

# Medical Interpreters – *What is their role in safety?*

*Presented by: Lisa Morris  
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## Who are we?

- Sign and spoken language interpreters
- A voice for the speaker
- A bridge in communication
- Trained and qualified
- Adhere to the interpreter code of ethics with regard to confidentiality, accuracy, neutrality, & respect.

## What is our main purpose?

- To facilitate understanding in communication between people who speak different languages and come from different cultural worlds.
- To ensure the patient's right to understand and have equal access to health care.

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## What is our main role?

- To transmit verbal, non-verbal, factual, and affective messages accurately and completely without adding, omitting, or editing, to patients and health care providers who do not share language and/or culture.

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## Interpreting Goals

- To establish effective communication and cross-cultural understanding among limited English proficient (LEP) patients and/or their families and healthcare providers.
- To establish effective communication and cross-cultural communication between deaf or hard of hearing patients and health care providers.

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## Interpreting Goals (cont'd)

- To work as a team with health care professionals to provide equal access to care, increase the quality of care, create trust and rapport, enhance patient's satisfaction and keep patients in good health.
- To pursue excellence and professionalism.
- To adhere to the code of ethics and standards of practice of medical interpreters.

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## Interpreter Skills

- Excellent bilingual skills
- Good attention and listening skills
- Ability to think quickly (clear mind, focused)
- Ability to interpret verbal and non-verbal communication (technical colloquial, curse and/or blunt expressions; body language, facial expressions)
- Ability to interpret emotions (joy, stress, grief, depression, pain, anger, aggression, frustration, etc.)

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## Interpreter Skills (cont'd)

- Ability to modulate tone of voice (keeping volume softer than speaker)
- Ability to make right choice of words
- Knowledge of anatomy and medical terminology (root word, prefix, suffix)
- Ability to vary modes of interpretation (consecutive or simultaneous)
- Expertise in managing the flow of communication
- Expertise in managing the triadic relationship
- Ability to detect linguistic and/or cross cultural misunderstandings

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## Quality Interpretation

- Facilitates equality in access to health care
- Fosters equity and respect for all participants
- Respects cultural and linguistic diversity
- Improves communication
- Dissolves anxiety and fear
- Creates rapport and trust

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## The evidence for quality and patient safety

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## Language and Health Care

- Language problems impact multiple aspects of health care (Flores. *Med Care Res Rev* 2005;62:255-299)
  - Access to health care
  - Health status
  - Use of health services
  - Patient-physician communication
  - Satisfaction with care
  - Patient safety

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## Adverse Outcomes: LEP Patients

- Fewer primary care visits
  - Mexican children whose parents spoke English 12 times more likely to have regular provider vs. those with parents who didn't (regardless of insurance) (Takata, 1991)
- Fewer preventive services
  - Fewer mammograms and pap smears in Mexican women who don't speak English (Marks et al. *Am J Psych Health* 1987;77:1315)

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## Adverse Outcomes: LEP Patients

- Asthmatic children with LEP parents 3 times more likely to be intubated for their asthma than those with English proficient parents  
(LeSon & Gershwin. *J Asthma* 1995;32:285-294)
- Monolingual Spanish-speaking adults with asthma whose physicians speak English: 3 times more likely to miss 1 or more follow-up appointments  
(Manson. *Med Care* 1988;26:1119)

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## Health status and communication

LEP patients who need but don't get interpreters more likely than LEP patients who used interpreters and EP patients to:

- Have poor or fair self-reported understanding of diagnosis and treatment plan
- Wish healthcare provider explained things better (Baker et al. *JAMA* 1996)

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## Communication

Hazards of using ad hoc interpreters (family members, friends, strangers pulled from waiting room, untrained staff):

- Patient less likely to be told about medication side effects  
(David & Rhee '98)
- Interpretation errors more likely to have potential clinical consequences vs. those by professional interpreters  
(77% vs. 53%) (Flores et al. '03)
- Family members misinterpret 23-52% of questions asked by physicians (Ebden et al. '88)

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## Satisfaction with Care

LEP patients who need but do not get interpreters have lowest satisfaction with care (Baker et al. '98)

- Significantly lower scores than EP patients on 5 satisfaction items and LEP patients who had interpreters on 3 items
- Needing but not getting interpreter strongly associated with lower overall adjusted satisfaction scores

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## Satisfaction

- Ratings of perceived physician behaviors were significantly lower by LEP patients
  - Explanations
  - Friendliness
  - Respect & courtesy
  - Poor perception of problem by physician
  - Show of concern

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## What are the safety issues?

