Interpreters and Translators, Inc.

Recommendations On How To Improve The Patient Experience Using Qualified Interpreters

A White Paper from Interpreters and Translators, Inc.

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Table of Contents

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A major problem facing hospitals and healthcare organizations is the continued use of untrained and unqualified interpreters for patients who do not speak English. About 19 percent of Americans speak a language other than English at home. Additionally, 22.3 million Americans, eight percent, have limited English proficiency.[i] Patients who do not receive clear, effective communication through the use of a qualified interpreter are "less likely than others to have a [consistent] source of medical care; they receive preventative services at reduced rates; and they have increased risk of nonadherence to medication."[ii] Under Title VI of the Civil Rights Act of 1964, hospitals and other institutions receiving federal funds cannot discriminate on the basis of race, color or national origin.[iii] Yet Limited English Proficient (LEP) patients, although protected by Title VI, have greater difficulty obtaining care and are less satisfied with the quality of care they receive.[iv] Furthermore, inadequate communication and care have become costly since the Affordable Care Act added section 1886(q) to the Social Security Act establishing the Hospital Readmission Reduction Program. [v] Hospitals that did not comply with the program and meet the thresholds for patient readmission in 2013 lost up to 2% of their Medicare reimbursement. The maximum penalty will increase to 3% in 2015.[vi] For hospitals that treat Medicare patients regularly, this fee can add up quickly. In order to avoid penalties, remain in compliance with federal mandates, increase patient outcomes and reduce readmission rates, hospitals must place an emphasis on improving communication through cultural competency and access to quality language services.

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The Issue: Ad Hoc Interpreters

To cut corners and decrease the costs associated with providing language services, many healthcare organizations (HCOs) provide interpreting services through the use of ad hoc interpreters. Ad hoc interpreters can include family members, friends, bilingual staff members, or strangers from the waiting room. [vii] Ad hoc interpreters, who do not comprehend medical terminology, possess the high-level of linguistic skills necessary to interpret, or understand the cultural nuances of medical interpreting are more likely to commit errors of potential clinical consequences. When HCOs use untrained staff or bystanders to interpret, the interpreters are "prone to editing, polishing, omissions, additions, substitutions, volunteered opinions, and confidentiality breaches."[viii] Additionally, these interpreters' command of both English and the foreign language is not known, they have not had training on medical terminology and may have trouble remaining impartial when their opinions or priorities conflict with those of the patient.[ix]

Trying to communicate using an ad hoc interpreter can lead to disastrous mistakes. Dr. Alice Chen in her narrative, *Doctoring across the Language*, summarizes her experience using a patient's husband to interpret. She explains that "trying to communicate through an untrained interpreter is like playing the children's game telephone: Start with a sentence, pass it along a chain of people, and laugh when it emerges altered and garbled at the end of the chain. Except in a clinical situation with an untrained interpreter, you are left wondering whether what you asked was what the patient heard. And that's not funny."[x] In a study of evaluation errors of medical interpretation at Massachusetts Hospitals, one ad hoc interpreter (who was a family friend of the patient) told the physician the child did not have

any allergies and was not currently taking any medication in response to his question, although the interpreter never asked the mother this question to answer.[xi] Inadequate communication and misinterpretation by an untrained interpreter can have tragic consequences as well. In one instance, a Spanish speaking patient relayed that he was "intoxicado," which means nauseated, was misunderstood to mean intoxicated, and was subsequently treated for a drug overdose. After 36 hours, the patient's condition was reevaluated and given the proper diagnosis of intracerebellar hematoma with brain-stem compression and a ruptured artery. As a result of the delayed care, the patient became quadriplegic due to the misinterpretation of *one* word.[xii] To avoid situations like this, a qualified medical interpreter should be utilized to enable optimal communication.[xiii]

HCOs using trained medical interpreters have experienced a decline in disparities between patients with a language barrier. [xiv] Trained professional interpreters "decrease communication errors, increase patient comprehension, equalize health care utilization, improve clinical outcomes, and increase satisfaction with communication and clinical services for limited English proficient patients." [xv] Patients that receive interpreting services from professional interpreters achieve optimal communication and experience fewer interpreter errors. [xvi]

