



# Memphis Medical Center (the MED) Improves Language Services for Spanish-Speaking Patients Through RWJF's Hablamos Juntos Program

## Hablamos Juntos: Improving Patient-Provider Communication for Latinos

### SUMMARY

From 2002 to 2006, the [Regional Medical Center at Memphis](#), known as the MED, in Memphis, Tenn., improved and expanded language services for Spanish-speaking patients throughout the organization.

The MED was one of 10 demonstration sites in the Robert Wood Johnson Foundation's (RWJF) national program *Hablamos Juntos: Improving Patient Provider Communication for Latinos* (for more information see [Program Results Report](#)).

### Key Results

- Eight full-time and four part-time trained interpreters were employed at the MED, an increase from two full-time and two part-time interpreters at the beginning of the project.
- The project was able to substitute technology and other supports for trained staff interpreters in nonmedical encounters, optimizing the use of professional interpreters in clinical settings.
- Complication rates among Spanish-speaking obstetric patients declined to just over 5 percent, from 33 percent, over the course of the project, according to a University of Memphis evaluator.
- Executive leadership at the MED included language services in the operating budget when the *Hablamos Juntos* project ended. The health system's chief operating officer reported that leadership at the MED made the business case for language services based on their contribution to "safety, improved outcomes and better patient satisfaction."

## Funding

RWJF supported this project with two grants totaling \$907,792.

## THE PROBLEM

The Regional Medical Center at Memphis, known as the MED, is a Shelby County-subsidized, nonprofit teaching institution affiliated with the [University of Tennessee Health Science Center](#). Its hospital is a training site for the university's medical students, residents and nursing students. The health system serves Tennessee and parts of Arkansas and Mississippi.

The MED also offers care through 10 community-based primary care centers established to provide a managed care system for the area's uninsured population.

As the Latino population in the Memphis area swelled—increasing by 265 percent from 1990 to 2000, when it reached more than 27,000—the MED experienced a rapid growth among Latinos giving birth at the hospital or coming to the emergency room. At the same time, it was caring for an increasing number of families who spoke little or no English, had low incomes and were often uninsured.

Research reported in a 2003 report prepared for the MED by the [Regional Economic Development Center](#) found that:

- One-sixth of patients speaking little or no English did not understand their instructions for care or for taking their medications.
- Fewer than 10 percent said that interpreters were available.

When the *Hablamos Juntos* project began, the MED employed two full-time and two part-time Spanish interpreters. No formal training was required for its interpreters, who were hired based on their self-reported ability to speak Spanish. Interpreter skills varied greatly in terms of language ability, proper use of medical terminology, cultural competency and understanding of patient confidentiality.

Brenita Crawford, the MED's chief operating officer, said publicly that she began to view the medical center's limited language services as a risk to patient safety and satisfaction.

## CONTEXT

Access to health care for all Americans has long been a goal of RWJF. Foundation staff developed *Hablamos Juntos* to address concerns about nonfinancial barriers to health care access, including language and culture, according to Pamela S. Dickson, the senior program officer for the program at RWJF.

That was also the focus of *Opening Doors: A Program to Reduce Sociocultural Barriers to Health Care*, an RWJF initiative launched jointly with the Henry J. Kaiser Family Foundation in 1992. *Opening Doors* was built around the recognition that even when health care is available and affordable, language, culture, race and ethnicity can impede access and lead to poorer health outcomes.

*Opening Doors* allocated \$5.5 million for 23 projects in rural and urban areas in 11 states to identify and reduce sociocultural barriers. Three of those projects involved trained language interpreters who facilitated communication between patients and providers.

Other RWJF-supported projects in the 1990s and early 2000s for people facing language and cultural barriers included:

- A project at the University of Maryland at College Park to improve access to care among Latino children. Researchers analyzed and compiled data from the 10 states with the largest populations of Latino children and convened an expert panel that developed policy recommendations designed to improve their health. (See [Program Results Report](#) on ID# 037533.)
- A survey by researchers at the People-to-People Health Foundation about the use of and barriers to health care services among undocumented Latino immigrants in El Paso and Houston, Texas. (See [Program Results Report](#) on ID# 026618.)
- A series of studies conducted by researchers at the University of California, Los Angeles, School of Public Health, on the effects of immigrant and citizenship status on health insurance coverage and access to health care services. (See [Program Results Report](#) on ID# 026855.)

*Hablamos Juntos* was the first national effort by RWJF to help health care organizations meet the challenge of providing language services.

## THE PROJECT

Under a one-year *Hablamos Juntos* planning grant, MED staff reviewed internal data on clinical outcomes for Latinos in obstetric and emergency services. These data showed that the rate of complications among Latino obstetric patients was 33 percent higher than among non-Latino patients.

Surmising that poor communication could explain the poor outcomes, MED staff reviewed its available language services and found:

- Interpreters took an average of 20 minutes to respond to a call from the obstetrics unit. Providers in the obstetrics unit said they found telephone-based services cumbersome to use.

- Although the hospital had electronic information kiosks at its main entrances with some information available in Spanish, few language-related resources were available in the exam rooms.

MED staff also surveyed health system providers, patients and interpreters about their experience with the health system's language services. The findings suggested that Spanish-speaking patients did not feel well served and providers had concerns about giving them good care.

