

Interpreting the Bottom Line: The Case for Language Services from the C-Suite

Hospital Executives See Increasing Importance of Language Services in Providing High-Quality, Patient-Centered Care

Members of a hospital's C-Suite – the chief executive officer and counterparts who oversee clinical care, finances, etc. – face challenges in meeting the needs of communities that are rapidly becoming more diverse. They must carefully weigh resource allocations against the shifting needs of their community, always hoping that the highest-quality, patient-centered care is provided to all patients.

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Brock Nelson; President and CEO
Regions Hospital
St. Paul, Minn.

One issue that is beginning to receive more attention from C-Suite leaders is how their institutions can effectively provide language services to patients with limited English proficiency (LEP). Although federal laws require U.S. hospitals to provide language services to patients who speak limited English, there are no guidelines on the most effective ways to do so.

As America becomes more multilingual – already one in 15 people in America speaks or understands little, if any, English – hospital leaders see more and more connections between the language services they provide and the quality of care they deliver.

"A hospital that takes steps to effectively communicate with all its patients is probably more likely to reduce disparities in the quality of care they provide to patients of different races and ethnicities," said Pamela Dickson, deputy director for the Health Care Group of the Robert Wood Johnson Foundation (RWJF). "Doctor-patient communications need to be crystal clear throughout the care experience, but especially at critical moments like assessment and discharge. If the clinician doesn't fully comprehend the patient's medical history, or the patient doesn't understand the discharge instructions, quality outcomes won't be achieved or sustained."

RWJF oversees and funds *Speaking Together: National Language Services Network*, a project directed by The George Washington University School of Public Health and Health Services. For more than a year, the program has helped 10 hospitals nationwide identify, test and assess strategies to more effectively provide language services to LEP patients. It has helped show executives from participating hospitals that language barriers between patients and providers result in poor patient outcomes and bad business.



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“This program has been a real eye-opener for hospital CEOs, because it has clearly shown them both the language needs of their patients and whether they are meeting those needs,” said Marsha Regenstein, PhD, a professor at The George Washington University who runs the *Speaking Together* program. “In some instances, a hospital may have 50 or more interpreters, yet fewer than 30 percent of their patients who need one have one present for important discussions about their care. Having interpreters on staff is only part of the solution; they have to be in the right place at the right time for high-quality, patient-centered care to result.”

Data for the C-Suite

Speaking Together teams at all participating hospitals have gathered data on what percentage of their patients are asked about language preferences; whether patients who needed an interpreter had one present at critical points in their care; how long clinicians waited for an interpreter to arrive; how long interpreters wait for the encounter to begin; and how much of an interpreter’s time was spent interpreting.

In most hospitals, Regenstein said, the data show that the wait for an interpreter is not long. In far too many instances, however, clinical staff never requested an interpreter’s presence, even when patient preferences were known. That situation is now dramatically improving at all participating hospitals.

“Changes occur when there is an awareness of the data at the highest levels of the hospital,” said Regenstein. “In every hospital, the importance of language services has been significantly elevated. That has led to an increased understanding that frontline nurses and other clinicians need to drive the process of requesting an interpreter whenever patients and doctors have important conversations.”

Participating CEOs agree that data quantifying the need for interpreters and analyzing how effectively and efficiently they were meeting that need, has been illuminating.

“We’ve always been proactive about the fact that our community was changing, and I knew that language services were necessary to our survival, but I was still very surprised to learn how many of our patients preferred to receive their care in a language other than English,” said Brock Nelson, president and CEO of Regions

“Our experiences have demonstrated that the disparities that result from attempting to care for LEP families without interpreter services are very real.”

Pat Hagan; Chief Operating Officer
Children’s Hospital and Regional Medical Center
Seattle, Wash.

Hospital in St. Paul, Minn. “The *Speaking Together* data gave us evidence to make better decisions about allocating resources. Without research showing a clear return on investment, it is hard for some CEOs to support language services. We have found that good language services improve patient outcomes, patient satisfaction, staff productivity and the bottom line.”

Improving Clinical Quality

Health care experts say that the most compelling evidence for effective language services is a demonstrable link to improvements in the quality of care and outcomes for LEP patients. In order for patients to receive the highest-quality treatment possible, they have to be able to speak openly and effectively with their providers.

“Our experiences have demonstrated that the disparities that result from attempting to care for LEP families without interpreter services are very real,” said Pat Hagan, chief operating officer of Children’s Hospital and Regional Medical Center in Seattle, Wash. “We found that they were more likely to be misdiagnosed, have an

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error committed during treatment or not adhere to the discharge instructions. In our quest for continuous performance improvement, this was simply unacceptable.”

