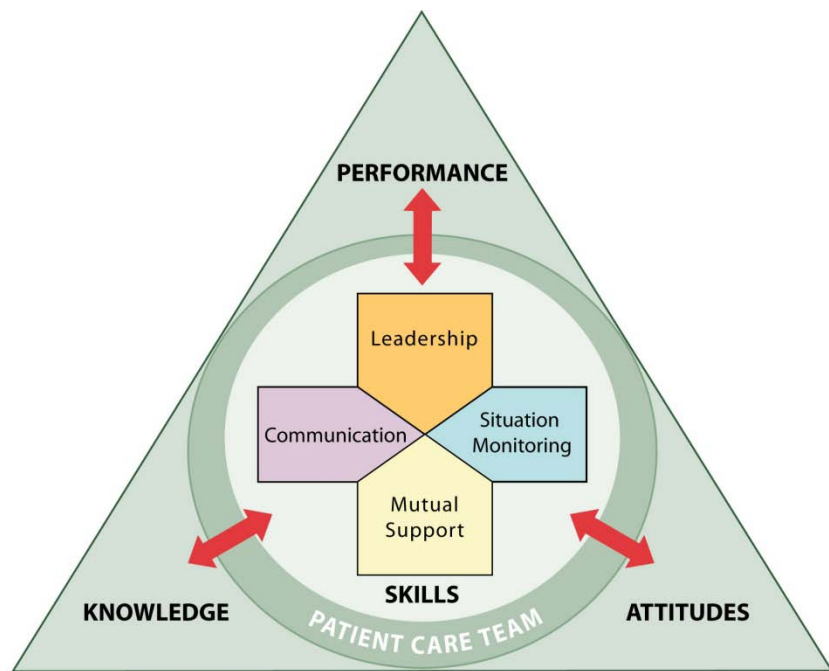




Enhancing Safety for Patients With Limited English Proficiency



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**



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



Implementation

Identify language/cultural needs

Who?

How?

Contact interpreter

Who?

How? List various methods. Note contingency plans.

Ensure that interpreter is present for entire encounter

Who?

How?

Ensure that interpreter is fully informed and integrated into team

Who?

How?



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.”



Advocacy and Assertion

- **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



Stop the Line: CUS

I am **C**oncerned!

C



I am **U**ncomfortable!

U



This is a **S**afety Issue

S

STOP!



When Initial Assertion Is Ignored...

- 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



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 ”



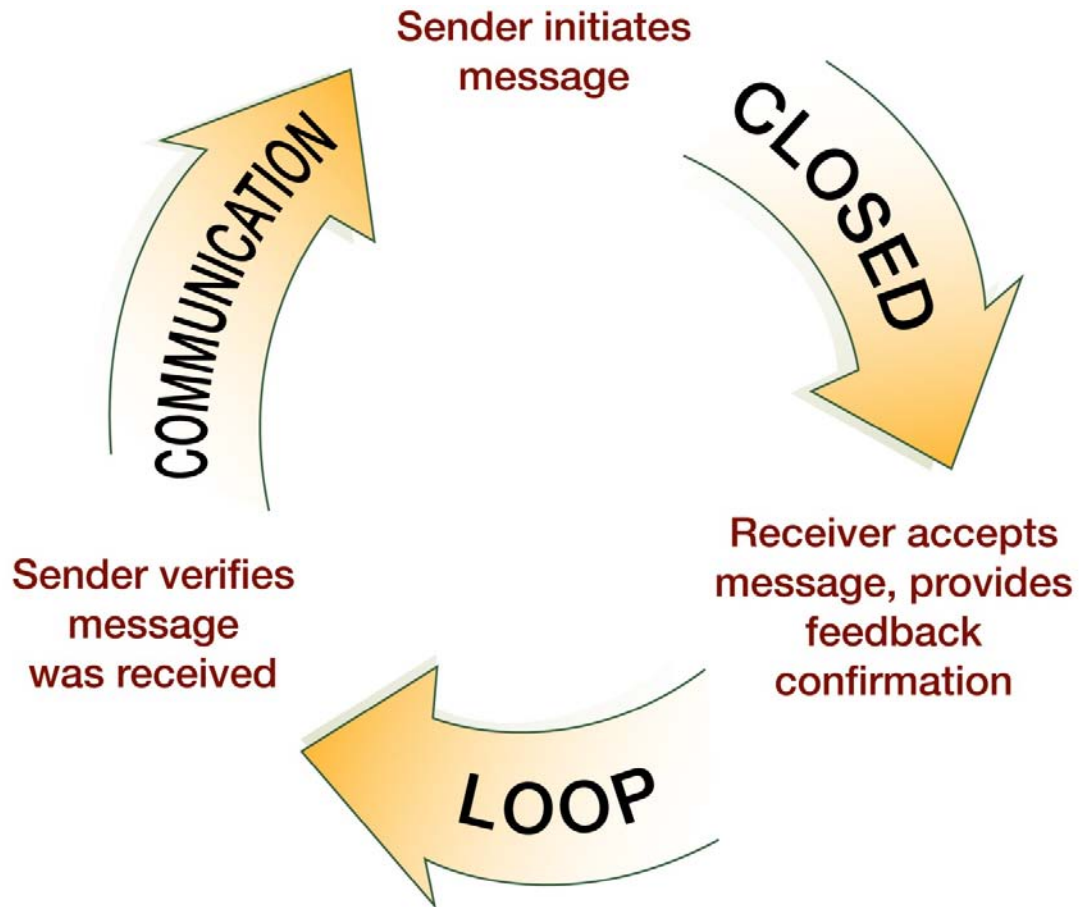
Practice

(Optional Exercise)

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



Check-Back Is...



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...”



Putting It All Together

- “Success” video



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

