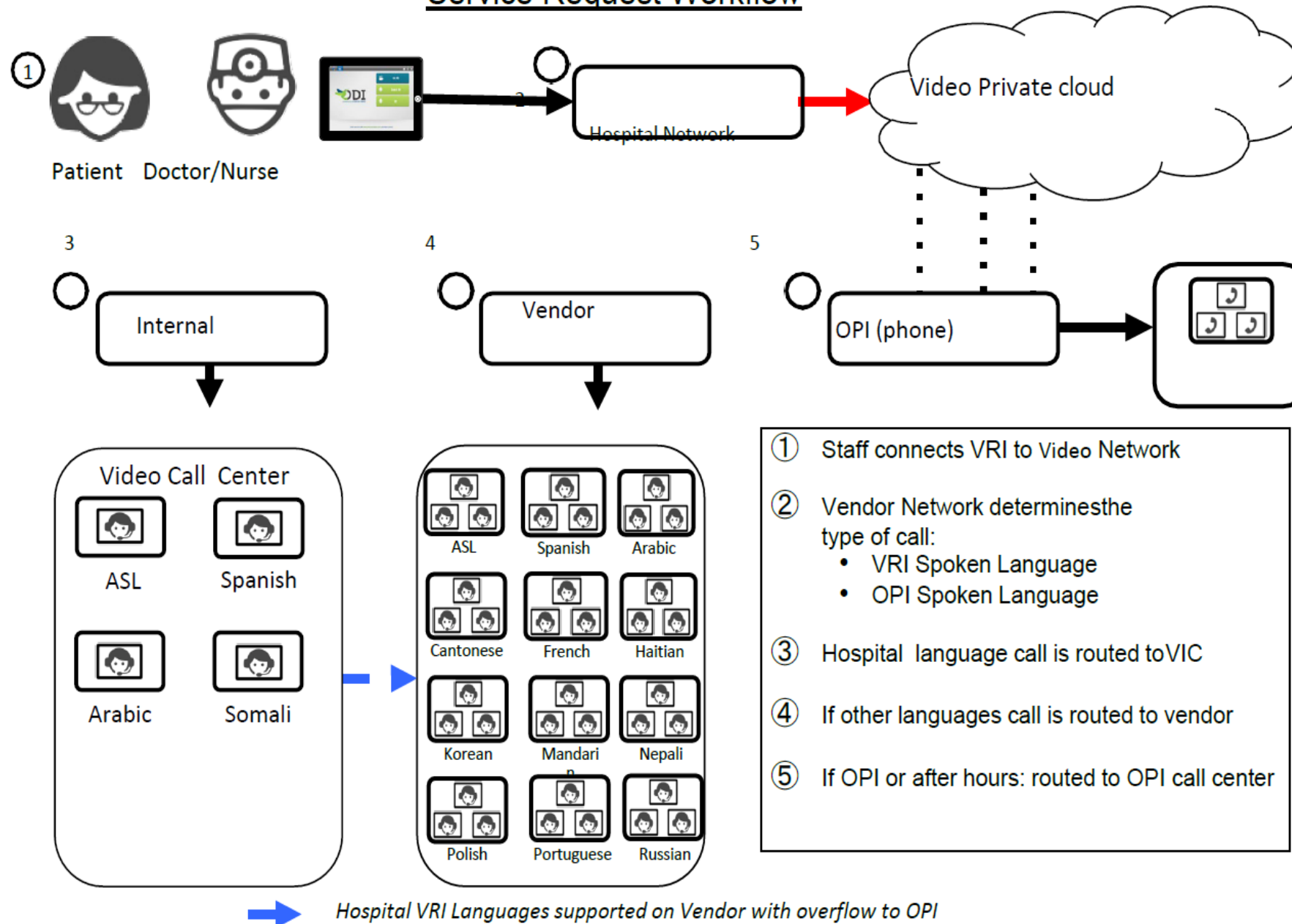
## **Dependencies:**

Organizational support to manage cybersecurity, app setup and device maintenance including software updates and replacement

# Process Flow for interpretive service request



## Service Request Workflow



- ① Staff connects VRI to Video Network
- ② Vendor Network determines the type of call:
  - VRI Spoken Language
  - OPI Spoken Language
- ③ Hospital language call is routed to VIC
- ④ If other languages call is routed to vendor
- ⑤ If OPI or after hours: routed to OPI call center

# Technology setup



**Devices with SOC type 2 and HIPAA security**



**App access via jabber with no browser function**



**Videophones setup using secure VPN connection**



**Enterprise setup with a dedicated T1 line**



**Calls setup to seamlessly connect to video in 30 secs or less**



**Reference guide for quick tech issues resolution**



# Summary and results

- Enterprise implementation in the form of “big bang” not feasible due to cost and resources
- Timing with other projects to utilize existing devices provided smaller windows of opportunity
- Limited geographical ambulatory roll-out is the most satisfactory option
- Utilization reports that monitors risks, costs, usage and productivity for best indicators of success

# Benefit realization of the project

- Participation in HCIN and revenue of 80cents/minute
- Reduction in phone interpretation by 15% or \$51,000
- Increased service - expected revenue 80,000 per annum
- Cost savings - reduction of in-person service
- Application for other healthcare delivery

# Application in other industries

- Auto dealership- video interpretation for sales, repairs, setting up Wi-Fi tools such as GPS, emails etc. as more cars have electronic connectivity
- Interpretive services for government services, banking, investment etc.
- Videos for “how-to” can benefit many industries that sell DIY (do it yourself) kits
- Global commodities trading

Future directions for the healthcare sector:

- 1) Voice recognition
- 2) Artificial Intelligence
- 3) Robotic surgery