Cultural competence

Meeting patients’ language needs

Car keys in hand, the young Latino man had unhooked his IV lines, dressed himself over his open wound and was ready to walk out of the emergency department when Luis Diaz, a bilingual medical interpreter, arrived.

Speaking in the patient’s native Spanish, Diaz calmed him down and explained how the doctors and nurses planned to treat him. Diaz convinced the man he needed surgery, and the man consented.

“These patients are people I grew up with and know from the community,” says Diaz, a patient care technician in postoperative recovery at Windham Community Memorial Hospital, a 130-bed hospital in Willimantic, Conn. “Just by speaking the same language, I see patients relax and become much more comfortable with the procedure.”

Diaz is one of 16 of Windham Hospital’s 700 employees who has completed an interpretation course in medical terminology for Spanish-speaking hospital staff. In 4-hour class sessions, meeting twice a week over 12 weeks, students learn basic medical terms and concepts in English and Spanish related to all body systems and discuss ethics and confidentiality issues.

Each time Diaz is called away from his regular duties in the postanesthesia care unit to interpret, which he says happens almost every workday, he receives a $2.50 bonus. “It’s a little extra money, but mostly I feel obligated to help out with the Hispanic community,” Diaz says.

“The costs go beyond the stipend,” says Martin Levine, SPHR, Windham Hospital’s vice president of human resources. “There is the cost of covering for someone who leaves their regular duties and the $4,400 cost for the interpretation course.”

The hospital developed the interpretation course in collaboration with nearby Quinnebaug Valley Community College faculty, who teach the course at the hospital.

“We would like to get a grant to offset the costs of the course,” Levine says.

An unfunded mandate

Hospitals like Windham are under increasing pressure from government mandates to meet the needs of growing non-English-speaking populations—without reimbursement.

In 2003, the Department of Health and Human Services (HHS) issued new guidance to reinforce the principles of Title VI of the Civil Rights Act with respect to limited-English-proficient (LEP) persons. In short, Title VI requires that providers of health and social services who receive federal financial assistance from HHS, such as Medicare and Medicaid, “must take responsible steps to ensure meaningful access to their programs and services by LEP persons,” according to the HHS guidance.

The Office of Civil Rights, which is under HHS, is the enforcement arm and will determine compliance on a case-by-case basis, in light of the following 4 factors:

- number or proportion of patients with limited English proficiency
- frequency of encountering individuals with limited English proficiency
- importance of the service provided
- resources available.

“Recipients with limited resources will not have the same compliance responsibilities applicable to recipients with greater resources,” the HHS guidance says. “All recipients will have a great deal of flexibility in achieving compliance. The vast majority of all complaints have been resolved through voluntary efforts.”
This flexibility means a small doctor’s office will have more compliance leeway than a large medical system, as long as it evaluates the 4 factors in determining how it can meet the needs of its LEP patients.

The Robert Wood Johnson Foundation offers grants for medical interpretation training and materials for hospitals and health systems in regions with new and fast-growing Latino populations. The program is called Hablamos Juntos.

**Ways to comply**

“There are a lot of ways to comply without having to spend a lot of money,” says Lori Feezor, a health care attorney with Kennedy Covington Lobdell & Hickman in Research Triangle Park, NC.

“You don’t have to hire an interpreter for every language that walks through your door, but you do have to look at your community and do the 4-factor test. If you have significant interpreting needs, you look at alternatives to meet those needs.”

Feezor, who spoke on interpreting and translating requirements at the annual meeting of the American Society for Healthcare Risk Management in October, suggests these alternatives:

- Collaborate with other providers in the area, such as hospitals, ambulatory surgery centers, pharmacies, and nursing homes, to create a pool of interpreters and to get group purchasing discounts by telephone translation contractors.
- Tap into volunteer organizations of particular ethnic populations. You train the interpreters in medical terminology; they volunteer their services.
- Hire a diverse employment population to cover your language needs. “Some hospitals pay employee interpreters an extra 40 cents an hour just to be on call,” Feezor says.

**A large urban center responds**

At large urban centers, the burden and responsibility to assist LEP patients is much greater.

Boston Medical Center has a $2.2 million budget for interpreter services. On weekdays, LEP patients, who make up about 30% of the patient population, can be serviced by more than 80 interpreters, including 37 full-time staff who cover 18 languages, 20 per diem interpreters, more than 50 contractors on call, and hospital staff who are bilingual, says Oscar Arocha, director of the interpreter services department and guest support services.

Spanish is the number one interpretation need at Boston Medical Center, which also has a large call for French-Creole for Haitian patients and Portuguese Creole for patients from Cape Verde.

Language assistance begins the moment a patient approaches the main information desk. A large poster written in 30 languages allows patients to identify their interpreter needs. The poster says: “You have the right to an interpreter at no cost to you. Please point to your language. A medical interpreter will be called. Please wait.”

The reception desk gives patients a form that identifies their primary language to take to their destination. The hospital department calls an interpreter services scheduler, who pages the appropriate interpreter with a text message of where to go.

If LEP patients cannot read, they are set up with a telephone system programmed to 20 languages to help the reception desk identify their language.

“Sometimes we have to play detective,” Arocha says, and relates how a Hungarian man needed an interpreter in the emergency room. The hospital’s Hungarian interpreter was an hour and a half away. Arocha recalled that Hungary has been under the former Soviet Union’s Iron Curtain, and he correctly surmised the man also spoke some Russian. The hospital’s Russian interpreter was able to fill in until the Hungarian interpreter arrived.

