



## LESSONS LEARNED

# The Sounds of Quality

*AF4Q focuses on the importance of language services in U.S. hospitals*

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## Introduction

As America becomes more multicultural and multilingual, hospitals and clinicians face a growing challenge of how to provide high-quality care to more than 20 million people who speak or understand little, if any, English. Research has consistently shown that people with limited-English proficiency (LEP) have greater difficulty obtaining health care,<sup>1</sup> receive less primary care,<sup>2</sup> obtain fewer preventive services<sup>3</sup> and are generally less satisfied with their care.<sup>4</sup> Literature reviews have shown that LEP patients experience adverse events with some degree of physical harm or suffered permanent or severe harm or death at significantly higher rates compared to English-speaking patients.<sup>5</sup>

That is why the Robert Wood Johnson Foundation (RWJF) made bridging the language-gap in hospitals an integral part of *Aligning Forces for Quality* (AF4Q), its signature program to lift the overall quality of health care in targeted communities, as well as reduce racial and ethnic disparities and provide real models for reform.

## Goals and Results

Over 16 months, nine participating hospitals worked in a “learning collaborative” to develop new strategies, quantify results and share lessons learned. Participating hospitals aggregated data and were required to report on five key measures monthly to the AF4Q National Program Office (NPO) at the George Washington University School of Public Health and Health Services. Measures tracked included:

### About Aligning Forces for Quality

*Aligning Forces for Quality* (AF4Q) is the Robert Wood Johnson Foundation’s signature effort to lift the overall quality of health care in targeted communities, as well as reduce racial and ethnic disparities and provide real models for national reform. The Foundation’s \$300 million commitment to improve health care in 16 AF4Q communities is the largest effort of its kind ever undertaken by a U.S. philanthropy. AF4Q asks the people who get care, give care and pay for care to work together to improve the quality and value of care delivered locally. The Center for Health Care Quality in the Department of Health Policy at George Washington University School of Public Health and Health Services serves as the national program office. Learn more about AF4Q at [www.forces4quality.org](http://www.forces4quality.org). Learn more about RWJF’s efforts to improve quality and equality of care at [www.rwjf.org/qualityequality/af4q](http://www.rwjf.org/qualityequality/af4q).

<sup>1</sup> Wu, S. M., R. M. Nyman, M. D. Kogan, Z. J. Huang, and R. H. Schwalberg. Parent's language of interview and access to care for children with special health care needs. *Ambulatory Pediatrics*. 2004 .

<sup>2</sup> Hu DJ, Covell RM. Health care usage by Hispanic outpatients as function of primary language. *West J Med*. 1986.

<sup>3</sup> Woloshin S, Schwartz LM, Katz SJ, Welch HG. Is language a barrier to the use of preventive services? *J Gen Intern Med*. 1997.

<sup>4</sup> Morales LS, Cunningham WE, Brown JA, Liu H, Hays RD. Are Latinos less satisfied with communication by health care providers? *J Gen Intern Med*. 1999.

<sup>5</sup> C. Divi, R. G. Koss, S. P. Schmaltz et al., Language Proficiency and Adverse Events in U.S. Hospitals: A Pilot Study, *International Journal for Quality in Health Care*, April 2007.

### 1. Percent of patients screened for preferred spoken language for health care

- Overall, the number of patients screened for preferred spoken language for health care increased from 95 percent to 98 percent over the term of the collaborative.
- All hospitals at the end of the collaborative reported screening patients for preferred spoken language for health care more than 90 percent of the time. One hospital saw an over sevenfold improvement – rising from 13 percent to 99 percent during the collaborative.

#### Goals

In October 2009, AF4Q launched a collaborative network of hospitals interested in improving the quality of their language services delivery. The effort had three goals:

1. Help hospitals improve the delivery and availability of language services for LEP patients;
2. Improve the safety of LEP patient care; and
3. Implement performance measurement to improve the delivery of language services.

### 2. Percent of patients screened for preferred written language for health care information

- Overall, the number of patients screened for preferred spoken language for health care increased from 95 percent to 98 percent over the term of the collaborative. Overall, the number of patients screened for preferred written language for health care information increased from 0 percent to 56 percent over the term of the collaborative.
- No hospitals were consistently screening patients for preferred written language for health care information at the beginning of the collaborative. By the end, six were screening for preferred written language and five achieved screening rates greater than 90 percent.

### 3. Percent of patients receiving language services supported by qualified language services providers

- Overall, the percent of patients receiving language services supported by qualified language services providers increased from 9 percent to 22 percent over the term of the collaborative.
- None of the hospitals were measuring whether LEP patients received interpreters at key points in their care (defined as initial assessment and discharge instructions) prior to joining the collaborative. By the end of the collaborative, all participating hospitals had collected data on the extent to which language services are provided by assessed and trained interpreters or bilingual workers/employees during critical points in patient care and most had established a system to do so going forward. One hospital reached the point where qualified interpreters were involved in assessment and discharge instructions 77 percent of the time; another reached 92 percent.

Moving forward, participating hospitals are taking several steps to sustain the progress they have seen as part of the Language Quality Improvement Collaborative (Language QI Collaborative). Internally, many have moved to make the policies, procedures and guidelines developed during the collaborative a permanent part of their hospitals operations and ensure that the activities they have undertaken are not forgotten. Externally, the participants are sharing their experiences and expertise with others in their communities, through new learning networks and in other AF4Q language services initiatives such as the AF4Q Hospital Quality Network's Improving Language Services.

