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

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<th>Identify language/cultural needs</th>
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<td>Who?</td>
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<td>How?</td>
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<tr>
<th>Contact interpreter</th>
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<td>Who?</td>
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<td>How?</td>
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<td>List various methods. Note contingency plans.</td>
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<tr>
<th>Ensure that interpreter is present for entire encounter</th>
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<th>Ensure that interpreter is fully informed and integrated into team</th>
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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.”
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 Concerned!
I am Uncomfortable!
This is a Safety Issue

TeamSTEPPS™

Team Strategies & Tools to Enhance Performance & Patient Safety
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...

Sender initiates message

Sender verifies message was received

Receiver accepts message, provides feedback confirmation

COMMUNICATION

CLOSED

LOOP
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