AMERICA'S
ESSENTIAL
HOSPITALS

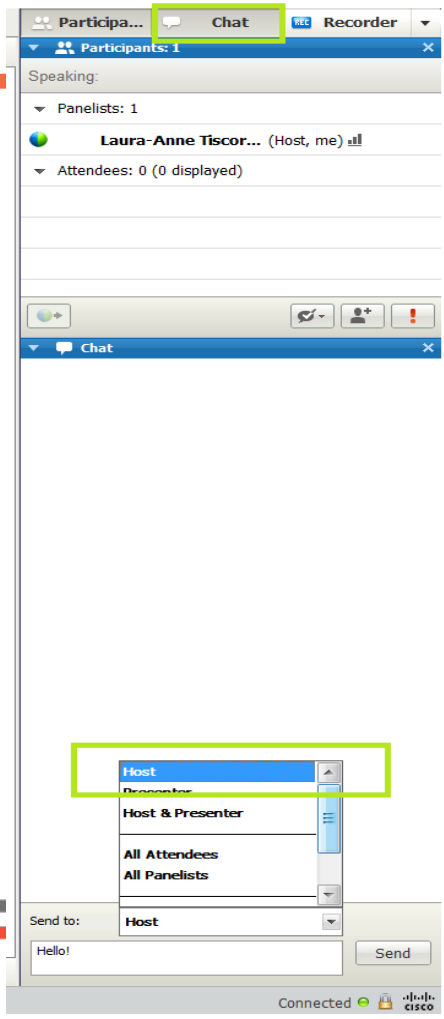
Improving Care for Limited English Proficient Patients

Essential Hospitals Engagement Network

February 13, 2014

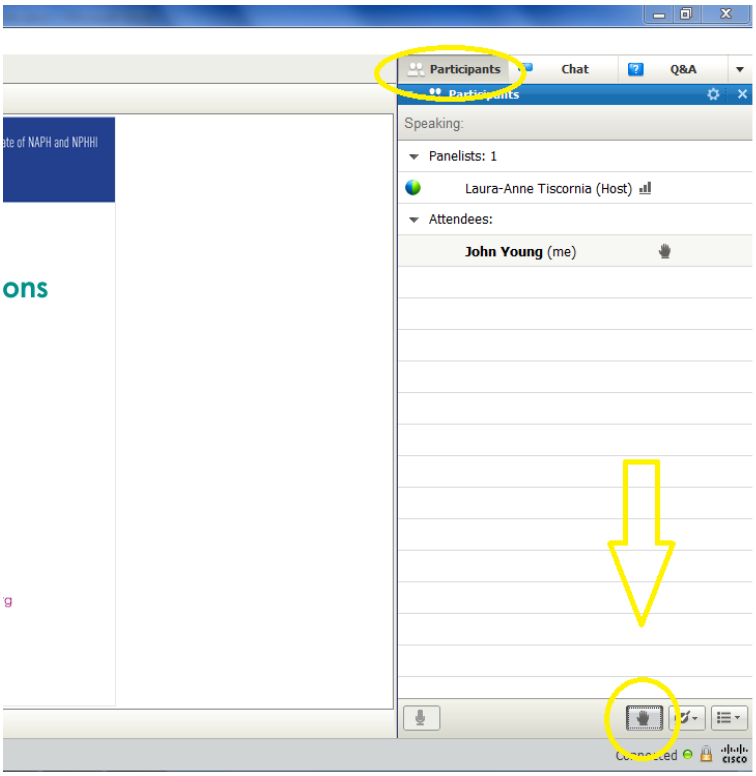
CHAT FEATURE

The chat tool is available to ask questions or comments at any time during this event.



RAISE YOUR HAND

If you wish to speak telephonically, please “raise your hand.” We will call your name, when your phone line is unmuted.



AGENDA

- Partnership for Patients and 2014
- Improving Patient Safety: Developing Tools to Address Language and Cultural Barriers in Hospitals
  - » Alexander Green, MD, MPH
- Hospital in Action: Harborview Medical Center, Seattle
  - » Eliana Lobo
- Q & A
- Upcoming events

2014 PARTNERSHIP FOR PATIENTS

Partnership for Patients (PfP)

- CMS-funded
- Reduce nine hospital-acquired conditions by 40 percent
- Reduce readmissions by 20 percent

Hospital Engagement Networks (HENs)

- 27 contracted organizations
- 3,700 U.S. hospitals

Essential Hospitals Engagement Network (EHEN)

- 22 hospitals nationwide
- Only essential hospital-focused HEN
- Special focus on health equity

SPEAKER INFORMATION

Alexander R. Green, MD, MPH
Director, The Disparities Solutions Center
Senior Scientist, Mongan Institute for Health Policy
Associate Professor, Harvard Medical School
Co-chair, Cross Cultural Care Committee, Harvard Medical School

Eliana Lobo
Interpreter Services Trainer & Supervisor,
Harborview Medical Center / UW Medicine

SPEAKER

Alexander R. Green, MD, MPH
Director, The Disparities Solutions Center
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Improving Patient Safety: Developing Tools to Address Language and Cultural Barriers in Hospitals

Alexander Green, MD, MPH
Associate Director, The Disparities Solutions Center
The Mongan Institute for Health Policy
Massachusetts General Hospital-Harvard Medical School

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Abt
Abt Associates Inc.

