Lost in translation:
Caring for hospitalized children and families with language barriers

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Disclosures

• We have no relevant financial relationships with manufacturers of any commercial products and/or provider of commercial services discussed in this presentation

• We do not intend to discuss an unapproved use of a commercial product in this presentation
During the past month, have you had clinical encounters where language barriers impacted your communication?

A) Yes  
B) No

The case of Willie Ramirez

- 18-year-old young man with sudden onset headache\(^{1,2}\)

Read more about the case here:
30 years later…
Still in the news

Share an experience where language differences impacted the care of your patient.
Quick Facts:

• 60 million people speak a language other than English at home

• 25 million people are considered LEP

• LEP population has nearly doubled in the last 30 years
  • 1980 – 4.8% of population
  • 2010 – 8.9% of population

Scope of the problem: changing U.S. demographics

Now, take a moment and think back to your patients over the last month.
## Legal foundation for language access

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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| 1964 | • Title VI of the Civil Rights Act  
   • Prohibits discrimination in programs receiving federal assistance on the basis of race, color, religion, sex, and national origin (including language) |
| 2000 | • President Clinton issues EO 13166 – *meaningful access* to language services  
   • Dept. of HHS issues *CLAS standards* – specifically related to the healthcare setting |
| 2011 | • The Joint Commission mandates documentation of preferred language and interpreter competence, as well as use (and documentation) of interpretation |
| 2016 | • Dept. of HHS adopts *Section 1557* of ACA – tightens requirements for use of qualified medical interpreters and prohibits the use of informal interpreters |

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At your institution, do you think that the clinical care provided to limited English proficient patients is the same as for English proficient patients?

A) Yes  
B) No
What are the outcomes for patients with language barriers?

How do we identify patients who need language support?

What is the impact of using professional interpretation?

How does language impact...

- Clinical Excellence
- Resource Utilization
- Patient Experience
- Patient Safety
Clinical outcomes are adversely impacted by presence of language barriers across the continuum of care.

<table>
<thead>
<tr>
<th>Association with language barriers</th>
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<tbody>
<tr>
<td><strong>Access to care</strong></td>
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<tr>
<td>• LEP children less likely to:</td>
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<tr>
<td>• Have a usual source of care(^1) (including among LEP CSHCN(^2))</td>
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<tr>
<td>• Have a medical or preventive dental visit in past year(^1)</td>
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<tr>
<td><strong>Developmental screening</strong></td>
</tr>
<tr>
<td>• Survey of California PCPs: only 10% offered Spanish general developmental and ASD screening per AAP guidelines(^3)</td>
</tr>
<tr>
<td><strong>Asthma</strong></td>
</tr>
<tr>
<td>• LEP children less likely to:</td>
</tr>
<tr>
<td>• Monitor peak flows and have a written asthma action plan(^4)</td>
</tr>
<tr>
<td><strong>ED care</strong> (patients w/ fever ± vomiting/diarrhea)</td>
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<tr>
<td>• LEP children more likely to receive normal saline bolus(^5)</td>
</tr>
<tr>
<td><strong>Post-operative patients</strong></td>
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<tr>
<td>• Patients with LEP parents had less frequent pain assessments and higher pain scores prior to being given analgesia(^6)</td>
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<table>
<thead>
<tr>
<th>Association with language barriers</th>
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<tbody>
<tr>
<td><strong>Healthcare costs</strong></td>
</tr>
<tr>
<td>• LEP patients with higher mean ED charges for similar clinical presentation(^7)</td>
</tr>
<tr>
<td><strong>Length of stay (LOS)</strong></td>
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<tr>
<td>• LEP patients with:</td>
</tr>
<tr>
<td>• Longer ED LOS for similar clinical presentation(^1)</td>
</tr>
<tr>
<td>• Longer inpatient LOS for non-Spanish LEP patients(^2)</td>
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<tr>
<td><strong>ED return visits</strong></td>
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<td>• LEP patients more likely to return within 72hrs(^3) and require admission on the repeat evaluation(^4)</td>
</tr>
<tr>
<td><strong>Hospital reutilization</strong></td>
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<tr>
<td>• Hospital readmission</td>
</tr>
<tr>
<td>• No association between LEP status and readmission rate in 1 study(^5)</td>
</tr>
<tr>
<td>• CCMC data: LEP patients have higher readmission rates at multiple post-discharge time intervals(^6)</td>
</tr>
</tbody>
</table>

