

Reducing utilization of untrained interpreters during clinical encounters with limited English proficient (LEP) patients

Ranjani K. Paradise¹, Megan Hatch¹, Vonessa Costa², Fernando Gargano², Avlot Quesa²,
¹Institute for Community Health; ²Cambridge Health Alliance, Multicultural Affairs and Patient Services

Background

Linguistic diversity at CHA

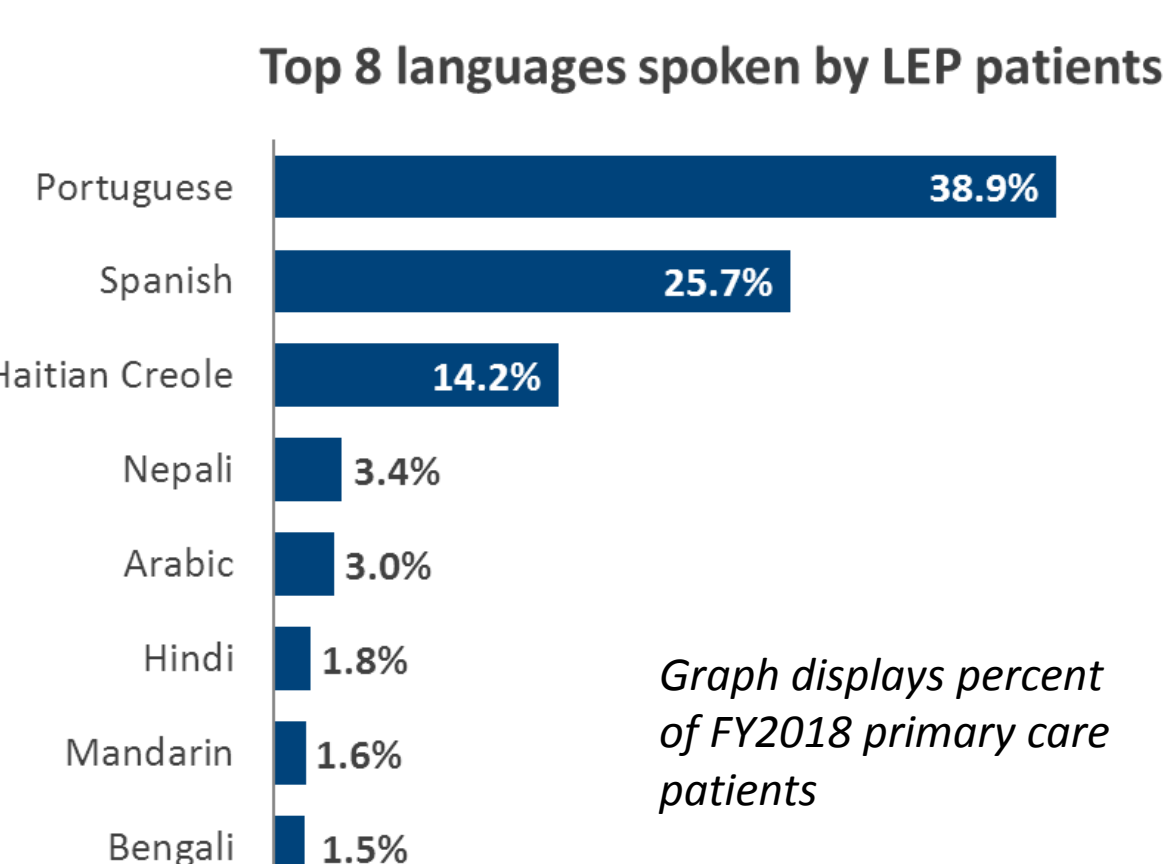
- CHA serves one of the most linguistically and culturally diverse patient populations in Massachusetts. **Forty-three percent** of CHA primary care patients have limited English proficiency (LEP) and prefer to receive medical care in a language other than English (FY2018 data).



LEP patients make up 43% of the primary care population (FY2018)

Communicating with LEP patients

- Best practices:** communicating via a **professional medical interpreter** or a **bilingual provider** who is proficient in the patient's language
- Risky practice:** Using **untrained interpreters** such as family members or friends compromises communication accuracy, quality of care, patient safety, and privacy



Interpreter services at CHA

- Robust interpreter services program run by the **Multicultural Affairs and Patient Services (MAPS) Department**

- Language services in more than 60 languages to all CHA sites
- Provides **professional medical interpreters** via face-to-face, telephone, and videoconference modalities.