**Long-distance interpretation**

If an interpreter is not available for a particular language, many hospitals employ a telephone interpreter service, which costs about $3 per minute.
Despite shortcomings of telephone interpretation, which include the cost, lack of face-to-face interpretation, and intimacy, Arocha says it’s a necessary backup. “Nothing is guaranteed when you have this kind of volume,” says Arocha, noting his staff has 140,000 requests a year. “What if the ER is expecting a busload of Vietnamese patients? Nobody has 15 interpreters who speak Vietnamese.”

Boston Medical Center contracts with 4 phone services to ensure all languages are covered and to promote competition among the vendors, Arocha says. A video conferencing service is available for deaf patients when an American Sign Language interpreter is not immediately available.

**OR assistance with interpretation**

At 4 pm Monday through Friday at Boston Medical Center, the OR scheduling nurse has a phone date with a scheduling supervisor in interpreter services to review the next day’s surgery schedule for LEP patients. Also, an interpreter services staff member is in the office at 6 am specifically to service unexpected OR needs.

“Anything unpredicted is taken care of in person,” Arocha says.

The interpreter translates throughout the preoperative process, including verification of identity and correct procedure, with the preoperative nurse, OR nurse, and anesthesiologist.

Patient consent forms are written in English, Spanish, French, and Portuguese. The forms are available via the hospital Intranet and can be downloaded from any computer. Departments can request consent forms translated into other languages as needed. If patients are illiterate, the interpreter translates the document aloud and signs it along with the patient, Arocha says.

The interpreter usually stays in the preop area until the patient is under anesthesia and is paged when the patient begins to wake up in the PACU. For outpatient surgery, the interpreter calls patients the day after surgery to see how they are feeling.

**“Un poquito Español” syndrome**

In addition to paid interpreters, many hospitals rely on bilingual staff to communicate with LEP patients.

For instance, during endoscopy procedures, in which interpreters are not allowed, Sandy Hyde, RN, a preoperative and postoperative nurse at Windham Memorial Community Hospital, will speak in Spanish to help relax her Latino patients. She augmented her college Spanish classes by teaching herself and her colleagues how to say phrases such as, “Turn on your side.” “Take a deep breath.” “Almost done.” “Turn over.” And “Where are you having pain?”

Arocha at Boston Medical Center has concerns about staff members who are not bilingual and trained in medical terminology communicating about clinical issues with LEP patients.

“We call this the ‘un poquito Español’ syndrome,” Arocha says, describing staff who may have taken high school or college Spanish and try to speak the language with their patients.

“I realize people want to be able to communicate directly with their patients, and I respect them for that, but I personally discourage it,” Arocha says. “It’s not so much what you say to patients. The issue is, What do you understand? What are you going to do when you say ‘Como está hoy?’ (How are you today?) and the patient comes back in fluent, rolling Caribbean Spanish with a 5-minute answer?”

A small study published last year in *Pediatrics* found mistakes in interpreting could be common. In this study, 31 errors were committed on average during each of 13 recorded doctor visits. Ad hoc interpreters, such as family and friends, were significantly more likely than hospital interpreters to commit interpretation errors of clinical consequence, such as omitting questions about drug allergies or stating that hydrocortisone cream must be applied to the entire body, instead of only to a facial rash. The study also found that less than one-fourth of hospitals nationwide provide any training for medical interpreters.

The Joint Commission on Accreditation of Healthcare Organizations is taking note of how hospitals respond to patients’ language needs and is working to develop...
op standards. JCAHO will gather baseline data on a sample of hospitals to assess their capacity to address language and cultural issues that affect the quality and safety of patient care. JCAHO says the results will be a foundation for setting realistic expectations for hospitals to meet needs of populations they serve.

**Needs of surgical patients**

Keith Goodson, RN, clinical service coordinator for ambulatory services and preadmission testing at Yale-New Haven Hospital, New Haven, Conn, supports his hospital’s policy that the only personnel who can serve as interpreters are those who speak the patient’s native language fluently and are either medical staff or have been trained in medical terminology.

“It didn’t take much convincing for most of our nurses because they were frustrated by not being able to communicate well with their patients,” Goodson says. “Once they saw how well the interpretative service worked, they embraced it.”

Indeed, in 1997, Yale-New Haven’s interpretative services office had about 2,000 requests for assistance in interpreting 26 languages spoken by patients. In 2003, there were about 18,000 requests for 50 languages. The hospital has 6 full-time interpreters, including 3 surgical technologists.

Computerized scheduling notifies interpretative services when the OR is expecting an LEP patient. Goodson illustrates why qualified interpreters are needed with this story:

A Spanish-speaking woman was scheduled at Yale-New Haven for a hysterectomy. A week prior to surgery, a bilingual secretary in OR scheduling called the woman at home to set up her preadmission tests. When the secretary asked why the woman was coming in, the woman said she was trying to have a baby. The secretary, who had been trained in medical terminology, knew a hysterectomy was not the way to get pregnant.

“It turned out she should have been scheduled for a hysteroscopy, not a hysterectomy,” Goodson says.

“With the number of safeguards we have in place, we would have caught this before surgery, but it does underscore the need for qualified medical interpreters as our non-English speaking population grows,” he says.

—Leslie Flowers