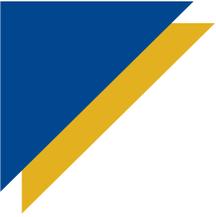




Addressing Language Barriers in Healthcare: The Joint Commission's Role

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The Joint Commission**

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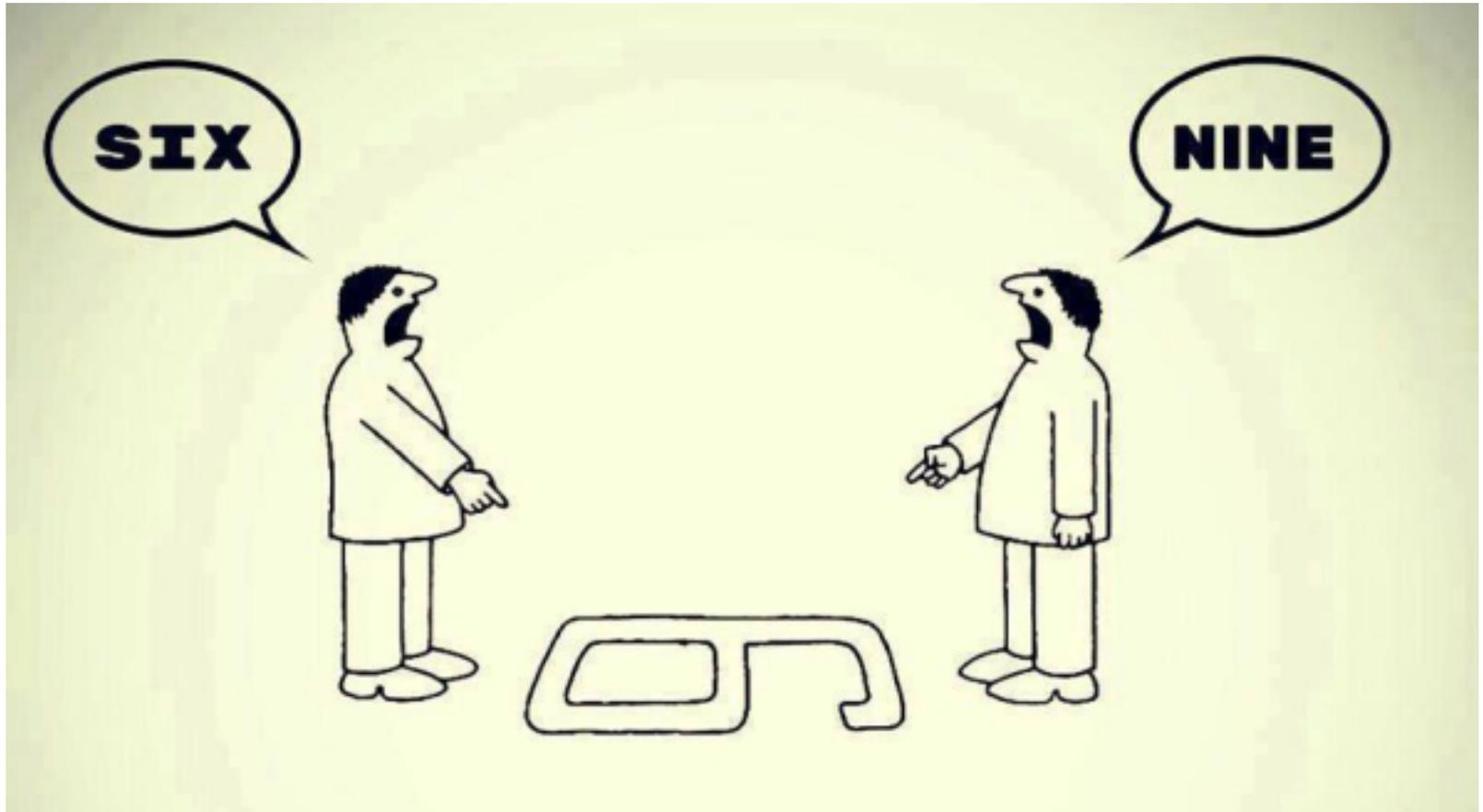
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Overview

- ▶ My perspective
- ▶ The Joint Commission's previous work on healthcare communication
- ▶ Standards related to use of trained interpreters
- ▶ Current efforts
- ▶ Your thoughts

My Perspective





My Perspective

- ▶ Worked in Paraguay and Guatemala with a public health program
- ▶ During medical school and internal medicine residency, worked at Harbor-UCLA Medical Center, a public hospital in Los Angeles
- ▶ Trained in Health Services Research with Robert Wood Johnson Clinical Scholars
- ▶ Spent much of my career studying disparities