Research and Development Team

- Disparities Solutions Center
  - Joe Betancourt, MD, MPH
  - Megan Renfrew, MPH
  - Aswita Tan-McGrory, MPH, MBA
  - Lenny Lopez, MD, MPH, MDiv
- ABT Associates
  - Melanie Wasserman, PhD
  - Mark Spranca, PhD
- AHRQ
  - Cindy Brach

Case Study: The Story of Willie Ramirez

An 18-year-old athlete, Willie Ramirez, was taken to the emergency department (ED) by ambulance after he was found unresponsive. He was accompanied by his mom, sister, girlfriend, and girlfriend's mom. The ED physician, who did not speak Spanish, assumed Willie had a drug overdose because he had pinpoint pupils and because the girlfriend's mom said, in broken English, "He is intoxicado." In Cuban Spanish "intoxicado" means "poisoned." The family thought he had eaten a bad hamburger at a fast food restaurant that day.

Reference: TeamSTEPPS Enhancing Safety for Patients With Limited English Proficiency: Train-the-Trainer Instructor Guide

Ramirez Case Study (Continued)

When the doctor told the family he would treat Willie for drug overdose, they said to one another, in Spanish, “That’s impossible, he would never take drugs.” Willie was an all-star baseball player and was opposed to drugs and drinking. However, the doctor did not understand what the family was saying. Willie had an undiagnosed cerebral hemorrhage that bled for more than two days before a neurological consult was scheduled. By then, Willie was quadriplegic. The family sued the hospital, resulting in a $71 million settlement.

Reference: TeamSTEPPS Enhancing Safety for Patients With Limited English Proficiency: Train-the-Trainer Instructor Guide

Ramirez Case Study (Continued)

Although the ER doctor didn't understand what was said at the time, in a later interview, he said, "If I had a mom who said, 'My son would NEVER use drugs,' I may have thought differently." However, the family member who was interpreting did not share this information.

Outline

- LEP Patients and Patient Safety
- Project Overview and Key Components
- Methodology & Select Data Sources
- Findings and Key Themes
- Recommendations
- Hospital Guide and TeamSTEPPS

Background: Disparities in Patient Safety

- Approximately 55 million people – 19.3% of the U.S. population – speak a language other than English.
- Approximately 24 million (8.5% of the U.S. population) are defined as having Limited English Proficiency (LEP)

(LEP = speaks English less then “Very Well”)

Background: Disparities in Patient Safety

- Adverse events affect LEP patients more frequently and severely than they affect English speaking patients
- LEP patients are more likely to experience medical errors due to communication problems than English speaking patients
- LEP patients are more likely to suffer from physical harm when errors occur

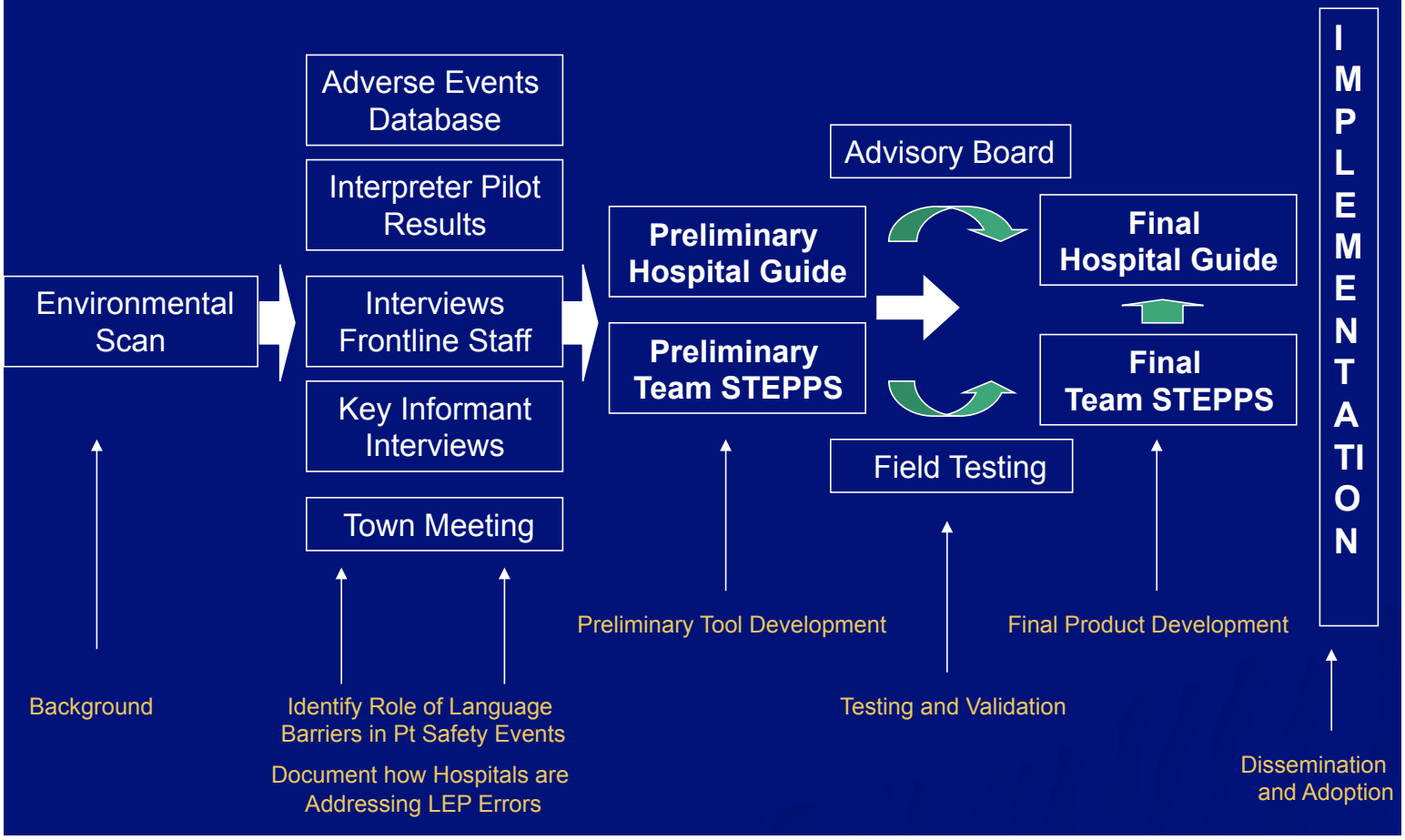
(*Divi et al., 2007)*

Project Overview

- Goal: Develop, test, and implement two new tools to reduce patient harm due to language barriers and cross-cultural care communication problems
  - Hospital Guide on preventing, identifying, and reporting medical errors due to language barriers and cross-cultural communication problems
  - A new TeamSTEPPS training module, focused on team behaviors to improve safety in LEP and culturally diverse patient populations

