

## **Carnegie firm creates hospital video interpreter for deaf or non-English-speaking patients**

Diagnosis: communication

Tuesday, March 08, 2011

By Steve Twedt, Pittsburgh Post-Gazette



Lake Fong/Post-Gazette

David Stauffer is president of DT Interpreting, a Carnegie company that uses video phones to provide interpreters to hospitals for patients who are deaf or do not speak English.

If you're sometimes baffled by the terms and phrases you hear during a hospital stay -- why is a "positive" biopsy a negative result? -- imagine what it's like if you don't speak English.

The Pennsylvania Patient Safety Authority just issued a report that underscores the need for ensuring that patients understand what a nurse or doctor is telling them.

Between 2004 and 2010, the authority identified 232 instances in Pennsylvania hospitals in which a patient's limited English skills might have affected the individual's care, and about half the time it resulted in a fall because the patient did not understand instructions.

For the past decade, a Carnegie business has helped hospitals prevent those accidents by providing on-demand video interpreters, first for hearing-impaired patients and now for non-English speakers as well.

With the help of technology advances, DT Interpreting has grown from fewer than five clients in 2000 to more than 300 today.

When David Stauffer and Bob Fisher decided to go into business together in 1999, they didn't have interpretation in mind. Launching second careers, they had purchased 25 to 30 video telephones to sell -- then learned there was no market for video telephones.

What saved them a few months later was a five-paragraph Post-Gazette story about a deaf couple suing a Bedford County hospital for not providing a sign language interpreter while the husband was being treated for a heart attack.

According to the suit, later settled, the man was forced to use hand gestures and pantomime to communicate with hospital workers as his pain worsened. The story noted that federal law requires public institutions to provide reasonable accommodations for people with disabilities -- in this case, an interpreter.

Mr. Stauffer's immediate thought: "We can do that."

Over the next several weeks, they met in Washington, D.C., with officials at Gallaudet University for deaf and hard of hearing students. "They took one look and said, 'What a great idea!'" Mr. Stauffer recalled.

By year's end, the partners had recommissioned their video phones for their new business, Deaf-Talk Inc., offering hospitals sign language interpreters via a 19-inch television on a rolling cart, equipped with a video camera. One of their first clients was the Bedford hospital that had been sued.

Today, DT Interpreting -- they changed the name after adding non-English language interpreting services five years ago -- has nine employees plus a cadre of 800-plus interpreters across the country capable of working in more than 150 spoken languages.

It also has more modern equipment, the \$7,900 DT2010-S Video Interpreting Unit, which hospitals can either purchase and pay a \$250 monthly service fee or lease a unit for \$400 per month.

By plugging in and turning on the unit, then calling DT Interpreting, hospital staff can have an interpreter for deaf patients onscreen in three minutes on average and in 18 seconds for a non-English interpreter on a dual handset. The company is working now on getting units that would initiate a phone call by simply touching the screen.

In an emergency, that quick access can make a huge, perhaps even life-saving, difference.

The company went public last year as a penny stock; shares today are worth about 15 cents and the two founders are shooting for \$3 to \$4 a share. With the recent addition of a clinic in Midtown Manhattan and two hospitals in central Illinois, DT Interpreting now has plans to expand to the central U.S. and points farther west.

Locally, they work with a handful of hospitals including Children's Hospital and UPMC McKeesport, and are in talks with officials about serving the entire University of Pittsburgh Medical Center health system.

"It's still a niche market," Mr. Fisher said. DT Interpreting does have a handful of competing companies, said Mr. Stauffer, but it's still a developing industry.

The Joint Commission, an agency based in Oakbrook Terrace, Ill., that accredits hospitals nationwide, issued a report in January that included an added emphasis on directing health care organizations to identify patients' communication needs at admission and "arrange for the appropriate communication assistance."

The Pennsylvania Patient Safety Authority report underscores the importance of understanding what's being said.

"Communication plays just a huge role in the best possible outcome of health care," said Fran Charney, director of educational programs for the patient safety authority, an independent state agency that collects reports of accidents and near-accidents from hospitals and other health care facilities.

While 232 incidents over six years does not sound like a lot, she said, chances are good that some episodes went unreported or unrecognized.

The review found that the most common result was a patient who fell because he didn't understand instructions and, the report said, "in many cases patients had suffered a stroke or had some other neurological deficit that further compounded the communication barrier."

About half the time, the patients were also elderly.

Many of the other cases pertained to getting a patient's informed consent for treatment, which sometimes delayed a scheduled surgery.

In one instance, doctors found a brain lesion in a patient who spoke only Chinese. Because of the language barrier, neither the patient nor his family knew he had been scheduled for surgery until after a technician had shaved the patient's head in preparation for the operation.

Another time, an Italian-speaking mother's newborn son was circumcised even though the mother had said in the delivery room that she didn't want that done.

While not endorsing any one interpreting vendor or method, "communication is key to having the best possible health care outcome," Mrs. Charney said.

"A lot of English-speaking patients will nod their head and say they understand, but truly they don't," she said. "You can imagine how that's compounded when you don't understand English well."

Steve Twedt: [stwedt@post-gazette.com](mailto:stwedt@post-gazette.com) or 412-263-1963.

Read more: <http://www.post-gazette.com/pg/11067/1130381-28.stm#ixzz1GK2Orjj4>