An Issue Brief from *Speaking Together*

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Improving Quality of Health Care Relies on Effective Language Services

Hospitals Participate in Robert Wood Johnson Foundation Program to Improve the Quality of Care for Patients who Speak Little English

Hospital emergency departments and patient rooms reflect an increasingly diverse mix of ethnicities, cultures and spoken languages. Experts estimate that as many as 20 million people in the United States – about one in every 15 people – speak and understand little, if any, English. That can create challenges for hospitals intent on providing high-quality care to all of their patients.

In order to achieve the outcomes that doctors want – and patients expect – all parties must be able to communicate effectively and clearly understand each other – from explaining symptoms and potential treatments, to relaying medication allergies and instructions for follow-up care. Many health care experts believe that assessing and improving the language services offered to patients in America's hospitals will not only improve communications, but can significantly improve the quality of patient care.

> Speaking Together *participants say involving the language services team in quality improvement is revolutionary. Rarely before have medical interpreters been asked to assess their performance and apply principles of quality improvement to their work.*

Speaking Together: National Language Services Network, a project funded by the Robert Wood Johnson Foundation, is helping 10 hospitals nationwide identify, test and assess strategies to effectively provide language services to patients with limited English proficiency (LEP). Marsha Regenstein, Ph.D., a professor at The George Washington University School of Public Health and Health Services and a nationally recognized expert on hospital-based care for minority populations, leads the program.

Caregivers and interpreters 'learning together' in Ann Arbor

The language services team and clinical staff at the University of Michigan Health Center in Ann Arbor, Michigan are working closely to educate each other and build relationships that bring interpreters closer to the bedside, working with doctors and nurses as part of the clinical care team.

In the hospital's cardiology unit where several *Speaking Together* strategies are being piloted, this means testing new ways to educate the staff on the availability and importance of language services for patient care. One small change has been the addition of dedicated speaker phones that staff can readily place at the bedside of LEP patients to facilitate interpreter access via the language line. A larger initiative has been developing 'interpreter champions' among nursing staff on the cardiology units. "These RN champions have learned more about LEP patients' needs and the value of interpreter services, and they educate the rest of the clinical staff," said Elizabeth Nolan, *Speaking Together* team leader and a nurse specialist in the cardiovascular center. "The champions are also a 'go-to' resource for questions on all aspects of communicating with LEP patients, including the effective use of interpreters."

Meanwhile, the interpreters are now participating in the hospital's internal clinical education programs that include presentations about topics such as heart failure and the relationship between cardiovascular health and diabetes. These programs provide interpreters with information and context for the complex medical situations when they partner with clinical staff and interpret to patients.

Robert Wood Johnson Foundation

THE GEORGE WASHINGTON UNIVERSITY
SCHOOL OF PUBLIC HEALTH AND HEALTH SERVICES

Collecting the Data

Faced with requirements to provide language services – and a rapidly changing patient population in many communities – hospital leaders are struggling to determine how medical interpreters can best work with health care providers. *Speaking Together* is looking for answers to that question by using data and quality improvement methodologies.

"Like all programs to improve the quality of health care, we need to begin by looking at existing data and in most hospitals, there aren't many numbers to crunch," said Regenstein. "Just knowing how many interpreters a hospital, has and what language they speak doesn't explain much. The data we need are the percentage of patients who actually needed an interpreter, whether they received one, how long it took for the interpreter to respond, whether the interpreter was involved at critical moments in explaining care and what effect all of this had on quality."

The 10 hospitals are now collecting data on five measures determined by the *Speaking Together* staff:

1. The percentage of patients screened for their preferred spoken language;
2. The percentage of patients with limited English proficiency who received both an initial assessment and hospital discharge instructions from trained, qualified interpreters, or from bilingual providers who have been assessed for language proficiency;
3. The percentage of clinical encounters in which patients waited for an interpreter for 15 minutes or less;
4. The amount of time that interpreters spend providing medical interpretation in clinical encounters with patients; and
5. The percentage of clinical encounters in which interpreters waited 10 or more minutes to provide interpreter services to providers and the patient.

