Through the Veil of Language:
Safe, Effective and Humanistic Care for Patients with Limited English Proficiency

Alexander Green, MD, MPH
Associate Director, The Disparities Solutions Center
The Mongan Institute for Health Policy
Massachusetts General Hospital
Arnold P. Gold Associate Professor of Medicine
Harvard Medical School
Background: Disparities in Patient Safety

- Over 55 million people – 19.3% of the U.S. population – speak a language other than English.

- Over 24 million (10% of the U.S. population) are defined as having Limited English Proficiency (LEP) – up from 8.5% 10 years ago

(LEP = speaks English less than “Very Well”)

(LEP = Limited English Proficiency)
Background: Disparities in Patient Safety

- Adverse events affect patients with LEP more frequently and severely than they affect English speaking patients

- Patients with LEP more likely to experience medical errors due to communication problems than English speaking patients

- Patients with LEP more likely to suffer from physical harm when errors occur

(Divi et al., 2007)
DSC Work on LEP Patient Safety

- **2009 - 2011** AHRQ/Abt project: Hospital Guide TeamSTEPPS
- **2011 - 2013** Macy Interprofessional Curriculum on Safe and Effective Care for Patients with LEP
- **2013 -** Gold Professorship: Through the Veil Language Addressing the Hidden Curriculum to Promote Quality, Safety and Humanism in the Care of Patients with LEP
- **Ongoing** MGH internal work: Q&S rounds, interpreter rounds, staff training on LEP patient safety
Project Overview

- **Goal:** Develop, test, and implement two new tools to reduce patient harm due to language barriers and cross-cultural care communication problems
  - **Hospital Guide** on preventing, identifying, and reporting medical errors due to language barriers and cross-cultural communication problems
  - A new **TeamSTEPPS training module**, focused on team behaviors to improve safety in LEP and culturally diverse patient populations

*Funded by the Agency for Healthcare Research and Quality (AHRQ) and conducted by the Disparities Solutions Center at MGH in collaboration with Abt Associates, Inc., Cambridge*
Methodology and Data Sources

Environmental Scan
- Adverse Events Database
- Interpreter Pilot Results
- Interviews Frontline Staff
- Key Informant Interviews
- Town Meeting

Background
- Identify Role of Language Barriers in Pt Safety Events
- Document how Hospitals are Addressing LEP Errors

Advisory Board
- Preliminary Hospital Guide
- Final Hospital Guide
- Preliminary Team STEPPS
- Final Team STEPPS

Preliminary Tool Development
Testing and Validation
Final Product Development

Implementation
Dissemination and Adoption
Adverse Events Database

- From 2006-8, 840 events in LEP patients (of 16,708 total)
- LEP patients more likely to have adverse events attributable to medication errors (57% vs 50%) and procedure consent errors (.12% vs .07%) compared to English speaking patients*
MGH Interpreter Pilot Project – Key Themes

– Misuse of interpreter services
  ◆ no interpreter present, use of family members, providers using poor language skills
– Miscommunication between patients and providers
  ◆ poor communication skills, not listening to patients’ complaints, lack communication between patient and broader care team
– Cultural issues
  ◆ Inappropriate questions posed to patients (e.g. religion); Providers’ lack of understanding
– Professionalism
  ◆ Rudeness to interpreters and not respecting or understanding their role
– Informed Consent
  ◆ Consent signed without interpreter present
Key Informant Interviews

- 18 in-depth interviews (9 frontline and 9 leaders) conducted via phone or in-person in 3 Boston hospitals
- **Frontline staff**: (received $50 cash incentive)
  - Knowledge and understanding of pt safety and medical errors
    - Interpreters (3)
    - Nurses (3)
    - Other bilingual receptionists (3)
- **Leaders**:
  - Perspectives on identification, reporting, and preventing medical errors
    - Interpreter Services (3)
    - Nurse Managers (3)
    - Patient Safety Leaders (3)
- **Qualitative analysis - coding of key themes**
Broad Key Themes
Interviews & Town Hall Meeting

- Current Hospital Strategies/Efforts to Address Linguistic and Cultural Sources of Error
- Common Causes of Medical Errors for LEP
- High Risk Scenarios
- Role of Behaviors and Communication
Current Hospital Strategies/Efforts to Address Linguistic and Cultural Sources of Error

- Language data collection – not systematic or routine across hospitals
- Safety reporting systems often do not include fields to identify “language” or “interpreter” as playing a role – precludes stratification of errors and impedes root cause analyses
- Hospitals do not routinely monitor medical errors for LEP and rarely generate reports for high risk scenarios
Common Causes of Medical Errors for LEP

- Use of non-qualified interpreters
- Use of family members/friends or house staff
- Provider use of basic language skills to “get by”
- Cultural beliefs/values impacting patient care
High Risk Scenarios

- Medication Reconciliation
- Informed Consent Processes
- Patient Discharge
- Emergency Department Visits
- Pre, Peri and Post-Operative Care
Role of Behaviors and Communication

- Failure to identify patient language needs in a timely manner
- Failure to get an interpreter to the encounter
- Failure to fully integrate the interpreter into the patient safety team
- Failure to address interpreter shortages
Recommendations
Foster a Supportive Culture for Safety of Diverse Patient Populations

Identification
- Collect R/E/L data
- Improve patient safety systems to capture root causes and risk factors
- Link databases to make information more readily accessible

Monitoring
- Link registration data to patient safety systems

Addressing/Preventing

Reporting
- Develop strategies to empower staff to report medical errors
- Provide staff with training and systems to do so effectively and efficiently

General Strategies

High Risk Scenarios:
- Medication Reconciliation,
- Discharge, Informed Consent,
- Emergency Department Care,
- Pre, Peri- and Post-Operative,
- Patient Disclosure of Error

TeamSTEPPS®
Preliminary Recommendations

1. **Identifying Language Needs**
   - Effectively assess preferred language for health care and need for an interpreter.
   - Effectively communicate patient language and cultural and literacy needs to the care team.