Funded by the Agency for Healthcare Research and Quality (AHRQ) and conducted by the Disparities Solutions Center at MGH in collaboration with Abt Associates, Inc., Cambridge

Methodology and Data Sources

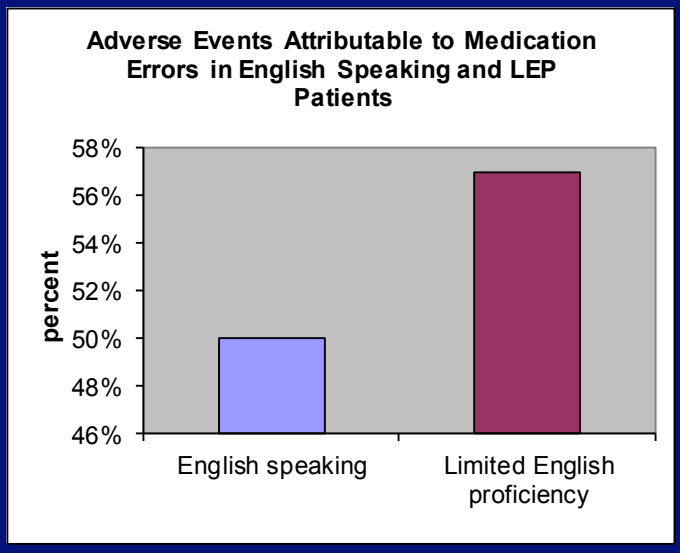


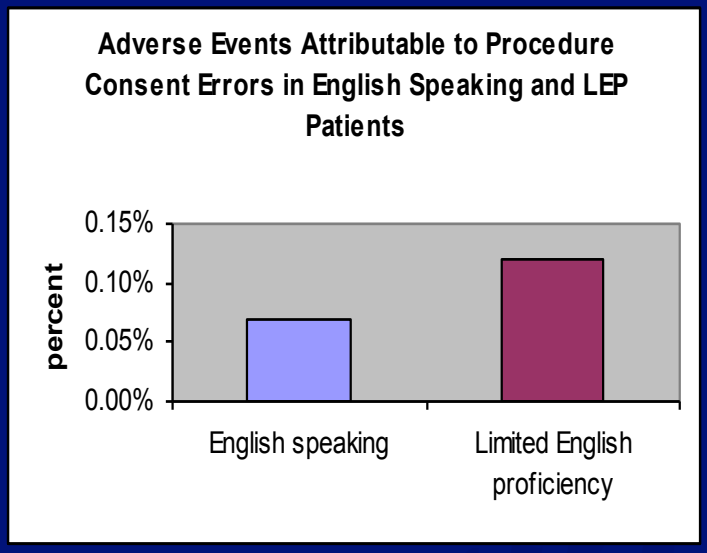
Adverse Events Database

- Analysis of adverse event reporting databases of two hospitals in the Boston-area for the years 2006 to 2008
- Data was supplemented by the interpreter services databases for the same years
- Combined database contained all adverse events in the hospital that were compiled by the patient safety and quality improvement staff at the study hospitals
- For each adverse event, the combined database contained information on the patient's age, whether the patient had ever used an interpreter, date of admission, location and time of the adverse event, type of adverse event, whether an injury occurred, and severity of the injury

Adverse Events Database

- From 2006-8, 840 events in LEP patients (of 16,708 total)
- LEP patients more likely to have adverse events attributable to medication errors (57% vs 50%) and procedure consent errors (.12% vs .07%) compared to English speaking patients*





MGH Interpreter Pilot Project

- Aim: to gather information about the types of situations or incidents that negatively impact:
  - The safety of patients with limited English Proficiency (LEP)
  - The experience of care by racial and ethnic minority patients
- Areas of Guidance
  - Patient's Safety at Risk, Unprofessionalism, Lack of Training
  - AHRQ Format: Incident, Near-Miss, Unsafe Condition
- Interpreters reported events by:
  - Template Form
  - Audio Recordings with Direct Supervisor
- Incentive:
  - Monthly Lottery: $50 MGH Gift Card General Store/Coffee Central
- Timeline:
  - Data Collection: April 2009-March 2010

MGH Interpreter Pilot Project

- Overview of Key Themes
  - Misuse of interpreter services
    - no interpreter present, use of family members, providers using poor language skills)
  - Miscommunication between patients and providers
    - poor communication skills, not listening to patients' complaints, lack of communication between patient and broader care team
  - Cultural issues
    - Inappropriate questions posed to patients (e.g. religion); Providers' lack of understanding
  - Professionalism
    - Rudeness to interpreters and not respecting or understanding their role
  - Informed Consent
    - Consent signed without interpreter present

Town Hall Meeting

- 1 hr 15 min phone meeting with 19 participants
  (6 hospitals, 1 health plan, and 3 hospital associations represented)
- Purpose – identify best practices for preventing, reporting, and documenting medical errors for LEP
- Discussion Focused on Three Areas:
  - Methods for collecting and reporting medical errors
  - Mechanisms for monitoring medical errors
  - Strategies for preventing/addressing medical errors
- Qualitative analysis: coding of key themes

