

Best practices in collecting and using data for quality improvement in language services:

Implementing clinician documentation in the
electronic medical record of how patient
language needs were met

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Presenter Disclosures

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Today's Objectives

- **Explain need** for documentation of how limited English proficient (LEP) patients' language needs were met in each clinical encounter.
- **Share lessons learned** from developing and institutionalizing a tool in the electronic medical record (EMR) for such documentation.
- **Discuss ways to use data** from documentation tool for language service quality improvement (QI).

Cambridge Health Alliance



- Academic public healthcare system serving diverse patient population
 - In 2009, 34% (43,977) of outpatients spoke a language other than English.
 - Most frequently spoken languages: Portuguese, Spanish, and Haitian Creole
- Multilingual Services Dept provides interpreting (face-to-face and phone) and translation services.
- Funding from Robert Wood Johnson Foundation to improve the quality and availability of language services for LEP patients



The Impact of Language Barriers on Health Care

- Language barriers between patients and their caregivers have been associated with:
 - Lower likelihood of receiving preventive services
 - Longer hospital stays
 - Adverse events that involve physical harm
- LEP patients without competent language assistance are more likely to report:
 - Lack of understanding of medication instructions
 - Receiving less health education
 - Lower satisfaction with their care

Language Assistance

- Hospitals receiving federal funding are required to provide competent language services, free of charge (Title VI).
- **Competent language assistance** is provided by:
 - Trained, tested interpreters
 - Clinicians fluent in patient's language
 - Bilingual staff trained and tested in medical interpreting
- **In contrast**, **ad hoc interpreters** are bilingual staff, family members, or friends untrained in interpreting and therefore more likely to commit errors.



Documentation Project Goals

- Document how LEP patients' language needs were met for each clinical encounter to:
 - Obtain complete record of all language assistance provided
 - Capture complexities involved in meeting language needs
- Use EMR to:
 - Make documentation quicker, easier, standardized, and required
 - Obtain reports to make data readily usable for QI
- Institutionalize EMR documentation tool across CHA's ambulatory sites
- Use data from tool for quality improvement to ensure patients language needs are met safely

Quick Questions Screenshot

Question	Answer	Comment
PROVIDER SPECIALTY		
Enter provider specialty for this visit		
PATIENT LANGUAGE NEEDS		
Patient's Language of Care (if not English, next question is required)	English [1]	
Language needs met by:		

Answer Select

Search: []

Answer

- CO BILINGUAL EMPLOYEE INTERPRETED, TESTED AND TRAINED
- DECLINED INTERPRETER SERVICES (RIGHTS INFORMED BUT WAIVED)
- ENGLISH USED EFFECTIVELY BY PATIENT
- FACE TO FACE INTERPRETER
- FRIEND OR FAMILY PREFERRED BY PATIENT (RIGHTS INFORMED BUT WAIVED)
- NO DIRECT CONTACT WITH PATIENT
- OTHER (PLEASE ADD COMMENTS)
- PROVIDER/STAFF PROFICIENT IN PATIENT'S LANGUAGE (NOT ENGLISH)
- TELEPHONE INTERPRETER
- VIDEOCONFERENCE INTERPRETER

10 items loaded

Quick Questions Features

- Language of Care flows automatically from patient demographic information.
 - If English, clinicians are not required to answer “Language needs met by” question.
 - **If NOT English, clinicians must answer the question for all office, telephone, and home visit encounters in order to close the chart.**
- Clinicians able to select multiple options.
- Reminder with link back to the question included.

Quick Questions Response Options

It just takes a “SEC”!

