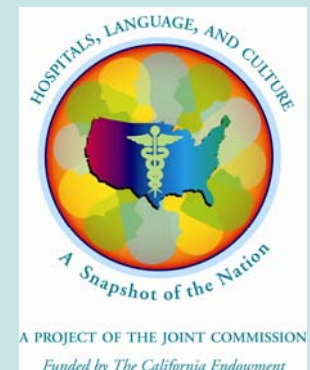


*Hospitals, Language, and Culture:
A Snapshot of the Nation
Exploring Cultural and Linguistic
Services Across the Nation*

Friday, June 29, 2007

3:00 – 4:30 PM EST

www.mghdisparitiessolutions.org



Evolution of Joint Commission Standards Supporting CLAS

- Identification of certain rights for all patients
- Increased patient awareness related to patients' participation in care
- Cultural competence is more than a patients' rights issue; it is critical to safety and quality of care

What we already know

- Language, culture, and literacy all impact patient care.
- Hospitals increasingly encounter patients with limited English proficiency and diverse health.
- Variety of methods available in hospitals to address communication.
- Communication is essential to safe care; lack of appropriate communication can result in adverse events.

**Communication is essential to
safe care and lack of
appropriate communication
can contribute to adverse
events**

Hospitals, Language, and Culture

A Snapshot of the Nation



Cross-sectional Qualitative study

Three Research Questions:

1. What are the challenges hospitals face providing care to diverse patient populations?
2. What are hospitals doing to address these challenges?
3. Are there any promising practices that can be replicated to improve care?

The Sample Hospitals



Urban: 35



Rural: 15



100-299 beds: 18



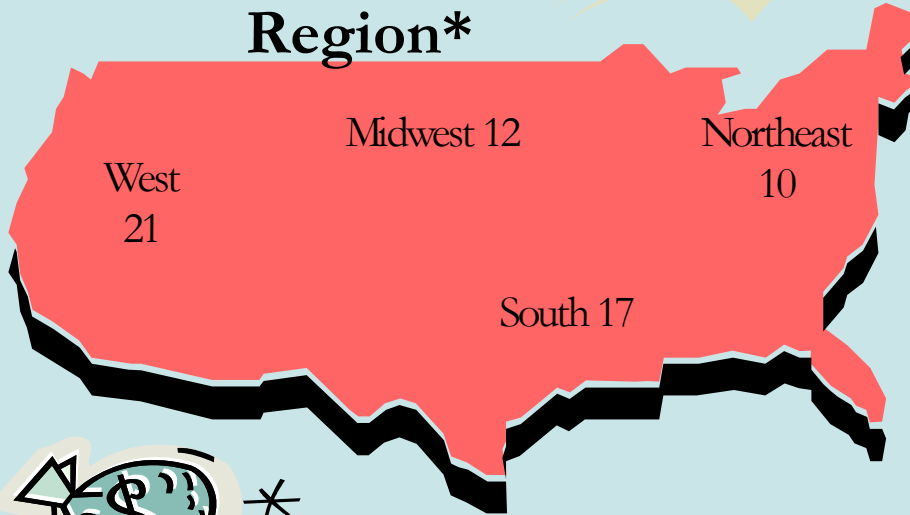
300 plus beds: 32



25-99 beds: 10



Public: 15



Non-profit: 32

* Representing 32 states



Teaching/Academic: 22

What happens when an LEP patient seeks care?

Meet Mr. Lopez

- 60 year old widower
- Spanish-Speaking only; limited acculturation
- 12 year old English-speaking daughter
- Suffered appendicitis-hex—in great pain
- Visits Emergency Department for temporary pain relief
- Who he encounters:
 - Triage Nurse
 - ED Physician
 - ED floor nurse
 - Radiology Tech
 - Staff RN
 - CNA
 - Housekeeper
 - Social worker
 - Interpreter

Key Findings

- Need for greater clarity in Joint Commission standards regarding language services
- Wide range of practices/interpretation of good practice
- Gap between current practice and desired practice
 - Missing resources
 - Resources, processes not being used

Key Findings (continued)

- Culture and Language are challenging issues to address
- More focused efforts on language than culture
- Data collection and use is inconsistent across and within hospitals

Finding:

Culture and Language are Challenging Issues to Address

- Organizational
- Financial
- Workforce
- Meeting specific Needs
 - Language
 - Culture

Fairview Health Services Diversity Vision

*Our communities will
CHOOSE FAIRVIEW FIRST
As employer, healthcare provider and
partner,
And we will inspire employee PRIDE,
Because we understand, respect and
LEVERAGE our differences
To IMPROVE the lives of those we touch.*

