

# **Advocacy Statement: Use of VRI in the Medical Setting**

## **Use of Video Remote Interpreting in the Medical Setting<sup>1</sup> (2008)**

The National Association of the Deaf (NAD) acknowledges that technology has the potential to improve the delivery of health care services to deaf<sup>2</sup> individuals, but urges the development of standards and protocols for the proper use of certain technology. One such technology is the use of Video Remote Interpreting (VRI) in medical settings for communication between health care professionals and deaf individuals.

## **Communication Access Mandate in the Medical Setting**

The combined mandate of Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act require all health care facilities (private or public, non-profit or for-profit) to ensure effective communication with deaf individuals.<sup>3</sup> Effective communication is possible through a variety of auxiliary aids and services including but not limited to qualified sign language interpreters and computer-aided transcription services.<sup>4</sup> Deaf individuals requiring such communication access may be patients, family members or companions of patients, and/or health care providers.

The NAD is concerned that deaf individuals continue to experience communication barriers in accessing medical care. In many parts of the country, doctors and hospitals may have a hard time finding qualified sign language interpreters to ensure effective communication during the provision of medical services involving deaf people. Further, hospitals may have difficulty finding qualified sign language interpreters during time-sensitive emergency room admissions and other medical settings.

## **Video Remote Interpreting as an Option**

VRI is an Internet-based service that may be used when a qualified sign language interpreter cannot be physically present in a medical setting. This service uses a high-speed Internet-based video connection to provide visual access to an interpreter who is in a different physical location. As in the case of on-site sign language interpreting services, VRI services are typically contracted and paid for on a fee-for-service basis. Unlike on-site interpreting services, which are often retained for a minimum period of time (i.e., two hours), VRI services are charged by the minute and have no minimum. However, VRI has limitations, which are explained further in this advocacy statement and should be considered a stopgap measure until an interpreter arrives on site. The U.S. Department of Justice has also recognized the shortcomings of VRI in a recent settlement with a hospital for its improper insistence on using VRI as the sole means of communication access.<sup>5</sup>

## **Video Remote Interpreting Usage Limitations**

Due to the following limitations, the NAD maintains the position that VRI services should only be used for brief encounters, including emergency situations, until an interpreter arrives on site.

- VRI is inaccessible for deaf patients with vision impairments, such as low vision or Usher's Syndrome.
- VRI may be inaccessible for deaf patients with cognitive, psychiatric, or linguistic difficulties.
- VRI is inaccessible to deaf patients in certain physical positions, such as patients who are in a prone position.
- VRI may be inaccessible in terms of physically following the patient through on- or off-site medical tests, transfers, physical or occupational therapy, and the like.
- VRI may be inaccessible due to the occurrence of technical difficulties, such as quality of transmission and other difficulties that often occur with computer systems.
- VRI may be inaccessible for patients who are under medication or fatigued.
- VRI may be inappropriate in situations where regional sign language accents require the use of a local interpreter who is better equipped to interpret certain accents.
- VRI equipment and services may be inaccessible due to insufficient training of or turnover among hospital staff.
- With VRI, interpreters generally are randomly assigned, so hospitals are often unable to request the same interpreter for a specific deaf patient. The use of different interpreters within a given situation may make it more difficult for deaf patients to maintain appropriate levels of doctor-patient trust and communications.
- VRI set up does not usually allow for matching up specific types of interpreters to patients with specific communication needs.

## **Recommendations**

The NAD recommends using qualified sign language interpreters on-site and in-person whenever possible. However, the NAD recognizes that VRI may be necessary in certain and limited situations. Towards this end, the NAD outlines the following conditions for use of VRI services, and urges reference to its extensive position statement on Video Remote Interpreting Services in Hospitals for elaboration of these conditions:

- Overriding policy should be for the use of on-site, in-person interpreters
- Appropriate technology within hospitals to assure effective use of VRI
  - Adequate high-speed Internet available
  - Adequate trained staff to maintain VRI technology
  - Availability of VRI in different locations of the hospital (e.g., emergency room, operating room, or patient areas)
- Appropriately qualified interpreters used by the VRI provider
- Appropriately trained hospital staff in the use of VRI
- Outreach and education efforts to ensure efficient and effective use of VRI

## **Conclusion**

The NAD recognizes that VRI services are a valuable back up communication tool which has the potential to ensure that no deaf person will ever be without communication access in the medical setting. Nevertheless, due to the limitations of VRI, the NAD recommends that hospitals provide VRI services only when they are unable to secure the services of on-site qualified interpreters.

1. This advocacy statement is for advocates and others to use in educating hospitals and medical service providers, and encouraging them to provide appropriate levels of service to deaf individuals. Please refer to the NAD position statement on Video Remote Interpreting Services in Hospitals for more specific information on implementing VRI in medical settings.
2. The term “deaf” is to be interpreted to include individuals who are hard of hearing, late deafened and deaf-blind.
3. Americans with Disabilities Act, 42 U.S.C. §§ 12101 et seq. Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794.
4. 28 C.F.R. § 36.303(b)(1); 28 C.F.R. § 35.104. Today, the provision of “computer-assisted transcription services” is commonly called “communication access real-time translation” or “CART.”
5. Gillespie v. Dimensions Health Corporation, No. 05-73 (D. Md. July 12, 2006), available at <http://www.ada.gov/laurelco.htm>.

*This advocacy statement was prepared by the Civil Rights Subcommittee of the Public Policy Committee, and approved April 2008 by the NAD Board of Directors.*