Straightforward • Easy to select • Comprehensive

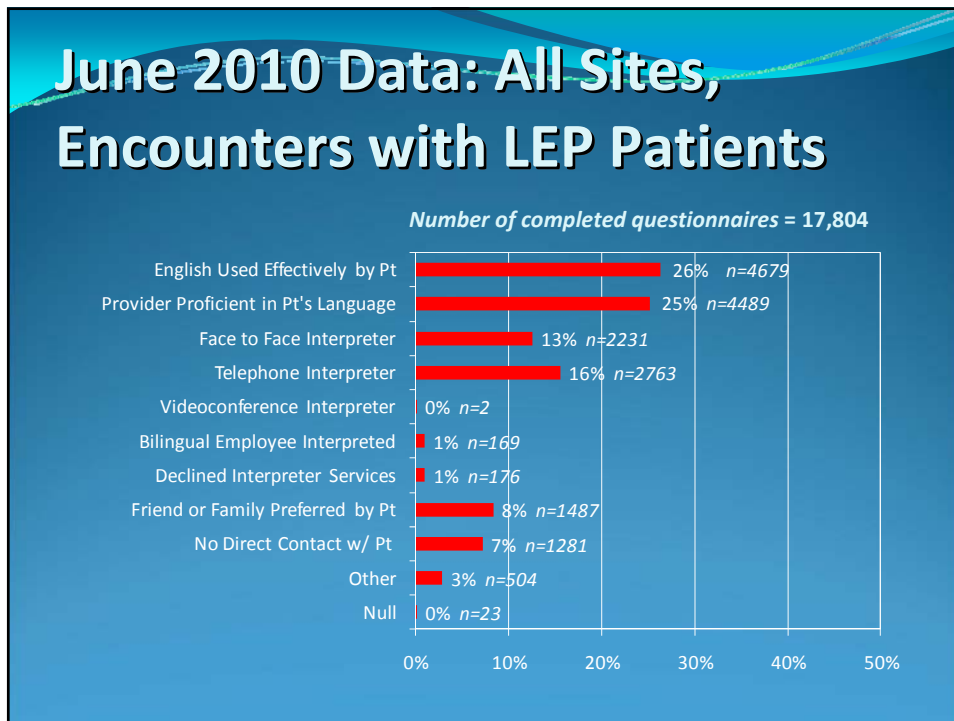
- English used effectively by patient
- Provider/staff proficient in patient’s language (not English)
- Face to face interpreter
- Telephone interpreter
- Videoconference interpreter
- Bilingual employee interpreted: Tested and trained
- Declined interpreter services (Rights informed but waived)
- Friend or family preferred by patient (Rights informed but waived)
- No direct contact with patient
- Other (Please add comments)

Interdepartmental Collaboration

Working Group

Stakeholder Group

- Quality Management
- Ambulatory & IT Leadership
- Representatives from Primary Care, OB/GYN, Behavioral Health, and Medical & Surgical Specialties



Questions Raised by the Data

Response	Questions
English Used Effectively by Patient	<ul style="list-style-type: none">• What are the criteria by which clinicians are determining effective use of English?• How accurate is patient language of care information?
Friend or Family Preferred by Patient	<ul style="list-style-type: none">• Why are friends or family members being used as interpreters?• What are potential barriers to use of interpreter services?• Is it safe to rely on friends or family members to interpret?
Provider Proficient in Patient's Language	<ul style="list-style-type: none">• Are clinicians proficient in patient's language?• How is clinician's proficiency determined?

- ## Benefits of Quick Questions
- Easy and quick to use, includes features like reminder links
 - Provides documentation of compliance with regulatory requirements (federal policy, state law, Joint Commission)
 - Makes possible **regular** reports with data that are **consistent** (*due to standardized response options*) and **complete** (*due to required documentation for all LEP encounters*)
 - Data can be used for:
 - QI (e.g., guide development & track impact of QI initiatives)
 - Planning (e.g., assist in efficient deployment of language services)
 - Examining impact of language services on patient outcomes

Challenges of Quick Questions

- Data quality issues
 - Unclear if response options are being used in same way by all clinicians
 - Need for data validation?
- “Extra clicks” for busy clinicians
 - Impact of documenting for each LEP encounter
 - Impact on clinicians seeing high proportion of LEP patients

Lessons Learned

- Engage a wide network of stakeholders to ensure necessary organizational buy-in.
- Identify and work with key departmental champions.
- Pilot extensively to identify problems and ways to improve.
- Institute a feedback loop by which users can provide suggestions and receive data reports.



Acknowledgments

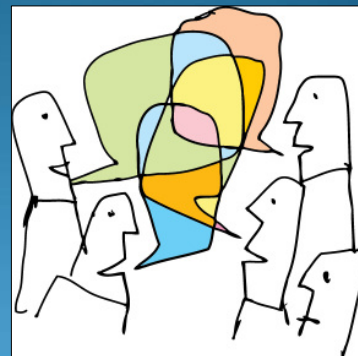


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Questions?

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Thank you!