An interpreter is deemed qualified upon passing a language assessment that ensures command of both languages and attending a minimum 40-hour medical interpreter training that adheres to the National Council on Interpreting in Health Care's National Standards. Qualified medical interpreters are those who have completed at least 40 hours of Medical Interpreter Training in accordance with the National Council of Healthcare Interpreters' Standards of Practice and are trained to enhance the doctor-

patient relationship by providing meaningful access to quality services for racial and ethnic minority patients. Qualified interpreters that receive training are familiar with medical terminology and the healthcare system, have a clear understanding of cultural awareness and sensitivity, are experienced cultural brokers (have the ability to mediate cultural differences when identified while interpreting), and possess superior linguistic ability that are assessed in a language proficiency examination.[xvii] These linguists, rather than ad hoc interpreters, have the experience necessary to render true and accurate interpretations. Nurses, Doctors and other medical professionals can be utilized as interpreters, but only if they also complete 40 hours of Medical Interpreter Training and prove fluency in English and their native language through a language assessment. The interpreter must manage the flow of communication and impartially interpret the dialogue between the doctor and the patient. A qualified interpreter enhances the doctor-patient relationship by encouraging the doctor and patient to look at each other and communicate, as if they were speaking the same language. Simply mandating language services is not enough. Mandating qualified interpreters on the state level will set the standard for quality interpretation in HCOs and enhance communication and the overall patient experience.

Benefits of Utilizing Trained Interpreters in HCOs: Improved Patient Experience

Reduced Readmission Rates: In a study titled *Professional Language Interpretation and Inpatient Length of Stay and Readmission Rates,* Dr. Mary Lindholm concluded that LEP patients who did not have access to a professional interpreter averaged a hospital stay of 1.5 days longer than LEP patients who received language services from a qualified interpreter.

Section 305 of ACA added section 1886(q) to the Social Security Act establishing the Hospital Readmissions Reduction Program, which requires Centers for Medicare & Medicaid Services (CMS) to reduce payments to hospitals with excess readmissions."[xviii]This policy established measurements for readmissions of Acute Myocardial Infarction (AMI), Heart Failure (HF) and Pneumonia (PN). CMS is currently finalizing the expansions of measurements for "patients admitted for an acute exacerbation of chronic obstructive pulmonary disease (COPD) and patients admitted for elective total hip arthroplasty (THA) and total knee arthoplasty (TKA)."[xix] Under this program, CMS named thousands of hospitals that will lose up to 2% of the Medicare reimbursement by not meeting the thresholds for 2013. Under the ACA, the maximum penalty will increase to 3% by 2015[xx] Studies indicate that LEP patients who do not have professional interpreter services experience an increase in their length of stay between 0.75 and 1.47 days and were likely to be readmitted within 30 days.[xxi] In an effort to save money, HCO's should pay more attention to a demographic that experiences both longer stays and higher readmission rates by providing proper language services to facilitate communication. *Enabling effective communication between the doctor and patient, especially for patients who do not have English language proficiency, will reduce readmissions and in turn the penalties hospitals will have to pay for noncompliance.*

Enhanced Doctor-Patient Relationship: The flow of communication between the doctor and the patient is the most important exchange in the medical setting. Engaging in conversation with the patient establishes rapport, allows the patient to become comfortable and may reveal information that is pertinent to the symptoms or ailment. Building trust and

facilitating communication with the patient allows the doctor to gain knowledge and critical information simply by listening.[xxii] Maintaining

effective communication is difficult, especially when data suggests that only 12% of adults have proficient health literacy.[xxiii] ACA defines health literacy as "the degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information services to make appropriate health decisions."[xxiv] The cultural and linguistic barriers for LEP patients create an obstacle to establishing an effective doctor-patient relationship and create confusion, miscommunication and sometimes misdiagnosis. Additionally, limited English Proficiency and limited health literacy commonly coexist, adding another layer of complexity.[xxv] In order to receive adequate care and make rational decisions, patients must participate in effective communication with their doctor, however, the "complexity of health information and the healthcare delivery system affect an individual's ability to understand and use health information."[xxvi] To compensate for low health literacy, doctors should practice patient-centered care. This paradigm shift of patient-centered care, emphasizes the importance of patient interaction and communication in their own care. The focus of patient-centered care includes "treating all patients with respect, understanding their expectations and preferences, ensuring they are fully informed and offered appropriate treatment options, responding promptly to symptoms, and providing well-coordinate care."[xxvii] Patient-centered care can improve outcome measures like patient satisfaction, adherence to treatment & improved disease outcomes.[xxviii]

