

Community Language Needs at UMass Memorial HealthAlliance-Clinton Hospital

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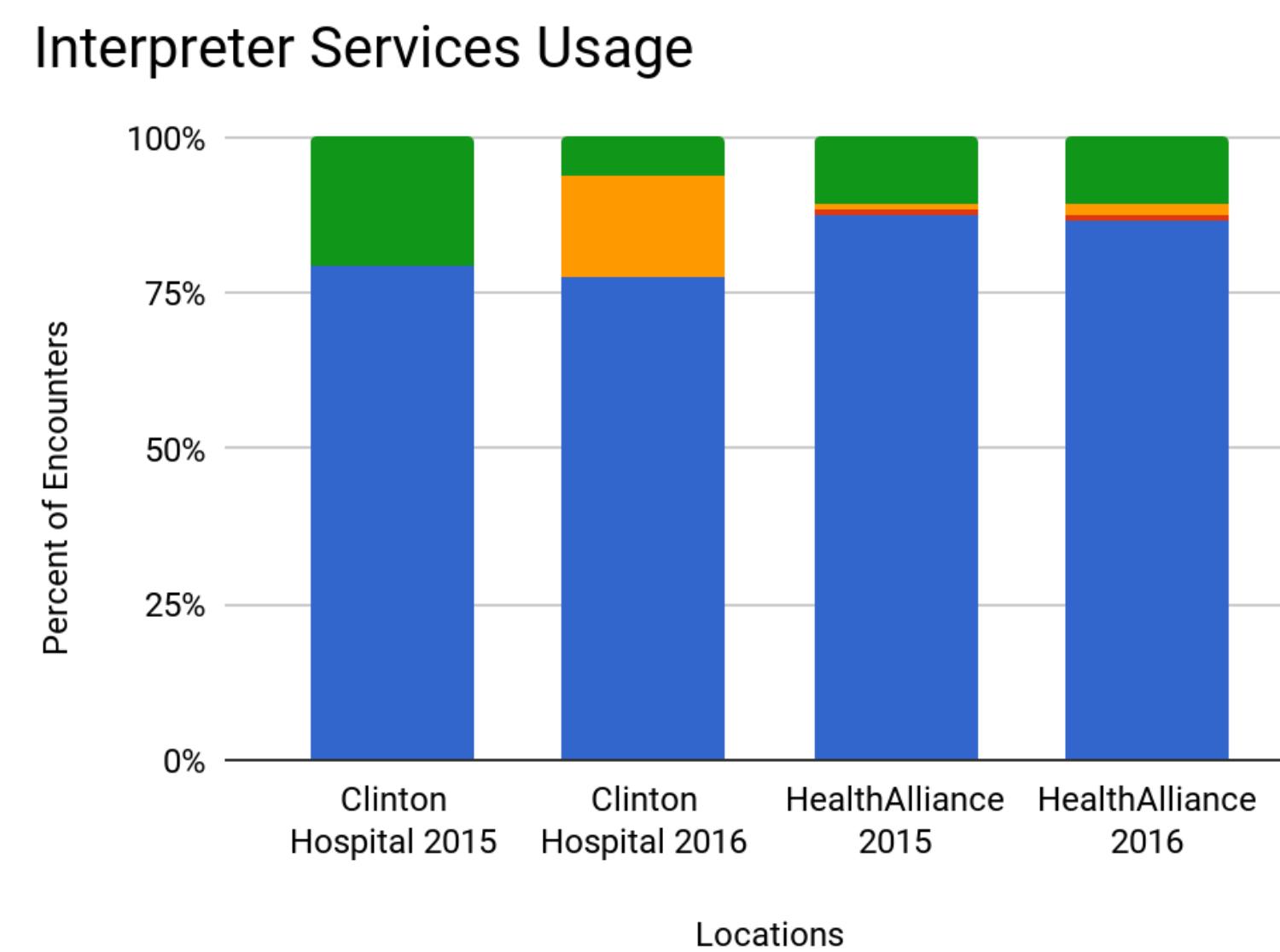
Background

An LEP (Limited English Proficiency) community member is a patient who does not speak English as a primary language and/or has a limited ability to speak, read, write, or communicate in English. Language barriers are a social determinant of health and a key factor in the safe and efficacious administration of care.