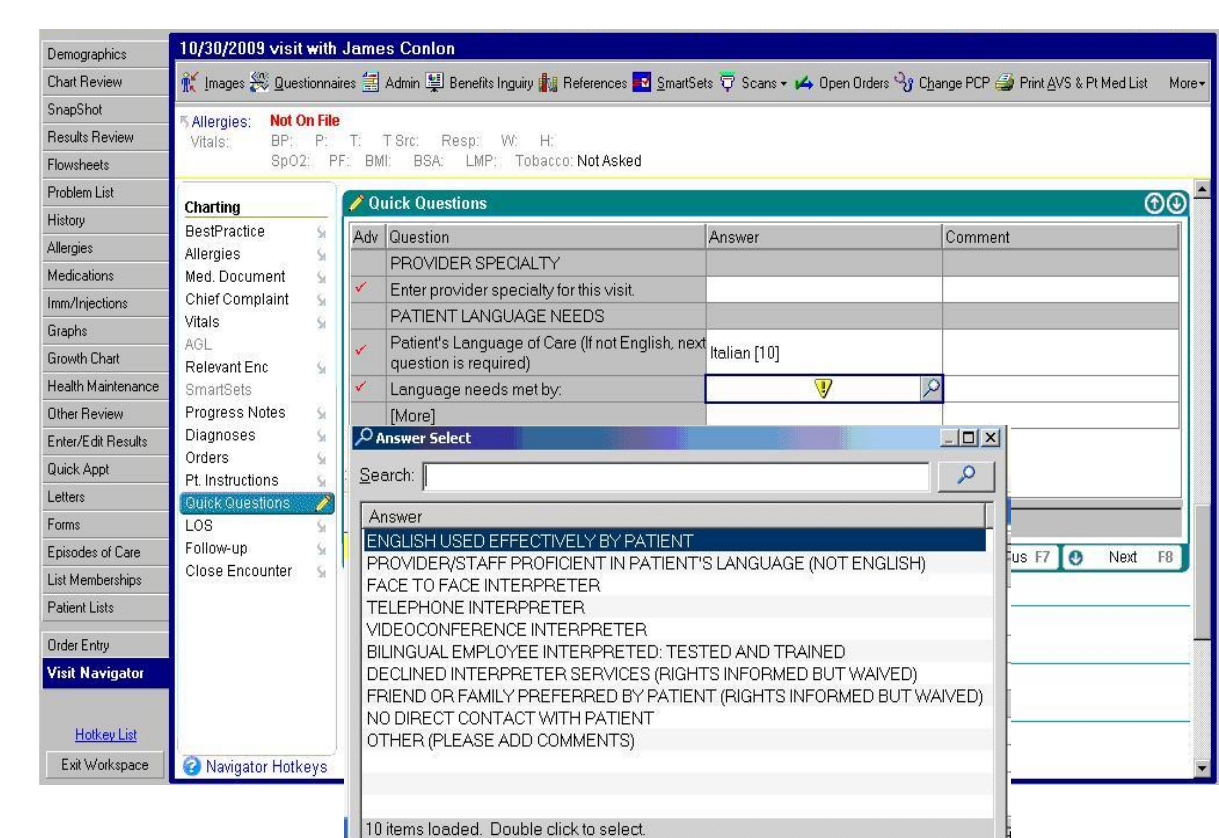


- MAPS has collaborated with the **Institute for Community Health (ICH)** since 2012 on several quality improvement projects to minimize unsafe communication practices and improve access to and satisfaction with interpreter services at CHA.

QI project: Reducing utilization of patients' family members and friends as interpreters

Data source: the Language Services Documentation Tool (LSDT)

- Built into Epic Quick Questions and is a hard stop for all ambulatory encounters for which the patient's language of care is not English
- Enables monitoring of communication practices over time



Best Practices

- Provider with documented bilingual proficiency communicates directly with patient
- Professional medical interpreter used
 - Face-to-face
 - Telephone
 - Video conference

Other Practices

- Patient is informed of rights but declines interpreter services
- English used effectively by patient
- No direct contact with patient

Concerning Practices

- Bilingual employee interpreters
- Friend or family member interpreters
- Provider without documented bilingual proficiency communicates directly with patient

Paradise, R.K., et al., The Language Services Documentation Tool: Documenting How Patient Language Needs Were Met During Clinical Encounters. Joint Commission Journal on Quality and Patient Safety, 2014, 40(11): p. 522-528.