Because these data had not been tracked previously, *Speaking Together* staff worked with the hospitals to devise systems to capture the information. It required linking data systems hospital-wide and, in some instances, creating new fields to capture new data variables. Many hospitals began by creating a tracking tool in which interpreters log the times a clinician requested their assistance for a patient encounter, when they reached the patient and when they began providing medical interpretation.

Responding to data about patient wait times in Rochester

The University of Rochester Medical Center's *Speaking Together* team is exploring ways to enhance its services to LEP patients. In addition, team members are creating a greater awareness and understanding of their services within the hospital community.

In an effort to maintain timely language services for patients, interpreters utilize registration information to proactively contact clinical staff who treat LEP patients, according to Kathy Miraglia, manager of Interpreter Services. By introducing themselves early to relevant clinical staff and offering interpreter services, the team is able to streamline processes and reduce wait times, efforts that result in greater patient and clinical staff satisfaction.

Information on services and outcomes is used by Interpreter Services to communicate the scope and value of their work to the larger hospital community. Using quantitative information that demonstrates the impact of language services, the interpreter services team demonstrates its capacity to enhance patient clinical and administrative awareness about the program, its successes and proven impact on quality patient care.

Analyzing Effectiveness

Ten months into the collaborative, Regenstein says the hospitals have already made great strides, including putting systems in place to screen all incoming patients for whether they need language services. By collecting data related to the five core measures, hospitals are now able to track demand for interpreters, assess how well they are meeting that demand and design interventions to improve their services.

"Most hospitals know that many of their patients speak languages other than English," said Regenstein. "But very few know the true demand for language services in their institution and how well they are meeting that demand. If a hospital wants to provide patient-centered, quality care for all of its patients, staff need to start tracking this information."

Early information from the sites shows that a significant number of patients prefer to speak in a language other than English, more so than many sites assumed. The data also show that interpreters in these hospitals are prompt in responding to clinician requests. Four out of five requests for interpreters are fulfilled within 15 minutes or less.

One area targeted for improvement, however, will be ensuring that LEP patients receive interpreter services at initial assessment and discharge – critical points for making sure doctors, nurses and patients communicate effectively in order for the best care to result. Other data suggest that interpreters at the *Speaking Together* sites spend less than one-third of their time in medical interpretation, which signals that interpreters could be more effectively deployed to provide their services at critical points during a patient's stay.

"The numbers suggest that there is ample patient demand for language services, and when interpreters are called, they respond quickly," said Regenstein. "But the data also suggest that there may be many times when interpreters are not called. At those points, often the most pivotal points for doctor-patient communications, either someone who is untrained conducts medical interpretation, or a family member serves as a go-between. Too often, we believe that interpretation with an assessed language provider isn't happening at all, and the doctor, nurse and patient are cobbling together a conversation. This is obviously not a good way to provide high-quality medicine.

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> Marsha Regenstein, Ph.D., *Speaking Together* Director

Making Improvements

Hospitals participating in *Speaking Together* now must shift from the challenges of data collection and reporting to making improvements in language services operations. To do so, they're engaging hospital administrators, doctors and nurses, and other service providers across departments, quality improvement leaders, admissions and discharge staff, information technology experts and others.

"Collaboration plays an important role in improving the delivery of language services. At many sites, they are now leading important discussions with clinicians about how to help physicians, nurses and other frontline staff determine precisely when a medical interpreter should be requested in order for the patient to get the best possible care," said Regenstein.

Speaking Together participants say involving the language services team in discussions about quality improvement is revolutionary. Rarely before have medical interpreters been asked to assess their performance and apply principles of quality improvement to their work.

"At a small but growing number of hospitals, language services staff is getting a seat at the table with quality improvement," said Regenstein. "These hospitals know that communicating effectively with all of their patients isn't just a sign of good service. It's important for achieving quality improvement goals."

Tracking encounters electronically in St. Paul

Regions Hospital in St. Paul, Minnesota has integrated language services needs and encounters into its existing electronic medical records (EMR) system. At every step of a patient's visit, the EMR ensures that LEP patients are properly tracked, allowing interpreters to round on floors with LEP admissions and prompting staff to facilitate interpreter requests and record when and how language services are provided.

