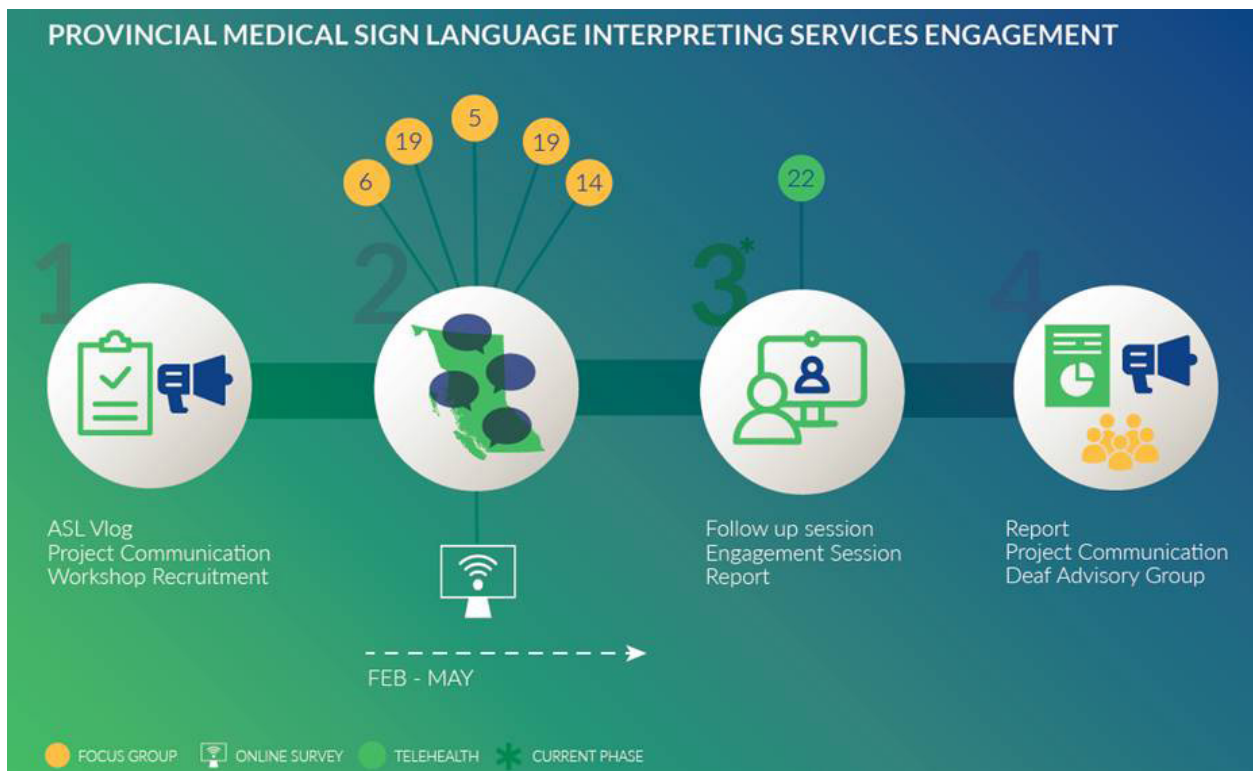


Phase III

VISUAL REPORT

SUMMARY



PHASE III VISUAL REPORT SUMMARY

Provincial Language Service, a program of the Provincial Health Services Authority (PHSA), engaged in a process to review the current service delivery model for provincial medical Sign language interpreting services, known as MIS. This service is provided for the Deaf, Deaf-Blind and hard of hearing community under a contract administered by Provincial Language Service.

The engagement had four phases:

- **Phase I** – communicate the project and generate interest with Deaf, Deaf-Blind and hard of hearing communities in becoming engaged;
- **Phase II** – five engagement workshops across the province with community stakeholders;
- **Phase III** – a follow-up workshop to report on the input received in Phase II and to propose an interpreting service model and seek input;
- **Phase IV** – communicate the input received on the proposed model and outline the next steps for the provincial medical Sign language interpreting services.

This report visually summarizes the input received during Phase III of the engagement project.

The purpose of Phase III is to gather community input into the proposed Service Delivery framework model. This document summarizes the input received and presents the newly-revised model informed by this input.

NEW PROPOSED SERVICE DELIVERY FRAMEWORK

The provincial medical Sign language interpreting service framework was first presented to community members at the June 20, 2018 Workshop.

