WHAT SHOULD A HEALTHCARE LANGUAGE COMPANY OPTIMIZE FOR?

SPEED?

COVERAGE?

COST?

What we measure today — and what healthcare language services should prioritize next.

What tells us the service worked?

RELIABLE ACCESS STARTS WITH GOOD OPERATIONS.

01 **Response time.**

02 **Filled assignments.**

03 **Reliable coverage.**

04 **Sustainable cost.**

But in healthcare, they are not the final outcomes. We can hit SLA targets, maintain coverage, fill assignments and still overlook something equally important:

WE ALSO NEED TO ASK:

Was the communication actually accurate?

DID THE MEANING SURVIVE THE TRANSFER?

PATIENT → CLINICIAN

The patient's symptoms, timing and uncertainty must reach the clinician.

CLINICIAN → PATIENT

The care plan must return accurately to the patient.

That is what the healthcare communication chain must protect, and that changes how we think about errors.

ACCURACY + COMPLETENESS • EVERY MESSAGE

WHAT DID THE ERROR CHANGE?

EXAMPLE 01 • QUANTITY

“Take **two** tablets.”

↓

“Take the tablets.”

The quantity disappears.

EXAMPLE 02 • TIMELINE

“The pain started **yesterday** .”

↓

“The pain started last week.”

The timeline changes.

Could the change affect a clinical decision or action? What matters clinically is how an error could affect patient care and outcomes

QA SHOULD ASSESS POTENTIAL CLINICAL CONSEQUENCES, NOT JUST ERROR FREQUENCY.

01 **What was altered or omitted?**

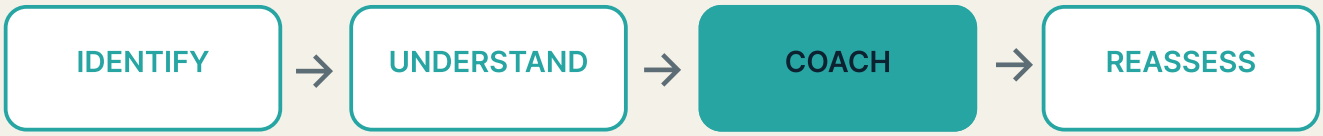
02 **Could it affect assessment, consent or patient action?**

03 **Was it clarified or corrected?**

Review each assessed interaction context using shared criteria and clinically informed feedback when needed.

THIS HELPS INTERPRETERS UNDERSTAND WHICH ERRORS CARRY HIGHER RISK FOR SIGNIFICANT CLINICAL CONSEQUENCES

A REVIEW SHOULD CHANGE THE NEXT ENCOUNTER.



FOR A LOST DOSE DETAIL

Review the cause.

Practice capturing quantities and requesting clarification.

Then reassess on a new case.

THE GOAL - What should we optimize for

Fewer repeated errors with potential clinical consequences, not simply more minutes delivered. That's what a reliable healthcare communication chain looks like.

HIGH EXPECTATIONS NEED REAL SUPPORT.

Interpreters deserve specific, clinically informed feedback, consistent review and time to practice.

QA SHOULD ALSO:

- **listen to our account of the encounter**
- **examine working conditions**
- **recognize appropriate clarification and correction**

“our account of the encounter”

Quality is not only the interpreter sole responsibility.

BUILD THE SERVICE AROUND WHAT CARE DEPENDS ON.

A healthcare language company should protect the message across the communication chain and help its interpreters keep improving. Medical science evolves constantly, language access should do too.

INTERPRETERS + QA LEADERS

what makes feedback useful in practice?