

The Sound of Success: Efficient And Effective Language Services Becoming A Reality In Some Hospitals

Program to improve care for patients who speak little English achieves measurable success in developing essential resources for hospitals

Anyone who has ever been sick knows that being able to communicate effectively with doctors and nurses is fundamental to receiving high-quality health care. When language barriers exist, people who speak or understand limited English can receive poorer quality of care. They may not be able to fully explain their symptoms or understand their diagnosis, treatment options and recommended follow-up care. And it's well documented that many people with limited English proficiency (LEP) have greater difficulty in obtaining care, receive less primary care, obtain fewer preventive services and are generally less satisfied with their care.

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Pamela S. Dickson, M.B.A., Deputy Director
Health Care Group – Robert Wood Johnson Foundation

These facts are not new. Yet for millions of people — experts estimate that as many as one in every 15 people in the United States speak little, if any, English — these barriers remain a daily reality, leaving LEP patients and their loved ones to continue searching for a voice in today's health care system.

But across the country, the sound of success is getting louder as committed health care leaders work to make the delivery of efficient and effective hospital language services a reality. A pioneering group of these hospitals came together as part of *Speaking Together: National Language Services Network*, an 18-month program funded by the Robert Wood Johnson Foundation and administered by The George Washington University School of Public Health and Health Services. The program recently wrapped up its efforts amidst great success.

"In order to survive and thrive, America's hospitals and clinicians need to better meet the cultural, ethnic and linguistic needs of changing and diverse patients," says Pamela S. Dickson, MBA, deputy director of the health care group for the Robert Wood Johnson Foundation. "Having meaningful doctor-patient conversations at key points is critical for high-quality healthy care. We wanted to help hospitals measure whether they routinely provided effective language services to patients at important times. We also wanted to show them how to improve."

Revolutionary Ideas and Successful Results

Launched in November 2006, the *Speaking Together* program was a national initiative aimed at identifying, testing and assessing strategies for hospitals to provide effective language services to LEP patients.

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Ten diverse hospitals worked in a “learning collaborative” structure to test new ideas, quantify results and share lessons learned. The program represents the first time that hospitals across the country came together to use measurable information to improve language services performance.

“No national program had ever tried to use quality improvement practices and metrics to increase the delivery and efficiency of language services,” says Marsha Regenstein, PhD, MCP, director of the *Speaking Together* program and associate professor at The George Washington University. “The results clearly paid off. Participating hospital language teams were finally able to measure demand, track performance and monitor progress while testing improvement strategies. This has been a huge leap in the right direction for language services.”

Performance Measures Used to Track Effectiveness of Language Services

Identifying Patient Needs

Measure 1: The percent of patients who have been screened for their preferred spoken language.

Documenting Use of Qualified Language Service Providers

Measure 2: The percent of patients with language needs who receive initial assessment and discharge instructions from assessed and trained interpreters or from bilingual providers assessed for language proficiency.

Evaluating Timeliness and Efficiency

Measure 3: The percent of encounters where the patient wait time for an interpreter is 15 minutes or less.

Measure 4: The percent of time interpreters spend providing medical interpretation in clinical encounters with patients.

Measure 5: The percent of encounters interpreters wait less than 10 minutes to provide interpreter services to clinician and patient.

Indeed, prior to the *Speaking Together* program, the field of language services lacked any universal, quantifiable way to assess how hospitals meet the language needs of their patients. Since hospitals are accustomed to practicing evidenced-based care, the absence of quantifiable metrics for language services often meant that language services staff received little attention from hospital decision makers. For this reason, the program developed and is now recommending the use of five performance measures for determining patient needs and evaluating how well hospitals meet those needs. These measures cover the entire continuum of care from initial assessment of language needs to tracking the efficiency of how the services were provided.

Data on how participating hospitals fared on the measures were collected and analyzed throughout the project, with hospitals continually identifying new strategies to improve and sharing lessons with each other. The results showed that it is indeed possible for health care organizations to deliver efficient, effective and high-quality medical interpretation to diverse and rapidly changing patient populations that speak little or no English, and to make improvements in a relatively short amount of time.

“The data says it all — patients want and need these services and now we have evidence that hospitals can effectively provide them. We showed that hospitals with extremely diverse patient populations can provide the language services operations that are crucial to high-quality and equitable care for everyone,” says Regenstein. “It is time for organizations intent on delivering this care to learn from these hospitals and institutionalize efficient and effective language services that reach all patients who need them.”

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Program Results Signal Success

Screening for Preferred Language

Due to efforts to verify the accuracy of screening processes, the percent of patients screened for preferred language actually declined slightly for the 10 participating hospitals — from 97 percent to 94 percent. For the two hospitals that performed lowest on this measure at the outset of the program, however, screening rates improved from 59 percent to 83 percent, and 50 percent to 90 percent, respectively.