Coming Face to Face with Language Barriers



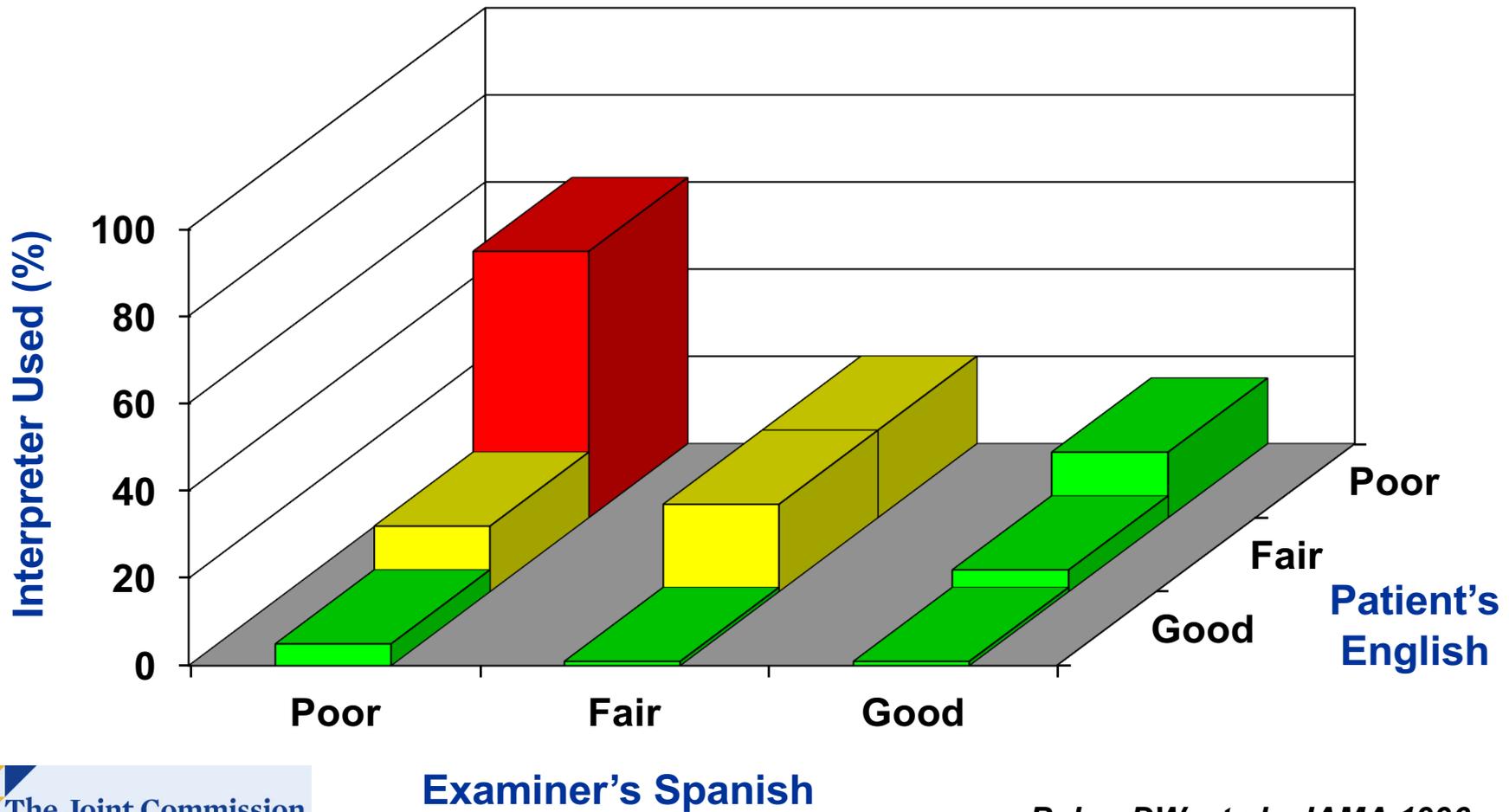
Lessons Learned

- ▶ Many patients who need a trained, professional interpreter do not get one
- ▶ Staff overestimate their fluency and think they can get by
- ▶ The biggest resulting problems are:
 - Incorrect diagnoses
 - Inappropriate tests and treatments
- ▶ Providers' subconscious racial/ethnic bias is amplified by language barriers

How Could I Study This?

- ▶ Anti-immigrant political climate in California
- ▶ No funding to study language barriers
- ▶ But, I had just received funding to study health literacy, including Spanish-speakers
- ▶ Added four questions to the patient survey:
 - How well do you speak English?
 - How well did your doctor speak Spanish?
 - Did you have an interpreter? (If yes, who?)
 - Do you think you should have had an interpreter?

