Lost in Interpretation

How Interpreting Impacts Healthcare Outcomes for Patients with Limited English Proficiency (LEP)

A LOOK AT RESEARCH & RECOMMENDATIONS

Jeenie explores the impacts of language discordance on patients, healthcare providers, and care organizations with references to peer-reviewed research and makes valuable, research-backed recommendations for healthcare providers to implement effective language access strategies designed to improve care and outcomes for patients with LEP.

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PART 1: PATIENT IMPACTS

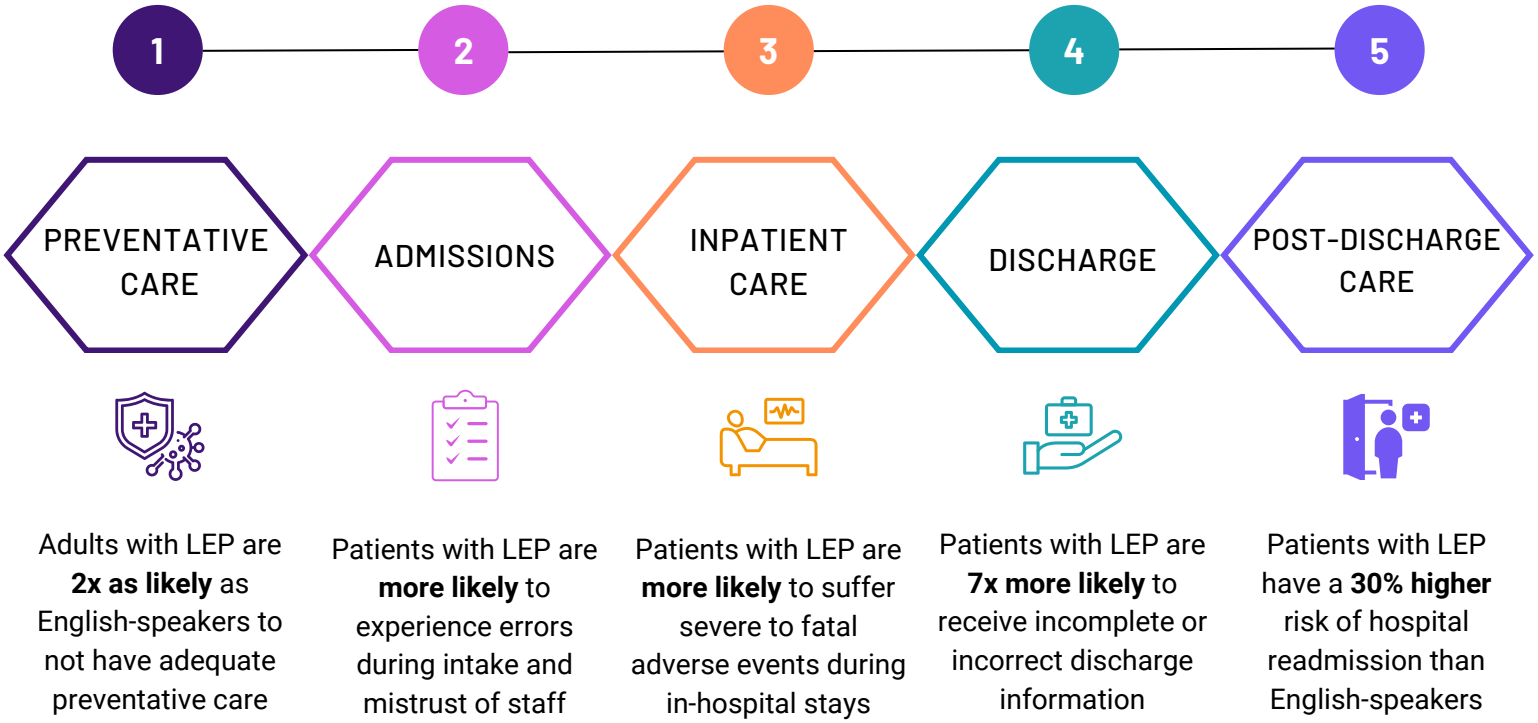
Lack of Effective Language Solutions for Patients with LEP has Detrimental Impacts Across the Care Continuum

When evaluating options for improving language access, many healthcare organizations focus first and foremost on the most prominent area of potential miscommunication: the patient<>provider interaction. This is where the risk of misunderstandings that lead directly to a misdiagnosis and the consequential downstream effects is the highest.