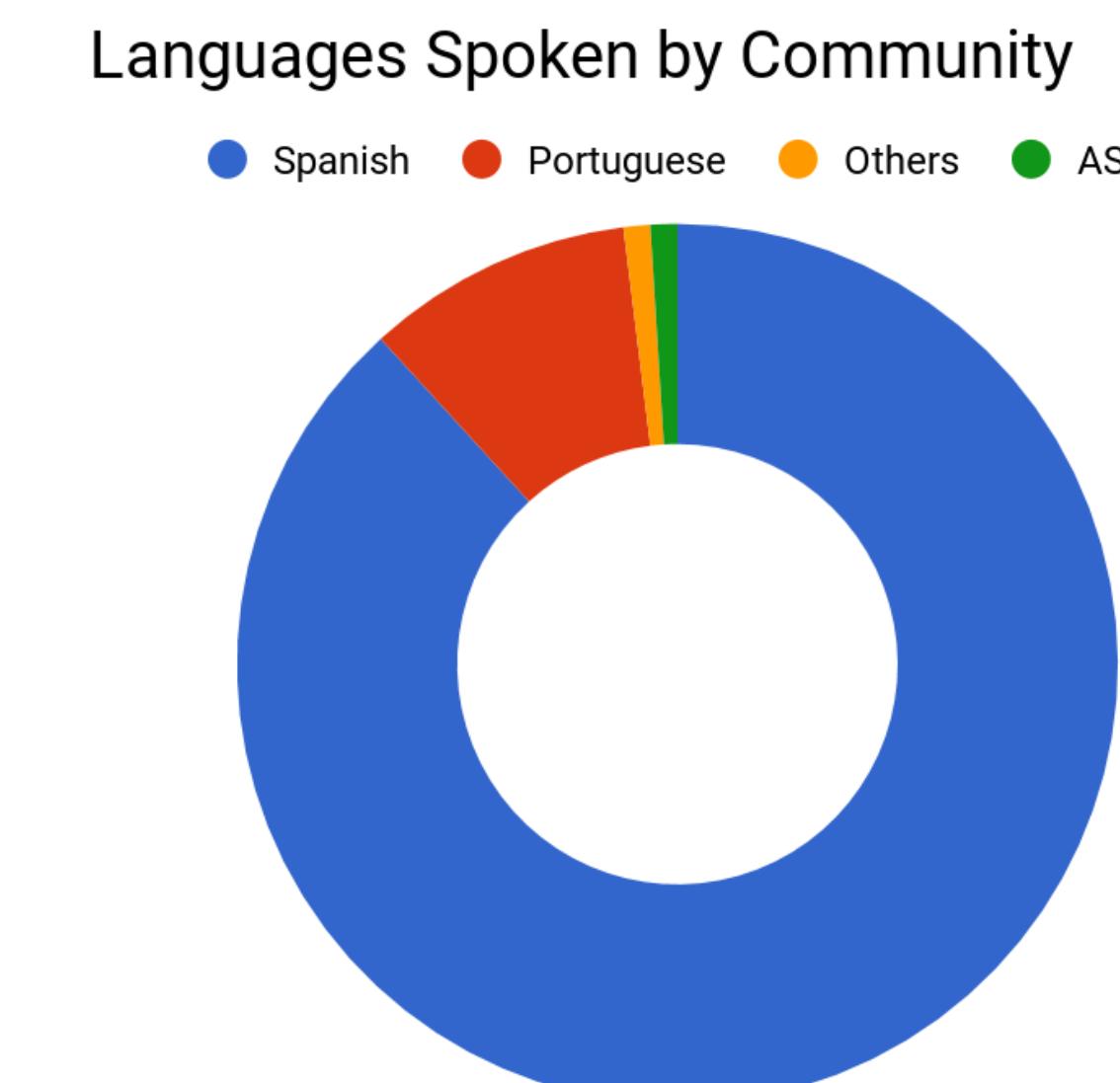
Community member stories:

- A Spanish-speaking hospital staff member interpreted for a Portuguese-speaking patient, and the doctors thought that the patient was pregnant when she really said that she was embarrassed.
- A friend interpreted for a Spanish-speaking patient and then that patient did not return for his colonoscopy because he thought it involved using a rifle instead of a scope.
- A poor network connection and a lagging VRI (video remote interpretation) system meant that a deaf community member didn't understand the ASL interpreter and couldn't communicate with the doctor.
- A doctor that didn't seem to care or make an effort finding a deaf community member an in-person ASL interpreter caused that patient to lack trust in the hospital and not return for follow-up care.

Data



1 in 10 patients at UMassMemorial HealthAlliance-Clinton Hospital uses an interpreter.



75 patients/day use
interpreter services

Use an Interpreter: It's the Law!

Affordable Care Act, Section 1557

- The new law is in effect as of July 18, 2016.
- Language services must be free of charge, accurate, timely, and independent of the individual with LEP.
- Important aspects of new law:
 - Low quality or lagging sounds and images while using VRI is unacceptable.
 - Family members, minors, friends, and hospital staff who do not have interpretation within their job description do not count as qualified interpreters.
 - With the exception of emergency/life threatening situations, a qualified interpreter must be used during all encounters with an LEP patient.

Interpreters should be “certified by the National Board of Certification of Medical Interpreters (NBCMI) or equivalent certification body.”

-Jon Auerbach, Commissioner of the Massachusetts Department of Public Health

Recommendations

- Bracelets denoting patients needing interpreters could promote awareness among hospital staff.
- Currently, community members who speak a language other than English are flagged upon arrival at the hospital to help with the admission process. The same idea could also be applied to these patients when they are discharged. Many interpreters expressed frustration with not being present during patient discharge. Information given at a patient's discharge is incredibly important, and if understood correctly, could potentially decrease the number of readmissions.
- Adding time to providers' schedule when they see community members who speak English as a second language would ease the time constraint felt by providers, interpreters, and community members.
- Making a mandatory check in Epic so that providers are required to say what method of communication they used during patient encounters could further promote awareness and patient safety. Specifically, all encounters that involve education, medication administration, or critical health assessments would include a flag in the system to ensure that providers use an interpreter.
- Two broken languages do not make a whole language. This means that providers and community members need to be aware that they need to work together and use an interpreter instead of trying to communicate without professional help of a qualified interpreter.
- Know your interpreters! Use the team you have on staff to provide the best care for the community member.

Acknowledgements

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Deaf/Hard of Hearing IL Program, Center for Living & Working, Inc., Worcester, MA

References

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- U.S. Department of Health and Human Services, Patient Protection and Affordable Care Act, Section 1557. Retrieved on October 26, 2017, from: <https://www.hhs.gov/civil-rights/for-individuals/section-1557/index.html>