Interpreters Often Not Called Despite Serious Language Barriers





Communication Problems with Extreme Language Discordance

Interpreter Needed
Not Used
(n=102)

Fair/poor understanding of diagnosis	62%
Fair/poor understanding of treatment plan	42%
Wish examiner explained better	90%
Described diagnosis incorrectly	50%
Described medicine directions incorrectly	45%

Later Work on Collecting Race, Ethnicity, and Language Data

HRET Disparities Toolkit

A Toolkit for Collecting Race, Ethnicity, and Primary Language Information from Patients

How to Ask the Questions

We recommend that health care organizations/health plans provide a rationale for why they are asking patients/enrollees for information about their race/ethnicity/language/culture background. Suggested wording for the rationale is:

"We want to make sure that all our patients get the best care possible. We would like you to tell us your racial/ethnic background, language, and culture so we can provide you with the best treatment that all patients receive and make sure that everyone gets the highest quality of care."

We have found that people feel comfortable responding to the question about race/ethnicity/sex/primary language/disability status, but some people have questions, wish for additional clarity, or perhaps prefer to not answer the question at all.

The following link to a [response matrix \(PPT\)](#) provides real world examples of questions people have asked as well as suggested questions that are not all inclusive. You may encounter different scenarios, and you may not hear any concerns from patients after asking these questions. This tool for you and your staff, and it is excellent for facilitating dialogue during training sessions.

- [Race/Ethnicity](#)
- [Language](#)
- [Sex](#)
- [Disability](#)



[Toolkit Home](#)

Toolkit Links

[How to Use the Toolkit](#)

[Who Should Use the Toolkit](#)

[Why Collect Demographic and Communications Data](#)

[Why Collect Data Using a Uniform Framework](#)

[Collecting the Data - The Nuts and Bolts](#)

[How to Ask the Questions](#)

 [Print This Section](#)