The framework looked like this:

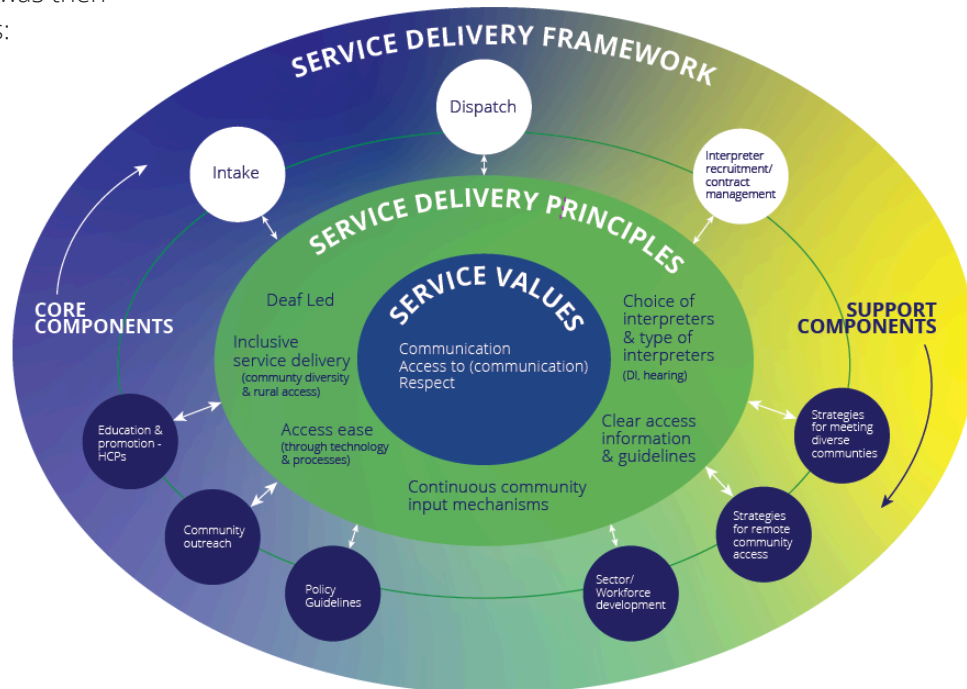


After receiving input from the participants at the workshop and through additional meetings and submissions from community members, we heard that the framework needed to be better presented visually so it is clearer, includes colour and designed as an infographic. The framework was, then, first redesigned to look like this:

SERVICE DELIVERY FRAMEWORK



To further refine service principles and components, it was then designed to this:



In addition to feedback on the framework, we heard the following:

THEMES

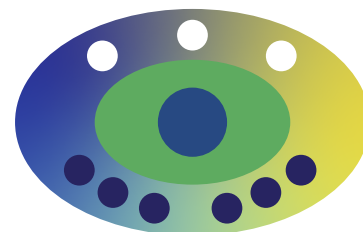
1. Deaf-led process that is inclusive of the community's diversity

Establishing the provincial medical Sign language interpreting services should be a deaf-led process. A deaf-advisory committee with diverse representation needs to be involved in designing and informing the methodology and service delivery.



2. Service delivery framework

The proposed Service Delivery framework is valid and represents community input, but it needs to be further developed and elaborated.



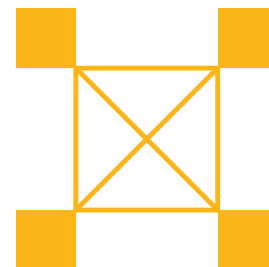
3. Request for proposal process

The Request for Proposal (RFP) process needs to be clearly defined, and the community needs to be involved in the RFP process.

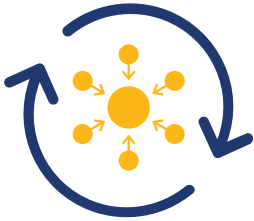


4. Role of service coordinator

The decision by PLS to hire a service coordinator who is deaf is a positive one. The role and responsibilities and criteria for the selection of the coordinator need to be clearly defined. The community should be involved in developing the requirements and/or qualifications for the role of coordinator.



THEMES



5. Ongoing community involvement

In addition to expressing a desire to be involved in the RFP process and in determining the required competencies for the role of the coordinator, there needs to be a mechanism for ongoing community consultation in the decision-making process related to this service.



6. The scope of coverage

The scope of coverage of the provincial medical Sign language interpreting service is not changing, and therefore, it remains an issue that needs to be addressed.



7. Complaints process

A complaints process is a key element of a service delivery framework and should be embedded in the framework, including in the requirements for service delivery in the RFP.

ADDITIONAL POINTS OF VIEW

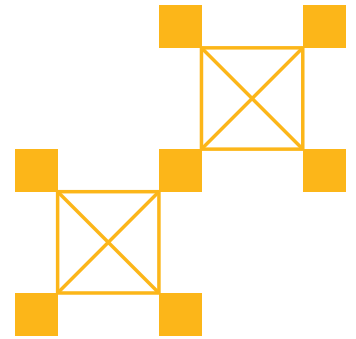
1. Validity of service values

Despite the core values (communication, respect, access) that emerged out of Phase II being validated by community members, some community members questioned their validity and the evidence that support the established value system.



2. More than one deaf person as service coordinator

Having only one deaf staff member would not be equitable for deaf patients as it does not provide options. The Deaf community is small and patients prefer to have options when approaching staff.



3. Bringing ASL interpreting services “in-house”

Bringing the interpreting services “in-house” within Provincial Language Service and hiring a team of people who would deliver and manage the service.



The key themes of convergence and divergence are further elaborated in the section (of the full report) titled Summary of Input Received.