

Addressing Language Barriers in Healthcare: The Joint Commission's Role

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The Joint Commission



- Accredits/certifies over 21,000 health care organizations and programs
- **Vision Statement:** **All people** always experience the safest, highest quality, best-value health care across all settings.



Accreditation Requirements

- Help organizations measure, improve performance
- Patient and organization functions for providing safe, high quality care
- Standards compliance is based on:
 - Verbal and written information provided
 - On-site observations and interviews with staff



On-Site Survey

- Unannounced survey (18 and 36 months)
 - Observe under normal circumstances
 - Affirm expectation of continuous compliance

- Tracer Methodology
 - Uses real patients as framework
 - Follow experience of care



Role of Communication

- Communication is a cornerstone of patient safety
- Health care is communication-dependent and accurate information is needed for several important processes
- Direct communication can be affected by:
 - **Language**
 - **Culture**
 - **Deaf or Hard of Hearing**
 - Visual Impairment
 - Health Literacy
 - Cognitive Limitation
 - Medical Procedures
 - Disease

Impact on Patient Safety

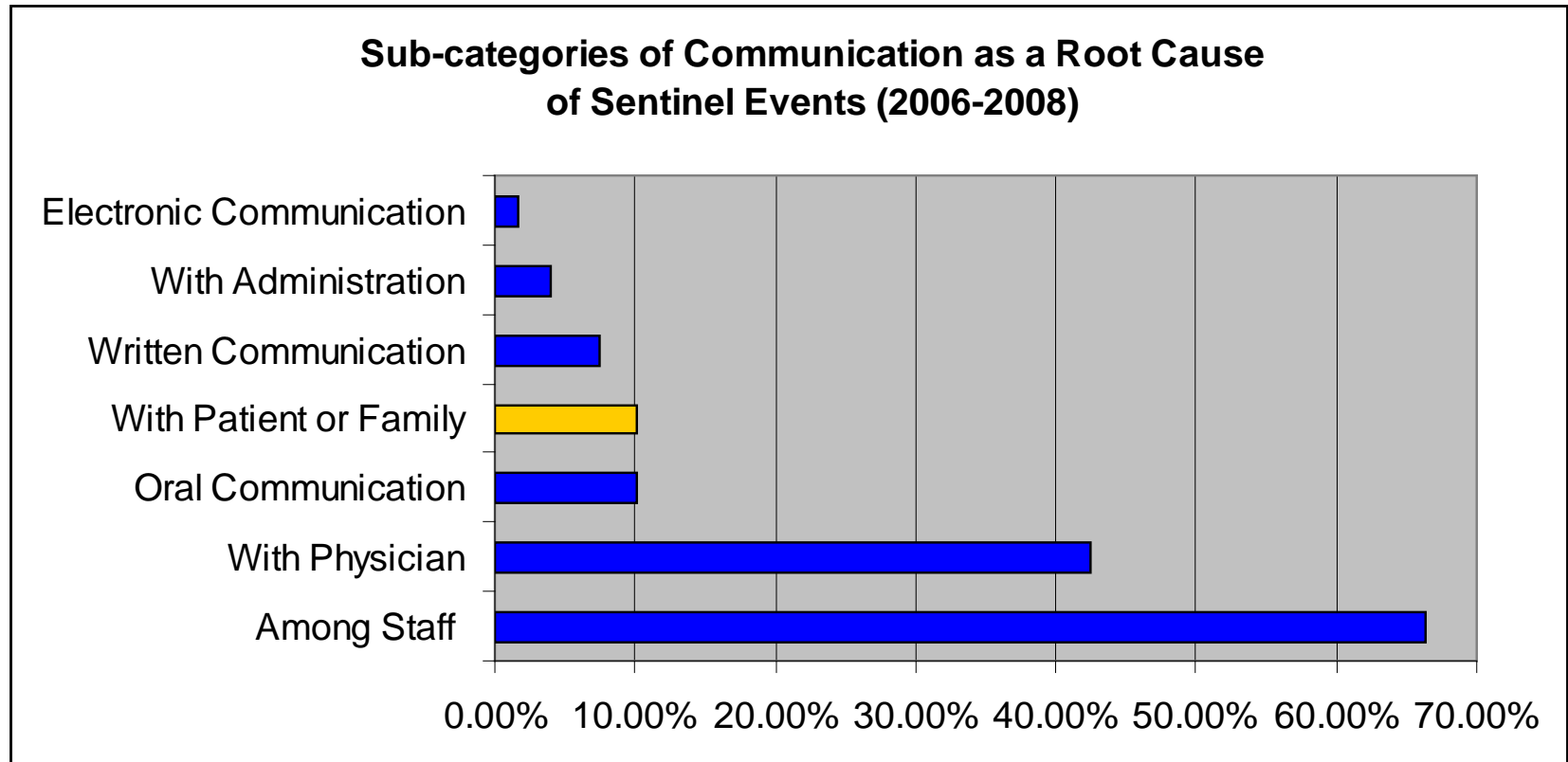
- Joint Commission's Sentinel Event Database
 - Voluntary reports or through complaint process
 - January 1995 – present
- Organization shares root cause analysis, discussion with Joint Commission staff
- Majority of events have multiple root causes
- **Communication:** Oral, written, electronic, among staff, with/among physicians, with administration, **with patient or family**