Key Informant Interviews

- 18 in-depth interviews (9 frontline and 9 leaders) conducted via phone or in-person in 3 Boston hospitals
- Frontline staff: (received $50 cash incentive)
  - Knowledge and understanding of pt safety and medical errors
    - Interpreters (3)
    - Nurses (3)
    - Other bilingual receptionists (3)
- Leaders:
  - Perspectives on identification, reporting, and preventing medical errors
    - Interpreter Services (3)
    - Nurse Managers (3)
    - Patient Safety Leaders (3)
- Qualitative analysis - coding of key themes

Broad Key Themes
Interviews & Town Hall Meeting

- Current Hospital Strategies/Efforts to Address Linguistic and Cultural Sources of Error
- Common Causes of Medical Errors for LEP
- High Risk Scenarios
- Role of Behaviors and Communication

Current Hospital Strategies/Efforts to Address Linguistic and Cultural Sources of Error

- Language data collection – not systematic or routine across hospitals
- Safety reporting systems often do not include fields to identify “language” or “interpreter” as playing a role – *precludes stratification of errors and impedes root cause analyses*
- Hospitals do not routinely monitor medical errors for LEP and rarely generate reports for high risk scenarios
- Challenges with data collection (merging of databases not designed for this purpose)

Common Causes of Medical Errors for LEP

- Use of non-qualified interpreters
- Use of family members/friends or house staff
- Provider use of basic language skills to “get by”
- Cultural beliefs/values impacting patient care