\(^8\)Lion, et al., Hospital Pediatrics. 2013.  
Medication events:
• LEP children twice as likely to have a preventable drug event than EP children (unadjusted analysis)

Adverse events:
• Spanish-speaking families had a higher risk for adverse events/serious medical events\(^2,3\)
• Adverse events more common in Spanish-speaking patients\(^3\)

• Adult study:
  • LEP patients more likely to have an adverse event resulting in detectable physical harm compared to EP patients\(^4\)
  • Adverse events in LEP patients more likely to be result of communication errors than in EP patients\(^4\)

\(^3\)Lion, et al., *Hospital Pediatrics*, 2013.
Patients with language barriers experience disparate health outcomes.

How do we identify patients who need language support?

What is the impact of using professional interpretation?
What is the definition of limited English proficiency?

A) Cannot speak, read, or write English at all
B) Cannot speak, read or write English very well
C) Cannot speak English, but can read or write English
D) Are conversational in English, but cannot read or write English
Identifying LEP patients in the healthcare setting

How well do standard triage/intake systems in the healthcare setting capture patients with language needs?

Missed opportunities
Overestimation of English language proficiency

Identifying LEP patients: the challenge

How do you ask the question? What question?

- What is your preferred language for medical interactions?
- Would you like us to call an interpreter for you?
- What language do you speak at home?
- Do you speak English?
- What language do you prefer?
Identifying LEP patients: the challenge

How do you ask the question? What question?

No universal screening tool has been developed!

Similar algorithm has been previously studied in the adult patient population.

[Karliner, et al., J Gen Intern Med. 2008]
There is opportunity to improve our identification of LEP patients.

What is the impact of using professional interpretation?

The Institute of Medicine states that the use of an interpreter is not only a quality measure, but also a patient safety imperative.
When language barriers are present, the use of professional interpretation is a **safety**, **quality**, and **legal** mandate.

- Bilingual providers
- Telephone interpreters
- Video interpreters
- In-person interpreters
- Ad hoc interpreters
  - Minor children (often our patients)
  - Friends, family members
  - Non-medical hospital staff
• Bilingual provider is considered gold standard of medical interpreters.
• Increasing use of remote interpretation (phone, video) over in-person professional interpreters due to cost and technology.¹

Ad hoc interpreters

Pair up and discuss the following questions:

1) Do you think the patient’s brother was an effective interpreter?
2) What were the benefits of using the patient’s brother to interpret during this visit?
3) What were the disadvantages of using the patient’s brother as interpreter?
4) What choices did the resident physician have in working with an interpreter? Did he know which language the patient spoke?
5) Did the resident physician have the opportunity to obtain a thorough history?
Ad hoc interpreters

Case of 11 year old sister interpreting for mother¹

Pediatrician: “So how many times between 1:00 and 3:00?” And after that he hasn’t thrown up?

Interpreter: “¿Qué sí dice el que no ha vomitado?”

Mother: “No. Ahora tiene dolor de vidio y en…”

Interpreter: “Yes, he has pain in the ear and so…”

Mother: “Dile ‘que él tiene algo en la boca”

[Dial “]

Interpreter: “Tell her [the pediatrician] that he has something in his mouth. Tell her.”

Accuracy of interpretation • Fewer errors with potential clinical significance when using professional versus ad hoc or no interpreters¹,²

Patient satisfaction • Improved satisfaction among mothers during WCC using telephone interpretation versus ad hoc or no interpreters³
• Improved satisfaction with in-person interpreters versus no interpreter, ad hoc, or telephone interpreters in pediatric ED⁴

Patient comprehension • ED: Telephone and in-person professional interpretation had similar understanding of discharge diagnosis as compared with bilingual provider⁴

Resource utilization • Professional interpreters (versus ad hoc or no interpreters):
• decrease in incidence and cost of testing
• decrease in use of IVF (still with slighter high admission rate)⁶

What about professional interpreters and FCR?

<table>
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<tr>
<th>Impact of professional interpreters</th>
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**Patient experience**
- Overall positive experience with use of interpreters on FCR\(^1\)
- Improved perception of care received after participating in FCR\(^2\)

**Patient comprehension**
- On FCR on hospital floors: LEP patients similarly able to correctly name diagnosis and similarly poor at recounting daily plan\(^3\)
- On FCR in PICU: LEP patients less likely to understand plan of care, fewer LEP patients reported being invited to participate on FCR\(^4\)

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\(^1\)Seltz et al., *Acad Ped*. 2011.
\(^3\)Lion, et al., *JAMA Pediatrics*. 2-15.