## Three Keys to Success

Guided by their data and technical assistance from the NPO, hospitals participating in AF4Q's Language QI Collaborative identified and implemented different interventions over the program to help improve their performance on the key measures.

The experiences of different hospitals in the collaborative demonstrated to program administrators that hospitals can improve language services delivery to provide high-quality care to diverse patients if three criteria are met:

1. Hospital leaders make a commitment to educating clinicians and staff on appropriate use and importance of language services to patient safety, risk management and the provision of high-quality care.
2. A capable team is in place, with “clinical champions” throughout the hospital, to support and model the use of interpreters.
3. There are consistent hospital-wide language services systems, processes and resources that all staff can access and utilize.

## Participating Hospitals

### *Promising Practices from the Field*

Hospitals participating in AF4Q’s language collaborative identified and implemented interventions suited to the needs of their particular institutions and most likely to succeed in helping them improve performance on the key measures.

#### **Beaumont Hospitals (Royal Oak, Mich.)**

Faced with staff that had little knowledge of the availability and importance of LEP resources and interpreters, Beaumont Hospitals revised its language services policies into a single, updated document for staff. Information providing guidance on how and when to access interpreters was included, as most were uncomfortable deciding when it was appropriate to use an interpreter. The hospital also launched an educational and dissemination effort, sharing the policy through its intranet and the employee newsletter.

#### **Central Maine Medical Center (Lewiston, Maine)**

Central Maine Medical Center launched a campaign to improve use and availability of language services across the hospital. Staff were educated about the importance of using qualified interpreters and scripting was developed to help clinical staff explain to patients and families why they, as a provider, need an interpreter. Speaker phones were placed in every emergency department room and vendor contracts were reviewed to ensure that interpreter qualifications were clearly outlined. Badge identification was developed to signify qualified interpreters to staff.

#### **Cincinnati Children’s Hospital (Cincinnati, Ohio)**

Through the collaborative, Cincinnati Children’s Hospital realized that only one spoken language preference was being collected for an entire family. Realizing that the screening process needed to be more comprehensive and robust to reflect the preferences of both the family and the patient, they began to collect separate spoken and written preferences for patients and their guardians. As they expanded this screening process, the hospital also hardwired the process of calling for an interpreter whenever a preference other than English was

indicated during registration, rather than waiting for a patient or staff request for an interpreter.

#### **Harborview Medical Center (Seattle, Wash.)**

Harborview’s overall strategy to engage the Medical Center community in the collaborative was to seek out champions who already had some awareness of the communication and access issues for LEP patients. This proved to be good for gathering motivated individuals who were willing to commit to improvement efforts. The team learned that investing time in clarifying the type of accountability, ownership and results needed from partners; identifying individuals who could deliver assistance (whether or not they were knowledgeable of LEP issues); and educating them was effective. In the end, the language services performance measures were added to the medical centers Quality Improvement Dashboard and now discussions about the quality of care of LEP patients at Harborview include these measures.

#### **Mercy Hospital—State Street Campus (Portland, Maine)**

Mercy Hospital staff knew their registration system had the ability to collect data on spoken language preferences, but the field was not being used at the start of the collaborative. They worked with their IT department to activate spoken language as a required field and to add another field for written language. Within three months, the hospital was screening 100 percent of its patients for both preferred spoken and written language. The team credits its collaboration with the IT department for much of its success.

### **Oakwood Hospital & Medical Center (Dearborn, Mich.)**

The biggest challenge for the collaborative team at Oakwood was building a system to collect the data for initial assessment and discharge instructions and to show that these services were delivered by a qualified language service provider. This included creating the process for data collection, educating staff, putting in a process for qualifying interpreters and bilingual staff and then analyzing the data. Building the measure collection tool was the easiest step – putting it into action was another matter. Oakwood had two pilot units for the program and the pilot units used two different EMR systems adding to the complexity of their implementation. Over the course of 10 months they were able to establish the data collection process and bring this vision into reality.

### **St. Joseph Hospital (Eureka, Calif.)**

Work during the collaborative at St. Joseph focused on identifying barriers to the use of and improving access to telephonic interpreters among staff and patients. The team launched a wide-ranging education program to raise awareness, especially among physicians; redesigned and improved equipment such as new dual-handset and hands-free phones; pre-programmed language services on phone speed dials; rewired rooms with the help of the IT department; and placed reminders about the services in patient rooms.

While the promising practices described focus on specific interventions that were unique to the individual institutions, the program administrators consistently saw the impact of the three keys to success across the program hospitals. Moving forward, participating hospitals are taking steps to share these promising practices with others in their communities, through new learning networks and in other AF4Q equity services initiatives such as the improving language services focus of the AF4Q Hospital Quality Network.

### **St. Joseph Mercy Oakland—Trinity Health (Pontiac, Mich.)**

Facing IT barriers that made implementing changes to its registration processes to collect the necessary data difficult, the team at St. Joseph Mercy Oakland analyzed the business case for why changes were needed. Focusing on the community’s changing demographics, the team tied language services to the hospital’s ability to increase patient safety and satisfaction – as well as reduce readmissions and average length of stay – given the area’s growing LEP population. As a result, system-wide changes to fully standardize the collection the data are being considered.

### **Valley Medical Center (Renton, Wash.)**

Before the collaborative, Valley staff thought language services processes were hardwired, but discovered there were gaps – especially when it came to communicating the patients’ preferred language to clinical staff. In addition to making changes to their registration system, the team educated providers, added a language category to the daily census sheet, placed “I Speak [language]” reminders in patient charts and in the patient room, created an “Interpreter at Discharge” reminder form and included “preferred language” in bedside and hand-off reports.

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