Improving Patient Safety Systems for Limited-English-Proficient (LEP) Patients

A Guide for Hospitals
Improving Patient Safety Systems for LEP Patients

- **Goal of the Guide:**
  - Help hospital leaders better understand how to address the issue of patient safety for LEP and culturally diverse patients

- **Content of the Guide:**
  - Foster a Supportive *Culture* for Safety of Diverse Patient Populations
  - Adapt Current Systems To Better *Identify* Medical Errors Among LEP Patients
  - Improve *Reporting* of Medical Errors for LEP Patients
  - Routinely *Monitor* Patient Safety for LEP Patients
  - *Address* Root Causes To Prevent Medical Errors Among LEP Patients
Improving Patient Safety Systems for LEP Patients

This presentation will:

- Highlight what we know about patient safety and LEP patients
- Provide evidence for why we should focus on LEP patient safety
- Identify common causes of adverse events for LEP and culturally diverse patients
- Present five key strategies for improving detection of medical errors and preventing high-risk scenarios from becoming safety events
What We Know About Patient Safety and LEP

- The Institute of Medicine Report *To Err Is Human: Building a Safer Health System* states that patients should not be harmed by care that is intended to help them.

- The Institute of Medicine Report *Crossing the Quality Chasm* defined patient safety as one of the essential components of high-quality health care.

- Patient safety efforts are now a central component of strategies to improve quality of care for all patients.
What We Know About Patient Safety and LEP

- Research demonstrates that language barriers can have a significant impact on multiple aspects of health care and contribute to disparities in patient safety between English-speaking and LEP patients.
- Communication problems are the most frequent root cause of serious patient safety events reported to the Joint Commission's Sentinel Event Database.

Why Focus on LEP and Patient Safety?

- **A Large and Growing Population**
  - Minority groups are the Nation’s fastest growing demographic, accounting for one-third of the U.S. population.
  - Nearly 25 million people in the United States (8.6%) are defined as LEP and therefore at risk for adverse events because of language barriers and culture.
Why Focus on LEP and Patient Safety?

- **Patient Safety, Quality, and Cost Drivers**
  - Greater risk of line infections, surgical infections, falls, and pressure ulcers due to LEP patients’ longer hospital stays compared to English-speaking patients with the same clinical condition.
  - Greater risk of surgical delays and readmission due to LEP patients’ greater difficulty understanding instructions, such as:
    - Preparing for a procedure
    - Managing their condition
    - Taking their medications
    - Knowing which symptoms should prompt a return to care or when to follow up
Why Focus on LEP and Patient Safety?

- **Risk Management**
  - Multiple liability exposures arise when providing care to LEP populations, such as situations related to:
    - Patient comprehension of medical condition
    - Treatment plan
    - Discharge instructions
    - Complications and followup
    - Inaccurate and incomplete medical history
    - Ineffective or improper use of medications or serious medication errors
    - Improper preparation for tests and procedures
    - Poor or inadequate informed consent
Why Focus on LEP and Patient Safety?

- **Accreditation Standards**
  - In 2011, the Joint Commission published Patient-Centered Communication standards in the *Comprehensive Accreditation Manual for Hospitals*
  - These standards emphasize effective communication, cultural competence, and patient-centered care as important elements of safe quality of care
Causes of Adverse Events for LEP and Culturally Diverse Patients

- **Use of Family Members/Friends or Nonqualified Staff as Interpreters**
  - Inability to understand subtleties of language and culture and tendency not to question use of medical terminology
  - Use of bilingual hospital staff as ad hoc interpreters for LEP patients, despite greater likelihood of error

- **Use of Basic Language Skills To “Get By”**
  - Tendency of clinicians with basic or intermediate foreign language skills to “get by” without a competent interpreter, increasing patient risk

- **Cultural Beliefs and Traditions Affecting Patient Care**
  - Cultural beliefs and traditions, such as minimizing reports of pain, deferring to authority figures, and adhering to gender roles
Systems and Strategies To Improve Safety for LEP Patients

- Hospitals can engage in a systematic approach to better identify and prevent common medical errors and adverse events among LEP patients.
- We present **five** key recommendations that represent the “ideal system,” but they can be implemented in different phases, depending on hospital systems and structures:
  - Foster a Supportive **Culture** for Safety of Diverse Patient Populations
  - Adapt Current Systems To Better **Identify** Medical Errors Among LEP Patients
  - Improve **Reporting** of Medical Errors for LEP Patients
  - Routinely **Monitor** Patient Safety for LEP Patients
  - **Address** Root Causes To Prevent Medical Errors Among LEP Patients
Fostering a Supportive Culture for Safety of Diverse Patient Populations

Identifying
- Collect R/E/L data
- Improve patient safety systems to capture root causes and risk factors
- Link patient safety and registration databases to make information more readily accessible

Monitoring

Reporting
- Develop strategies to empower staff to report medical errors for LEP
- 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

TeamSTEPPS®
Systems and Strategies To Improve Safety for LEP Patients: *Culture*

- **Foster a Supportive Culture for Safety of Diverse Patient Populations**

  *This culture should be articulated clearly by leadership, operationalized in strategic planning for the organization, and supported by providing staff with key tools and resources to accomplish this goal successfully.*

  - Link the goal of overcoming language and cultural barriers to the overall message and mission of the culture of quality and safety.
  - Frame this goal within existing operational policies and standards related to quality and safety for all patients.
  - Share lessons learned from patient safety events with all staff to help build an institutional culture sensitive to issues that affect LEP patients and ensure ongoing learning and training in this area.
  - Involve patients in Family Advisory Councils or Cultural Advisory Groups to incorporate patient perspectives.
Adapt Current Systems To Better Identify Medical Errors Among LEP Patients

Adapt systems to better identify medical errors, improve the capacity of patient safety systems to capture key root causes and risk factors, and link databases to make information readily accessible.

