Improving Patient-Provider Communication: Joint Commission Standards and Federal Laws

Video Transcript – Part 1 of 4

Lee: Hi, my name is Karen Lee and I am a Senior Research Associate in the Division of Standards and Survey Methods at The Joint Commission. Today we’re here to talk about the link between safe quality health care and effective communication with limited English proficient and deaf or hard of hearing populations.

With me here today is Amy Wilson-Stronks, Project Director in my division, and Principal Investigator of the Hospitals, Language and Culture study. Also with me here today is Tamara Miller who is Deputy Director for Civil Rights at the U.S. Department of Health and Human Services’ Office for Civil Rights.

Let me start with a question for Amy. There are so many competing priorities in health care, so why do you think there needs to be particular attention to standards and regulations related to effective communication and language access?

Wilson-Stronks: Effective communication really is essential to safe, high quality health care. And all of the competing priorities that you mention, really, are impacted by the effectiveness and the quality of the communication. If you look at our National Patient Safety Goals, many of them actually directly or at least indirectly are impacted by communication.

What we’ve found also is that research has shown that ineffective communication can result in misdiagnosis and inappropriate treatment or medication errors. Some of the things that we think about when we think about communication is its role in assessing, treating, diagnosing appropriately, also the role that communication plays in making sure that patients when they leave an organization, when they leave their doctor are able to follow discharge instructions. So, communication again, is really vital to the safety of the person who is receiving care.

The Joint Commission sentinel event data actually demonstrates that communication is important in safety. Of the sentinel events that have been reported, voluntarily reported to The Joint Commission, the most common underlying root cause relates to communication, so again, another example of the role communication plays.

Also, there have been some cases that have received some media attention and I think we hear about these more and more. One case that is often cited is a case of an 18-year-old who was misdiagnosed as being intoxicated because he came in complaining of “intoxicado” and that actually resulted in misdiagnosis and
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subsequent inappropriate treatment that caused him to become a quadriplegic and
the monetary cost of that to the organization was in the area of $71 million. This is
something that also occurs with individuals who are deaf and hard of hearing and
there can be costs associated with not complying with and providing effective
communication for individuals. Another example is an example of a patient who is
deaf and she was being treated for lupus, however despite her many requests for an
interpreter, her doctor refused to provide an interpreter and subsequently she was
awarded $400,000 in compensatory damages.

03:49  Lee: And how common are these issues?

03:52  Wilson-Stronks: These issues are actually increasingly common and it helps for us
to consider the demographics of our nation. We have 47 million people in the
United States who don’t speak English well or maybe not at all. In addition, there
are 28 million people who are deaf or hard of hearing. So, what we find is these
patients obviously need, these are individuals who will need health care and
hospitals are increasingly finding these issues presenting themselves at their doors.

04:21  A study by the Health Research and Educational Trust actually found that hospitals
are, reported that they are encountering individuals who don’t speak English 63%,
excuse me, 63% of the hospitals reported that they encounter patients who do not
speak English either daily or weekly. So that’s a large number of our hospitals and
it’s obviously an increasingly common situation.

04:47  Lee: Is the issue that health care organizations don’t have policies requiring that
interpreters be provided for those who need them?

04:54  Wilson-Stronks: No, actually many hospitals do have policies in place for the
provision of language access services. What happens is when patients actually
present, staff who are charged with accessing those services either are not aware of
the services, don’t feel comfortable using the services, or are not trained on how to
use the services, so the patient and the provider don’t actually access the services
that are available, and we found this in our own research during our Hospitals,
Language, and Culture study.

05:22  So some of the factors that are involved, again, are the fact that staff are not always
trained on how to use these services, and we’ve also heard accounts where the
services that are available are not user friendly, so for example, a telephone service
that is the mechanism that that hospital has available is not easily accessible by
those who need to use it. So, if the phone is locked in the closet with an unknown
code of access, it’s not going to be used by the provider.

06:00  It’s really important for organizations to keep in mind the end user when they’re
establishing their programs for language access. If they choose to use a telephone
language service, they should make sure that that telephone access code for the
service is available. They should make sure that their staff are trained on how to use those services. The same would be true for any other mode of interpreter – that they should know who to call and how to access that service as well as how to work with the interpreter.

06:34 One of the things that we found in our study is that while telephone services are readily available in many hospitals, they’re often not used. And I think again that goes back to making sure that the staff who are going to be using the services are comfortable with the services and feel that those services are really helping them to bridge the communication barrier.

06:55 **Lee:** And can you tell us a little bit more about the role of the Office for Civil Rights?

06:58 **Miller:** Sure. Our office only can enforce entities over which we have jurisdiction, federal jurisdiction, and in this area, it’s those entities that receive federal funds. Now, that may sound narrow, but think about Medicare and Medicaid. Any entity that participates in Medicare is covered by federal laws because they receive funding from the Department of Health and Human Services. That law, prohibits discrimination on the basis of race, color, and national origin.

07:28 Know any health care organization that doesn’t participate in Medicare? Well, of course, the overwhelming majority do. And so, if it’s a hospital, an ambulatory care center, behavioral health, home care, or long term care facility, chances are, they’re going to be receiving funding from HHS and our office enforces these federal laws that apply to those entities as a result.