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

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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

- 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

Baker DW, et al. JAMA 1996
Communication Problems with Extreme Language Discordance

Interpreter Needed (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%

Baker et al. JAMA 1996
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 communications 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 so we can better understand how to 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, 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 answers. It is not all inclusive. You may encounter different scenarios, and you may not hear any concerns from patients after asking these questions, but it is a tool for you and your staff, and it is excellent for facilitating dialogue during training sessions.

- Race/Ethnicity
- Language
- Sex
- Disability
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”

- Concordant
- AT&T
- Ad Hoc Staff

% Satisfied

- Listen
- Answer
- Explain
- Skills

Lee LJ, et al. JGIM. 2002
Increase in Language Line Use at NMH After Process Changes

Language Line - # of calls
09-05 thru 02-06

- Sept '05
  - Other: 21
  - Cantonese: 29
  - Russian: 25
  - Spanish: 54

- Oct
  - Other: 34
  - Cantonese: 33
  - Russian: 22
  - Spanish: 51

- Nov
  - Other: 34
  - Cantonese: 19
  - Russian: 38
  - Spanish: 34

- Dec
  - Other: 12
  - Cantonese: 14
  - Russian: 26
  - Spanish: 31

- Jan '06
  - Other: 31
  - Cantonese: 11
  - Russian: 16
  - Spanish: 29

- Feb
  - Other: 64
  - Cantonese: 47
  - Russian: 192
  - Spanish: 263

- Overall
  - Other: 560
  - Cantonese: 331
  - Russian: 272
  - Spanish: 383
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
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

<table>
<thead>
<tr>
<th></th>
<th>2013 (N=887)</th>
<th>2014 (N=764)</th>
<th>2015 (N=936)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Factors</td>
<td>635</td>
<td>547</td>
<td>999</td>
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<tr>
<td>Communication</td>
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<tr>
<td>Physical Environment</td>
<td>138</td>
<td><strong>72</strong></td>
<td><strong>125</strong></td>
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<tr>
<td>Care Planning</td>
<td>103</td>
<td>72</td>
<td><strong>75</strong></td>
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<tr>
<td>Continuum of Care</td>
<td>97</td>
<td>59</td>
<td><strong>62</strong></td>
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<tr>
<td>Medication Use</td>
<td>77</td>
<td>58</td>
<td>60</td>
</tr>
<tr>
<td>Operative Care</td>
<td>76</td>
<td>57</td>
<td>52</td>
</tr>
</tbody>
</table>

*Highlighted values indicate the top root causes for each year.*
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

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

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.
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

<table>
<thead>
<tr>
<th>Standard</th>
<th>Program</th>
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<tbody>
<tr>
<td>Qualifications for language interpreters and translators</td>
<td>Hospital</td>
</tr>
<tr>
<td>Identify and address communication needs</td>
<td>Hospital, Ambulatory (PCMH), Critical Access Hospital (PCMH), Behavioral Health Home</td>
</tr>
<tr>
<td>Provide language services</td>
<td>Hospital, Ambulatory (PCMH), Critical Access Hospital (PCMH)</td>
</tr>
<tr>
<td>Collect preferred language data</td>
<td>Hospital, Ambulatory (PCMH)</td>
</tr>
<tr>
<td>Ensure care free from discrimination</td>
<td>Hospital, Critical Access Hospital</td>
</tr>
</tbody>
</table>
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

- 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

**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
How are Hospitals Doing?
Deficiencies Identified for 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)*
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