About Fairview Health Services

18,000-Employee Health System Across Minnesota
Eight Hospitals Plus Clinics, Home Care and
Hospice, Nursing Homes, Assisted Living, Clinics
University of Minnesota Medical Center, Fairview:
7,000 employees, Magnet Status as of 4-24-07
New Pediatric Hospital Building Underway
Every Fairview site affected by demographic shifts
in the past 5-10 years in Minnesota

The WHY: Reasons for Diversity and Cultural Competence Services

Mission: Delivering patient-centered, culturally competent care and reducing disparities are core to our mission

Market: Major demographic shifts across our service areas

Excellence: Diversity work essential to sustaining and growing our business

Regulatory: ADA, JCAHO, Medicare/Medicaid, Office of Civil Rights, Department of Human Services, etc.

Rightness: Ethically appropriate and consistent with Fairview values

The WHAT: Fairview's Diversity Initiative

WORKFORCE DIVERSITY

Diversity of people, cultures and ideas when we serve at the bedside or are at the table making decisions

Employees

CULTURALLY COMPETENT HEALTH CARE

Care that is sensitive to and knowledgeable about the unique needs of the patient

Customers

WELCOMING ENVIRONMENT

Everyone can feel at home . . . at Fairview

Community

Recommendation:

- Consider establishing a centralized program with executive-level reporting to coordinate services relating to language and culture as a part of the organization's commitment to quality.

Finding:

Language Services Available

- 23/60 had hospital interpreters (not dual role)
- 19/60 had contract interpreters
- 53/60 had bilingual staff used as interpreters
- 59/60 had telephone interpreter services

Use of Language Services Reported in Pre-visit Questionnaire

N=60	Never	Seldom	Often Regularly Frequently
Trained Staff interpreter	35%	8%	57%
Trained contract interpreter	30%	23%	46%
Volunteer	65%	21%	14.5%
Trained Bilingual staff	35%	20%	45%
Untrained Bilingual Staff	17%	27%	57%
Family or Friend	3%	32%	65%
Telephone interpreter service	2%	18%	80%

Use of Ad Hoc Interpreters

- “This scenario happened a few weeks ago – I grabbed a guy from the hall who was speaking Spanish. (I) usually try to get staff – but no one was available. Since that time this patient and the guy have become buddies and now the guy accompanies this patients on his visits.”
- “We have a few Bosnian Serbs in town, most have kids who do pretty job of translating.”

Hospital use of telephone interpreter service (n=60; PVQ)

- 80% of hospitals indicated that the telephone was used frequently, often, or regularly
- 32% of hospitals indicated the telephone as a preferred mechanism to communicate with LEP patients
- 32% of hospitals had the telephone as the only “professional” mechanism for language service provision

How do practitioners communicate with Mr. Lopez?

“...First of all, I would probably use a little board or pad to write on to see if he understands English. I would use sign language to let him know he has pain and needs surgery. I could show him pictures of surgery to help.” –ED physician

Other means of communication

“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

Examples of Fairview's Services

- **Diversity and Cultural Competence Education**
- **Diversity Intranet Site – 24/7, Indexed Resource**
- **Office of Diversity Consultations with Caregivers**
- **Interpreters Onsite for Every Major Customer Group**
-- ASL, Amharic, Arabic, Cambodian, French, Hmong, Laotian, Oromo, Russian, Somali, Spanish, Swahili, Thai, Vietnamese. 59,418 Interpreted Visits in 2006
- **Community:** Community health focus on immigrant and refugee health, health education and access to care.

Recommendations Related to Language Services

- Written policies (5-1)
- Policies regarding use of family/ad hoc to interpret (5-2)
- Assessment of language skills and training on practice of health care interpreting (5-3)
- Incorporate language service programs into safety and quality efforts- PI structures and tools (5-4)
- Dialogue re: National Certification (5-5)
- Impact of different interpreting mechanisms needs to be quantified (5-6)

Recommendations Related to Language Services (Continued)

- Ongoing training on how and when to access language services (3-2)
- Accrediting bodies should require education and training to support provision of language services (3-3)
- Translation of written materials (4-1)
- Informed consent (4-2)
- Safety and Quality leaders need to dialogue with language service coordinators, diversity officers, pastoral care workers about impact on patient safety (4-5)