Most Frequent Root Causes

2013 (N=887)		2014 (N=764)		2015 (N=936)	
Human Factors	635	Human Factors	547	Human Factors	999
Communication	563	Leadership	517	Leadership	849
Leadership	547	Communication	489	Communication	744
Assessment	505	Assessment	392	Assessment	545
Information Management	155	Physical Environment	115	Physical Environment	202
Physical Environment	138	Information Management	72	Health information technology-related	125
Care Planning	103	Care Planning	72	Care Planning	75
Continuum of Care	97	Health Information Technology-related	59	Operative Care	62
Medication Use	77	Operative Care	58	Medication Use	60
Operative Care	76	Continuum of Care	57	Information Management	52

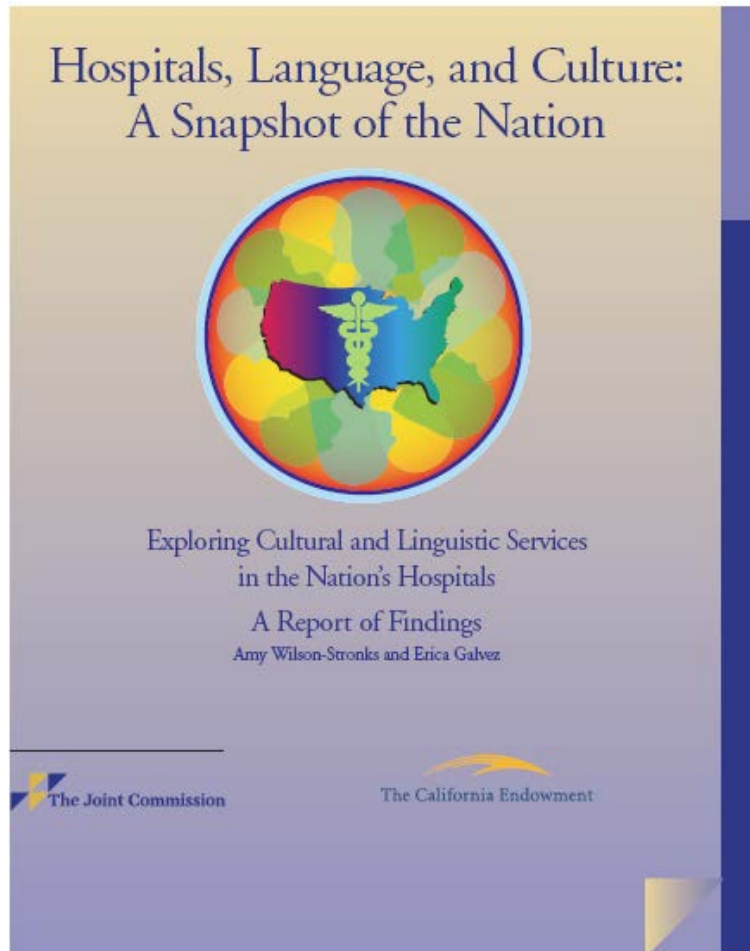
The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these root cause data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of root causes or trends in root causes over time.

Communication Categories



Note: Percentages based on sentinel events in which communication was found as the primary root cause (533 events)

What Really Happens?

