Clinical Safety & Effectiveness
Cohort # 9

Interpreting for University Hospital’s Spanish Speakers

CENTER FOR PATIENT SAFETY & HEALTH POLICY
UT Health Science Center™
SAN ANTONIO

Educating for Quality Improvement & Patient Safety
Financial Disclosure

Christopher Moreland, MD, MPH, has no relevant financial relationships with commercial interests to disclose.
The Team

• Division
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• Sponsor Department
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What We Are Trying to Accomplish?

OUR AIM STATEMENT

To increase effective communication between inpatient health providers and Spanish-speaking patients in the University Hospital observation unit on the 6th and 8th floors by utilizing telephone interpretation services with average of 1-point increase in patient satisfaction and 10% decrease in LOS.
Project Milestones

• Team Created 9/2011
• AIM statement created 10/10/2011
• Bi-Weekly Team Meetings 10/10-11/2/2011
• Background Data, Brainstorm Sessions, Workflow and Fishbone Analyses 10/17-12/1/2011
• Interventions Implemented 1/2011
• Data Analysis 2/2011
• CS&E Presentation 2/24/2011
Background

- Limited-English proficient = LEP
- Large health disparities impacting LEP
- *Professional* interpretation can resolve disparities
- University Health System (UHS) has 498-bed tertiary care hospital, >70,000 ED & >300,000 outpatient visits/year.
- UHS 2\textsuperscript{nd} most common language: Spanish
- Bexar County population: 60% Hispanic*
- Carelink population: 66% Hispanic*
- Difficulty obtaining inpatient interpretation

* The Costs and Adequacy of Safety Net Access for the Uninsured
Bexar County (San Antonio), Texas
Mark A. Hall, Wake Forest University, June 2010
Background: Joint Commission

- **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 C 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, and 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.
How Will We Know That a Change is an Improvement?

• Length of stay (hours)
  – Seeking improvement by at least 20%

• Patient satisfaction
  – Using HCAPS survey questions on discharge
  – Seeking improvement by average of 1 answer point
What Changes Can We Make That Will Result in an Improvement?

- Make interpretation services easily accessible
- Educate patients and staff on use of services
- Reinforce education periodically
Selected Decision Making Tools

- Brainstorming
- Fishbone
- Work flowchart
Cause and Effect Diagram

**Physician**
- Limited multilingual exposure
- Less understanding of interpretation
- Time pressures
- Cost-benefit ratio
- Lack of feedback to staff.

**Nurse**
- Uncertainty of effect of interpretation on outcome
- Values and beliefs
- Limited time due to other patients
- Conflicting roles as interpreter and nurse
- Limited interpreter exposure
- Poor knowledge of interpreters
- Limited English proficiency
- Lower health literacy

**Patients**
- Limited availability
- Desire to be involved
- Conflicting roles

**Patient Networks**
- Desire to be involved
- Medical training
- Medical qualifications
- Lower health literacy

**Interpreters**
- Desire to be involved
- Medical training
- Medical qualifications

**Other health staff asked to interpret**
- Role discomfort
- Time away from duties
- Lack of training

**Problem Statement**
- Language barrier between English-proficient providers and limited English-proficient patients
Flowchart

Observation status

Arrival in CDU room

Evaluation by RN

Is patient LEP?

No

Evaluation by MD/DO

Make phone available for use by patient

Yes

Provision of care
- Meds
- Consults
- Monitoring

Educate pt on phone use

Discharge or full admission
Background Data

• Most UH units have 1 Language Line telephone
  – Jan-August 2011: 25,259 minutes used
  – 69% by Spanish speakers

• In-person interpreters via private vendors
  – 2-hour minimum charge per interpreter visit at $70/hour
  – Jan-Oct 2011: 2,584 hours
  – 79% Spanish speakers
Intervention

- Install dual-line telephones in each room

- Track measures
  - Length of stay (hours)
  - Patient satisfaction

See Appendix C for guidance about PDCA cycle
Implementing the Change

- Language Line phones installed 1/1/2012
- CDU clerks collected and maintained surveys
- Implementation issues
  - Technical (digital vs analog phones)
  - Ongoing education on using services
  - Hospital ID number for Language Line
  - Belief of some staff that their Spanish was adequate
Pre-intervention: LOS (hours) for all CDU patients
Sept-Dec 2012
Post-intervention: LOS (hours) for all CDU patients, Jan 2012
Pre-intervention: LOS (hours) for Spanish-speaking CDU patients, Sept-Dec 2011