While patient<>provider communication is one of the most important care scenarios for meaningful language access to be included, healthcare organizations must recognize that language discordance at any stage of the patient journey, whether early stage preventive care or later stage post-discharge care, results in disparities in patient outcomes.

ACROSS THE CARE CONTINUUM

DISPARITIES IN CARE FOR PATIENTS WITH LIMITED ENGLISH PROFICIENCY (LEP)



1 Preventative Care

Research shows that patients with LEP have significantly lower levels of utilization of preventive medical services than English-speaking patients.

One July 2022 study found that, even when adjusting for socioeconomic status, adults with LEP aged 18-64 were nearly twice as likely as English-speakers to not have access to regular care, to not have visited a medical provider within the last 12 months, and to be overdue for preventive services such as blood pressure checks and cancer screenings.

While there are many contributing factors to lower levels of utilization of preventive services among populations with LEP, the phenomenon is largely attributed to language discordance and patient literacy. While un- and under-insured status is also a significant contributing factor, other studies have observed that utilization of free and sponsored preventive services, such as flu vaccinations, is lower as well.

Recommendations & Best Practices

STRENGTHEN THE PATIENT <> PROVIDER RELATIONSHIP TO ENCOURAGE PREVENTIVE CARE

- Build trust through effective, language-concordant communication that involves a medically-qualified interpreter.
- "Small talk is how care happens." Extend the conversation; leverage informal conversations for clues to the patient's lifestyle, risk factors, and other impediments to regular care.

INVEST IN PATIENT EDUCATION

- Increase awareness of the need for preventive care through educational materials that are translated and made accessible in all languages relevant to local population demographics.
- Conduct regular follow-ups with at-risk patients in their language by involving family members, as appropriate, and by including a medically-qualified interpreter.

IMPLEMENT COMMUNITY OUTREACH INITIATIVES

- Targeting proactive outreach efforts to communities and neighborhoods with the highest proportion of non-English proficient populations can help make significant in-roads in expanding preventive care. It is crucial that these efforts incorporate language and cultural support.
- Leverage local and federal funding resources and establish partnerships with grassroots organizations to help broaden the scope and reach of community outreach programs.

2 Admissions

Oftentimes, the first interactions of individuals with LEP with Admissions staff at healthcare facilities set the tone for subsequent treatment efforts. If trust and open communications are not established at the onset, miscommunication and a hesitancy to accept diagnosis and follow treatment protocols may result.

A recent qualitative study of Latinos with LEP seeking health services uncovered the following recurring themes:

- Inconsistent registration of multiple surnames may contribute to patient misidentification errors and delays in receiving health care;
- Lack of language services in front office negatively impacted care coordination and satisfaction with health care received; and
- Perceived discrimination generated patients' mistrust of front office staff and discomfort with services received.

Recommendations & Best Practices

A few minutes with a qualified interpreter at Admission saves valuable time and brings immeasurable downstream benefits. Here are a few ways that an effective language access strategycan support Front Office and Admissions staff.

EMPOWER BILINGUAL STAFF

- Bilingual ≠ Interpreter by default. Enable in-house bilingual staff to become true patient navigators by assessing and certifying their language and interpretation skills. Seek a Language Service Provider (LSP) partner that offers assessment and training support for in-house bilingual staff.

LEVERAGE AN ON-DEMAND VIDEO REMOTE INTERPRETING (VRI) SERVICE

- Use virtual interpreters to cover languages for which staff are either not available or not certified. Video functionality is key, as it allows for non-verbal communication cues and lets patients with LEP leverage their interpreter for support with intake or other forms that have not been provided in their language.
- Choose modern LSPs with platforms that offer video interpreting at the same per-minute cost as telephonic interpreting, so as not to pay a premium for implementing a research-backed best practice.

