

Patient Experience



Language barriers impact communication — 70% of the HCAHPS survey directly relates to communication.

Are your HCAHPS scores being adversely impacted by communication barriers?

THE ISSUE: Language barriers create major challenges for communication between providers and limited English proficient (LEP), Deaf and hard of hearing (HOH) patients.

Improving the patient's experience of care, which closely ties to quality of care and patient satisfaction, is the first tenet of the Institute of Healthcare's (IHI) "Triple Aim" approach to optimizing health system performance. The other two tenets focus on improving population health and reducing the per capita cost of healthcare.

Patient experience is critical to the future of healthcare. The IHI says, "With patient experience survey results posted publicly and a new national value-based purchasing system in place, it's more important than ever to understand what positively and negatively affects a patient's time spent in the hospital."

The most prominent of those patient experience surveys is the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) Survey, currently available in five languages. Since 2006, it has been the national standard for collecting patients' perspectives of hospital care and publicly reporting that information to support consumer choice. To encourage improvement in providing exceptional patient experience, the Centers for Medicare & Medicaid Services (CMS) tied a percentage of reimbursement to HCAHPS scores. Roughly 70 %

of the survey questions directly relate to communication — with nurses, doctors, instructions regarding medications and discharge. With Medicare reimbursement dollars on the line, there is real incentive for healthcare providers to ensure exceptional communication between clinicians and their patients.

Healthcare facilities across the country are seeing an increase in diverse populations. The U.S. Census Bureau reports that over 25 million people are LEP or speak English less than “very well.” Additionally, there are roughly 4 million Deaf/HOH people, living in the U.S. Provider-patient communication is difficult even when the two parties speak the same language. Add a lack of health literacy and even simple conversations between patient and provider can be hard to understand — especially for a non-English speaker; or a deaf person.

When LEP, Deaf and HOH patients are unable to communicate with their healthcare provider, they are at increased risk for poorer health outcomes. There is no room for error when it comes to communication in healthcare: misdiagnosis, serious drug interactions, premature death, and overall patient health are all at stake.

THE IMPACT: Providing effective language access is key to improving the patient experience. According to recent studies, LEP patients associate the quality of interpreter services with the overall quality of care. Medical facilities that utilize qualified medical interpreters scored higher in patient satisfaction surveys than those that don’t.

Possible Initiatives

Healthcare organizations facing this issue and its potentially harmful impacts are setting quality improvement goals for their language access programs. Examples of such goals include, but are not limited to:

- Increasing the percentage of patients receiving language services
- Reducing patient-provider waiting time for an interpreter (e.g., 15 minutes or less)
- Maintaining access to qualified medical interpreters

AHRQ Interpreter Guidelines

After doing its own research, the U.S. Department of Health and Human Services Agency for Healthcare Research and Quality (AHRQ) issued specific requirements for certain high-risk clinical situations in 2012:

“These high-risk scenarios include: medication reconciliation, patient discharge, informed consent, emergency department care, and surgical care. Ensuring that resources are available to address these high-risk clinical situations should be a priority.

Three key recommendations to address these high-risk scenarios are:

- Require presence of qualified interpreters
- Provide translated materials in preferred language
- Use “teach-back” to confirm patient understanding.

HOW INDEMAND CAN HELP

Efforts to improve communication with LEP, Deaf and HOH populations are needed to ensure quality care, satisfaction and outcomes. InDemand offers culturally competent, highly trained, medically qualified interpreters skilled at supporting provider and patient communication.

To help you provide medical interpreting each time it is necessary, our video remote interpreting (VRI) provides immediate access to 200 over the phone languages and 25 VRI languages at the touch of a button 24 hours a day, seven days a week, 365 days a year.

VRI is an effective interpreting solution for reliable communication, staff and patient satisfaction, and cost control. It is superior to a telephonic solution because it facilitates better comprehension, and is less prone to communication errors given the visual connection between interpreters, patients and providers. It also enables the provider to be “hands-free,” so they can concentrate on the patient and delivering the best possible care.

With call centers located across the U.S., InDemand assures access to a qualified medical interpreter whenever you need one. 