

Hospitals, Language, and Culture: A Snapshot of the Nation



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Quality Healthcare Interpreting for California Hospitals
November 7, 2007

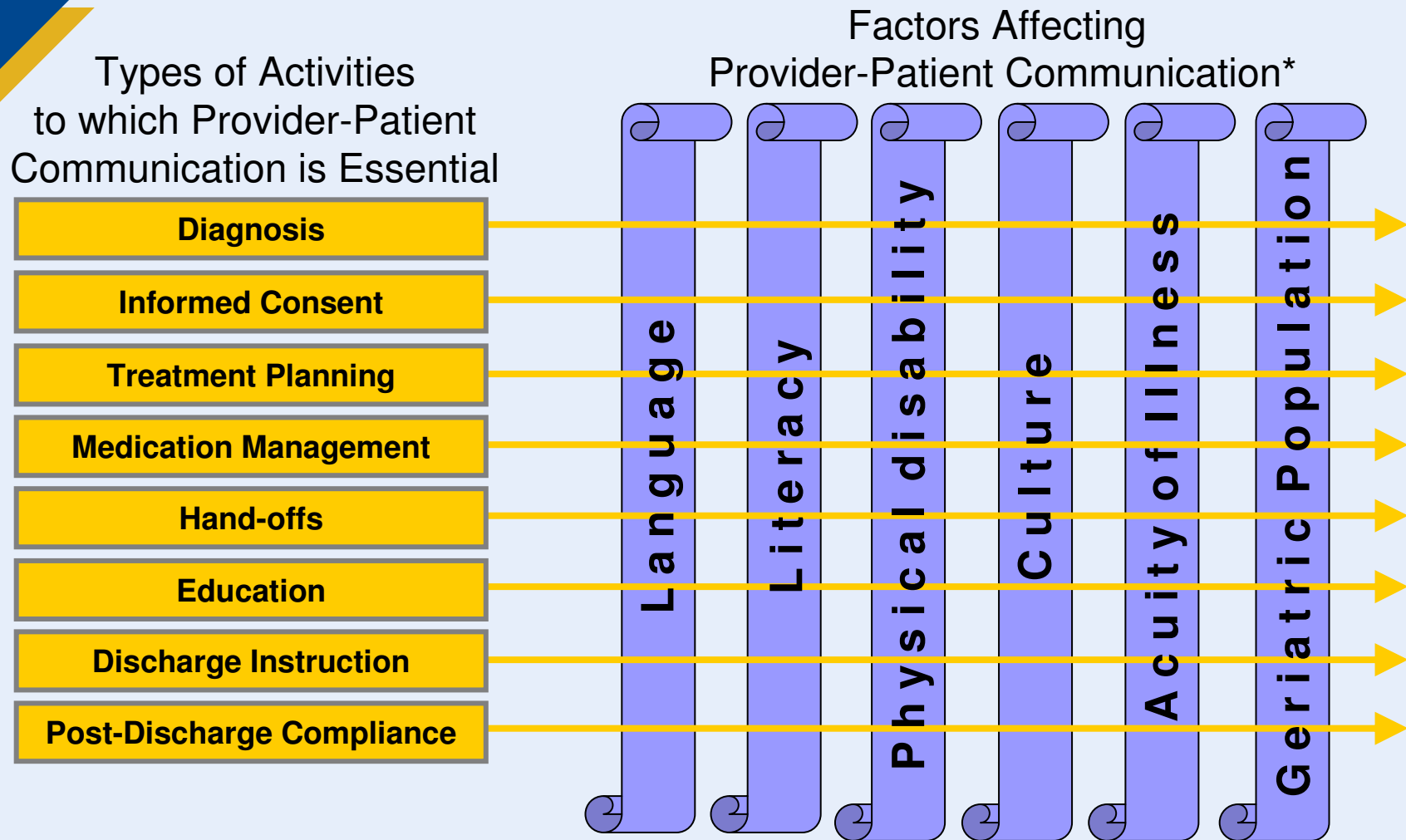
Communication and Healthcare

- Communication is the cornerstone of patient safety
- Healthcare is communication-dependent
 - Accurate information is needed
(assessment, diagnosis, treatment, consent, education)
 - Multiple players involved
(patient/family, physicians, nursing, pharmacy, lab, imaging, billing)

Communication-Vulnerable Patients

- Access to direct communication can be inhibited by:
 - Culture
 - Literacy
 - Language
 - Hearing or visual impairment
 - Cognitive Limitation
 - Intubation
 - Disease (ALS, Stroke)
- Communication-vulnerable patients are at increased risk for serious medical events