Based on these findings, MED's board of trustees decided to make improved language capacity an organizational priority.

During a two-year *Hablamos Juntos* implementation grant, project staff emphasized four areas:

- Assessing the language capability of interpreters, volunteers and bilingual staff, using an assessment program developed by the *Hablamos Juntos* national program office.
- Upgrading language services by training and supporting interpreters, other bilingual staff and volunteers.
- Investing in technology so that trained staff interpreters work almost exclusively in medical encounters.
- Adding language preference to all information gathered routinely about patients.

## RESULTS

Project staff reported the following results in June 2006:

- **To upgrade its language capacities, the MED developed:**
  - **A 14-week Spanish medical interpreter course**, in cooperation with the University of Tennessee Center for Health Sciences and the Children's Foundation Research Center. It was based on a curriculum provided by the *Hablamos Juntos* national program office. Some 51 people completed the interpreter training course.
  - **An orientation program for interpreters**, enabling them to "shadow" a seasoned staff interpreter for a week. New interpreters also watched a video to prepare them for interpreting during encounters involving premature deliveries, traumatic injuries and third-degree burns.
  - **A recruitment plan.** MED staff also worked with community partners to identify Spanish-speaking job candidates. As a result, the MED hired 23 more bilingual staff, most of them Spanish-speakers, bringing the total to 38.

- **Guidelines for providers and staff** about when to request interpreter services and when to use telephone-based interpreter services.
- **A volunteer interpreter program.** Some 12 community volunteers who completed the medical interpretation course interpreted in nonclinical encounters.
- **The MED expanded technology and other supports to reduce costs and allow trained staff interpreters to be reserved primarily for medical encounters.** Investments in technology included:
  - Multilingual, audiovisual software that providers could use to educate patients before an interpreter arrived and to reinforce communication during interpretation encounters.
  - 200 dual handset telephones and wiring for telephone language lines throughout the system that made telephone assistance in Spanish (and 140 other languages) widely and almost instantly available. Telephone interpretation services were provided under contract to an outside vendor.
  - Electronic tablets that enabled dispatchers to reach interpreters and allowed interpreters to communicate with one another, at any time.
  - Upgraded kiosk software that provided maps, directions and information about Tennessee's Medicaid managed care program in Spanish.
- **The MED increased its trained interpreter staff to eight full-time and four part-time.** The interpreters were housed in a central location and deployed by dispatchers, who reached them via their electronic tablets. One interpreter was always stationed in the obstetrics unit.
  - University medical staff named one full-time interpreter "employee of the year" in 2005.
- **The investments in training and technology enabled a more cost-effective use of resources.** By using telephone interpretation for nonmedical encounters, the MED could deploy trained interpreters primarily to in-person medical encounters.
  - Telephone-based interpretation encounters increased to 5,000 in 2006 from 3,500 in 2004.
  - In-person interpreter encounters decreased to 10,400 in 2006 from 13,200 quarterly in 2004.
  - Interpreter response time in the obstetrics unit dropped to seven minutes, from an average of 20 minutes before the project began.

- **The MED added language preference to information gathered routinely on patients.** Examples include:
  - Programming the hospital registration system to identify patients' ethnicity and first language. Upon admission, this information was transmitted electronically to interpreters who went to greet Spanish-speaking patients and to provide them information on available language services.
  - Defining preference for a language other than English as a risk factor for patients and added this information to all medical reports.
  - Including data on patients' language preference and access to language services in annual safety reviews.
- **Complication rates among Spanish-speaking obstetric patients declined to just over 5 percent, from 33 percent, over the course of the project.** A University of Memphis evaluator who analyzed the hospital's data reported that the new language services appeared to be a major factor in this improvement. Another factor, the evaluator suggested, was the Latino's community awareness of the new services, prompting pregnant women to come in earlier for prenatal care.
- **The MED incorporated language services into its the operating budget when the *Hablamos Juntos* project ended.** The chief operating officer reported that leadership at the MED made the business case for language services based on their contribution to "safety, improved outcomes and better patient satisfaction."

## LESSONS LEARNED

1. **Frame language services in terms that "no one can argue with."** To overcome clinician resistance to language services, project staff emphasized their value as a tool for providing better care, patient and staff satisfaction and patient safety. (Chief Operating Officer, Regional Medical Center at Memphis)
2. **Establish policies and procedures that support language services.** "We built our controls into policies and procedures. Language preference is registered immediately—you can't continue to register someone until you fill in that blank. It used to be optional." (Project Director)
3. **Leadership from the top is essential.** The MED's leadership persistently communicated its vision for language services and backed the initiative with resources and continued commitment and support. (Chief Operating Officer, Regional Medical Center at Memphis)

## AFTERWARD

Language services have been institutionalized at the MED. A newly created consumer advisory board of approximately nine patients and former patients provides input on many issues of concern, including language access.

As of May 2007, the MED had ordered a set of symbols developed for the *Hablamos Juntos* national program for the obstetric services division to help patients find their way. Anita Hunt, the project director and director of guest services/performance at the MED, and her staff were also considering adding language services in Vietnamese to respond to a growing population.

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