



Exploring Cultural and Linguistic Services in the Nation's Hospitals: A Report of Findings

This report provides unique insight into the challenges, activities and perspectives of 60 hospitals across the nation and a snapshot of their current situation. These findings cannot be generalized to all hospitals, but they provide detailed information about many ways that culture and language issues are being addressed in hospitals.

Key Findings

- Hospitals are challenged to meet the cultural and language needs of their patient populations, and efforts to address language are more concrete than those to address culture.
- There are a wide range of practices for meeting the cultural and language needs of patients. There also exists varied interpretation of “good” versus “poor” practice.
- There is a gap between current practice and desired practice, particularly related to the provision of language services. While this may be attributable to missing resources, in some cases the resources are available, but are not being used or processes are not being followed.
- Collection of patient demographic data is inconsistent across and within hospitals, and few hospitals use these data to improve services for diverse patients.

Related Recommendations

- Hospitals should consider establishing a centralized program with executive-level reporting to coordinate services relating to language and culture as part of the organization's commitment to quality.
- Hospitals should have policies in place regarding the provision of language services and should not rely on patients' friends, family or other “ad hoc” interpreters.
- Interpreters should be assessed for their language proficiency in both English and the target language and should be trained on the practice of interpreting for health care.
- Staff and physicians should be provided ongoing training on how to access language services and should be trained on how to work with an interpreter.
- Safety and quality leaders need to dialogue with language service coordinators, diversity officers, and pastoral care workers about the impact of culture and language on patient safety.
- Hospitals should implement a uniform framework for the collection of data on race, ethnicity, and language and should stratify service and technical quality measures such as those reported through the Hospital Quality Alliance by language, race, and ethnicity.

Please visit www.jointcommission.org/PatientSafety/HLC to download a free copy of the report.