Promoting Effective Communication—

Language Access Services in Health Care

Communication is a critical element of patient safety and quality care.[1] Joint Commission Standard RI.2.100* requires that the organization "*respects* the patient's right to and need for effective communication." However, The Joint Commission recognizes that organizations must also take action to address communication needs.

As our nation becomes more diverse, health care organizations and providers continue to encounter more patients with language barriers. Language barriers augment the complexity of communication, and if not appropriately addressed, can result in increased risk for medical errors and inefficient utilization of health care resources. To appropriately evaluate, diagnose, and treat individuals with limited English proficiency (LEP), language and cultural barriers must be addressed.

Language access services, including interpreters and translators, are essential to meeting many of the communication needs encountered by health care organizations. An *interpreter* is a person who renders a message spoken or signed in one language into one or more languages. A *translator* is a person who converts written text in one language into one or more languages.[2]

Standard RI.2.100, Element of Performance 3, requires that the organization "provides interpretation (including translation) services as necessary." Barriers to providing interpreting and translation services include cost, lack of access to qualified individuals with the desired language capacity, and the need to find someone in a timely manner to meet communication needs.[3] Despite these barriers, it is essential to patient safety that steps are taken to promote effective communication. While Joint Commission standards and Elements of Performance do not currently specify the strategies that must be implemented to meet this requirement, The Joint Commission recognizes that accredited organizations want to take action and be prepared for meeting the communication needs of their non-English speaking patients. The strategies outlined in this article have been helpful to organizations that have been working in this area. In addition to helping organizations meet the communication needs of their non-English-speaking patients, these strategies will prepare organizations for the future as The Joint Commission works to incorporate more specific guidance in its standards and survey process.

* **Note:** *Standard RI.2.100 is applicable to the* ***ambulatory care, behavioral health care, critical access hospital, home care, hospital, long term care,*** *and* ***office-based surgery*** *programs.*

Why Address Language Barriers?

Reasons to address language barriers as a means to improve communication with non-English speaking patients include the following:

1. **To promote safe, high-quality care:** Studies have shown that individuals with language barriers have higher risk for serious medical events."[4,5] At times, the communication barrier results in misuse of services.[6] One study found that language and communication barriers may lead to unnecessary intubations in trauma patients.[7] In other cases, the lack of effective communication results in inappropriate use of prescribed medications or the patient's inability to comply with follow-up instructions.[8]
2. **To comply with legal and regulatory requirements:** Organizations are required by law to provide language access services to individuals who are deaf or hard of hearing (Section 504 of the Americans with Disabilities Act) or who have limited English proficiency (Title VI of the Civil Rights Act of 1964).[9,10] In addition to federal mandates, several states also require the provision of language services.[11]

   Health care organizations should consider compliance with the regulations supporting language access as part of their risk management activities. A recent article published in *Health Lawyers News*, a publication of the American Health Lawyers Association, states the following: "Without a comprehensive strategy for assisting LEP individuals, the risks of missed diagnoses, delay of care, and concomitant malpractice exposure increase for hospitals and health care providers."[12]

How to Address Language Barriers?

Addressing communication barriers is an important component of an organization's safety strategy and risk management activities. Organizations should consider the following strategies when planning for language services:

1. **Assess your organization's language and communication needs.** The first step for an organization is to assess the language and communication needs of its population served. Standard IM.6.20 requires that "[medical] records contain patient-specific information, as appropriate, to the care, treatment, and services provided." Per this requirement, organizations must document the language and communication needs of patients in the medical record. While organ-

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izations may choose where to document this information, The Joint Commission recommends that it be located in a place that can be easily extrapolated for assessment of the organization's language and communication needs.

2. **Determine the type and assortment of language services to provide.** Means of addressing language barriers include the following: interpreters (for oral communication); translators (for converting written documents into languages other than English); communication boards (developed in a variety of languages to meet basic needs); and signage and wayfinding (to help non-English reading patients navigate the physical environment). A description of each follows:
   - *Interpreters:* Interpreters bridge communication between English and non-English speakers and facilitate communication between hearing and non-hearing individuals. Interpreters can provide their service in person, via phone, or via video. Interpreter services are commonly provided through contracted phone services. Several national services exist that are excellent for providing quick access to an interpreter in a variety of languages. However, an interpreter accessed via phone may be inappropriate in certain situations, such as when dealing with end-of-life issues, or if the patient or provider needs use of their hands and cannot hold a phone simultaneously. In the latter example, a hands-free headset might improve the quality of the encounter.

     Several studies and policy papers recommend that providers refrain from relying on ad hoc or other untrained individuals to interpret.[3,13,14] This includes refraining from the use of family members—especially children. While the evidence against using family members to interpret is growing, this practice is still widely used.[15] Although it may seem logical that a patient's best advocate is his or her family, it is risky to rely upon family members to interpret medical or health information for the following reasons:
     - The family member may not be proficient in medical terminology.
     - They may not possess the necessary skills to interpret.
     - They may unintentionally or intentionally omit or alter important information.
     - Using family members to interpret may raise privacy issues protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
     - In the case of children, they may not be emotionally mature enough to handle the information being conveyed.

