

SESLHD POLICY COVER SHEET



Health
South Eastern Sydney
Local Health District

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KEY TERMS	Translation, translator, written health information
SUMMARY	<p>This document provides a standardised approach for staff who are coordinating the translation of health information.</p> <p>It relates to the translation of:</p> <ul style="list-style-type: none">• population based information, including consumer medicines information• individual patient information• research documents• templates and tools

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**Translated Health Information – Practice
Guidelines****SESLHDPD/325****1. POLICY STATEMENT**

The production of health information in languages other than English is key to the provision of equitable and safe health service delivery. It contributes to ensuring that people who speak a language other than English are able to understand and actively participate in their health care.

Quality translation of health information supports best practice clinical care and reduces patient safety risk in health care settings. Poor quality translation can compromise service accessibility, patient safety and clinical outcomes. There are particular quality and privacy risks associated with online machine applications, especially when they are employed to produce translated health information with identifying content (Kamocki, O'Regan and Stauch, 2016).

Translation is the transmission of messages in writing and differs from interpreting. It is a complex process of converting the language and cultural meaning of a source text into a target language to achieve effective communication. The translated document may not be the exact word for word equivalent of the source document but will convey the same meaning.

A National Accreditation Authority for Translators and Interpreters (NAATI) certified translator must be engaged to complete any written health information translation work. Professional language translation is a specific skill, independent of certification as an interpreter. Not all NAATI certified interpreters are also NAATI certified translators.

The translator should be briefed as to the context of the information, the target community and the desired tone of the document. The translator may seek clarification of words or concepts from the author throughout the translation process. Some flexibility in terminology may be required. The linguistic and conceptual accuracy of the translated document must be checked by a second NAATI certified translator. An additional review of the translated document by community members is recommended to ensure that it is accurate and suitable for the target community. This is especially important for consumer health information intended for mass distribution.

Bilingual staff and community members are not professional translators and should not be engaged to translate written health information unless they hold NAATI certification as a translator. However, the inclusion of bilingual staff in the development and review of health information intended for translation provides both clinical and cultural perspectives and is recommended.

Online translation tools, websites or phone applications are not accurate and should not be used to translate written health information as detailed in [NSW Ministry of Health Policy Directive – PD2017 044 - Interpreters – Standard Procedures for Working with Health Care Interpreters](#).

This policy does not cover the development of health information in English. A document should first be developed in plain English in partnership with representatives of the target community. Consideration should be made that the document is intended for translation. For example, avoid the use of acronyms, jargon, slang and abbreviations. The [NSW Health Literacy Framework](#) and

the [NSW Government Language Services Guidelines](#) provide advice regarding the development of a document for translation in plain English.

Generally, health information should not be developed in a language other than English. If a document is to be developed in a language other than English, please contact the Multicultural Health Service for advice. Contact details for this service are listed in Appendix A. All published translated written health information must be accompanied by an English version of the document.

Advice regarding language choices at SESLHD facility and District level can be accessed from the SESLHD Multicultural Health Service. When choosing languages for translation, consideration should be given to the demographics and English language proficiency of the target group, community need, health literacy levels and priority health areas.

The SESLHD Aboriginal Health Unit should be contacted for advice related to the translation of written information into Aboriginal languages. This includes the translation of individual words for use within English sentences, for example to use on banners and promotional flyers, and the naming or branding of programs, projects and committees. Contact details for the SESLHD Aboriginal Health Unit are listed in Appendix A.

The cost of translating consumer health information is the responsibility of the health service or project team developing the English language consumer health information. There is no District wide budget for language translations. It is the role of services, departments and facilities to pay for language translations, when required.

1.1 Consumer health information

Consumer health information should be produced in a format that allows online readability and in compliance with the [SESLHD Style Branding Guide](#). Information for translation should be generalised for broad applicability and sharing throughout NSW Health rather than producing information relevant only at service or facility level.

Written permission from the owner is required to translate any resource that has not been produced by SESLHD e.g. Heart Foundation, Diabetes Australia resources. Any images (photographs, drawings and artwork) used in the production of written translated information must be owned by SESLHD unless prior written permission for use from the owner has been obtained. Media consent must be obtained from individuals represented in photographs produced by SESLHD staff for use in written resources. SESLHD will be the owner of any translated health information co-ordinated by SESLHD staff members.

The NSW Multicultural Health Communication Service (MHCS) is the preferred language translation service for consumer health information in SESLHD. Finalised translations should be uploaded or linked to the MHCS website. Contact details for this service are listed in **Appendix A**.

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1.2 Consumer Medicines Information (CMI)

It is important to provide medicine-related information in a form that can be used and understood by all patients, and that considers individual patients’ needs. Consumer Medicines Information (CMI) is written by the Pharmaceutical Company responsible for the medicine. CMI may not be available for every product and may not be translated in every language.

At times, CMI may need to be developed locally by a health service to meet a specific need. If this is the case, the information must be endorsed by the organisation’s medication safety governance group. Intellectual property, copyright and regulatory issues need to be considered. Translation of CMI is a high risk activity. Challenges may arise related to the potential lack of suitable language equivalents for certain terminologies. Medicine names should not be translated. If CMI is developed for translation, it must include community review processes and the draft translation must be checked by a bilingual health practitioner, preferably a Pharmacist.

