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MEDIA RELEASE

ABORIGINAL HEALTHCARE INTERPRETERS SHOW ENCOURAGING RESULTS

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A PILOT program designed to improve communication with Aboriginal and Torres Strait Islander patients in hospital has shown encouraging results with self-discharge numbers dropping, according to the authors of a research letter published online today by the *Medical Journal of Australia*.

“As 60% of Indigenous people in the Northern Territory primarily speak languages other than English, greater use of interpreters in health care could improve outcomes for patients,” wrote the authors, led by Professor Anna Ralph, Division Leader of Global and Tropical Health at the Menzies School of Health Research at Charles Darwin University in Darwin.

The researchers undertook a program at Royal Darwin Hospital which included employment of an Aboriginal interpreter coordinator (to advocate the use of interpreters, coordinate their efficient use, and support interpreters in the hospital), training for health care providers in working with Aboriginal interpreters, and the promotion of interpreter use.

“The intervention was associated with an immediate increase in Aboriginal interpreter bookings and a decline in self-discharge numbers,” Ralph and colleagues found.

“During the baseline period, an estimated 10 582 of 21 163 Aboriginal inpatients (50%) required an interpreter; interpreters were booked for 1333 (12.6% of those needing an interpreter; 755 completed bookings, 57%). During the intervention, interpreters were booked for 17.5% of Aboriginal patients in need (63% completed bookings).

“Self-discharge rates fell from 12.0% to 10.1%.

“The Aboriginal Interpreter Coordinator role appeared to be most important component of the intervention, based on the timing of its introduction and its scope.”

Despite the encouraging results, by the end of the study period, it was still true that fewer than one in five Aboriginal patients needing interpreters had access to one.

“Supply must be increased with recruitment and retention strategies, including interpreter mentoring,” Ralph and colleagues concluded.

“Drivers of demand include health care providers being equipped to deliver culturally safe care by knowing the names of Aboriginal languages, identifying which patients need interpreters, and knowing how to book and work effectively with interpreters.

“Efficiency requires new models for integrating interpreters in different contexts (ward rounds, outpatient care) and service coordination.”

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