Role of Language and Culture

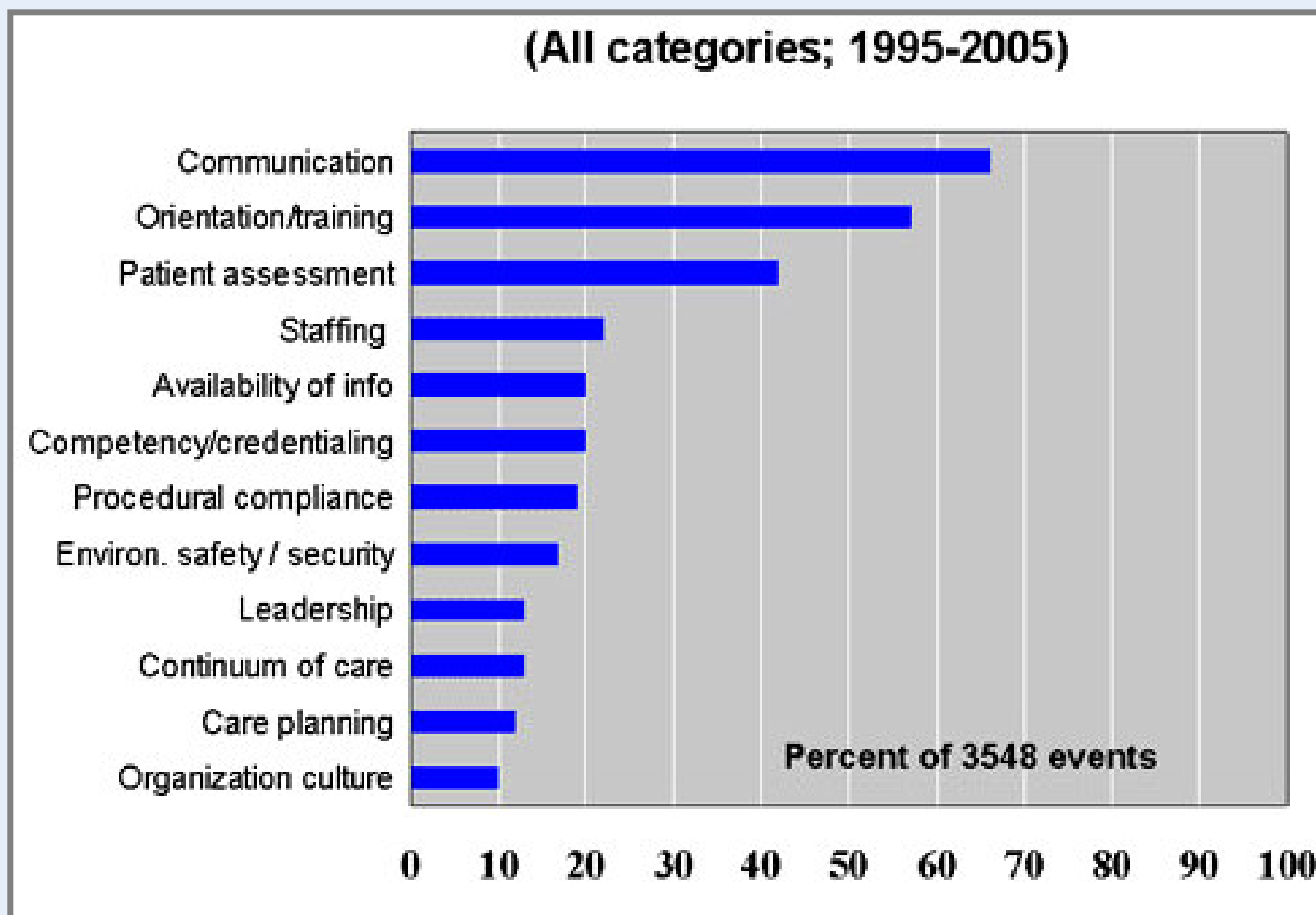


*Factors are not Mutually Exclusive

Communication & Patient Safety

- Impact of communication on sentinel events
 - unexpected deaths and catastrophic injuries
- Joint Commission sentinel event database
 - Voluntary reports
 - January 1995 – December 2006
- Communication breakdowns (between care providers or between providers and patients) are the **primary root cause of nearly 3,000 sentinel events** that have been reported to The Joint Commission

