



EXECUTIVE SUMMARY

Speaking Together: National Language Services Network

Speaking Together: National Language Services Network, which ran from 2005 to 2010, was the first Robert Wood Johnson Foundation (RWJF) national program to improve the delivery of language services (interpretation and translation services) to patients with limited English proficiency using standardized performance improvement measures and a quality improvement framework. Ten hospitals developed and tested strategies to improve the quality and accessibility of their language services. The RWJF Board of Trustees authorized the program at up to \$3 million.

[Read the full Program Results Report.](#)

CONTEXT

More than 20 million Americans speak or understand little, if any, English, and one in six speak a language other than English at home. People with limited English proficiency are less likely to receive the same quality care as patients proficient in English and often have a poor understanding of their diagnosis and treatment.

THE PROGRAM

Speaking Together: National Language Services Network developed five standardized measures of how well hospitals provided spoken (and, for deaf populations, signed) language services to patients with limited English proficiency.

Ten teaching and community acute-care hospitals, located in both urban and rural settings, tested and applied the measures, and shared experiences through a collaborative learning network.¹ Each one served a substantial number of patients with limited English proficiency – at some hospitals, patients spoke more than 40 different languages.

¹ Each hospital received an 18-month \$60,000 grant. Three received additional 18-month \$100,000 grants.

KEY FINDINGS & RESULTS

- **Participating hospitals used many strategies to improve their language services.** These included:

- Designating a place in the patient record for recording language needs.
- Assessing bilingual providers for language proficiency
- Providing permanent interpreter assignments in high-volume languages at high-volume locations, such as the emergency department.

In-person or telephone interpretation services were generally available around the clock.

- **Overall, the hospitals improved on four of the language services measures.** They saw increases in the percent of:

- Patients who received language services from those qualified to provide them
- Encounters in which patients waited less than 15 minutes for an interpreter
- Time interpreters provided medical interpretation, as a percent of their total work time
- Encounters in which interpreters waited 10 minutes or less to provide services.

On the fifth — percent of patients who were screened to determine their preferred language — the hospitals saw a slight decrease, due to dedicated efforts to verify screening accuracy.

- **Program and grantee staff identified seven factors for successfully improving language services.** These included using measurement to track performance, beginning with small quality improvement efforts, placing clinical providers at the forefront of the effort and engaging senior leadership.
- **Program and grantee staff developed resources for implementing the measures, collecting data and sharing lessons learned.** These resources helped spread information learned beyond the participating hospitals. See the [Speaking Together website](#).
- **Findings of additional research projects funded by RWJF include:**
 - **While most participants reported positive experiences, long waits for interpreters were the biggest concern.** The longest waits occurred in hospital emergency departments and registration areas. (From 19 focus groups with patients who had received language services at a *Speaking Together* hospital, conducted by Lake Research Partners)

- **The additional cost of providing professional, in-person interpretation was \$96 per case.**² (From a randomized, controlled study of the cost-effectiveness of using professional medical interpreters with Spanish-speaking patients in the emergency department by Mathematica Policy Research, Inc.)

AFTERWARD

As of August 2010, the five performance measures developed under *Speaking Together*, and one additional measure on translation services, were accepted into the National Quality Measure Clearinghouse of the federal Agency for Healthcare Research and Quality. The clearinghouse is a public resource for evidence-based quality measures and measure sets.

Most of the hospitals that participated in *Speaking Together* continue to emphasize the importance of language services and to pilot new strategies.

Aligning Forces for Quality (AF4Q), RWJF's signature effort to lift the overall quality of health care, includes a focus on language services in its design. Nine hospitals in five AF4Q communities are using the five *Speaking Together* language services measures.

Program Management

National Program Office: School of Public Health and Health Services at the George Washington University Medical Center, Washington

Program Director: Marsha Regenstein, Ph.D., professor, Department of Health Policy

² Poster presentation. "Costs and Benefits of Providing In-Person Professional Medical Interpreters in the Emergency Department: Results of a Randomized Controlled Study." Available [online](#).