- Document data on race, ethnicity, and patient language and interpreter needs in the electronic medical record to allow ongoing monitoring and easy integration with other reporting systems to monitor quality of care.
- Include these data fields in patient safety systems to track the role of language and culture in patient safety events that staff report.
Systems and Strategies To Improve Safety for LEP Patients: Reporting

- Improve **Reporting** of Medical Errors for LEP Patients

  Develop institutional strategies to empower frontline staff and interpreters to report medical errors, and provide them with training and systems to do so effectively and efficiently

  - Develop targeted messages so that frontline staff and interpreters are empowered to report any patient safety events they might encounter
  - Train all staff, particularly frontline staff and interpreters, on the full spectrum of what constitutes a patient safety event (including near misses) and how to report them
  - Consider other methods of identifying errors outside of standard reporting
Systems and Strategies To Improve Safety for LEP Patients: Monitor

- **Routinely Monitor Patient Safety for LEP Patients**

*Develop systems to routinely monitor patient safety among LEP patients, as well as processes to analyze medical errors and near misses among these populations*

- Develop routine (quarterly, yearly) hospitalwide safety reports or dashboards that focus on patient safety among LEP patients
- Create routine forums for analyzing cases of medical errors and near misses among LEP and culturally diverse populations to better understand root causes and high-risk scenarios
- Develop strategies for improvement and error prevention
Systems and Strategies To Improve Safety for LEP Patients: Address

- **Address Root Causes To Prevent Medical Errors Among LEP Patients**
  Develop strategies and systems to prevent medical errors among LEP patients by strengthening interpreter services, improving coordination with clinical services, providing translated materials, and developing training for health care providers and staff on interpreter use, cultural competency, and advocacy
  
  - Develop dedicated services for medical interpretation that include in-person or telephonic qualified medical interpreters, or both
  
  - Provide patients with written materials, such as informed consent forms or procedure preparation instructions, in their preferred written language
Systems and Strategies To Improve Safety for LEP Patients: Address

- **Address Root Causes To Prevent Medical Errors Among LEP Patients**
  - Create a mechanism to automatically schedule an interpreter at clinical points of service for patients identified as LEP
  - Train staff on team communication, use of interpreter services, cultural competency, and advocacy by using the TeamSTEPPS® LEP training module
  - Use fluent bilingual staff as a form of language assistance, but ensure that they receive training in basic medical interpretation
Specific Recommendations for High-Risk Scenarios

- High-risk clinical situations that need immediate attention to prevent adverse events among LEP patients include:
  - Medication reconciliation
  - Patient discharge
  - Informed consent
  - Emergency department care
  - Surgical care

- Resources to address these high-risk scenarios should be a priority

- To address high-risk scenarios:
  - Require presence of qualified interpreters
  - Provide translated materials in preferred language
  - Use “teach-back” to confirm patient understanding
Improving Team Communication To Foster Safety for LEP Patients: TeamSTEPPS®

- Several activities can be implemented to prevent errors in the short term—primary among these is the use of **TeamSTEPPS**
- In November 2006, the Agency for Healthcare Research and Quality, in collaboration with the Department of Defense, released TeamSTEPPS as the national standard for team training in health care
- TeamSTEPPS is an evidence-based teamwork system aimed at optimizing patient outcomes by improving communication and other teamwork skills among health care professionals
Improving Team Communication To Foster Safety for LEP Patients: TeamSTEPPS®

The TeamSTEPPS LEP module trains interprofessional care teams working together in hospital units to acquire the knowledge, attitudes, and team behaviors needed to reduce the number and severity of patient safety events affecting LEP and culturally diverse patients.

http://teamstepps.ahrq.gov/
Summary

- Adverse events that affect LEP patients are more frequently caused by communication problems and are more likely to result in serious harm compared to English-speaking patients.
- Failure to address language and cultural factors in the care of LEP patients has significant implications for quality, patient safety, and hospital costs.
- Hospitals are beginning to engage in a systematic approach to better identify and prevent medical errors and adverse events among LEP patients.
- A basic set of activities and strategies can help hospital leaders initiate an agenda to address patient safety risks and inequities in care for LEP and culturally diverse patients.
References

- Carbone E, Gorrie J, Oliver R. Without proper language interpretation, sight is lost in Oregon and a $350,000 verdict is reached. Legal Rev Commentary Suppl Healthcare Risk Manage 2003(May 1–3).