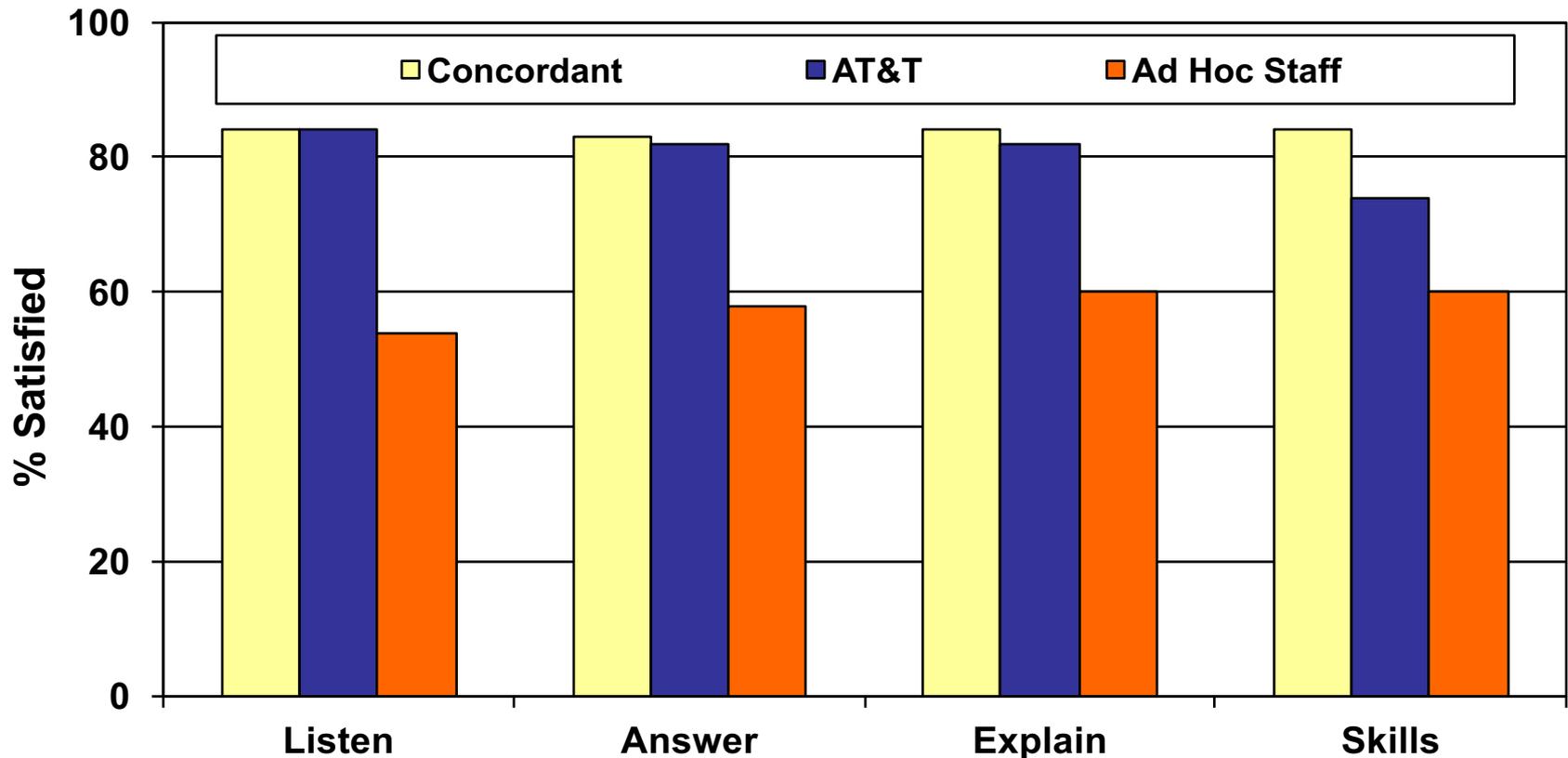


Improving Use of Interpreters at Northwestern Memorial Hospital

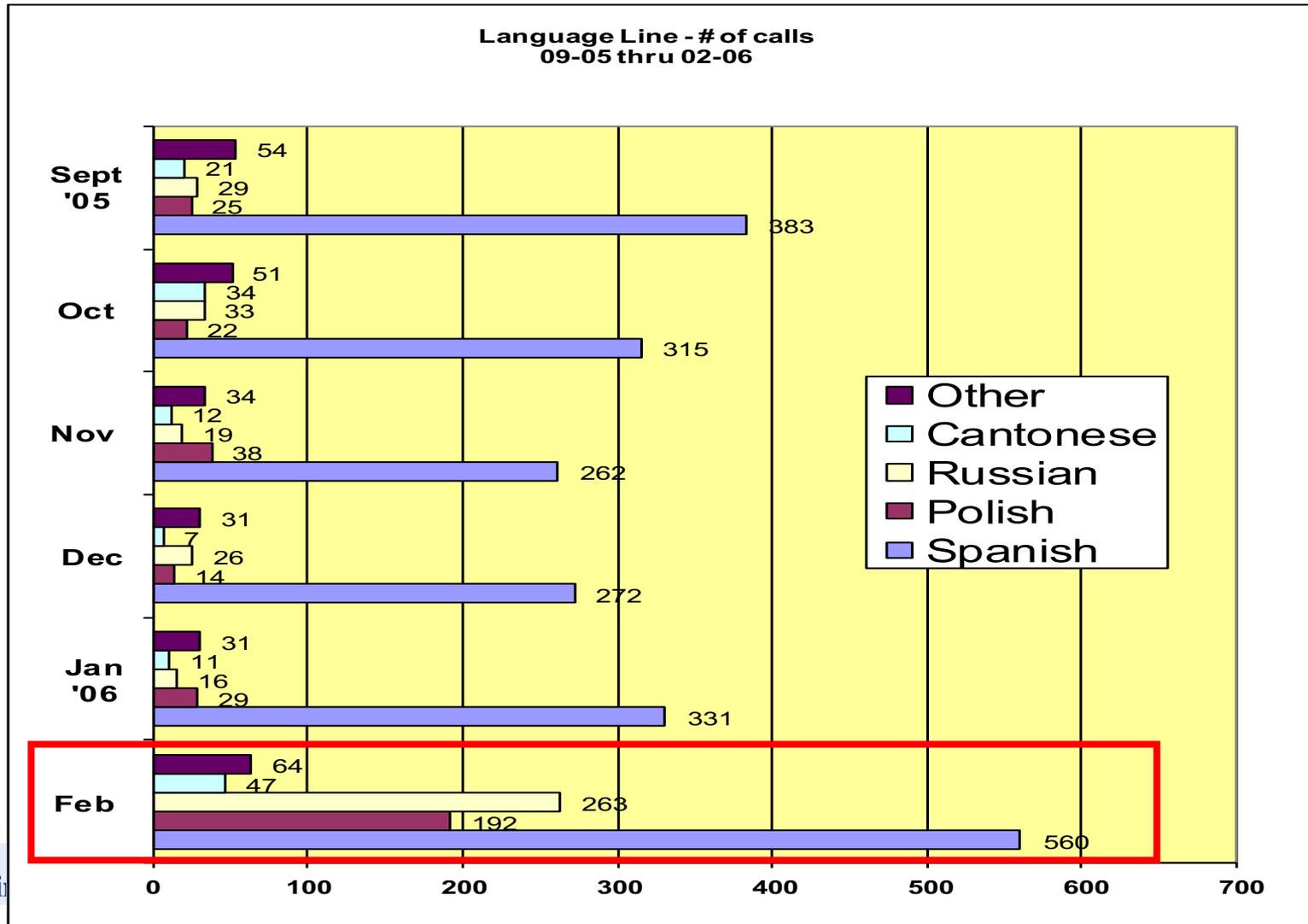
- ▶ Project to improve collection of self-reported race/ethnicity and language data
- ▶ Studied patient attitudes, developed ways for staff to introduce the questions
- ▶ Implemented data collection system and included question on English proficiency:
 - How well would you say you speak English: Excellent, Good, Fair, Poor, or Not at all?
- ▶ Gave patients dual headsets if needed