     A recent literature review showed that the use of professional interpreters is associated with improved clinical care as compared to the use of ad hoc interpreters. Professional interpreters appear to raise the quality of care for LEP patients to approach or equal that for patients without language barriers.[16] Additionally, research has shown that ad hoc interpreters were much more likely than professionally trained interpreters to make errors that lead to serious medical problems.[17] Over the last twenty years, health care interpreting has developed into a profession guided by a National Code of Ethics and Standards of Practice.[18]
   - *Written materials:* Health care is highly dependent on written documentation and educational materials. Organizations must determine the threshold languages for which they are going to translate documents. While translating these materials into the languages spoken by patients within an organization may seem overwhelming, it is essential that organizations control the quality of the translated documents. Without appropriate quality parameters, resources and time may be spent translating documents in a manner that is ineffective, inaccurate, or potentially insulting to the target audience. Quality controls may include user and community focus groups to assess the accuracy, meaning, context, and cultural appropriateness of translated documents.

     The Joint Commission's *Hospitals, Language, and Culture* study recommends that organizations "formalize their processes for translating patient education materials, including patient rights and informed consent documents."[3] This includes identifying a "central authority" to coordinate translation. This can prevent multiple translations of the same document and promote the consistency of translated documents.

     Organizations need to be aware of the literacy and readability level of the document before it is translated. If a document is written in technical terms, or is poorly written in English, it is likely that it will be poorly translated into another language. Since the skills for translating written language are not the same skills for interpreting, organizations may wish to hire a professional

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translation company or individuals trained in translation.

- *Communication boards:* Communication boards are available in a variety of languages. These are pre-constructed boards with simple phrases and sometimes a keyboard that can be used for basic communications. These have also been found to be useful with patients who are intubated.[19] **They should not be used as a substitute for a qualified interpreter,** but they can be useful for basic communications until a qualified interpreter becomes available.
- *Signage and wayfinding:* Health care facilities can be a challenge to navigate for anyone. But individuals who cannot read signage in English are at a bigger disadvantage and can become intimidated. To remedy this, many health care organizations have translated their signage into the top languages encountered by the organization. Another option is Universal Signage, which uses symbols instead of words.[20] (*See* the box at right for an example of a universal symbol.)

Example of a Universal Symbol

This symbol represents the word "Registration."

Reference: Accessed 1/14/08 from http://www.hablamosjuntos.org/signage/symbols/recognition_testing/terms.asp.

Resources for Language Access Services

The following resources are available to help organizations develop their language access services:

- The *Health Care Language Services Implementation Guide* developed by the U.S. Department of Health and Human Services' Office of Minority Health provides comprehensive, step-by-step guidance for developing effective language access services, available for free at http://www.thinkculturalhealth.org.
- The *Health Research and Educational Trust (HRET) Disparities Toolkit* guides organizations through collecting accurate and useful patient demographic data. The toolkit includes information on training staff and using the data, and addresses legal and privacy concerns. It is available for free at http://www.hretdisparities.org.
- Wilson-Stronks A. and Galvez E.: *Exploring Cultural and Linguistic Services in the Nation's Hospitals, A Report of Findings,* provides recommendations to hospitals for providing language services. This Joint Commission research report is available for free at http://www.jointcommission.org/patientsafety/hlc/.
- The Ethical Force Consensus Report developed by the Ethical Force Program of the American Medical Association, *Improving Communication—Improving Care: How health care organizations can ensure effective, patient-centered communication with people from diverse populations,* can also be used by organizations to assess their language services. This report contains consensus-based performance measures for organizations to use to evaluate their efforts to provide effective communication. The report is available for free at http://www.ama-assn.org/ama/pub/category/16245.html.
- The Office for Civil Rights has established policy guidance for organizations to assist compliance with Title VI of the Civil Rights Act of 1964. The guidance document can be accessed for free at http://www.hhs.gov/ocr/lep/guide.html.
- The American Translators Association has a free booklet, *Translation: Getting it Right,* which can help organizations find qualified translators and prepare to have vital documents translated. It is available for free at http://www.atanet.org.
- *Hablamos Juntos: Language Policy and Practice in Health Care,* a project of the Robert Wood Johnson Foundation, has developed a set of 28 universal symbols for wayfinding in health care organizations. This report, *Symbol Usage in Health Care Settings for People with Limited English Proficiency,* is free at http://www.hablamosjuntos.org/signage/symbols/default.using_symbols.asp.
- The American Medical Association's *Office Guide to Communicating with Limited English Proficient Patients, Second Edition,* is a resource guide for communicating with patients with language barriers, available for free at http://www.ama-assn.org/ama1/pub/upload/mm/433/lep_booklet.pdf.

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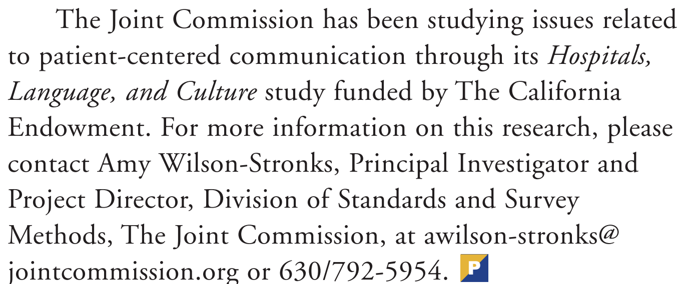
- The National Council on Interpreting in Health Care is a multidisciplinary organization dedicated to promoting culturally competent professional health care interpreting. Resources include their *National Code of Ethics for Interpreters in Health Care, National Standards of Practice for Interpreters in Health Care,* guidance for conducting initial assessments of interpreter qualifications, and model practices for providing language access. Visit http://www.ncihc.org for more information.

For More Information



The Joint Commission has been studying issues related to patient-centered communication through its *Hospitals, Language, and Culture* study funded by The California Endowment. For more information on this research, please contact Amy Wilson-Stronks, Principal Investigator and Project Director, Division of Standards and Survey Methods, The Joint Commission, at awilson-stronks@jointcommission.org or 630/792-5954.

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