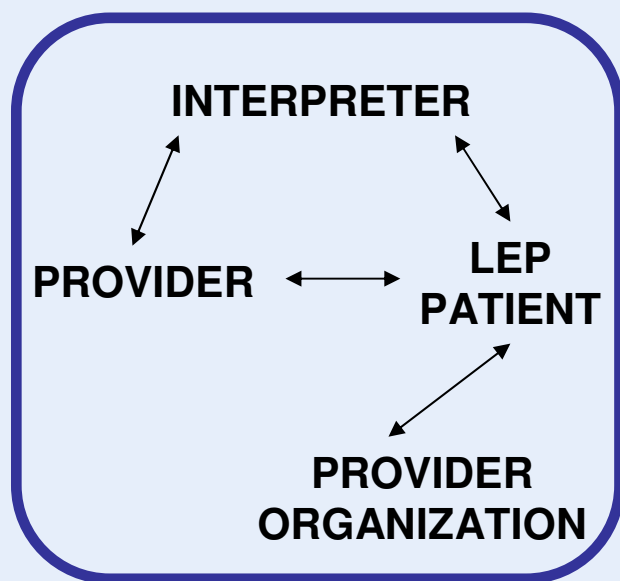
Root Causes of Sentinel Events



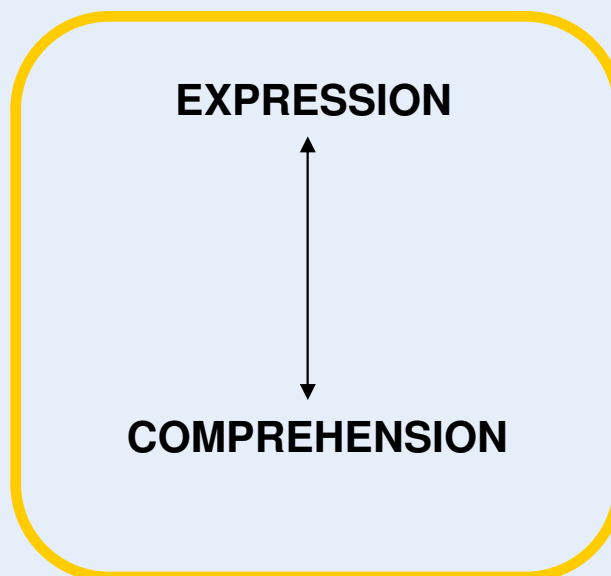
The Joint Commission Sentinel Event Statistics, available at:
http://www.jointcommission.org/NR/rdonlyres/FA465646-5F5F-4543-AC8F-E8AF6571E372/0/root_cause_se.jpg, accessed September 4, 2007.

Language Barriers & Patient Safety

COMMUNICATION FACTORS



COMMUNICATION PROBLEMS



**ADVERSE
EVENT**

Language Barriers & Patient Safety

- Study of pediatric population showed **“Spanish-speaking patients** whose families have language barriers...have **significantly higher risk for serious medical events** during the pediatric hospitalization”

Cohen, A.L., Rivara, F., Marcuse, E.K., McPhillips, H., & Davis, R. (2005). “Are Language Barriers Associated with Serious Medical Events in Hospitalized Pediatric Patients?” *Pediatrics*, 116(3), 575-579.

- “Among uninsured who’s doctor prescribed medication, **27% of those who needed but did not get an interpreter said they did not understand the instructions for taking their medications**, compared to only 2% of those who either got an interpreter or did not need one.”

Andrulis, D., Goodman, N., & Pryor, C. (2002). *What a Difference an Interpreter Can Make: Health Care Experiences of Uninsured with Limited English Proficiency*. Boston, MA: The Access Project.

JC Support for Effective Communication

- ▶ **Hospitals, Language, and Culture: A Snapshot of the Nation, A Report of Findings (March 2007)**
- ▶ “What Did the Doctor Say?:” Improving Health Literacy to Protect Patient Safety (March 2007)
- ▶ Language Proficiency and Adverse Events in US Hospitals: a Pilot Study (February 2007)
- ▶ Language Access in Health Care Statement of Principles (October 2006)
- ▶ National Standards of Practice for Interpreters in Health Care (September 2005)
- ▶ Speak Up: Know Your Rights
- ▶ Joint Commission Accreditation Standards

Hospitals, Language, and Culture: A Snapshot of the Nation



Cross-sectional Qualitative study

Three Research Questions:

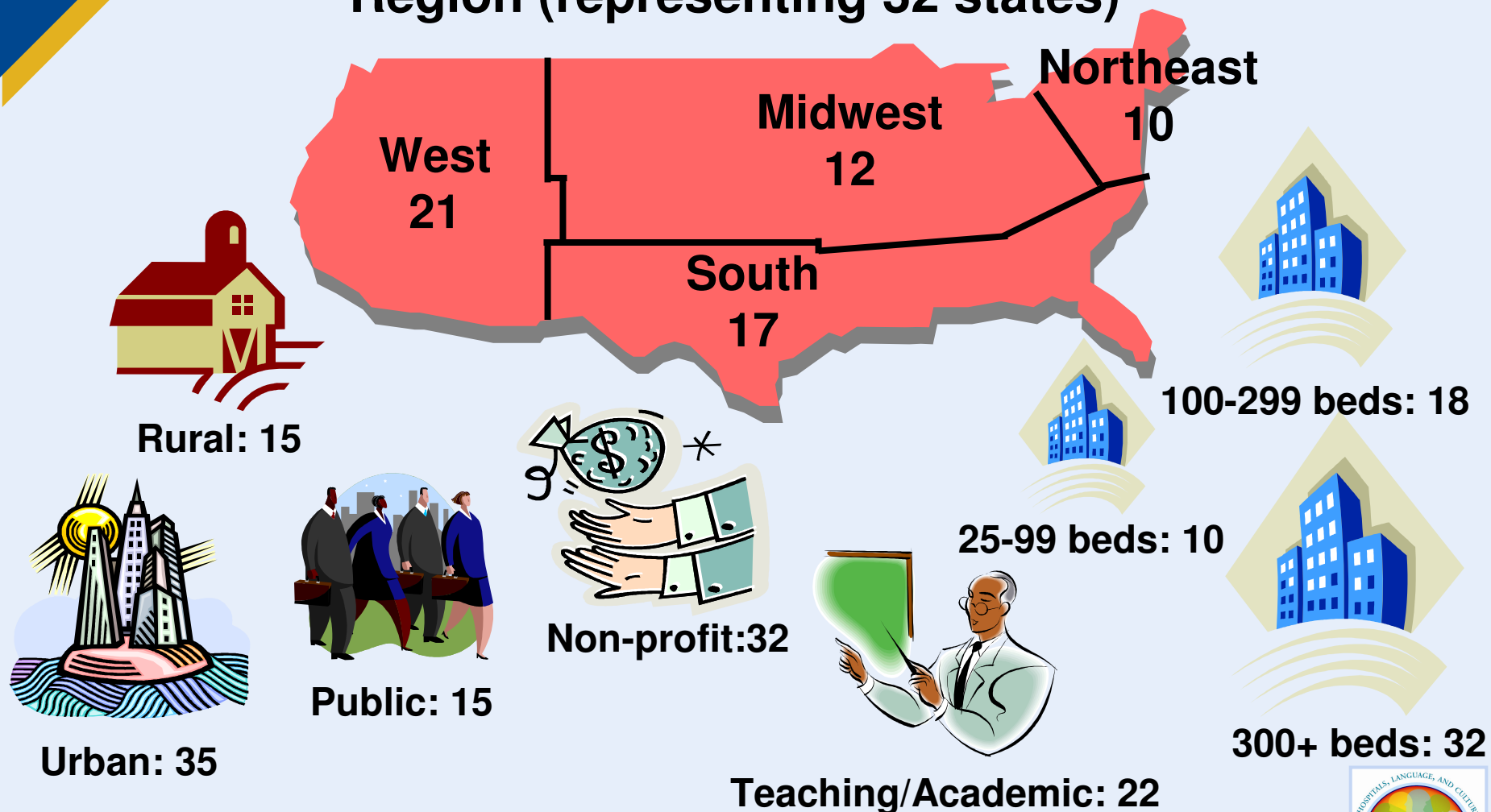
1. What are the challenges hospitals face providing care to diverse patient populations?
2. What are hospitals doing to address these challenges?
3. Are there any promising practices that can be replicated to improve care?

Study Methodology

- Cross-sectional qualitative study of 60 hospitals
 - 2 samples of 30
- In-person **administrative interviews**
 - CEO (one-on-one)
 - Leadership, Human Resources, Cultural and Linguistic Services (3 groups of 3 representatives)
- In-person **clinical interviews**
 - Patient-centered assessment interviews focused on a clinical case scenario (one-on-one)

The Sample Hospitals

Region (representing 32 states)



Key Findings

- ▶ Wide range of practices/interpretation of good practice
- ▶ More focused efforts on language than culture
- ▶ Gap between current practice and desired practice
 - Missing resources
 - Resources exist, but processes not being used
- ▶ Need for greater clarity in Joint Commission standards

Available Language Services

- ▶ 23/60 hospitals had hospital interpreters (not dual role)
- ▶ 19/60 hospitals had contract interpreters
- ▶ 53/60 hospitals used bilingual staff as interpreters
- ▶ 59/60 hospitals had telephone interpreter services