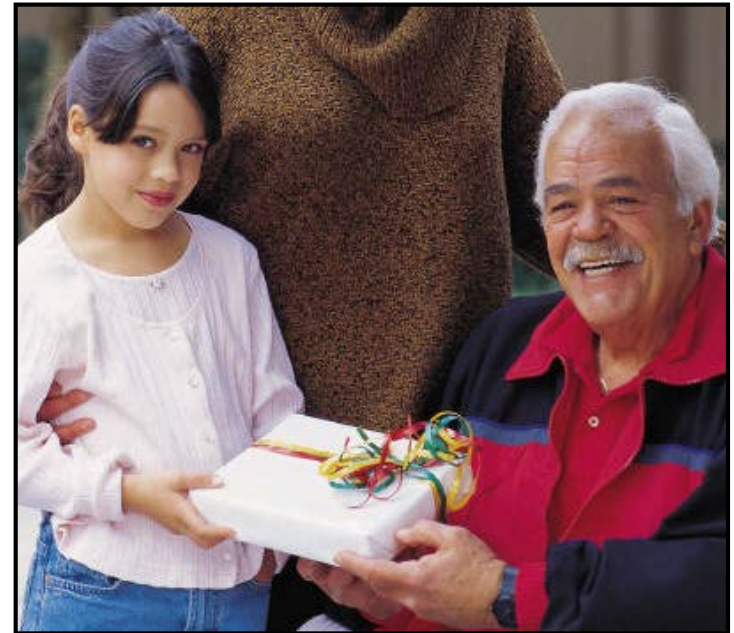


- 2007 research study (n=60 hospitals)
- On-site visits
 - Review policies
 - Staff interviews
 - Hypothetical patient
- What challenges to hospitals face?

Download the *Report of Findings* free at:
www.jointcommission.org/topics/health_equity.aspx

Hypothetical Patient Scenario

- 60-year-old Mexican immigrant
- Limited English proficient
- Limited experience with the U.S. health care system
- 12-year-old English-speaking daughter Juanita
- Suffered appendicitis
- Visits Emergency Department for temporary pain relief
- Cultural health belief



How would you communicate? The Joint Commission

“Luckily we have a lady in housekeeping who speaks Spanish. 90% of our foreign speakers speak that language and she is able to help us...”

– Triage nurse

Hospitals, Language, and Culture Study. The Joint Commission, 2010.

How would you communicate? The Joint Commission

“We use family...particularly with Bosnian or Laotian [patients]...where they will have smaller kids with them like maybe grade schoolers, we have to use them because [for] languages I can’t identify, that is the only thing we have, so we just go with it”

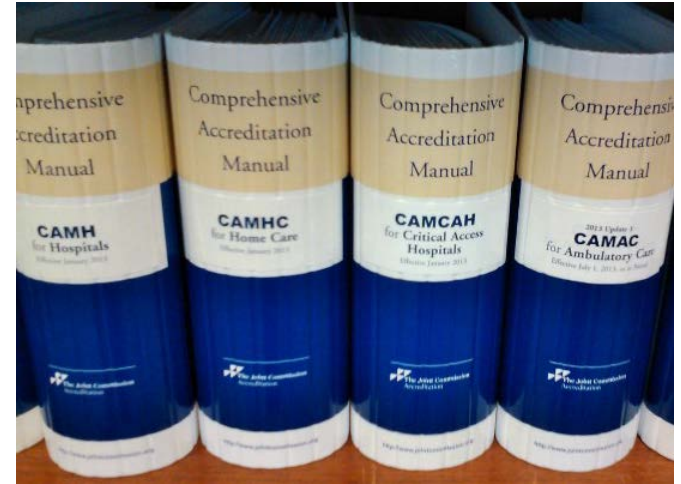
– ED Nurse

Hospitals, Language, and Culture Study. The Joint Commission, 2010.

Joint Commission Standards



- Right to effective communication
- Provision of language services
- Informed consent
- Patient participation in care
- Collect preferred language data
- Collect race and ethnicity data
- Qualifications for language interpreters/translators
- Contracted services provided safely/effectively
- Patient education meets patient needs
- Access to a support individual
- Ensure care free from discrimination



Identifying and Addressing Communication Needs

Standard PC.02.01.21 The hospital effectively communicates with patients when providing care, treatment, and services.

