Enhancing Safety for Patients With Limited English Proficiency

Overview/Objectives
- Understand the safety risk to patients with limited English proficiency
- Know the process to assemble the most appropriate and effective care team
- Identify and raise patient communication issues

The Story of Willie Ramirez

Results of not having an appropriate interpreter:
- Misunderstanding of “intoxicado”
- Inaccurate medical history
- Cultural deference to authority
- Quadriplegic teen
- $71 million lawsuit
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**High-Risk Settings and Situations**
- ED
- OB/GYN
- Surgery
- Transitions in care, including intake and discharge
- Medication reconciliation

**Added Risk for LEP Patients**
- Not using a professional interpreter
  - Using family members or housekeeping staff as interpreters
  - "Getting by" with provider’s or patient’s poor language skills
- Interpreter only present for part of the encounter

**LEP Patients in Your Clinical Area**
- Percentage of patients LEP
- Common languages spoken
- Less common languages
- Specific issues or problems
Close Call: An Interpreter's Story

Patient spoke some English...

- Interpreter not called
- Inaccurate medical history
- Latex allergy almost missed before surgery

“Opportunity” Scenario

- What are the risks in this scenario?
- What was done badly?
- What key information was missed?
- What could be done differently?

Benefits of Including Interpreter on the Care Team

- Receive more complete and accurate information
- Facilitate better clinical decisions
- Receive support from a cultural broker who is also an advocate for the patient
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**Implementation**

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<tr>
<th>Who?</th>
<th>How?</th>
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<tbody>
<tr>
<td>Identify language/cultural needs</td>
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<td>Contact interpreter</td>
<td>List various methods. Note contingency plans.</td>
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<td>Ensure that interpreter is present for entire encounter</td>
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<td>Ensure that interpreter is fully informed and integrated into team</td>
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**Scenario:**
Mrs. Gilbert, a Haitian immigrant, is in the ED in triage. The front desk staff called the Creole interpreter, Ms. Pierre-Louis. Dr. Malbec is interviewing Mrs. Gilbert in French, but she does not understand his French. Ms. Pierre-Louis knows that Mrs. Gilbert does not understand, but when she attempts to interpret, Dr. Malbec says, “You are not needed. I’ve got it.”

**Assertion, Advocacy, and Conflict Resolution**

- **Scenario:**
  Mrs. Gilbert, a Haitian immigrant, is in the ED in triage. The front desk staff called the Creole interpreter, Ms. Pierre-Louis. Dr. Malbec is interviewing Mrs. Gilbert in French, but she does not understand his French. Ms. Pierre-Louis knows that Mrs. Gilbert does not understand, but when she attempts to interpret, Dr. Malbec says, “You are not needed. I’ve got it.”

- **Advocate for the patient**
  - Stop all activity if needed
  - Speak up on behalf of the patient

- **Assert a corrective action in a firm and respectful manner**
  - Assertion is not aggression

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**TeamSTEPPS LEP Patient Safety | Essentials**
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Stop the Line: CUS

I am Concerned!
I am Uncomfortable!
This is a Safety Issue

Voice your concern at least two times…it’s your responsibility
If you are being challenged, acknowledge the concern
Correct the problem
Teach
If the outcome is still not acceptable
Take a stronger course of action
Use supervisor or chain of command

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When Initial Assertion Is Ignored...

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Briefs

Planning
Form the team
Designate team roles and responsibilities
Establish climate (psychological safety) and goals
Engage team in short- and long-term planning
Psychological Safety

- Proactively invite input
- Be accessible
- Ask for mutual support
- Remember: Team leader sets tone for the team, while interpreter creates safety for the patient
  - Leader: “Feel free to stop us at any time if anything is not clear, or if there is anything I should know about the patient’s culture, beliefs, or concerns”
  - Interpreter: “If anything we say is not clear, please let me know”

Practice
(Optional Exercise)

- Scenario: Discharge from the hospital following myocardial infarction
- 3 characters: a nurse, an interpreter, and a patient

Check-Back Is…

Sender initiates message
Sender verifies message was received
Receiver accepts message, provides feedback confirmation
Loop
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Teach-Back Is…

- Confirmation of understanding
- Opportunity to correct miscommunication
- Comprehensive

- “Tell me in your own words how you will take this medicine when you get home…”

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Putting It All Together

- “Success” video

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Summary

TOOLS and STRATEGIES to Enhance the Safety of Patients With Limited English Proficiency:

- Process for including in-person and phone interpreters
- Brief/psychological safety
- Advocacy and assertion
- CUS
- Check-back
- Teach-back