Trained Interpreters Can Eliminate the “Communication Gap”



Increase in Language Line Use at NMH After Process Changes





My Conclusions

- ▶ To ensure patients get the language services they need, we should routinely collect self-reported English proficiency
- ▶ This would allow tracking of face-to-face interpreters and language line use
- ▶ Ability to implement change is limited by:
 - Most professional interpreter services cannot be billed
 - Politics



The Joint Commission

- ▶ An independent, not-for-profit organization founded in 1951
 - NOT a “regulatory agency”
- ▶ The nation's oldest and largest standards-setting and accrediting body in health care
- ▶ Evaluates and accredits nearly 21,000 health care organizations and programs in the United States
- ▶ Joint Commission International is in > 60 countries worldwide



Governance

- ▶ Governed by 32-member Board, including physicians, administrators, nurses, employers, quality experts, and consumer advocates
- ▶ Corporate members:
 - American College of Physicians
 - American College of Surgeons
 - American Dental Association
 - American Hospital Association
 - American Medical Association



Mission and Vision

- ▶ Mission: To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.
- ▶ Vision: All people always experience the safest, highest quality, best-value health care across all settings.



Patient-Centered Communication: Joint Commission Standards and Resources for Language Access Services



Communication and Health Care

- ▶ Communication is a cornerstone of patient safety
- ▶ Direct communication can be affected by:
 - Language
 - Culture
 - Sensory impairments (Hearing, Vision)
 - Health Literacy
 - Cognitive Limitation