EP 1 The hospital identifies the patient's oral and written communication needs, including the patient's preferred language for discussing health care.

Note: *Examples of communication needs include the need for personal devices such as hearing aids or glasses, language interpreters, communication boards, and translated or plain language materials.*

EP 2 The hospital communicates with the patient during the provision of care, treatment, and services in a manner that meets the patient's oral and written communication needs.

Record Preferred Language

- **Standard RC.02.01.01** The medical record contains information that reflects the patient's care, treatment, and services.

EP 1 The medical record contains the following demographic information:

- The patient's communication needs, including preferred language for discussing health care

Note: *If the patient is a minor, is incapacitated, or has a designated advocate, the communication needs of the parent or legal guardian, surrogate decision-maker, or legally authorized representative is documented in the medical record.*

Record Race and Ethnicity

- **Standard RC.02.01.01** The medical record contains information that reflects the patient's care, treatment, and services.

EP 28 The medical record contains the patient's race and ethnicity.



Provide Language Services

- **Standard RI.01.01.03** The hospital respects the patient's right to receive information in a manner he or she understands.

EP 2 The hospital provides language interpreting and translation services.

Note: *Language interpreting options may include hospital-employed language interpreters, contract interpreting services, or trained bilingual staff. These may be provided in person or via telephone or video. The hospital determines which translated documents and languages are needed based on its patient population.*

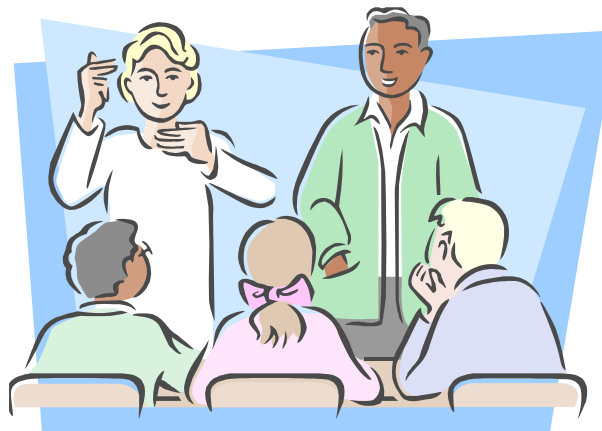
EP 3 The hospital provides information to the patient who has vision, speech, hearing, or cognitive impairments in a manner that meets the patient's needs.

Interpreter Qualifications

- **Standard HR.01.02.01** The hospital defines staff qualifications.

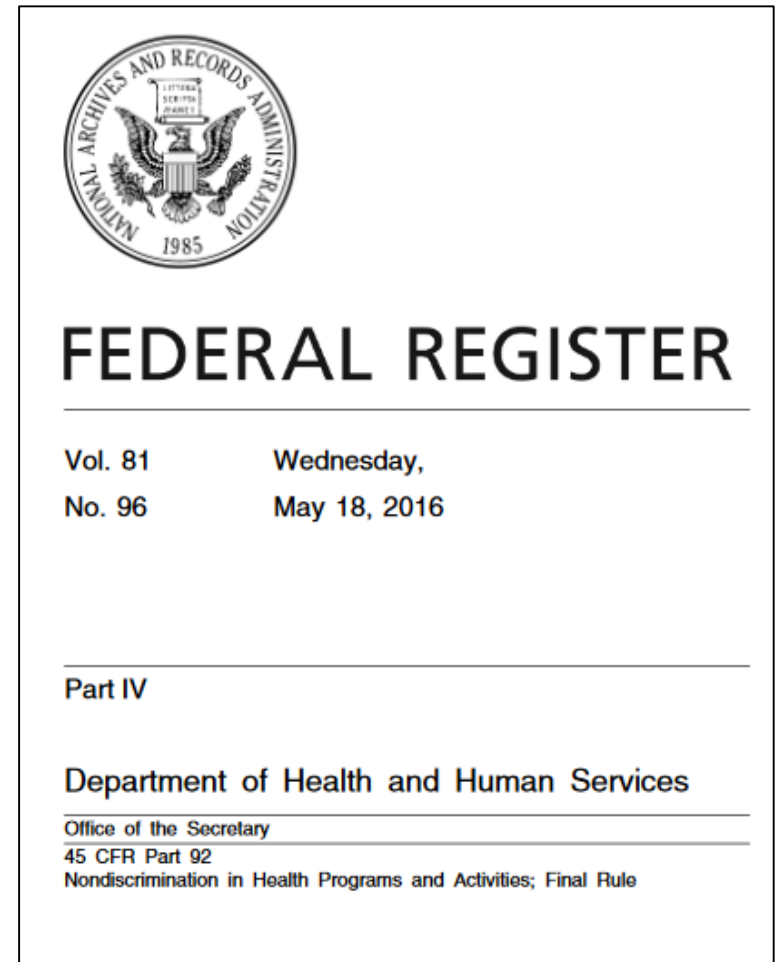
EP 1 The hospital defines staff qualifications specific to their job responsibilities.