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![Utilization of interpreter services diagram](image-url)
**Communication and Language Assistance:**

1. **Offer language assistance** to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

2. **Inform all individuals of the availability** of language assistance services clearly and in their preferred language, verbally and in writing.

3. Ensure the **competence of individuals providing language assistance**, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

4. Provide easy-to-understand print and multimedia **materials and signage in the languages commonly used** by the populations in the service area.

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**How do hospitals measure up?**

<table>
<thead>
<tr>
<th>Hospitals</th>
<th>Trainees</th>
<th>Pediatricians</th>
</tr>
</thead>
<tbody>
<tr>
<td>64%</td>
<td>70%</td>
<td>70%</td>
</tr>
</tbody>
</table>

64% of hospitals reported using ad hoc interpreters (often friends/family). 70% had policies prohibiting this practice.

**#1 challenge to providing adequate language services:**

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You are in the ED seeing a 2-year-old girl who recently immigrated from Bangladesh. She was brought in by her father for abdominal pain. Dad speaks some English, but are having difficult fully understanding him. When you offer a telephone interpreter for Bengali, Dad insists that he speaks English and will communicate directly with you. You should:

A) Drop the issue, so as not to further offend the patient’s father  
B) Drop the issue, but make a note in the chart that an interpreter may be needed later  
C) Ask the patient’s father to sign a waiver  
D) Acknowledge that his English is quite good, but that it is hospital policy to use an interpreter to avoid misunderstandings

Use of interpreters when faced with language barriers  
(survey of 2000+ residents)¹  
- 77% sometimes have used professional interpreters  
- 84% have used adult family/friends; 22% have used minors  
- 37% of pediatrics/ER residents have used children as interpreters  

Why?  
- Time constraints  
- Lack of dedicated training in assessing language preference  
- Lack of access to professional interpreter services  
- Little instruction in best practices when working with a professional interpreter  
- Unaware of the legal responsibilities

³Thompson, Academic Medicine, 2013.
TABLE 2. Pediatricians’ Reports of Caring for LEP Patients and Reported Method of Communication With LEP Patients, 2004 and 2010

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>2004 (n = 835)</th>
<th>2010 (n = 763)</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatricians with LEP patient contact, %</td>
<td>83.5</td>
<td>89.5</td>
<td>&lt;.01</td>
</tr>
<tr>
<td>Communication method:&lt;sup&gt;3&lt;/sup&gt; %</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any formal interpreter</td>
<td>49.7</td>
<td>55.8</td>
<td>.02</td>
</tr>
<tr>
<td>Professional interpreter</td>
<td>40.1</td>
<td>43.2</td>
<td>.25</td>
</tr>
<tr>
<td>Telephone interpreter</td>
<td>28.2</td>
<td>37.8</td>
<td>&lt;.01</td>
</tr>
<tr>
<td>Bilingual physician (self/other)</td>
<td>32.4</td>
<td>44.5</td>
<td>&lt;.01</td>
</tr>
<tr>
<td>Bilingual staff</td>
<td>58.3</td>
<td>49.2</td>
<td>&lt;.01</td>
</tr>
<tr>
<td>Bilingual family member</td>
<td>99.6</td>
<td>97.1</td>
<td>&lt;.01</td>
</tr>
<tr>
<td>Written materials in primary language</td>
<td>35.2</td>
<td>34.6</td>
<td>.79</td>
</tr>
</tbody>
</table>

* Respondents could report use of multiple communication methods.

* Sample restricted to pediatricians with LEP patient contact.

Patterns among pediatricians<sup>1</sup>, <sup>2</sup>

Patterns among hospitalists<sup>1</sup>

Family members or friends

- Rarely: 7.0%
- Often: 39%
- Never: 54%

The patient

- Rarely: 15.6%
- Often: 15.1%
- Never: 70.4%
Patterns among hospitalists

- What are some reasons why hospitalists do not use professional interpreters?
  - No interpreter immediately available (41%)
  - Not time efficient or takes too long (21%)
  - Difficult to locate/scarcity of interpreters (20%)
  - Poor quality of interpreters that are available (16%)

Patients with language barriers experience disparate health outcomes.

There is opportunity to improve our identification of LEP patients.

Professional interpretation improves patient-provider communication.
Thank you!

Questions?