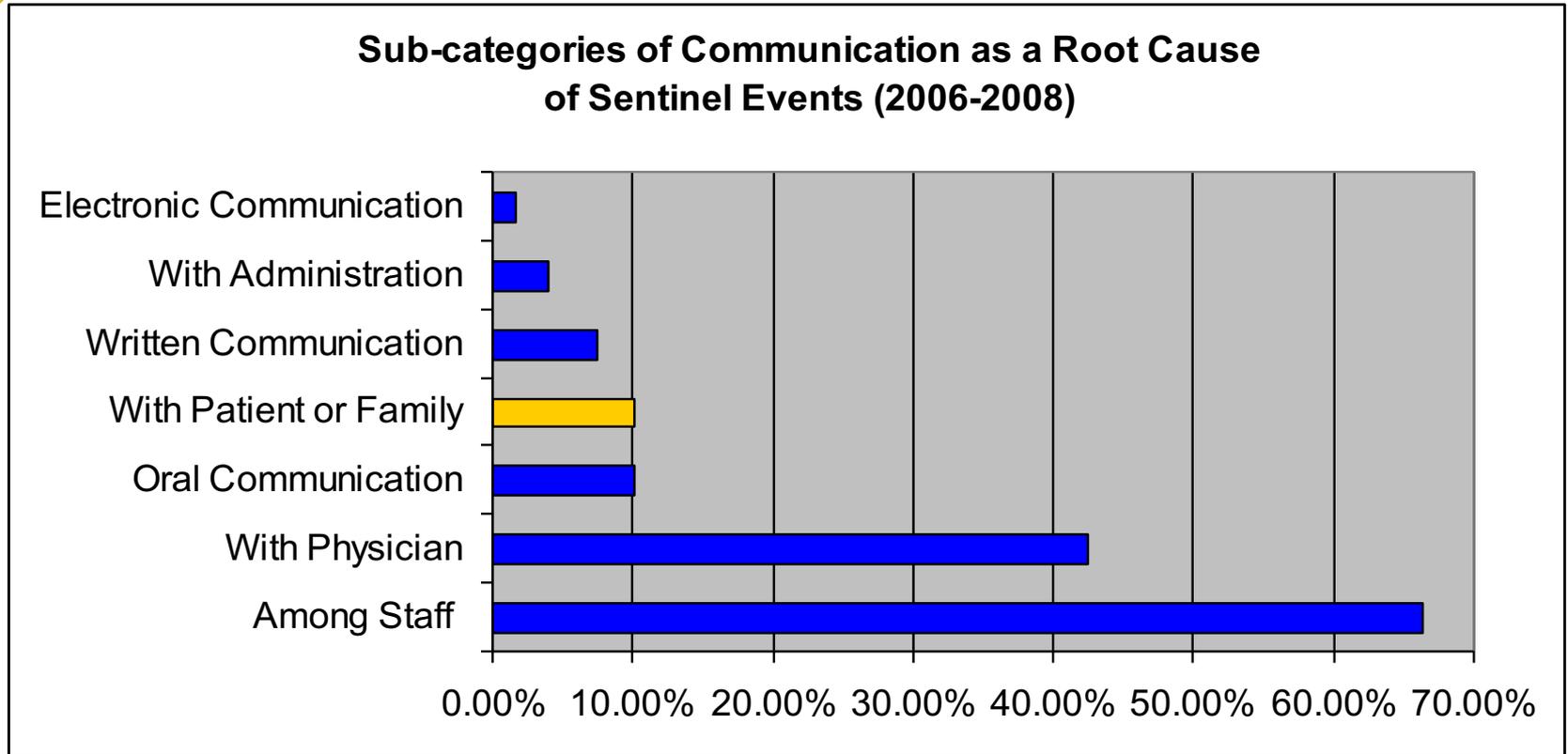
Tracking Communication Problems

- ▶ Analysis of Our Sentinel Event Database
 - Voluntary reports or through complaint process
 - January 1995 – present
- ▶ Organizations share report and root cause analysis, and discuss with our staff
- ▶ Majority of events have multiple root causes
- ▶ Communication problems are common
 - Oral, written, electronic
 - Between clinicians and patients/family, between clinicians, and between staff and administration

Most Frequently Identified Root Causes

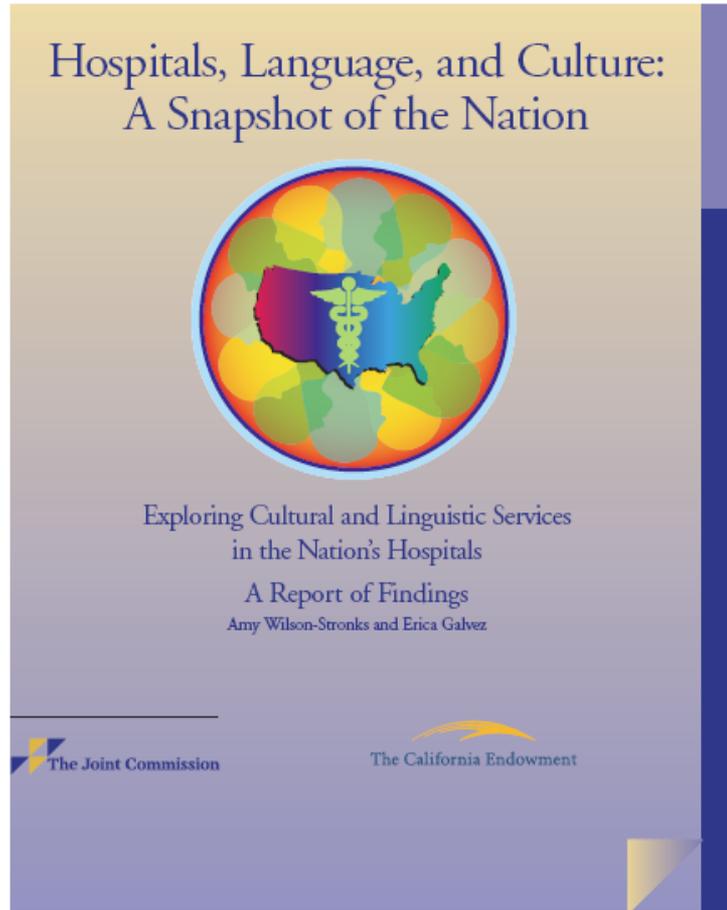
2013 (N=887)		2014 (N=764)		2015 (N=936)	
Human Factors	635	Human Factors	547	Human Factors	999
Communication	563	Leadership	517	Leadership	849
Leadership	547	Communication	489	Communication	744
Assessment	505	Assessment	392	Assessment	545
Information Management	155	Physical Environment	115	Physical Environment	202
Physical Environment	138	Information Management	72	Health information technology-related	125
Care Planning	103	Care Planning	72	Care Planning	75
Continuum of Care	97	Health Information Technology-related	59	Operative Care	62
Medication Use	77	Operative Care	58	Medication Use	60
Operative Care	76	Continuum of Care	57	Information Management	52

Root Cause Sub-Categories of Communication



Note: Percentages based on sentinel events in which communication was found as the primary root cause (533 events)

What Really Happens in Hospitals?



- ▶ **2007 research study (n=60 hospitals)**
- ▶ **On-site visits**
 - Review policies
 - Staff interviews
 - Hypothetical patient
- ▶ **What challenges do hospitals face?**

Download the *Report of Findings* free at:
www.jointcommission.org/topics/health_equity.aspx

Hypothetical Patient Scenario

- ▶ 60-year-old Mexican immigrant
- ▶ Limited English proficiency
- ▶ Limited experience with the U.S. health care system
- ▶ 12-year-old English-speaking daughter Juanita
- ▶ Suffered appendicitis
- ▶ Comes to Emergency Department





Staff asked: How would you communicate?

“Luckily we have a lady in housekeeping who speaks Spanish. 90% of our foreign speakers speak that language and she is able to help us...”

– Triage nurse

Hospitals, Language, and Culture Study. The Joint Commission, 2010.

How would you communicate?

“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

Hospitals, Language, and Culture Study. The Joint Commission, 2010.