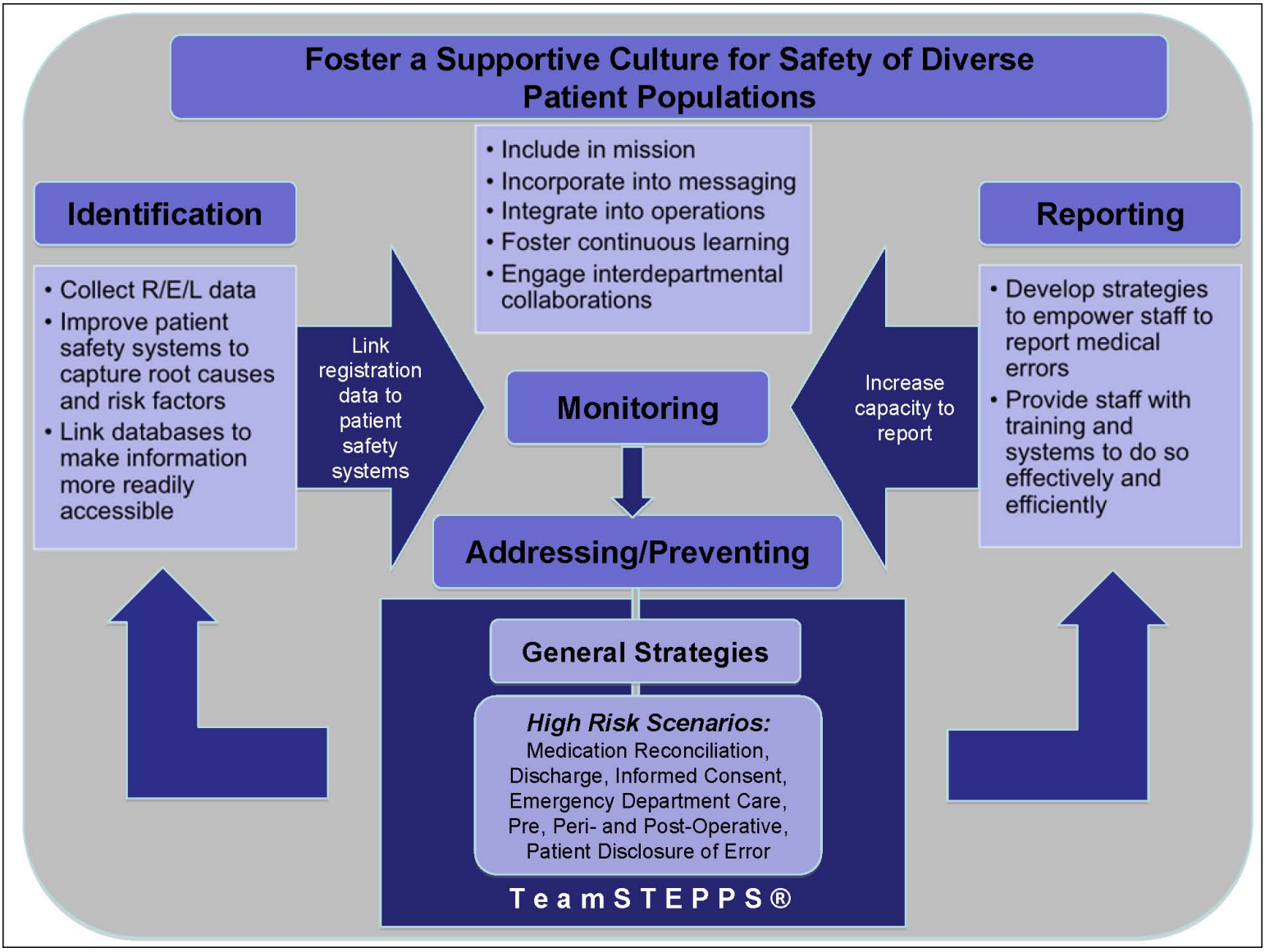
High Risk Scenarios

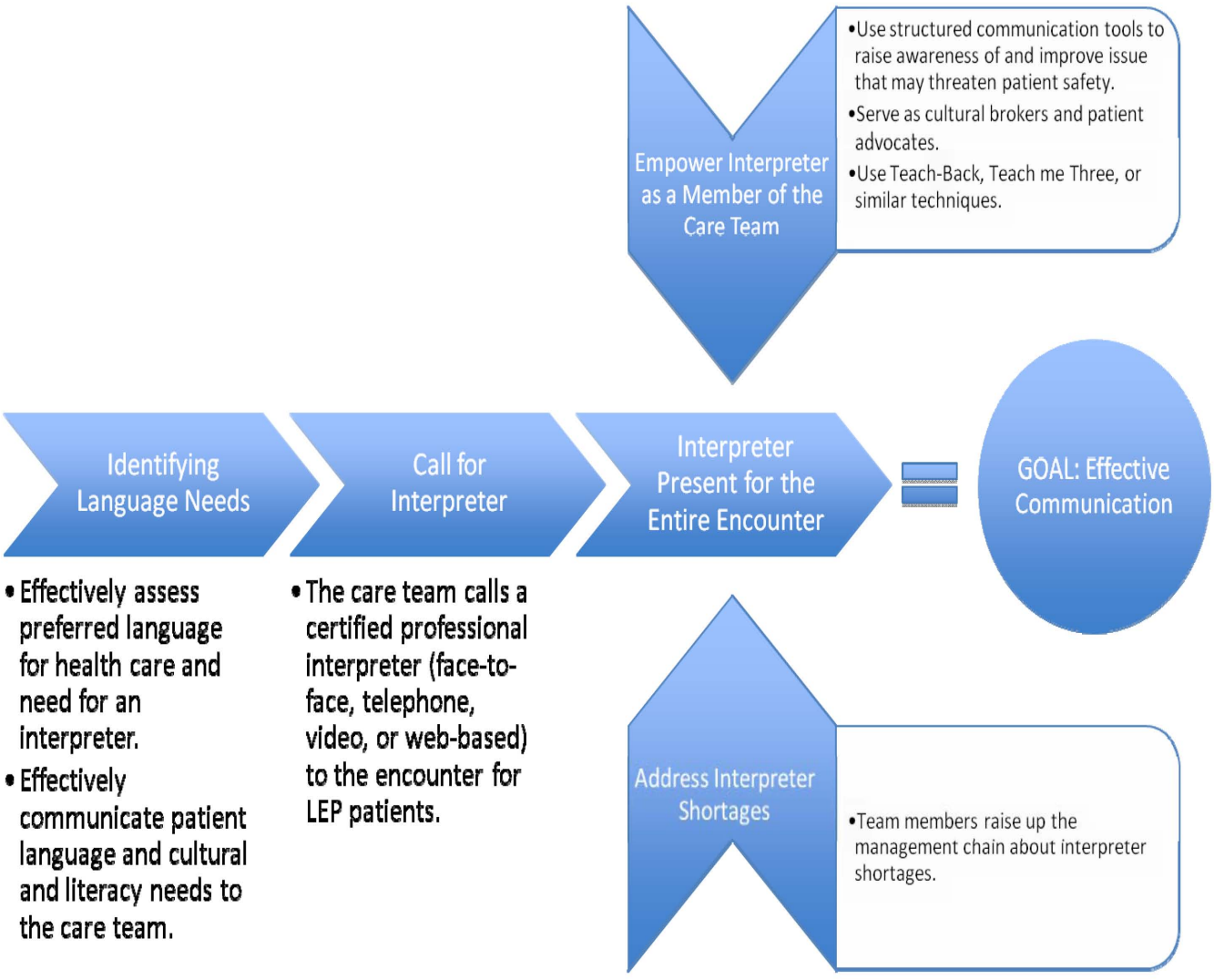
- Medication Reconciliation
- Informed Consent Processes
- Patient Discharge
- Emergency Department Visits
- Pre, Peri and Post-Operative Care

Role of Behaviors and Communication

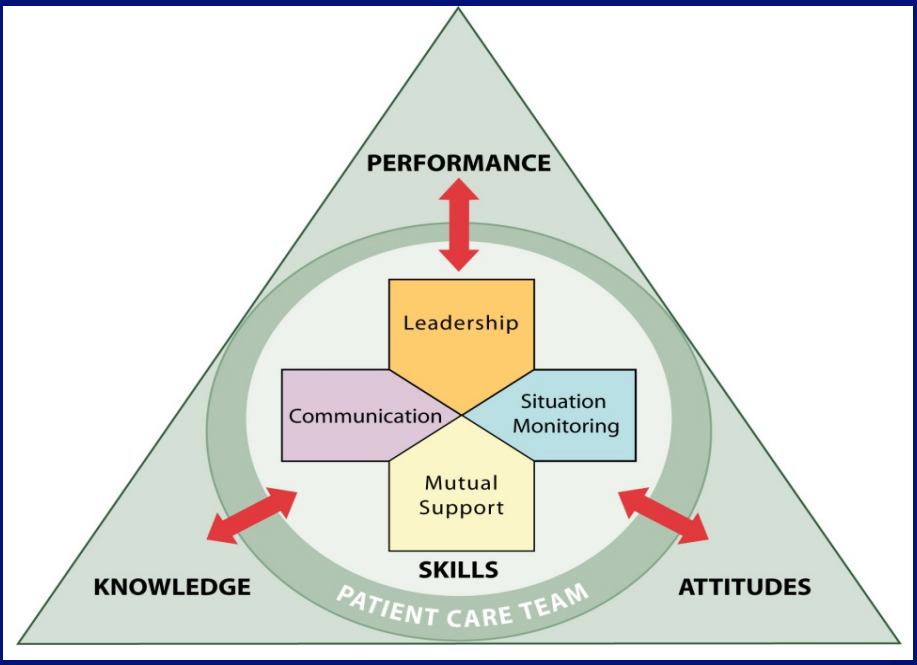
- Failure to identify patient language needs in a timely manner
- Failure to get an interpreter to the encounter
- Failure to fully integrate the interpreter into the patient safety team
- Failure to address interpreter shortages