Two Recommendations on how to improve the Patient Experience

1. **Hire a workforce that mirrors the demographic at your HCO.**

Having a diverse workforce enables the staff to have a better understanding of diversity, and when given the choice, racialand ethnic minority patients are more likely to choose a healthcare provider that is of their own racial or ethnic background.[xxix] In a study performed by LaVeist and Nuru-Jeter, "among all racial and ethnic groups, patients who reported having at least some choice in selecting a physician were more likely to choose a race-or ethnic-concordant physician. African Americans with higher incomes and Hispanic patients who did not speak English as a primary language were also more likely to have a race-concordant physician."[xxx] LEP patients are comfortable communicating and relaying pertinent information to a medical professional who understands their culture. Having a shared understanding facilitates effective communication and therefore enhances the doctor-patient relationship and the patient experience.

2. **Provide Cultural Competency Trainings and Continued Education.**

All hospital staff members should be regularly trained on how to work with the demographic they serve. Cultural competency training has been defined as "an ongoing commitment or institutionalization of appropriate practices and policies for diverse populations."[xxxi] Hospitals with successful implementation of cultural competency experience better overall patient experiences and communication with their healthcare providers.[xxxii] It is essential to implement a program that provides the skills necessary to raise awareness on different cultures and their perspective on healthcare services. For example, some cultures believe that the family should be involved in healthcare decisions and medical staff members need to be aware and adequately trained on how to effectively communicate with the patient when there

is an obvious cultural barrier in addition to a language barrier.

Data suggest that a culturally competent workforce enhances patient satisfaction, internal communication at the hospital or health care organization, and improved organizational performance.[xxxiii] In addition, cultural competency training is designed to "enhance self-awareness of attitudes toward people of different racial and ethnic groups [and] improve care by increasing knowledge about the cultural beliefs, practices, and attitudes toward health care, healthcare-seeking behaviors, and the burden of various diseases in different populations served, [and] improve skills such as communication."[xxxiv] For example, using survey results from the Cultural Competency Assessment Tool for Hospitals (CCATH) and the Hospital Consumer Assessment of Healthcare Providers and Systems (HCHAPS) survey in California hospitals, Dr. Robert Weech-Maldonado concluded that hospitals with greater cultural competency "have better scores for doctor communication, hospital rating, and hospital recommendation."[xxxv] Weech-Maldonado explains that these findings reveal cultural competency trainings improve patients' overall hospital experiences as well as patient outcomes. Additionally, doctor communication is enhanced as a result of patient-centered care."[xxxvi] Another study suggests that access to trainings on how to serve diverse populations provides medical professionals a better understanding of conditions and treatments and forces them to rethink their viewpoints when racial or ethnic conflicts occur.[xxxvii]

Evidence suggests that a patient's experienced is enhanced when communicating with a doctor who understands their culture. Cultural competency trainings for medical staff provide new perspectives and experiences on how to provide care to diverse populations. Focusing on patient-centered care and truly understanding a patient's needs and is one of the most effective

tools for achieving equitable care and enabling communication.[xxxviii] Cultural competency training mandates on the state level improve the quality of service and are a seamless supplement to the Federal protections LEP patients enjoy.

Hospitals and healthcare organizations around the country have room for improvement on overall readmission rates and patient satisfaction scores. Making a commitment to providing culturally and linguistically appropriate services through the use of qualified linguists and will reduce health disparities among LEP patients and set the standard for quality of care and patient satisfaction. Clear communication is the key to patient satisfaction and quality.

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