Assessing the problem

- Each year, ICH uses LSDT data to assess family/friends utilization across CHA sites and identify sites to focus on for QI.
- Target: **Less than 10%** of LEP encounters use family member or friend as interpreter
- Baseline: Across CHA sites, **family/friends utilization ranged from 3% to 24%** of LEP encounters in 2012., and **16 sites were above the 10% threshold.**

Actions taken

Root cause analysis

Root causes for utilization of patients' family members or friends as interpreters identified through provider survey and informal conversations with providers and staff

Cause	Description
Patient preference	Some providers use family/friends because this is the patient's preference. As one provider said in the survey, "It is hard to say no to the patient and family members who insist on not using an interpreter."
Time pressure	Providers face pressure to move through appointments quickly and maintain high patient volumes. Family/friends are sometimes used due to this time pressure, especially if there are issues accessing interpreter services.
Preference for in-person interpreters	In the survey, several providers noted that they prefer using in-person interpreters over telephone interpreters because in-person interpreters can capture body language and nonverbal cues. Some felt that if a professional in-person interpreter is not an option, then a family member or friend is the next best option (better than a telephone interpreter).
Lack of awareness	Our data suggested that some providers and staff were not fully aware of the risks and potential consequences of using untrained interpreters. Some providers were also not aware of CHA's policy for LEP patient communication and its basis in national guidelines and standards.

Improvement activities

- A – Call center staffing analysis and videoconference interpreting expansion begins
- B – Informational campaigns begin
- C – Launch of informational videos
- D – Messaging about right to an interpreter; Provider feedback surveys begin; Site-specific outreach begins
- E – Language services policy is updated

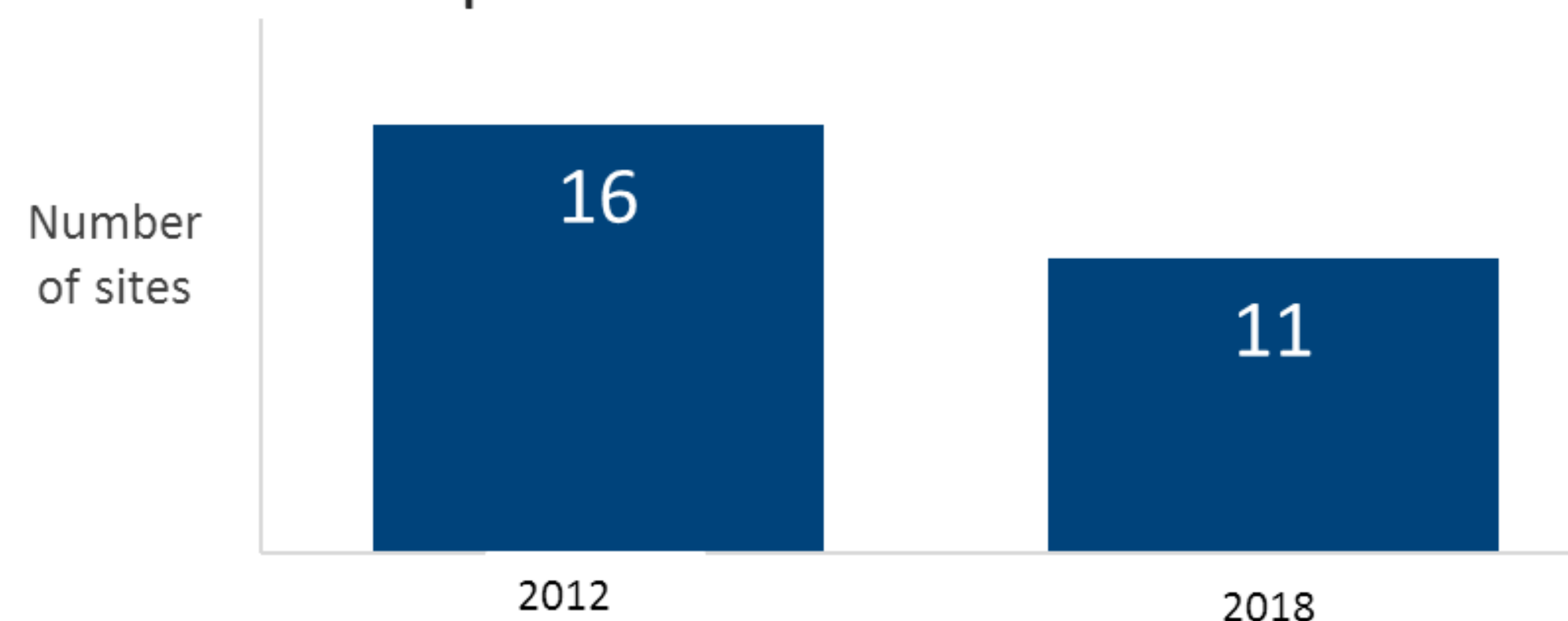


A closer look at Activity E, revised language services policy

- In April 2015, MAPS revised CHA's language services policy to clearly prohibit the practice of using family/friends as interpreters (except in emergencies when no credentialed interpreter is available)
- In July 2016, the US Department of Health and Human Services' final rule on the Affordable Care Act Section 1557 bolstered CHA's policy by:
 - defining the competencies of qualified interpreters
 - prohibiting the use of minors
 - making clear that health care institutions are not relieved of their legal duty to provide a qualified medical interpreter when an LEP patient requests to use an adult family member or friend