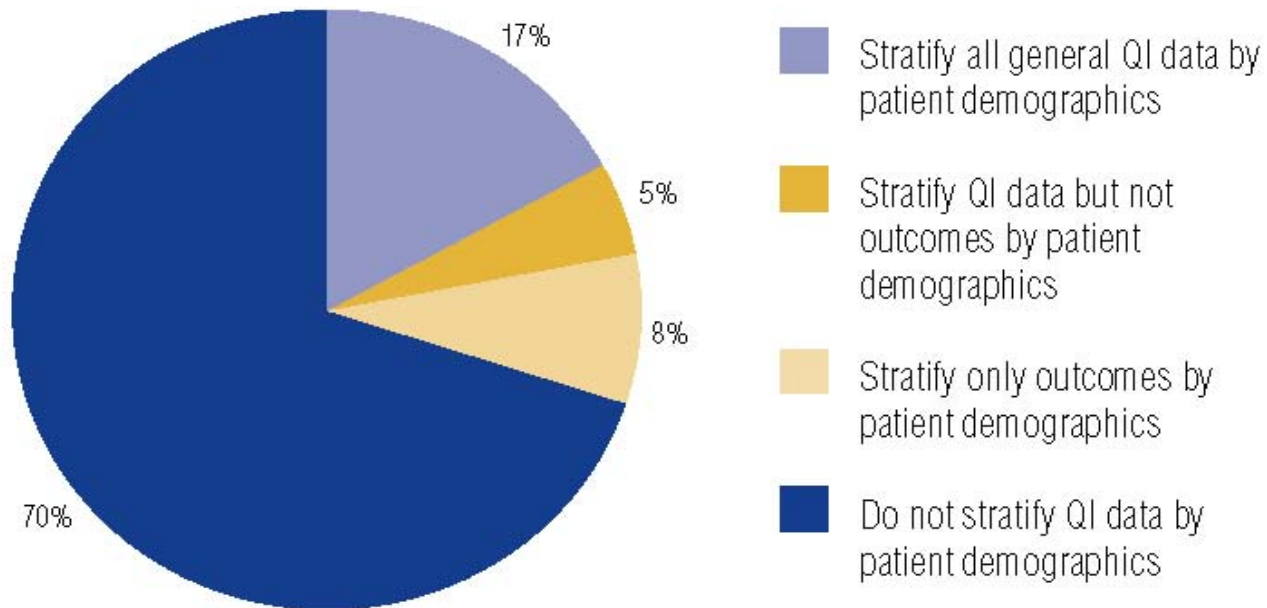
Finding:

Patient-level Data Collected

- Language 51 hospitals (49 on-site reported)
- Race 48 hospitals
- Ethnicity 30 hospitals
- Religion 53 hospitals (33 on-site reported)
- Cultural needs (24 on-site reported)