CONSIDER EMPOWERING THE PATIENTS THEMSELVES

- Give patients with LEP sponsored access to an interpreter on their own personal mobile device, so they can connect whenever needed as they progress throughout their treatment journey.
- Explore Jeenie's interpreting platform, which enables patients to download a VRI app on their mobile phones that is linked to the healthcare facility's account.

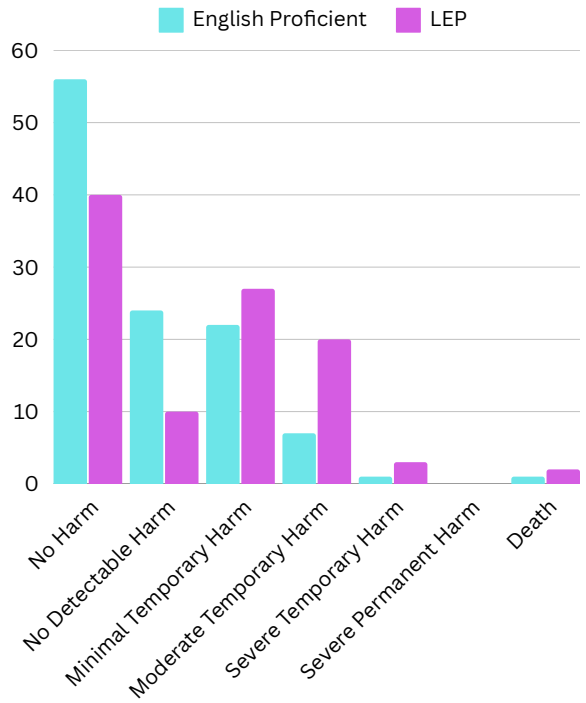
3 Inpatient Care

Language discordance during a stay at a healthcare facility negatively impacts the quality of care and treatment outcomes of patients with LEP in multiple ways:

- Inability to clearly explain symptoms, and understand and respond to healthcare provider questions can lead to misdiagnosis and mistreatment;
- Lack of accuracy in enumerating current medications taken and previous conditions, notifying of allergy risks, and communicating drug side effects hampers medication reconciliation efforts and undermines patient safety;
- Difficulty in communicating pain levels, due to both linguistic and cultural factors, can lead to either over- or under-medication, resulting in poor pain management;
- Inability to correctly use patient administered diagnostic tools that measure urine, stool, and daily fluid intakes (such as the urine collection hat) greatly impact the course of treatment, and can lead to exacerbation of existing conditions, as for example, incorrect fluid balance management can lead to dehydration and renal or heart failure.

Language discordance impacts explain why patients with LEP are more likely to suffer adverse events during their hospital stay than English-proficient patients and why these events are more likely to cause moderate to high levels of harm, including death, for patients with LEP than in-hospital adverse events experienced by English-proficient patients. In one study, patients with LEP had 31% higher odds of mortality from sepsis than English speakers (Figure 3).

Figure 3. Level of Physical Harm from Adverse Events: LEP vs. English Proficient Patients



SOURCE: Improving Patient Safety Systems for Patients With Limited English Proficiency.

3 Inpatient Care - continued

Hospital staff not taking advantage of an interpreting service may have less to do with service availability and more to do with its ease-of-use and with buy-in from staff about the importance of using it. This is particularly the case in urgent care situations, where staff simply do not have the time to locate in-hospital devices like Computers on Wheels (COWs), log in with account or access code information, or wait for call center operators to connect them with an interpreter in the target language.

The more onerous and complicated the process of procuring interpreting help, the more likely staff are to circumvent using it.

Recommendations & Best Practices

PROVIDE STAFF WITH ON-DEMAND ACCESS TO AN INTERPRETER

- Ensure that the interpreting service provider can grant access to interpreters in required languages on-demand, 24/7/365. Interpreter scheduling is a nice-to-have and necessary in certain circumstances, but it is not sufficient for the often unpredictable and time-constrained nature of interpreter needs in inpatient settings.

AVOID INTERPRETING SOLUTIONS THAT REQUIRE OPERATOR ASSISTANCE

- Make certain that the chosen interpreting service provider deploys a Direct-to-Interpreter (D2I) model that eliminates call centers and operators.
- Ensure that the interpreting service provider is able to guarantee connection times under 30 seconds, and that said connection times refer to the time from call placed to connection with an interpreter as opposed to connection with an operator.