Standards to Address Language Barriers

- ▶ Identify & address communication needs *(PC.02.01.21, EPs 1 and 2)*
- ▶ Record preferred language data *(RC.02.01.01, EP 1)*
- ▶ Provide language services *(RI.01.01.03, EP 2)*
- ▶ Qualifications for language interpreters and translators *(HR.01.02.01, EP 1)*
- ▶ Ensure care free from discrimination *(RI.01.01.01, EP 29)*

Identify and Address Communication Needs

Elements of Performance (PC.02.01.21)

1. The hospital identifies the patient's oral and written communication needs, including the patient's preferred language for discussing health care.

Note: *Examples of communication needs include the need for personal devices such as hearing aids or glasses, [language interpreters](#), communication boards, and translated or plain language materials.*

2. The hospital communicates with the patient during the provision of care, treatment, and services in a manner that meets the patient's oral and written communication needs.



Record Preferred Language

- ▶ **Standard RC.02.01.01** The medical record contains information that reflects the patient's care, treatment, and services.

EP 1. The medical record contains the following demographic information:

- The patient's communication needs, including preferred language for discussing health care



Provide Language Services

- Standard RI.01.01.03 The hospital respects the patient's right to receive information in a manner he or she understands.

Elements of Performance (RI.01.01.03)

2. The hospital provides language interpreting and translation services.

Note: *Language interpreting options may include hospital-employed language interpreters, contract interpreting services, or trained bilingual staff. These may be provided in person or via telephone or video. The hospital determines which translated documents and languages are needed based on its patient population.*

3. The hospital provides information to the patient who has vision, speech, hearing, or cognitive impairments in a manner that meets the patient's needs.

Qualifications for Interpreters

Standard HR.01.02.01 The hospital defines staff qualifications.

EP 1. The hospital defines staff qualifications specific to their job responsibilities.

Note 4: *Qualifications for language interpreters and translators may be met through language proficiency assessment, education, training, and experience. The use of qualified interpreters and translators is supported by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964.*



**Is this
specific
enough?**



Section 1557 Is More Specific than Joint Commission Standards

- ▶ Mandates “qualified” interpreters
- ▶ Prohibits use of children
- ▶ Prohibits use of adult family friends unless the patient requests it
- ▶ Prohibits healthcare staff from interpreting unless they are qualified and this is part of their official job duties

Non-Discrimination in Care

▶ **Standard RI.01.01.01** The hospital respects, protects, and promotes patient rights.

EP 29. The hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.

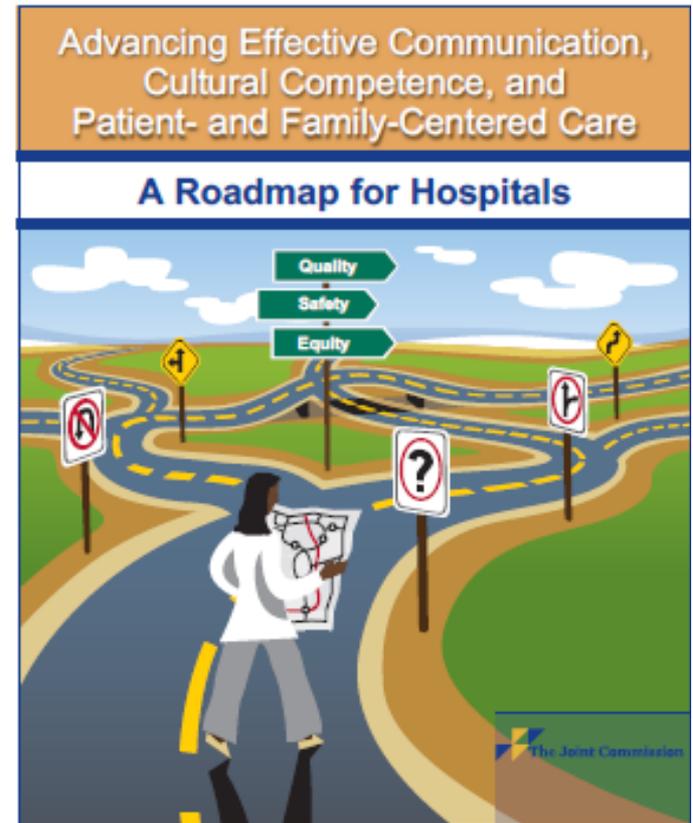


Standards Across Programs

Standard	Program
Qualifications for language interpreters and translators	Hospital
Identify and address communication needs	Hospital, Ambulatory (PCMH), Critical Access Hospital (PCMH), Behavioral Health Home
Provide language services	Hospital, Ambulatory (PCMH), Critical Access Hospital (PCMH)
Collect preferred language data	Hospital, Ambulatory
Ensure care free from discrimination	Hospital, Critical Access Hospital