2. **Call for Interpreter**
   - The care team calls a certified professional interpreter (face-to-face, telephone, video, or web-based) to the encounter for LEP patients.

3. **Interpreter Present for the Entire Encounter**
   - Use structured communication tools to raise awareness of and improve issue that may threaten patient safety.
   - Serve as cultural brokers and patient advocates.
   - Use Teach-Back, Teach me Three, or similar techniques.

4. **Address Interpreter Shortages**
   - Team members raise up the management chain about interpreter shortages.
Hospital Guide & TeamSTEPPS Training
Hospital Guide

- Educate leaders with the background and evidence on medical errors that occur due to language barriers

- Present a set of strategies and training tools to create systems and an organizational culture to better identify, prevent, report, and address medical errors that occur due to language barriers in a variety of hospital settings

- Provide a set of practical case examples that solidify learning

- Provide resources which can be useful in developing a robust LEP patient error reporting and response system
TeamSTEPPS Training Module

- Teamwork system to improve patient safety
  - Rooted in 20 years of research on teamwork
  - Helps persons of lower hierarchical status communicate about patient safety risks
  - Teaches persons of higher hierarchical status to better respond

- Video vignette with LEP patient safety scenarios and training manual

- TeamSTEPPS structured communication skills (e.g. SBAR, check-back, CUS words) to facilitate communication between the medical team, bilingual frontline staff, and LEP and culturally diverse patients
1. What do you think each person in this interaction was thinking and feeling?

2. What problems did you note about communications among doctor, nurse, interpreter, patient, and patient’s wife? (go through each team)?

3. What could have been done better to ensure safe, effective and particularly Humanistic Care?
MGH New LEP Safety Initiatives

◆ Interpreter Rounds
  – Medical interpreters conduct rounds to assess quality of care and patient experience of LEP patients

◆ Executive Quality and Safety Rounds
  – Executive rounds include manager of interpreter services to incorporate focus on role of language and cultural factors

◆ Training
  – Interpreter Training: Patient Safety 101, Reporting, Communication Tools via TeamSTEPPS® LEP Module
  – Provider Training: E-Learning Program with guidelines for working effectively with interpreter services
Macy Interprofessional Curriculum

Module 1 Learning Goal: Understand the evidence for disparities and high rate of medical errors, particularly for patients with limited English proficiency (LEP).

E-learning Module 1 (20-30 min) → Class Session 1 (90 min) → Online Group Assignment 1 (60 min)

Module 2 Learning Goal: Work effectively with interpreters and other care team members to ensure safe, high quality care for patients with limited English proficiency.

E-learning Module 2 (20-30 min) → Class Session 2 (90 min) → Online Group Assignment 2 (60 min)

Module 3 Learning Goal: Explore the ways that systems of care can be improved to ensure quality and safety for patients with limited English proficiency in a team environment.

E-learning Module 3 (20-30 min) → Class Session 3 (90 min) → Online Group Assignment 3 (60 min)
E-learning Program

Module 1

Providing Safe and Effective Care for Patients with Limited English Proficiency

Module 1: The Evidence for Disparities and the High Rate of Medical Errors for Patients with Limited English Proficiency

Please take a moment to make sure that your sound has been turned on for this module.

Click Here to Begin the Module

This interactive e-learning program was made possible by a grant from the Macy Foundation and was created by the Disparities Solutions Center at Massachusetts General Hospital (MGH) in collaboration with the MGH Institute of Health Professions.
Ensuring Effective Team Communication

1. Conduct Team Briefings
2. Empower Team Members to Speak Up
3. Advocate to Ensure Patient Safety

References:
1. The Agency for Healthcare Research and Quality’s TeamSTEPPS Enhancing Safety for Patients With Limited English Proficiency Module
2. Photos stills taken from TeamSTEPPS Limited English Proficiency Safety Videos

Click on each of the boxes for more information. You will need this information in order to complete the next exercise.
Through the Veil of Language
Addressing the Hidden Curriculum to Promote Quality, Safety and Humanism in the Care of Patients with Limited English Proficiency

Funded by the Arnold P. Gold Foundation

Phase 1
◆ Qualitative interviews with Macy curriculum students
◆ Language champions group

Phase 2
◆ Development of tool to assess the hidden curriculum as it relates to the care of patients with LEP within a clinical setting

Phase 3
◆ Development and pilot of system based interventions to change organizational culture and the hidden curriculum to promote humanism and professionalism in the care of patients with LEP
Major Themes

Hidden (Informal) Curriculum for care of patients with LEP

Role Modeling

**Positive:**
Providers demonstrate empathy and dedication to providing high quality care for LEP patients

**Negative**
Not involving interpreter services during care and disregarding patients’ lack of understanding

**Mixed**
Role models work with interpreter services but lack empathy for LEP patients

Structural Challenges

- Limited availability of interpreters
- Lack of training and awareness among staff of systems for accessing interpreter services and working effectively with interpreter services
- Patient records and rooms not flagged to indicate patients with LEP

Organizational Culture

- Time and efficiency valued more highly than effective communication and humanistic care
- Students feel pressure to conform to the organizational culture when observed
- Students evaluated on clinical knowledge more than empathy and communication with patients
Summary: Key messages

- Language barriers are a major risk factor for medical errors and unsafe care
- Data drives change
- Interpreters can play an expanded role in assuring safe and effective care as part of the health care team
- Effective training for health care professionals essential to changing organizational culture