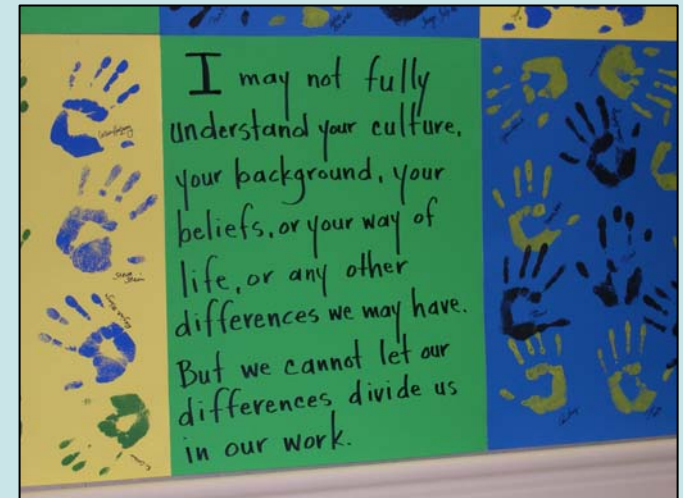
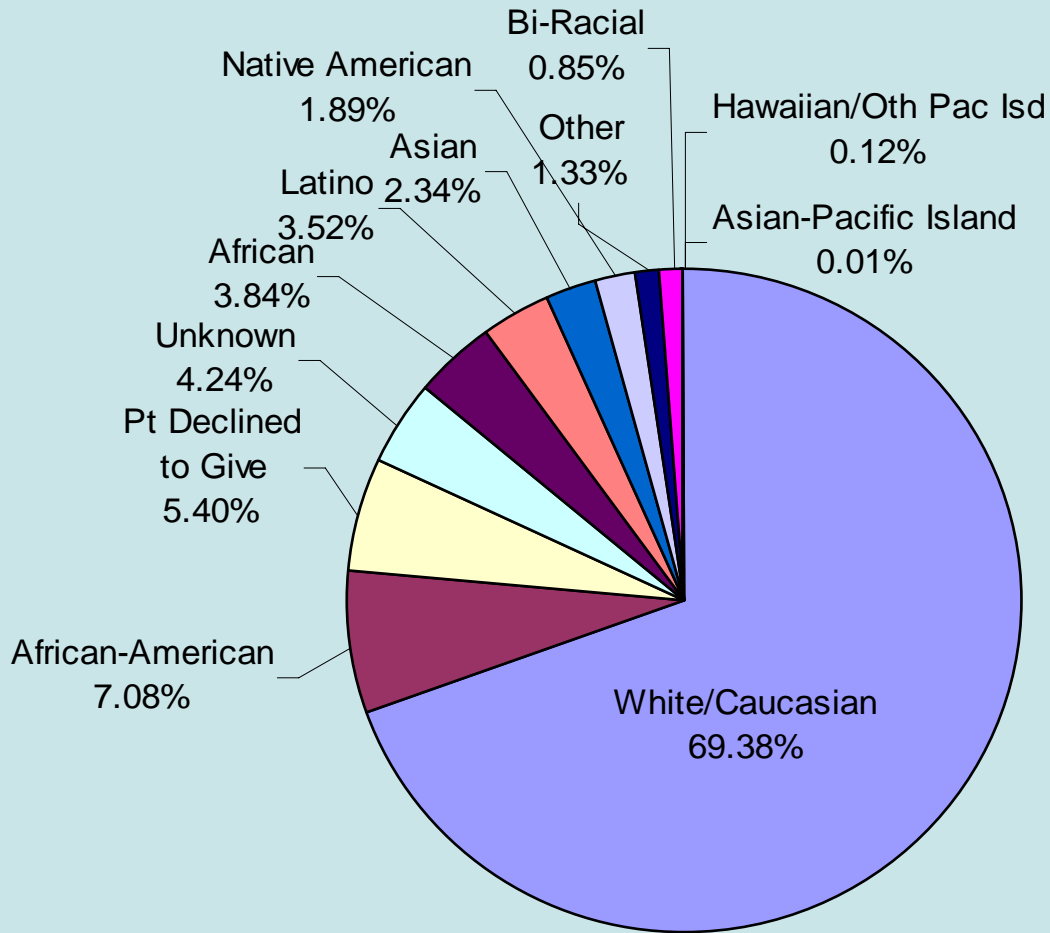
Finding: Use of Data

Figure 5-B. Stratification of Quality Measures
(Aggregate n=60)