1.3 Individual patient information

It is the responsibility of the individual patient to co-ordinate and pay for the translation of personal medical records that are written in a language other than English. Exemptions may be made for humanitarian entrants and in emergency clinical situations. Contact the Health Care Interpreter Service (HCIS) for advice in these situations. Contact details for this service are listed in Appendix A.

Requests for the translation of individual patient information pertaining to ongoing, current treatment should be made directly to the HCIS. Forwarding patient information directly to external translation agencies may breach NSW Health privacy standards.

It is the responsibility of the health care service provider to co-ordinate and negotiate any costs which may apply to the translation of patient specific clinical information, such as a treatment plan, directly with the HCIS.

[NSW Ministry of Health Policy Directive – PD2017_044 - Interpreters – Standard Procedures for Working with Health Care Interpreters](#) states that professional health care interpreters cannot be expected to sight translate documents in all situations. If a request exceeds the interpreter’s capacity to sight translate, they will refer the health care service provider to the HCIS for guidance.

1.4 Research documents and diagnostic tools

Adaptation of research instruments and diagnostic tools requires both language translation and consideration of cultural understanding. Many of these documents are subject to copyright and intellectual property restrictions and cannot be translated without the written permission of the owner. Validated survey tools and research instruments which have been translated from the original language will require revalidation to ensure functional and metric equivalence to the source document.

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Translation of research documents supports people who speak a language other than English to participate in research activities. Advice regarding the translation of Patient Information Sheet and Consent Forms and other consumer research information can be obtained from the SESLHD Multicultural Health Service.

2. AIMS

To inform staff of a standardised approach to coordinating language translations and to address quality and safety risks associated with producing health information in languages other than English.

3. TARGET AUDIENCE

All staff coordinating language translation of health information.

4. RESPONSIBILITIES

Health service managers, registered allied health professionals, nursing staff and non-clinical administrative staff.

5. DEFINITIONS

Bilingual means the ability to speak, read and write two languages fluently. In the context of this policy, it refers to someone with written fluency in English and one or more other language(s).

Bilingual health practitioner means a health practitioner who has written fluency in English and at least one other language. A bilingual health practitioner may be formally certified by NAATI as a translator, but NAATI certification is not a requirement for the role.

Certified means a person who is formally certified by the National Accreditation Authority for Translators and Interpreters (NAATI).

Consumer health information means documents for general distribution, such as fact sheets, brochures, websites and editable consumer information which can be customised to an individual patient e.g. appointment letters. Consumer health information also includes consumer medicines information.

Health care interpreter means a person who is certified by NAATI as an interpreter.

Health Care Interpreter Service (HCIS) provide interpreters and coordinate translations for patients in the public health system. Contact details are provided in Appendix A.

Individual patient information refers to anything relating to direct individual patient care including clinical encounters e.g. medical records, individual treatment plan.

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NAATI means the National Accreditation Authority for Translators and Interpreters. NAATI sets the national standards in translating and interpreting for Australia. NAATI also certifies interpreters and translators under the national standards. Since January 2018, NAATI has replaced their accreditation process with a certification standard.

NSW Multicultural Health Communications Service (MHCS) is a state-wide health service which coordinates the provision, development and dissemination of multilingual health information in all media. Contact details are provided in Appendix A.

Patient (also “client”, “consumer”) means any person accessing a health service in the NSW public health system.

Plain English means clear writing that tells the reader exactly what the reader needs to know without using unnecessary words, jargon, culturally specific expressions or ambiguous statements.

Sight translation means the immediate translation of written material into a spoken language.

Templates and tools means documents which are editable and can be adapted to an individual or a department e.g. appointment letters.

Therapeutic Goods Administration (TGA) is Australia’s regulatory authority for therapeutic goods.

Translation means the accurate conversion of messages between two written languages, including both the cultural meaning of the original document as well as individual words.

Translator means a person who is certified by NAATI as a translator.

6. REFERENCES

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7. REVISION & APPROVAL HISTORY

Date	Revision No.	Author and Approval
May 2020	DRAFT	Initial draft, approved by Executive Sponsor. Draft for comment period.
July 2020	Draft	Final draft approved by Executive Sponsor.
August 2020	Draft	Approved by Quality Use of Medicines Committee
September 2020	Draft	Approved by Clinical and Quality Council Published by Executive Services

Appendix A:**NSW Health Multicultural Health Communications Service**8753 5047 | <https://www.mhcs.health.nsw.gov.au/> | SESLHD-MHCS@health.nsw.gov.au**SESLHD Aboriginal Health Unit**9540 8254 | <https://www.seslhd.health.nsw.gov.au/services-clinics/directory/aboriginal-health-unit>**SESLHD Multicultural Health Service**9382 8670 | <https://www.seslhd.health.nsw.gov.au/services-clinics/directory/priority-populations/multicultural-health-service>**Sydney Health Care Interpreter Service**9515 0030 | <https://www.slhd.nsw.gov.au/interpreters/> | SLHD-SHCISTranslations@health.nsw.gov.au