Note 4: *Qualifications for language interpreters and translators may be met through language proficiency assessment, education, training, and experience. The use of qualified interpreters and translators is supported by the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964.*



Section 1557 Is More Specific

- Mandates “qualified” interpreters
- Prohibits use of children
- Prohibits use of adult family friends unless the patient requests it
- Prohibits healthcare staff from interpreting unless they are qualified and this is part of their official job duties



Non-Discrimination

- **Standard RI.01.01.01** The hospital respects, protects, and promotes patient rights.

EP 29 The hospital prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression.

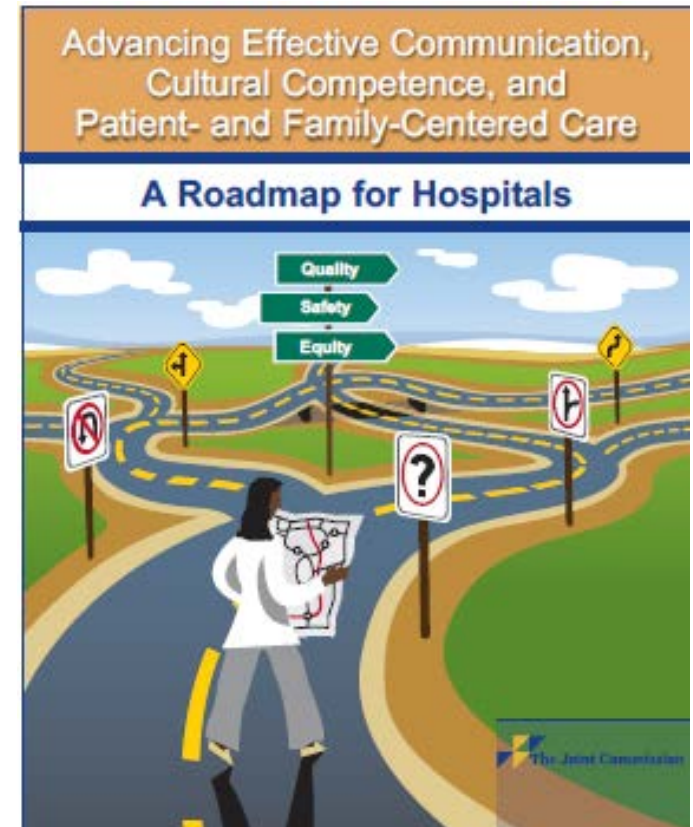


Standards Across Programs

Standard	Program
Qualifications for language interpreters and translators <i>(HR.01.02.01, EP 1 with Note)</i>	Hospital
Identify and address communication needs <i>(PC.02.01.21, EPs 1 and 2)</i>	Hospital, Ambulatory (PCMH), Critical Access Hospital (PCMH), Behavioral Health Home
Provide language services <i>(RI.01.01.03, EP 2 with Note)</i>	Hospital, Ambulatory (PCMH), Critical Access Hospital (PCMH)
Collect preferred language data <i>(RC.02.01.01, EP 1 with Note)</i>	Hospital, Ambulatory
Collect race and ethnicity data <i>(RC.02.01.01, EP 28)</i>	Hospital, Ambulatory (PCMH), Behavioral Health Home
Allow patients access to a support individual <i>(RI.01.01.01, EP 28)</i>	Hospital, Critical Access Hospital
Ensure care free from discrimination <i>(RI.01.01.01, EP 29)</i>	Hospital, Critical Access Hospital

Roadmap for Hospitals

- Inspire hospitals to integrate effective communication, cultural competence, and patient- and family-centered care into system of care
- Recommended issues to address to meet unique patient needs, above and beyond standards
- Implementation examples, practices, and “how to” information
- Appendices with resource information