- LEP patients more likely to experience adverse events of serious nature
- Untrained bilingual staff and physicians with “false fluency” more likely to err in communication
- LEP patients have worse patient experiences (satisfaction, perception of MD, adherence)

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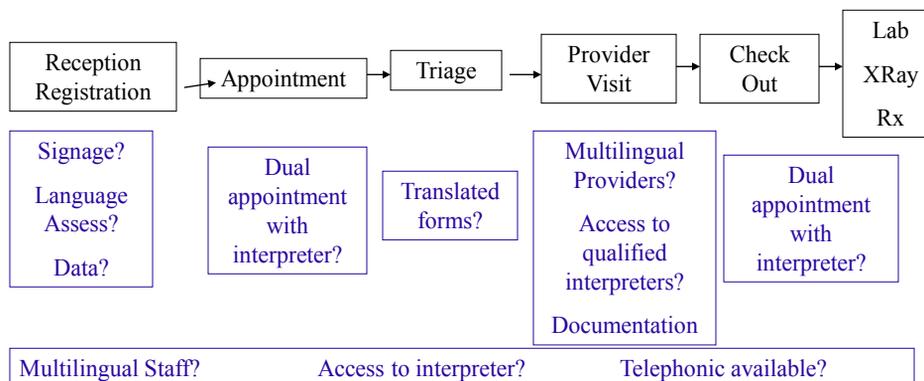
## Joint Commission study on adverse events

- Study of six hospitals over seven months
- 49.1 vs 29.5% of adverse events with LEP patients resulted in physical harm
- 46.8 vs 24.4% of adverse events with LEP patients classified as moderate transient to death
- LEP adverse events more likely to be due to communication error (52.4% vs 35.9%)

Divi et al. Intl J Quality in Hlth Care 2007; 19: 60-67

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## Supporting LEP: Points of contact



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**What kind of laws or guidelines exist to protect patients to insure patient safety with respect to language and culture?**

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## **Massachusetts Emergency Room Interpreter Bill - July 1, 2001**

Mandates provision of competent interpreter services in all Emergency Rooms & Acute Psychiatric Care

- Implications for hospitals
  - \* Greater need for interpreters overall
  - \* Greater need for quicker access 24 hours a day
  - \* Greater need for higher degree of cultural competency on part of providers and interpreters
  - \* Greater need for interpreters with emotional capability to work in trauma care settings

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## What are Office of Minority Health CLAS Standards?

- guidelines and recommendations
- Intended to inform, guide and facilitate required and recommended practices related to culturally and linguistically appropriate health services.

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## CLAS STANDARDS THEMES

### 1. Culturally Competent Care (Standards 1-3)

- Effective, understandable and respectful care.
- Recruitment, retention and promotion of a diverse staff and leadership.
- Ongoing education/training in culturally and linguistically appropriate care for all staff.

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## CLAS STANDARDS (cont'd)

### 2. Language Access Services (Standards 4-7): Mandated by current federal requirements for all recipients of federal funds

- Bilingual staff and interpreter services.
- Verbal and written notices to patients in their preferred language about their right to receive language assistance services.
- Assurance of competent language assistance by interpreters and bilingual staff.
- Patient-related materials and signage in common languages of the community.

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## CLAS Standards (cont'd)

### 3. Organizational Supports for Cultural Competence (Standards 8 –14)

- A written strategic plan to provide CLAS.
- Initial and ongoing organizational self-assessment of CLAS-related activities.
- Data on patients' race, ethnicity and language preferences collected in health records and integrated into MIS.
- Demographic, cultural and epidemiological profile of the community and needs assessment data used for planning and service delivery.

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## **CLAS Standards (continued)**

### **Organizational Supports for Cultural Competence (continued)**

- Partnership with community to design and implement CLAS-related activities.
- Conflict and grievance resolution processes are culturally and linguistically sensitive to resolving cross-cultural conflicts/complaints.
- Make available to the public information about their progress and successful innovations in implementing CLAS standards

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## **Why Language Services are Important**

- Access to Care
- Quality of Care & Patient Satisfaction
- Cost of Care
- Risk Management
- State and Federal Requirements
- Makes Business Sense

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# *Resources*

- <http://www.imiaweb.org>
- <http://www.state.ma.us/legis/laws/seslaw00/sl000066.htm>
- <http://www.xculture.org>
- <http://www.hcfa.org>
- <http://www.diversityrx.org/HTML/DIVRX.htm>
- <http://www.ncihc.org>

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