



*Making the Case for
Language Access:*

*Optimizing Language
Services to Support Quality
Care Delivery, Compliance,
Efficiency, Satisfaction and...*

KAISER PERMANENTE
NORTHERN CALIFORNIA

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Fast Facts About Kaiser Permanente Northern California

- Founded in 1945
- Headquartered in Oakland, California
- ~ 3.3 million members
- ~65,000 employees
- ~6,500 physicians
- 21 hospitals
- 70+ medical office buildings

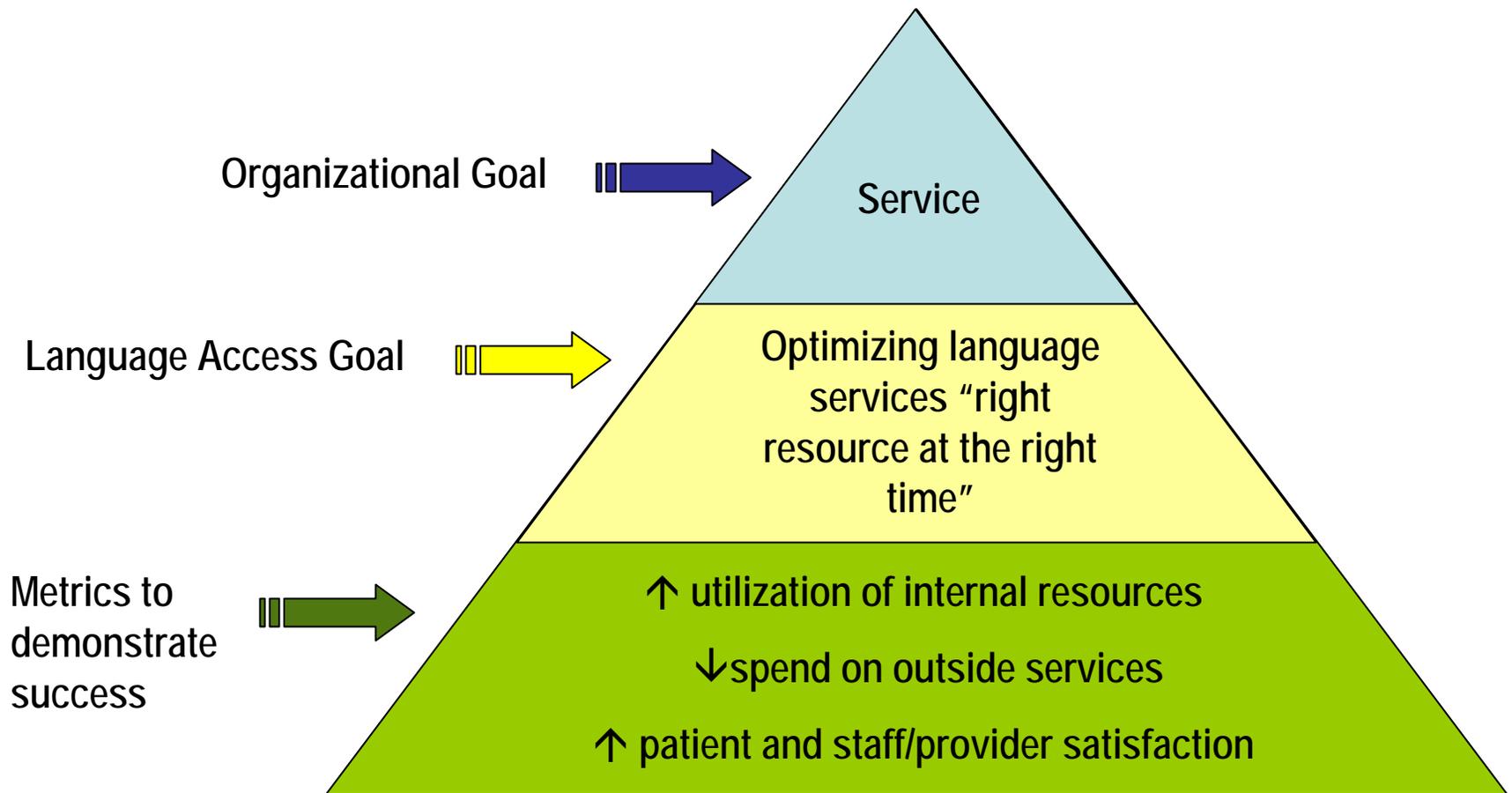


Kaiser Fresno Medical Center

#1 - Be clear on the case you are trying to make

- What is your goal? Fix, prevent, improve, reduce variation, reduce waste, simplify?
- How does it support organizational goals and objectives?
- How much could it impact goals and objectives (metrics)? How will you (and your leaders) know if the effort is successful?

As an example...



#2 - Make sure you're collecting the right data

- What data do you need in order to make the case?
- What data is available already?
- What are ways to capture missing data?
Workflow/systems changes, focus groups, surveys, etc.

As an example...

Documenting Interpreter Use/Refusal:

Visit Report Close X

Patient Languages

Interpreter Needed	Spoken Language	Written Language
Yes	Spanish	Spanish

Questionnaire

INTERPRETER SERVICES QUESTIONNAIRE

Question	Answer
Does the patient want interpretation services for today's visit?	Yes [1]
Were interpretation services provided for today's visit? If YES, indicate type; if NO, indicate reason.	YES - Qualified bilingual staff [3]

#3: Identify who should collect the data

- Who is accountable for collecting the data?
- What communication or training is available to support accurate data collection?

#4: Be prepared to tell the story in many ways

- **Compliance:** Does the data show we're doing what we're supposed to be doing?
- **Satisfaction:** Are staff and patients satisfied with what is in place?
- **Cost / Savings:** What costs are involved? What is the savings opportunity?
- **Quality outcomes:** Is this service going to yield improved health outcomes for patients?

The Compliance Message: *Joint Commission Revised EPs for Patient-Provider Communication - effective 1/1/11*

The Joint Commission has approved new and revised requirements to improve patient-provider communication, applicable to Hospitals and effective January 1, 2011. These changes are part of a larger initiative to increase quality and safety through effective communication, cultural competence, and patient- and family-centered care. The new EPs address the following:

- Addressing qualifications for language interpreters and translators
- Identifying patient communication needs
- Addressing patient communication needs
- Collecting race and ethnicity data
- Collecting language data
- Patient access to chosen support individual
- Non-discrimination in patient care
- Providing language services

The Satisfaction Message: *Provision of interpreter services is evaluated in HCAHPS (CHART)*

- “An interpreter is someone who repeats or signs what one person says in a language used by another person. Did you need an interpreter to help you speak with doctors or other health providers?”
- “When you needed an interpreter to speak with doctors or other health providers how often did you get one?”

The Quality Message: *Language barriers impact clinical quality of care*

A Joint Commission study revealed that:

- 49.1% of limited English proficient patient adverse events involved some physical harm whereas only 29.5% of adverse events for patients who speak English resulted in physical harm
- 46.8% of the limited English proficient patient adverse events had a level of harm ranging from *moderate temporary harm to death*, compared with 24.4% of English speaking patient adverse events
- 52.4% of adverse events that occurred to limited English proficient patients were the result of communication errors compared to 35.9% in English speaking patients.

Source: C. Divi et al., Language proficiency and adverse events in US hospitals: a pilot study. International Journal for Quality in Health Care (2007).

Additional Strategies For Making Your Case

- Do a small, rapid improvement / test of change
- Compare performance and highlight high/low performers
- Look for opportunities to integrate and collaborate