PRIORITIZE EASE-OF-USE WHEN SELECTING AN INTERPRETING SERVICE

- Reevaluate hardware constraints of your current interpreting service platform. Does it require healthcare professionals to share iPads, terminals, or other equipment that could be hard to procure when there is high demand for the service?
- Reevaluate software constraints of your current interpreting platform to ensure that staff can log in quickly and easily, without cumbersome access codes and other user data input.
- Consider granting healthcare professionals access to interpreters via their own personal or individual organization-issued mobile phones.

4 Discharge

Discharge is a critical phase of treatment, with treatment success often relying on the patient's ability to clearly understand and follow their discharge instructions. Comprehending medical information represents a challenge for any patient, but especially for patients with LEP.

Miscommunication at this stage of the patient's care journey can mean the difference between a positive outcome or a recurrence, readmission, or worse.

Multiple studies have linked professional interpreter use at discharge with superior provider communication behaviors.

In one study, professional interpreter use during discharge was associated with:

- 7:1 odds that a patient with LEP receives complete discharge education content
- 6:1 odds that a patient with LEP gives a positive assessment of caregiver comprehension.

Recommendations & Best Practices

TRANSLATE ALL WRITTEN COMMUNICATIONS

- Ensure that discharge communications are translated into not only the most common languages such as Spanish, but also into all languages being served by or in geographic vicinity to the healthcare institution.
- Healthcare institutions can take a proactive approach to language access by leveraging Census data to have a comprehensive understanding and accommodation of all languages spoken by residents in their zip code, metropolitan area, or state.

EDUCATE PATIENTS WITH LEP ON THEIR RIGHTS

- Since post-discharge care is often carried out by separate healthcare organizations, patient education at the point of discharge about their rights regarding language access to a qualified interpreter (at no expense to them) can help them advocate for interpreter services in any care setting where they are not made immediately available.

5 Post-Discharge Care

Patients with LEP face multiple impediments to recovery that range from not understanding discharge instructions, to misunderstanding prescription information and medication protocols, to not having adequate language access during physical therapy and rehabilitation, nursing and in-home care, and other follow-up care programs, especially those with a remote patient monitoring component.

These impediments explain why readmission rates for LEP patients can be as much as 30% higher than for English-speaking patients: a disparity that one study found to be particularly pronounced for Chinese and Spanish speakers who had a 1:7 and a 1:5 higher odds of being readmitted than English speakers respectively.

Recommendations & Best Practices

PROVIDE INTERPRETER ASSISTANCE DURING FOLLOW-UP VISITS

- Ensure that interpreting services are available not only during patient discharge, but also for follow-up meetings with patients and their family members or primary in-home caregivers, whose support may be required to ensure compliance with recovery protocols.

DO NOT OVERLOOK TRANSLATION OF DIGITAL COMMUNICATIONS

- Although it is a federal requirement to provide patients with LEP equal access to their healthcare information, translation of electronic information resources is often overlooked. Ensure that patient-facing aspects of electronic medical record systems and patient portals are translated into the languages of the patient demographics being served by the healthcare institution.

PROVIDE INTERPRETING FOR INBOUND CALLS

- Empower patients with LEP to call in with questions or to book follow-up appointments by making a multilingual hotline available at the institution.
- Consider sponsoring patient access to interpreting directly on their own device for use not only for in-person scenarios within the facility, but also for telehealth and outbound calls to their healthcare providers.
- Empower healthcare professionals with a telephonic interpreting system that supports outbound calling, so that they can have an interpreter on the line with them when placing follow-up calls to patients with LEP.

Take the Next Step

Everyone has a part to play in ending language barriers.

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About Jeenie

Jeenie is a virtual interpreting platform that empowers both healthcare professionals and patients to get a live, HIPAA-certified medical interpreter in 300+ languages on the screen of any device in under 30 seconds. Through the industry's first Direct-to-Interpreter (D2I) technology, Jeenie is revolutionizing the way vulnerable patient populations with Limited English Proficiency (LEP) access healthcare.

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