Recommendations


Foster a Supportive Culture for Safety of Diverse Patient Populations
• Include in mission
• Incorporate into messaging
• Integrate into operations
• Foster continuous learning
• Engage interdepartmental collaborations
Identification
• Collect R/E/L data
• Improve patient safety systems to capture root causes and risk factors
• Link databases to make information more readily accessible
Link registration data to patient safety systems
Monitoring
Increase capacity to report
Reporting
• Develop strategies to empower staff to report medical errors
• Provide staff with training and systems to do so effectively and efficiently
Addressing/Preventing
General Strategies
High Risk Scenarios:
Medication Reconciliation, Discharge, Informed Consent, Emergency Department Care, Pre, Peri- and Post-Operative, Patient Disclosure of Error
TeamSTEPPS®


Empower Interpreter as a Member of the Care Team
•Use structured communication tools to raise awareness of and improve issue that may threaten patient safety.
•Serve as cultural brokers and patient advocates.
•Use Teach-Back, Teach me Three, or similar techniques.
Identifying Language Needs
Call for Interpreter
Interpreter Present for the Entire Encounter
GOAL: Effective Communication
• Effectively assess preferred language for health care and need for an interpreter.
• Effectively communicate patient language and cultural and literacy needs to the care team.
• The care team calls a certified professional interpreter (face-to-face, telephone, video, or web-based) to the encounter for LEP patients.
Address Interpreter Shortages
•Team members raise up the management chain about interpreter shortages.

Hospital Guide & TeamSTEPPS Training



Hospital Guide

- Educate leaders with the background and evidence on medical errors that occur due to language barriers
- Present a set of strategies and training tools to create systems and an organizational culture to better identify, prevent, report, and address medical errors that occur due to language barriers in a variety of hospital settings
- Provide a set of practical case examples that solidify learning
- Provide resources that can be useful in developing a robust LEP patient error reporting and response system

TeamSTEPPS Training Module

- Teamwork system to improve patient safety
  - Rooted in 20 years of research on teamwork
  - Helps persons of lower hierarchical status communicate about patient safety risks
  - Teaches persons of higher hierarchical status to better respond
- Video vignette with LEP patient safety scenarios and training manual
- TeamSTEPPS structured communication skills (e.g. SBAR, check-back, CUS words) to facilitate communication between the medical team, bilingual frontline staff, and LEP and culturally diverse patients

MGH New LEP Safety Initiatives

- **Interpreter Rounds**
  - Medical interpreters conduct rounds to assess quality of care and patient experience of LEP patients
- **Executive Quality and Safety Rounds**
  - Executive rounds include manager of interpreter services to incorporate focus on role of language and cultural factors
- **Training**
  - **Interpreter Training**: Patient Safety 101, Reporting, Communication Tools via TeamSTEPPS® LEP Module
  - **Provider Training**: E-Learning Program with guidelines for working effectively with interpreter services

Macy Interprofessional Curriculum

Module 1 Learning Goal: Understand the evidence for disparities and high rate of medical errors, particularly for patients with limited English proficiency (LEP).

E-learning Module 1 (20-30 min) → Class Session 1 (90 min) → Online Group Assignment 1 (60 min)

Module 2 Learning Goal: Work effectively with interpreters and other care team members to ensure safe, high quality care for patients with limited English proficiency.

E-learning Module 2 (20-30 min) → Class Session 2 (90 min) → Online Group Assignment 2 (60 min)

Module 3 Learning Goal: Explore the ways that systems of care can be improved to ensure quality and safety for patients with limited English proficiency in a team environment.

E-learning Module 3 (20-30 min) → Class Session 3 (90 min) → Online Group Assignment 3 (60min)

THE DISPARITIES SOLUTIONS CENTER
One Goal - High Quality Care for All

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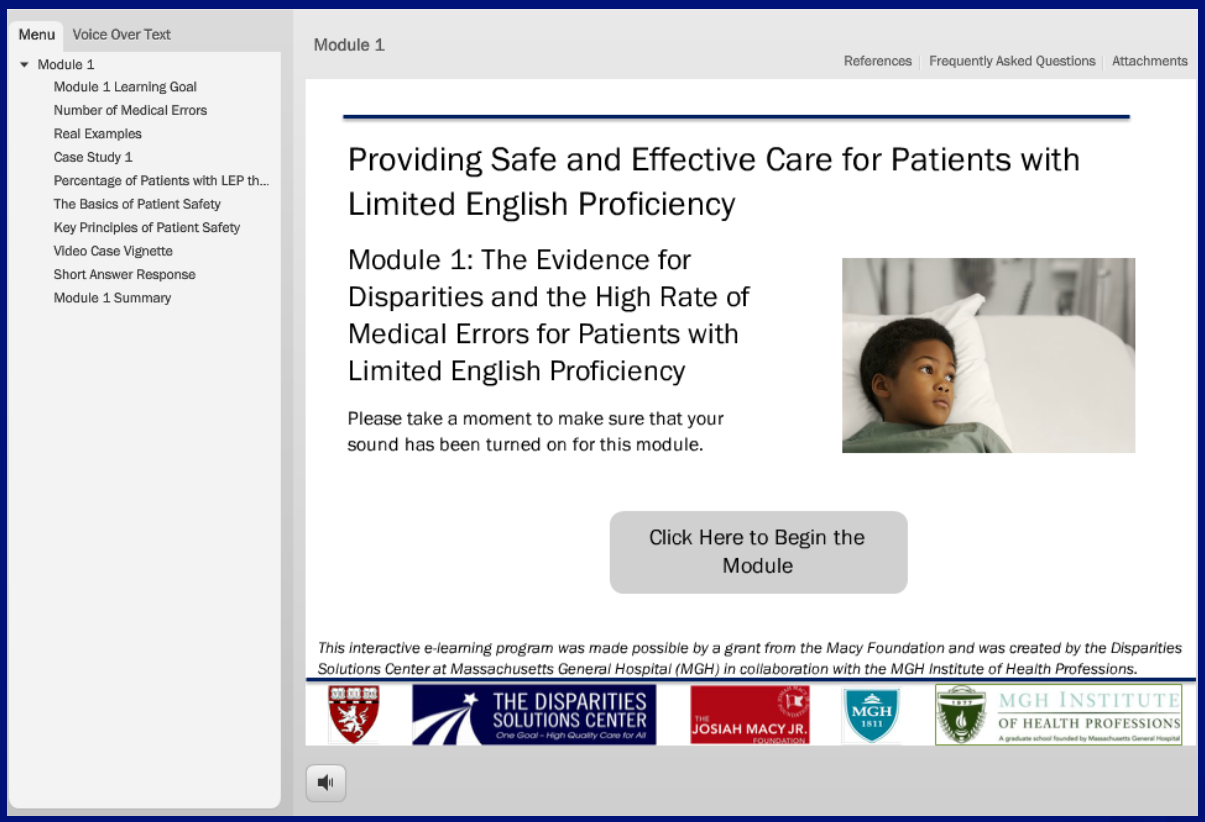
A graduate school founded by Massachusetts General Hospital