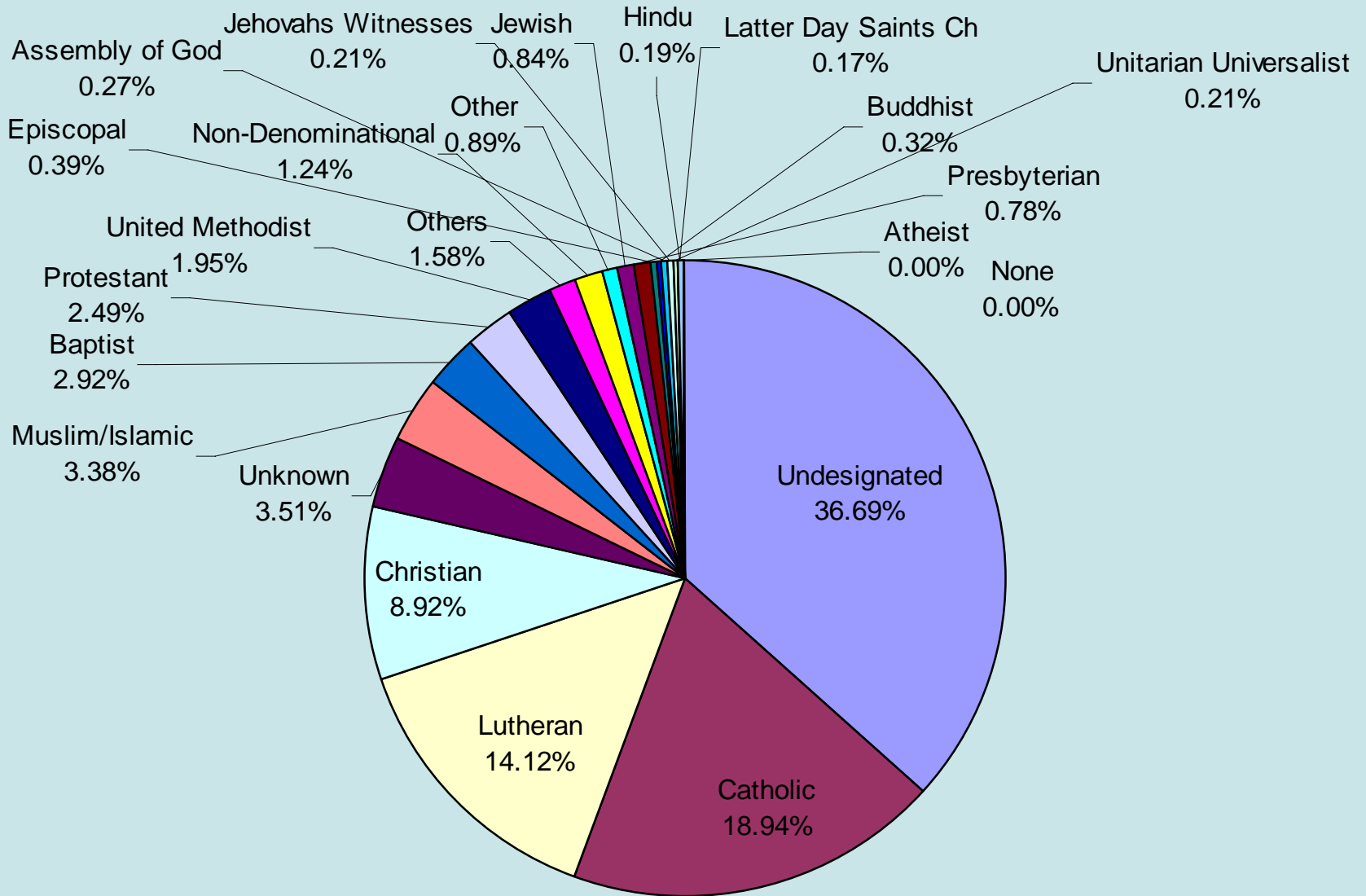


UMMC Admitting 2006

Race and Ethnicity



UMMC Admitting 2006 – Spirituality



How Fairview Has Used Our Admitting Data on Ethnicity, Spirituality and Language So Far

1. Putting language on medical records and face sheets
2. Communicating inside and outside about who we serve
3. Applying for grants
4. Assessing services and facilities – like prayer center design
5. Developing and communicating Equity of Care Measures
6. Health disparities review

Recommendations Related to Data Collection and Use

- Hospitals should implement a uniform framework for the collection of data on race, ethnicity, and language.
- Hospitals should stratify service and technical quality measures such as those reported through the Hospital Quality Alliance, by language, race, and ethnicity

How can the Findings Be Used?

The recommendations recognize that an integrated effort among hospitals, policymakers, and researchers is required

Fairview's Actions Since the Study Visit

Note: As a **judgment sample** hospital, our diversity and cultural competence efforts were already linked through our Office of Diversity, so the site visit did not create new dialogue for us.

We are continuing to grow our diversity initiative...

- *Conducting* experiential diversity learning for top leaders
- *Defining* measures for Equity of Care
- *Identifying* which health disparities to assertively address
- *Evaluating* the study's recommendations and our next steps

Fairview Health Services: Practical Tips For Improving Service to Diverse Populations

- ***Awareness:*** Know who we serve **and** how our communities are changing and developing
- ***Advocates:*** Involve internal and external diversity advocates in our improvement efforts
- ***Action:*** Challenge leaders to set meaningful diversity and cultural competence goals for their businesses
- ***Experience:*** Still the best teacher!

What the Joint Commission is Doing

- A study to help understand what drives some CEOs to embrace language, culture, and literacy improvement initiatives.
- A report on the *Experience of Juan Lopez* at 60 hospitals across the nation.
- Promising practices drawn from the *Hospital, Language, and Culture* study.

Question and Answer Period

To ask a question, please type it in the white box on the bottom of your screen and click “submit.”

More Information about HLC

Visit

www.jointcommission.org/patient-safety/hlc/

Or e-mail

Awilson-stonks@jointcommission.org

To view the archive of this seminar or previous seminars hosted by the Disparities Solutions Center, visit the resources page of our website at <http://www.massgeneral.org/disparitiessolutions/web.html>.

To receive information on future web seminars and other helpful tools for reducing racial and ethnic disparities in health care, sign up at <https://app.e2ma.net/app/view:Join/signupId:14647>.