Patients Receiving Language Services from Qualified Providers

Over the course of the program, the median percentage of patients who needed and received assistance from a qualified interpreter or bilingual provider at all 10 hospitals increased nearly 20 percentage points, rising from 35 percent to 53 percent.

Patient Wait Time

For the 10 participating hospitals, the median percentage of patients who waited 15 minutes or less for an interpreter held steady at about 94 percent. At one hospital, the percent of patients waiting 15 minutes or less for an interpreter increased from 66 percent to 93 percent.

Time Spent Interpreting

For the 10 participating hospitals, the median time spent interpreting increased from 39 percent to 43 percent. Interpreter productivity increased on the whole, with a 10 percent relative increase among participating hospitals.

Interpreter Delay Time

For the 10 participating hospitals, the median percentage of encounters in which interpreters waited less than 10 minutes for a provider or patient improved from 83 percent to 89 percent. One hospital increased the percent of encounters in which interpreters wait less than 10 minutes for the provider or patient from 79 percent to 93 percent.

Lessons Learned: Seven Factors for Success

The experiences of the *Speaking Together* hospitals demonstrate that with commitment, the right team and a solid foundation for success, health care organizations can measure and improve the performance of language services delivery. Program leaders say there were seven factors for success that became apparent during the program:

- 1. Use measurement to track language services performance.** Data are absolutely necessary to gauge how well patients' language needs are being met in the organization. "Collecting data is key to driving change, engaging providers and directing improvement in the organization," says Regenstein. "Without the numbers, there is nothing to drive and shape these efforts. Hospitals must agree to look at measures for language services, such as those developed by *Speaking Together*, to track performance."
- 2. Start small before spreading to the rest of the organization.** Depending on the size of the hospital, its experience with language services and the distribution of patients across sites of care, hospitals can choose to focus more or less narrowly to begin their quality improvement work. However, all hospitals should test one or more of the quality measures to assess current performance and set targets for improvement before deciding to spread to the rest of the organization. Starting small allows for change and adjustment along the way and can save valuable resources.
- 3. Place clinical providers at the forefront of improvement efforts.** The language services department should work to make its services accessible, but providers are ultimately responsible for ensuring that their patients' language needs are met. Without clinical involvement, an organization cannot get language services to patients when and where they are needed.

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4. Work with the quality improvement department to develop and oversee strategies for change.

Language services must be linked with quality improvement in the organization in order to effectively embed language services into the organization and prioritize areas for improvement.

5. Engage senior and executive leadership in achieving high-quality language services in the organization. Meaningful change in the delivery of language services cannot occur without the strong support of leadership. A commitment to safe, effective, efficient, equitable, timely and patient-centered communication in the organization must come from above. “Awareness of the data at the highest levels of the hospital can be a powerful force for change,” says Cathy West, MS, RN, *Speaking Together’s* quality improvement specialist. “When senior leadership was engaged in the project, the shift we saw was incredible. The importance of language services became significantly elevated, which translated into an increased understanding among the frontline providers that they needed to help drive the effort.”

6. Develop a relationship with registration and scheduling departments as the first point of patient contact. Accurate identification of a patient’s language needs generally falls on registration and scheduling staff. An effective language screening process creates efficiencies in language services delivery and helps ensure that patients needing services receive them.

7. Seek support from information technology to link systems. Recording and tracking performance information can be burdensome without the right systems to support these processes. Language services departments should work with information technology and quality improvement to identify ways to link with other key departments and systems in the organization, such as registration and scheduling.

Speaking Together Participating Hospitals

- 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
- University of California, Davis
Sacramento, California
- University of Michigan Health System
Ann Arbor, Michigan
- University of Rochester Medical Center
Rochester, New York

Online Site Provides Resources to Help Hospitals Improve Care

Tools from *Speaking Together* and other RWJF-supported quality improvement programs have been compiled from more than 200 tried and true strategies that health care organizations can adopt or adapt to significantly improve the quality of their own care. The resources include actionable summaries of the proven practices that worked at participating hospitals and that can be used by providers and health care institutions everywhere to improve language services.

“The results of *Speaking Together* show that providing efficient and effective language services to LEP patients is not only possible — but also badly needed. We hope the lessons and experiences we learned will become a valuable resource for hospitals as they tackle the challenges of providing these services within their organizations,” says Regenstein. “As America becomes increasingly diverse and LEP patient populations continue to grow, providers will need tools like these to better ensure safe, quality and equitable care.”

The full *Speaking Together* final report, toolkit and other resources clearly explaining interventions to increase the effectiveness, timeliness and quality of language services can be found on the Robert Wood Johnson Foundation’s website at: <http://www.rwjf.org/qualityequality/product.jsp?id=29653>.