Reported Use of Language Services

| N=60 Pre-Visit Questionnaire | Never | Seldom | Often/ Regularly/ Frequently |
|----------------------------------|-------|--------|---|
| Trained Staff interpreter | 35% | 8% | 57% |
| Trained contract interpreter | 30% | 23% | 46% |
| Volunteer | 65% | 21% | 14.5% |
| Trained Bilingual staff | 35% | 20% | 45% |
| Untrained Bilingual Staff | 17% | 27% | 57% |
| Family or Friend | 3% | 32% | 65% |
| Telephone interpreter service | 2% | 18% | 80% |

What Happens When an LEP Patient Seeks Care?

Meet Mr. Lopez:

- 60-year-old widower
- Spanish-Speaking only; limited acculturation
- 12-year-old English-speaking daughter
- Suffered appendicitis-hex
 - in great pain
- Visits Emergency Department for temporary pain relief

Who he encounters:

- Triage Nurse
- ED Floor Nurse
- ED Physician
- Radiology Tech
- Med-Surgery Nurse
- CNA
- Housekeeper
- Social worker
- Interpreter

How Do Practitioners Communicate with Mr. Lopez?

- 48% of physicians preferred **direct communication** with the patient (n=56)

“It is not the interpreter [that is the problem]. I would rather have a personal conversation with the patient without any outsiders.” –ED Physician

- 37% of emergency room nurses (n=57)
- 33% of radiology techs (n=60)
- 22% of med-surg nurses (n=58)

How Do Practitioners Communicate with Mr. Lopez?

- ▶ Of the 48% of physicians who preferred **direct communication**:
 - 8 physicians indicated that their skill in the target language was **rudimentary**
 - 2 physicians used **non-verbal communication...**

How Do Practitioners Communicate with Mr. Lopez?

“First of all, I would probably use my little board or notepad, and I would write in English to see if he understands the language. If that is not the case, what I usually do is maybe by some form of sign language try to explain to him that he has severe pain in his abdomen and he probably needs an operation. The other thing I could show him is maybe pictures of a surgeon where he probably has to open up the abdomen to perform the procedure.” –ED Physician

Use of Telephone Interpreter Service

- ▶ Only **5% (3)** physicians indicated that they would use the telephone to communicate with Mr. Lopez.
- ▶ Only **10% (6)** nurses indicated that they would use the telephone to communicate with Mr. Lopez...

Use of Telephone Interpreter Service

“I would prefer the Language Line...because this person is not sitting there looking at the patient, so they’re completely objective...It’s hard to tell if I don’t speak the language that they’re giving the appropriate information, but these people are trained in medical speak, so I know they’re speaking the medical terminology that I need them to speak” –ED Triage Nurse

Use of Ad Hoc Interpreters

“We use family...particularly with Bosnian or Laotian [patients]...where they will have smaller kids with them like maybe grade schoolers, we have to use them because [for] languages I can’t identify, that is the only thing we have, so we just go with it” –ED Nurse

*“We use sign signals. If a daughter or family is able to help out we have the family help or we try to get someone who speaks the language.”
–Med-Surg Nurse*

What is The Joint Commission Doing?

- Establishing a **position paper on the provision of language services** that may anticipate future standards development or revision.
- Increased **Joint Commission surveyor education** to heighten sensitivity to existing requirements and increase the ability to offer consultation, including a simulation activity at the 2008 Annual Invitational Training Conference and the development of distance learning modules.

What is The Joint Commission Doing?

- ▶ A report of **promising practices for meeting the needs of diverse patients** identified in the *Hospital, Language, and Culture* study.
- ▶ A study to help understand **what drives some hospital CEOs** to embrace language, culture, and literacy improvement initiatives.
- ▶ Ongoing research on the **experience of Juan Lopez, a limited English proficient patient**, at 60 hospitals across the nation.

Bringing It Home: What This Means for The Joint Commission

Standard RI.2.100

The hospital respects the patient's right to and need for effective communication

Elements of Performance

1. The hospital respects the right and need of patients for effective communication.
2. Written information provided is appropriate to the age, understanding, and, as appropriate to the population served, the language of the patient.
3. **The hospital provides interpretation (including translation) services as necessary.**
4. The hospital addresses the needs of those with vision, speech, hearing, language, and cognitive impairments.

For More Information



■ www.jointcommission.org/patientsafety/hlc/

Available:

Downloadable Reports
Up-to-date HLC Project information
OMH CLAS/JC Standards Crosswalk
Links to other websites
Resources

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