Roadmap for Hospitals

- ▶ Inspire hospitals to integrate effective communication, cultural competence, and patient- and family-centered care into system of care
- ▶ Recommended issues to address to meet unique patient needs, above and beyond standards
- ▶ Implementation examples, practices, and “how to” information



Download *Roadmap for Hospitals* free at:
www.jointcommission.org/topics/health_equity.aspx



Develop a System to Provide Language Services

- ▶ Determine the types of services needed
- ▶ Offer a mixture of language services to ensure coverage
- ▶ Train staff on how to access services and work with interpreters
- ▶ Note the use of language services in the medical record
- ▶ Provide translated written documents for frequently encountered languages

Ensure Competence of Individuals Providing Language Services

- ▶ Define qualifications for language interpreters and translators
- ▶ Review qualifications for contracted language services or external vendors
- ▶ Consult resources for additional guidance (IMIA, NCIHC, ATA)
- ▶ Consider certification for sign language interpreters
- ▶ Consider certification for spoken language interpreters

Develop a System to Collect Patient Language Information

Table 6-3. Categorization of Patient-Level Language Data

Categories of English Proficiency*

- Very well
- Well
- Not well
- Not at all

Preferred Spoken Language for Health Care

- Locally relevant choices from standardized national set
- "Other, please specify: _____"
- Sign language

Preferred Written Language

- Locally relevant choices from standardized national set
- Braille

- Modify electronic medical records (drop-down menus)
- Use standardized language categories to collect data
- Train staff to collect language data
- Use aggregated data to identify population needs

How are Hospitals Doing?

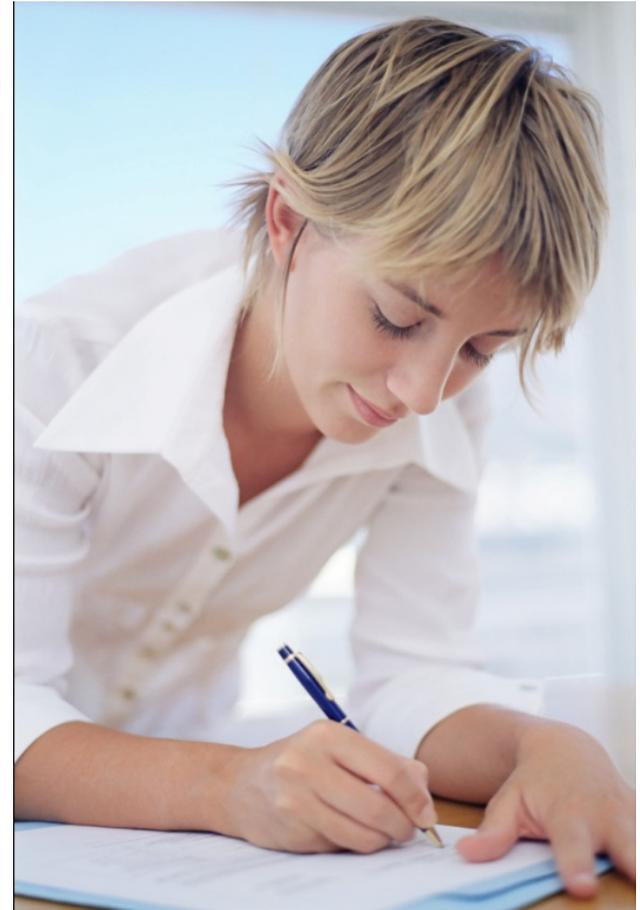


Deficiencies Identified for Standards to Address Language Barriers

- Identify & address communication needs (PC.02.01.21, EPs 1 and 2) **113, 73**
- Record preferred language data (RC.02.01.01, EP 1) **235**
- Provide language services (RI.01.01.03, EP 2) **230**
- Qualifications for language interpreters and translators (HR.01.02.01, EP 1) **344**
- Ensure care free from discrimination (RI.01.01.01, EP 29) **0**

Collection of Preferred Language

- ▶ No defined process
- ▶ Processes not followed, especially using self-report
- ▶ Incorrect preferred language selected in EHR
- ▶ Not collecting information on English proficiency or interpreter needs



Qualifications for Interpreters

- ▶ No qualifications in place
- ▶ Use of family members or friends
- ▶ Use of bilingual staff
- ▶ Use of translation apps





Translated Documents

- ▶ Documents available, not provided
- ▶ Wrong documents provided (e.g., consent)
- ▶ No documents available, use of interpreter to do real-time translation
- ▶ Unclear what threshold of population prevalence of a preferred language should be used to trigger development of translated documents



How Can We Improve Our Standards and Survey Methods?

- ▶ Ongoing project to assess this
- ▶ Current standards are probably adequate
- ▶ Need more rigorous survey methods
 - Require tracing of a patient who required interpreter services
- ▶ Compendium of leading practices for hospitals with limited resources

Thank You