Hospital executives say pressure to publicly report adherence to known quality standards and meet regulatory benchmarks for patient safety will force hospitals to look at the quality of care they provide to different patient groups.

“Providing inefficient or ineffective language services, or no services at all, results in poor quality of care, and poor quality of care will ultimately be costly to everyone because our patients, our community and our payers all expect the same high-quality care.”

John O’Brien; President and CEO
UMass Memorial Health Care
Worcester, Mass.

“It’s not going to be enough to blindly say that all of your care is high quality, as if it’s a marketing line – we have to prove that our care is high quality, and we need to think about that in relation to how we care for different patient groups,” said Nelson. “Whether it’s the Institute of Medicine, the Joint Commission or someone else, study after study shows that communication barriers increase the likelihood of errors and adverse events. We need to know that all of our patients have an equal chance of being diagnosed properly, treated accordingly and discharged when they are ready to care for themselves.”

Providing Patient-Centered Care

Speaking Together participants say that LEP patients who are satisfied with the hospital’s language services report higher satisfaction with their overall health care experience. This is further bolstered by the role that language services professionals play in ensuring patients experience care that is sensitive to cultural traditions, personal preferences and lifestyles.

By contrast, surveys show that similar patients without access to an interpreter leave the hospital far less satisfied and sometimes even distrustful of the institution. Language barriers can negatively affect even the most seemingly benign aspects of a patient’s visit, like getting around the hospital or making a request for a special diet.

“We cannot discount the critically important role that both language needs and cultural competency plays in providing a positive patient experience,” said John O’Brien, president and CEO of UMass Memorial Health Care in Worcester, Mass. “As health care becomes more competitive, our success is increasingly tied to patient satisfaction and our reputation in the community. The work of our professional interpreters in ensuring that we meet the needs of our diverse patients is fast becoming a valuable tool to achieving this.”

Focus groups conducted by *Speaking Together* showed just how important language services staff are to perceptions of patient satisfaction. “Over and over, we found that the presence of an interpreter was a critically important piece in perceptions of patient-centeredness, but it was still one piece among many,” said Regenstein. “In some cases, language services received high marks, but there were many other ways in which hospitals were not providing patient-centered care for diverse patients.”

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Increasing Cost-Effectiveness

From their perspective as business managers, the *Speaking Together* hospital executives also point to language services as a valuable resource for improving operational efficiency, reducing treatment costs and improving the bottom line.

“Our staff sometimes work under extremely stressful circumstances, and there are times when it can seem like calling for an interpreter will delay processes and make care less efficient,” said O’Brien of UMass Memorial. “But after analyzing the data and thinking about this with our managers from language services and our clinical teams, we truly believe it increases the effectiveness of our care in every way. For frontline staff, the benefits of having accessible language services for LEP patients are increasingly obvious. Without the aid of interpreters, more time and effort must be spent working around communications barriers, which slows down work and affects efficiency.”

Studies have also shown that patients who need interpreters, but do not receive them, remain in the hospital longer and have an increased risk of readmission due to complications.

“I see language services as an important investment in the front end to help hospitals become more cost-effective and efficient, on top of providing a positive experience for patients and their families,” said Hagan of Seattle Children’s. “Looking honestly at how we spend dollars, the question is rather simple: Do we want to communicate effectively now, or create longer stays and readmit patients because we don’t? We want to get it right the first time.”

Combined with the possibility of underuse or overuse of health care services, reduced levels of satisfaction and a hospital’s reputation in the community, savvy CEOs also understand that the investments in language services become an investment in the bottom line.

“Providing inefficient or ineffective language services, or no services at all, results in poor quality of care, and poor quality of care will ultimately be costly to everyone because our patients, our community and our payers all expect the same high-quality care,” said O’Brien. “If we can’t deliver this and meet all of their needs, then we will never realize the mandates of our business plans.”

The Right Thing to Do

Ultimately, *Speaking Together* hospital CEOs agree on one underlying principle for providing effective language services: It is just the right thing to do for their patients.

“We aren’t doing this to drive business or gain market share,” said Nelson of Regions Hospital. “We do this so that the patients in our institution receive the highest-quality care possible in a comfortable, patient-centered environment. We have to take excellent care of the patients we have when we have them. If we fulfill that moral and ethical obligation to the best of our abilities every time, we’ll be around for a long time.”

More information about the program and the participating hospitals is available at www.SpeakingTogether.org.

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 System
Ann Arbor, Michigan
- University of Rochester
Medical Center
Rochester, New York