"We are maximizing the functionality of the existing EMR system for interpreter services," said Sidney VanDyke, manager of Interpreter Services. "We can now capture how language needs are met for every kind of encounter, from admission and doctors' rounds, to discharge and follow-up. The data are helping us understand both the true demand for interpreters and how those demands are being met."

VanDyke says the inability to track language services needs and encounters created issues that affected service delivery, and thus the quality of care that patients received. For example, before the EMR integration at Regions, Interpreter Services was not always notified of LEP admissions to the hospital. This resulted in problems, such as unnecessary waits for interpreters during a patient's stay and no way for language services staff to plan resources appropriately – which too often resulted in untrained family members serving as medical interpreters.

Participating hospitals are now beginning to explore how they can approach delivery of language services differently in order to improve their standing on the five language services measures. Leaders at each site say identifying and testing different techniques and gauging their success have been hard tasks for teams unaccustomed to traditional quality improvement techniques. *Speaking Together* staff have responded by identifying more than 200 ideas and tools that hospitals can consider to improve their performance on the five language services measures.

"If we're going to make the argument that equity in treatment of patients is a critical dimension of quality, then we need to demonstrate that quality of patient care can be improved if language services improve," said Winston F. Wong, M.D., M.S., a medical director at Kaiser Permanente and a *Speaking Together* advisor. "The hospitals are now beginning to identify and test interventions that show they can improve their treatment of LEP patients – that effective interpreter services can lead to improved patient outcomes, increase staff productivity and positively impact the hospital's bottom-line."

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By carefully selecting a range of hospitals to participate – small, large, rural, urban, teaching and community – program leaders believe that institutions nationwide can benefit from the lessons learned, ultimately saving money by adapting and customizing tested interventions to suit their circumstances.

"Effective communication is essential for everyone who enters America's health care system, and it's especially true for people who aren't proficient in English," said Wong. "If we can help hospitals and providers better meet the needs of LEP patients by helping them understand medical terminology and answering all of their questions in their own language, then we might avoid patients showing up a week later in the emergency room because they didn't understand their follow-up care or know when to take their medications."

Intelligent resource allocation in Seattle

At Children's Hospital and Regional Medical Center in Seattle, the data collected through *Speaking Together* are already being used to plan resource allocation throughout the hospital. The data detailing the actual demand for interpreters and showing how long patients wait for interpretation, has helped Interpreter Services dedicate staff resources where most needed, said Sarah Rafton, M.S.W., interim manager of Children's Center for Diversity.

The most significant staffing change at Children's thus far has been in the emergency department (ED), where two full-time staff interpreters were added to the ED team after data revealed the first LEP patients arriving during a given shift had prolonged delays for an interpreter. They realized that if they added dedicated staff interpreters to the emergency department, the demand for language services could be better managed, hospital resources maximized and the quality of care improved. Dedicated staff-based interpretation will next be added to Day Surgery at Children's.

The data have also allowed the team to set, track and work to meet a goal of at least two interpreted interactions per day for each LEP inpatient family. After reviewing data that daily interpretation is being provided to inpatient families about 60 percent of the time, Children's Intensive Care units are now scheduling interpreters twice per day to meet family needs. The hospital is now revising its policy to require interpretation twice daily for inpatient LEP families.

Hospitals participating in *Speaking Together* are:

- Bellevue Hospital Center
  New York, New York
- Cambridge Health Alliance
  Cambridge, Massachusetts
- Children's Hospital and Regional Medical Center
  Seattle, Washington
- Hennepin County Medical Center
  Minneapolis, Minnesota
- Phoenix Children's Hospital
  Phoenix, Arizona
- Regions Hospital
  St. Paul, Minnesota
- UMass Memorial Health Care
  Worcester, Massachusetts
- UC Davis Health System
  Sacramento, California
- University of Michigan Health Center
  Ann Arbor, Michigan
- University of Rochester Medical Center
  Rochester, New York

Lessons learned from the collaborative will be made available to hospitals nationwide at Speaking Together's *May 2008 meeting. More information about the program and the participating hospitals is available at the web site, www.speakingtogether.org.*