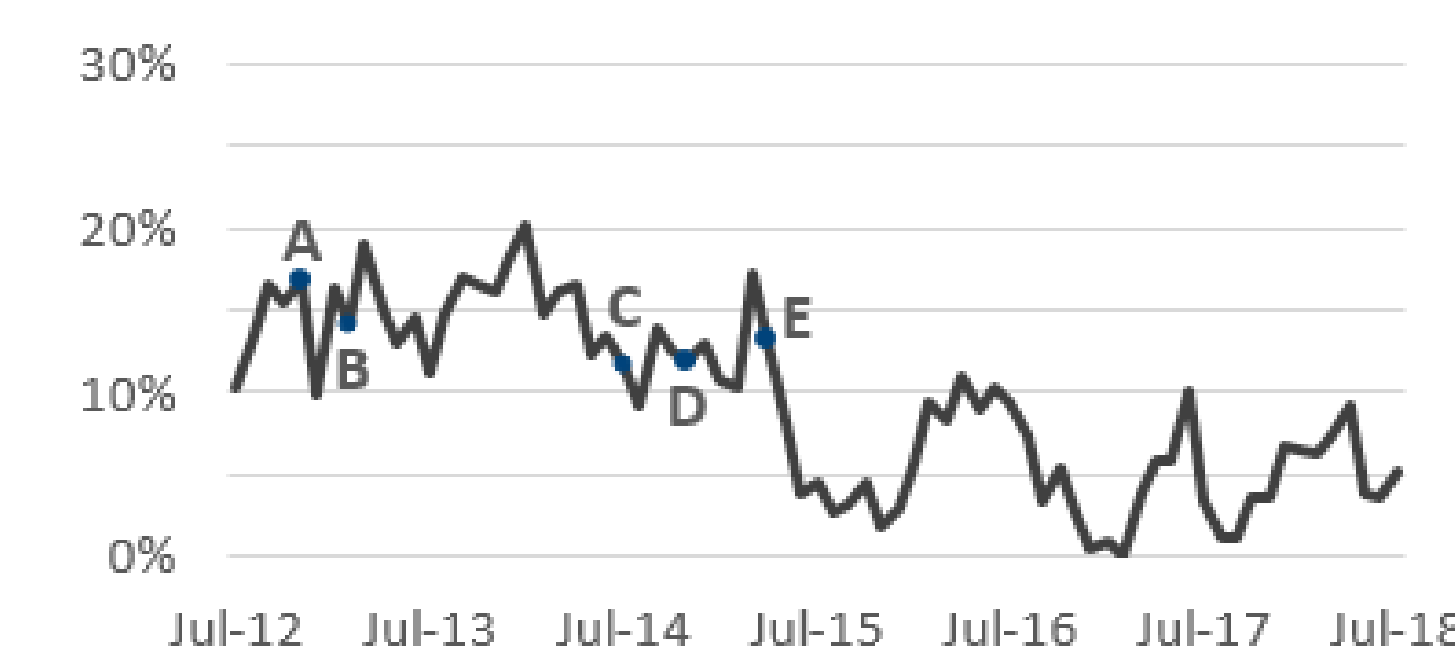
Results

CHA sites with above 10% utilization of family/friends as interpreters

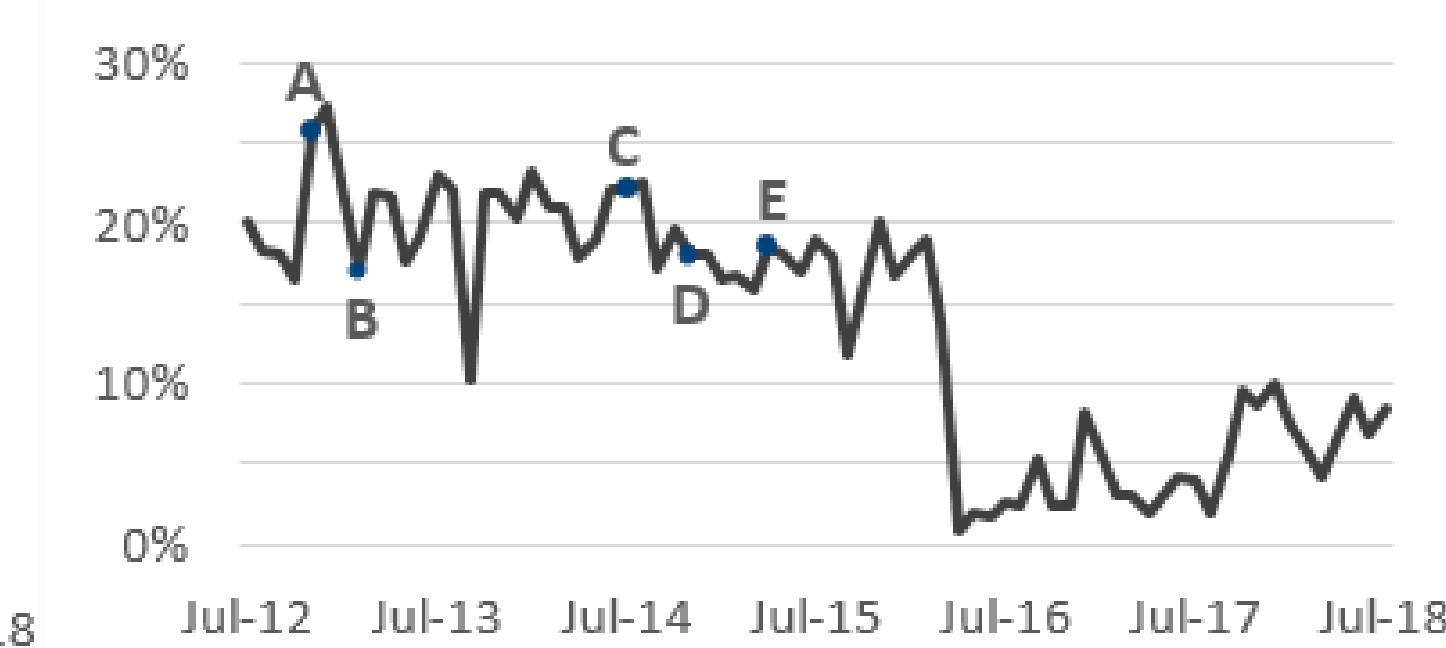


Highlighted sites

Assembly Square Orthopedics



Somerville Surgical Specialties



Paradise, Ranjani Krishnan, et al. "Reducing the Use of Ad Hoc Interpreters at a Safety-Net Health Care System." *The Joint Commission Journal on Quality and Patient Safety*, in press 2019.

Strategies used at highlighted sites include:

- Manager frequently **discusses and reinforces the policy** with staff, including reviewing the policy at staff meetings and having discussions with individual providers/staff. As one manager said, "Once you make a rule, it's got to be followed."
- Patients are informed of the policy at the front desk. **Front desk staff are trained** on how to discuss the policy and respond to patient questions and concerns.
- Manager is available to step in and talk to patients about the policy if needed.
- Interpreters are called **while the patient is being roomed**, before the provider arrives.
- Manager has a strong and trusting relationship with staff, is visible and rounds on the floor frequently, and is very open to hearing staff concerns and addressing challenges.

Challenges and next steps

- CHA is a large organization with differences in management, protocols, and workflows across sites and specialties, which makes achieving widespread improvement challenging.
- In site meetings, we will share recommendations based on our findings from Assembly Square Orthopedics and Somerville Surgical Specialties.
- QI efforts may need to be tailored to specific individuals and sites, and the issue must be discussed regularly and consistently to ensure that reducing utilization of family/friends remains a focus through leadership and staff changes.

Suggested scripting for discussing CHA policy with patients/families

Scenario 1

Support person wants to accompany patient into exam room

"You are welcome to bring your friend/family member into the exam room for this appointment. It's great to have someone to help and support you! For safety reasons, CHA policy specifies that a professional medical interpreter should be present in person or by phone or video to facilitate clinical communication. During the visit, your friend/family member is welcome to let us know if there's anything that needs clarification or additional explanation."

Scenario 2

Once inside the room, support person insists on interpreting

"It's great that you're here to help and support the patient. For safety reasons, CHA policy specifies that a professional medical interpreter should facilitate clinical communications. Medical interpreters are credentialed members of our care team, and they help us make sure that no clinical information is missed. During the interpreted conversation, you are welcome to let us know if there's anything that needs clarification or additional explanation."