E-learning Program



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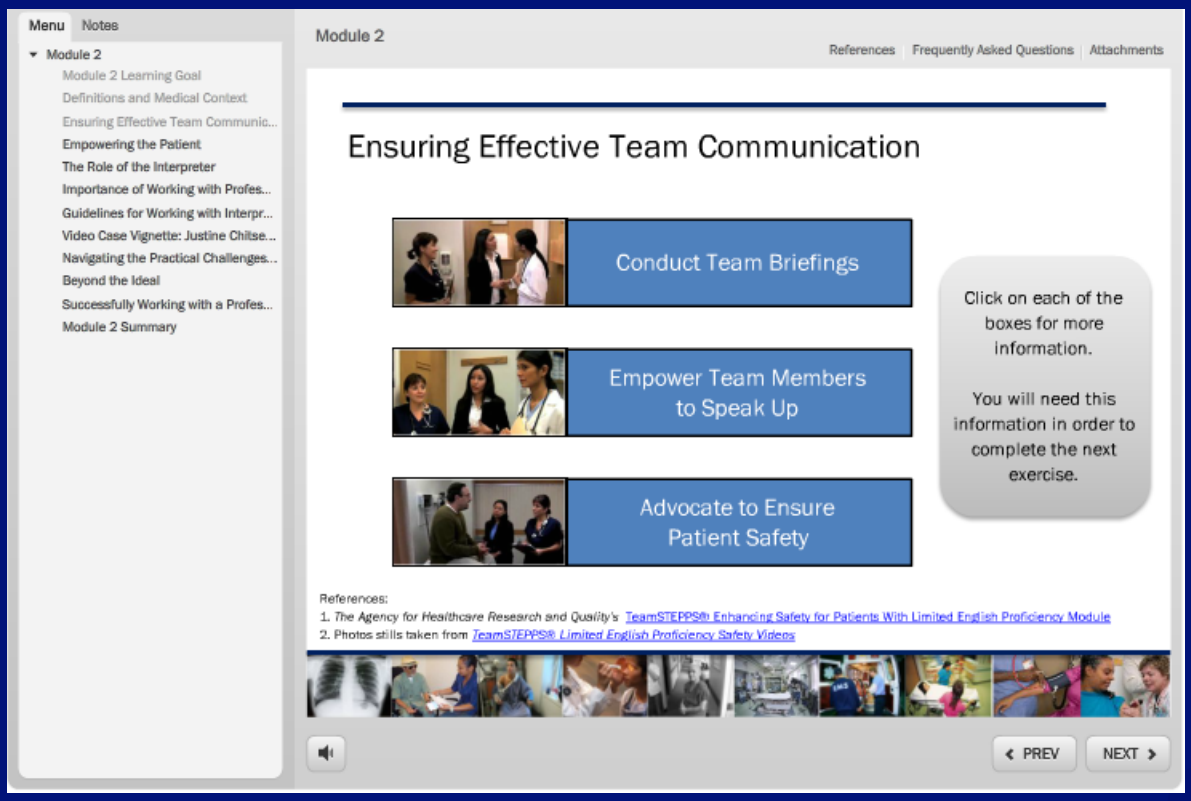

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One Goal – High Quality Care for All

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Summary

- There is a growing body of evidence that has identified link between LEP and medical errors
- Hospitals can play a major role in safe care for LEP by building safety systems with attention to LEP issues
- Hospital Guide and TeamSTEPPS training provide guidance and some practical tools
- Macy interprofessional curriculum lays foundation early

Ramirez Case Study (Continued)

- In some cultures, people avoid directly contradicting an authority figure, like a health care provider. This may have been the case with the Ramirez family.
- It is possible that the family did not trust their English language skills enough to communicate the need for a professional interpreter.
- The family may have been unaware that they were entitled to an interpreter at no cost.

Ramirez Case Study (Continued)

Roles of a trained medical interpreter:

- Interpreting their meaning in the cultural and practical context of the situation
- Serving as an advocate for the patient or family
- Providing a quality check for effective communication
  - For example, there may be national or regional differences in the words patients use to describe their situation, which interpreters can help clarify.

