Reducing utilization of untrained interpreters during clinical encounters with limited English proficient (LEP) patients

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Background

Linguistic diversity at CHA
- CHA serves one of the most linguistically and culturally diverse patient populations in Massachusetts. Forty-three percent of CHA primary care patients have limited English proficiency (LEP) and prefer to receive medical care in a language other than English (FY2018 data).

Communicating with LEP patients
- Best practices: communicating via a professional medical interpreter or a bilingual provider who is proficient in the patient's language
- Risky practice: Using untrained interpreters such as family members or friends compromises communication accuracy, quality of care, patient safety, and privacy

Interpreter services at CHA
- Robust interpreter services program run by the Multicultural Affairs and Patient Services (MAPS) Department
- Language services in more than 60 languages to all CHA sites
- Provides professional medical interpreters face-to-face, telephone, and videoconference modalities.

MAPS has collaborated with the Institute for Community Health (ICH) since 2012 on several quality improvement projects to minimize unsafe communication practices and improve access to and satisfaction with interpreter services at CHA.

QI project: Reducing utilization of patients’ family members and friends as interpreters

Data source: the Language Services Documentation Tool (LSDT)
- Built into Epic Quick Questions and is a hard stop for all ambulatory encounters for which the patient’s language of care is not English
- Enables monitoring of communication practices over time

Root cause analysis

Root causes for utilization of patients’ family members or friends as interpreters identified through provider survey and informal conversations with providers and staff

Improvement activities

A closer look at Activity E, revised language services policy
- In April 2015, MAPS revised CHA’s language services policy to clearly prohibit the practice of using family/friends as interpreters (except in emergencies when no credentialed interpreter is available)
- In July 2016, the US Department of Health and Human Services’ final rule on the Affordable Care Act Section 1557 bolstered CHA’s policy by:
  - defining the competencies of qualified interpreters
  - prohibiting the use of minors
  - making clear that health care institutions are not relieved of their legal duty to provide a qualified medical interpreter when an LEP patient requests to use an adult family member or friend

Results

CHAs with sites with above 10% utilization of family/friends as interpreters

Highlighted sites

Challenges and next steps

- CHA is a large organization with differences in management, protocols, and workflows across sites and specialties, which makes achieving widespread improvement challenging.
- In site meetings, we will share recommendations based on our findings from Assembly Square Orthopedics and Somerville Surgical Specialties.
- QI efforts may need to be tailored to specific individuals and sites, and the issue must be discussed regularly and consistently to ensure that reducing utilization of family/friends remains a focus through leadership and staff changes.

Suggested scripting for discussing CHA policy with patients/families
- "You are welcome to bring your friend/family member into the exam room for this appointment. It’s great to have someone to help and support you! For safety reasons, CHA policy specifies that a professional medical interpreter should be present in person or by phone or video to facilitate clinical communication. During the visit, your friend/family member is welcome to let us know if there’s anything that needs clarification or additional explanation.”

- "It’s great that you’re here to help and support the patient. For safety reasons, CHA policy specifies that a professional medical interpreter should facilitate clinical communications. Medical interpreters are credentialed members of our care team, and they help us make sure that no clinical information is missed. During the interpreted conversations, you are welcome to let us know if there’s anything that needs clarification or additional explanation.”