SPEAKER

Eliana Lobo

Interpreter Services Trainer & Supervisor,
Harborview Medical Center / UW Medicine

HARBORVIEW MEDICAL CENTER

HMC is the *only* Level I Adult and Pediatric trauma /burn center in Washington, and the regional center for Alaska, Montana and Idaho

Its primary mission is to provide and teach exemplary patient care and to provide health care for those patients King County is obligated to serve. The following groups of patients and programs will be given priority for care within the resources available as determined by the Board of Trustees:

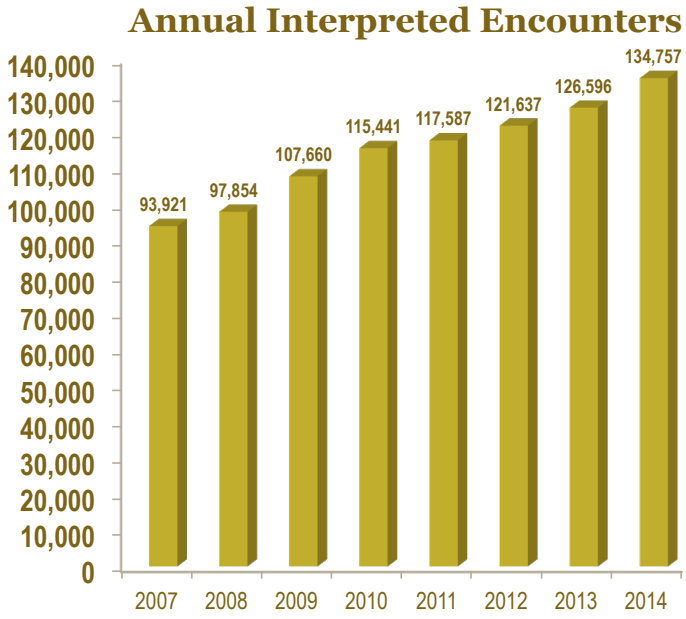
- Persons incarcerated in the King County Jail
- Mentally ill patients, particularly those treated involuntarily
- Persons with sexually transmitted diseases
- Substance abusers
- Indigents without third-party coverage
- Non-English speaking poor
- Trauma
- Burn treatment
- Specialized emergency care
- Victims of domestic violence
- Victims of sexual assault

UW Medicine

Harborview Medical Center's Interpreter Services Dept.

- **Harborview Medical Center's Interpreter Services Department has 59 staff members**
- **Our in-house staff interpreters offer interpretation in 19 languages**
- **Top languages requested at HMC include: Spanish, Somali, Vietnamese, Amharic, Chinese, Tigrigna, Cambodian**
- **Last year the department facilitated over 134,000 interpreted encounters**

UW Medicine



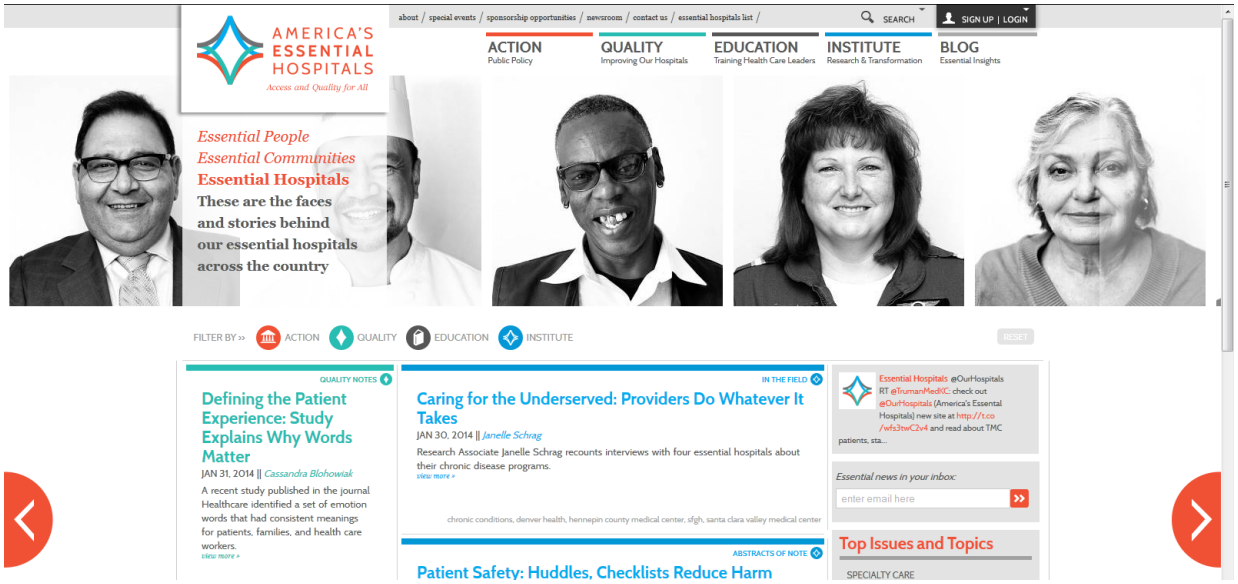
Q & A

UPCOMING EVENTS

- Reducing Patient Harm Series I: **Reduce Falls in the Acute-Care Setting**
  Feb. 19, 2-3 pm ET

- **How to Refine Care Transitions to Reduce Readmissions**
  Feb. 27, 2-3 pm ET

ENGAGE AT OUR NEW WEBSITE!



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THANK YOU FOR ATTENDING

- **Evaluation:** When you close out of WebEx following the webinar a evaluation will open in your browser. Please take a moment to complete. We greatly appreciate your feedback!

- **Essential Hospitals Engagement Network website:** http://essentialhospitals.org/groups/ehen/