Download *Roadmap for Hospitals* free:
www.jointcommission.org/topics/health_equity.aspx

Develop a System to Provide Language Services

- Determine the types of services needed
- Offer a mixture of language services to ensure coverage
- Train staff on how to access services and work with interpreters
- Note the use of language services in the medical record
- Provide translated written documents for frequently encountered languages



Ensure Competence of Interpreters and Translators

- Define qualifications for language interpreters and translators
- Review qualifications for contracted language services or external vendors
- Consult resources for additional guidance (IMIA, NCIHC, ATA)
- Consider certification for sign language interpreters
- Consider certification for spoken language interpreters

Develop a System to Collect Preferred Language

Table 6-3. Categorization of Patient-Level Language Data

Categories of English Proficiency*

- Very well
- Well
- Not well
- Not at all

Preferred Spoken Language for Health Care

- Locally relevant choices from standardized national set
- "Other, please specify: _____"
- Sign language

Preferred Written Language

- Locally relevant choices from standardized national set
- Braille

- Modify paper or electronic medical records (may involve adding new fill-in spaces, fields, drop-down menus)
- Use standardized language categories to collect data
- Train staff to collect language data
- Use aggregated data to develop/modify services, initiatives

Develop a System to Collect Race and Ethnicity

- Modify paper or electronic medical records (may involve adding new fill-in spaces, fields, drop-down menus)
- Use standardized categories to collect data
- Train staff to collect race and ethnicity data

Table 6-2. Categorization of Patient-Level Race and Ethnicity Data

Categories to Capture Hispanic Ethnicity Data

- Hispanic or Latino
- Not Hispanic or Latino

Categories to Capture Race Data (select one or more)

- Black or African American
- White
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Some other race

Categories to Capture Granular Ethnicity

- Locally relevant choices from a standardized national set
- "Other, please specify: _____"
- Roll-up to the OMB* categories

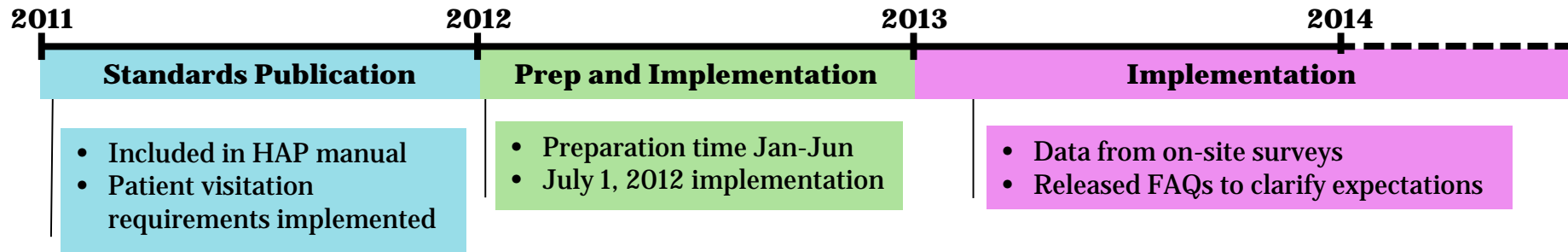
Supporting Materials

- Crosswalks to National Standards for Culturally and Linguistically Appropriate Services (CLAS)
 - Hospital and Ambulatory programs

National CLAS Standards to TJC Hospital			
National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care to 2015 Joint Commission Hospital Standards & EPs			
Requirement	Regulations	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
CLAS 01 Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.		LD.04.01.01	The hospital complies with law and regulation.
		EP 2	The hospital provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations.
		LD.04.03.01	The hospital provides services that meet patient needs.
		EP 1	The needs of the population(s) served guide decisions about which services will be provided directly or through referral, consultation, contractual arrangements, or other agreements.
		LD.04.03.07	Patients with comparable needs receive the same standard of care, treatment, and services throughout the hospital.
		EP 2	Care, treatment, and services are consistent with the hospital's mission, vision, and goals.

- Standards Interpretation FAQs
 - Collecting race, ethnicity, preferred language data
 - Qualifications for bilingual providers serving as interpreters
 - Bilingual providers directly communicating with patients

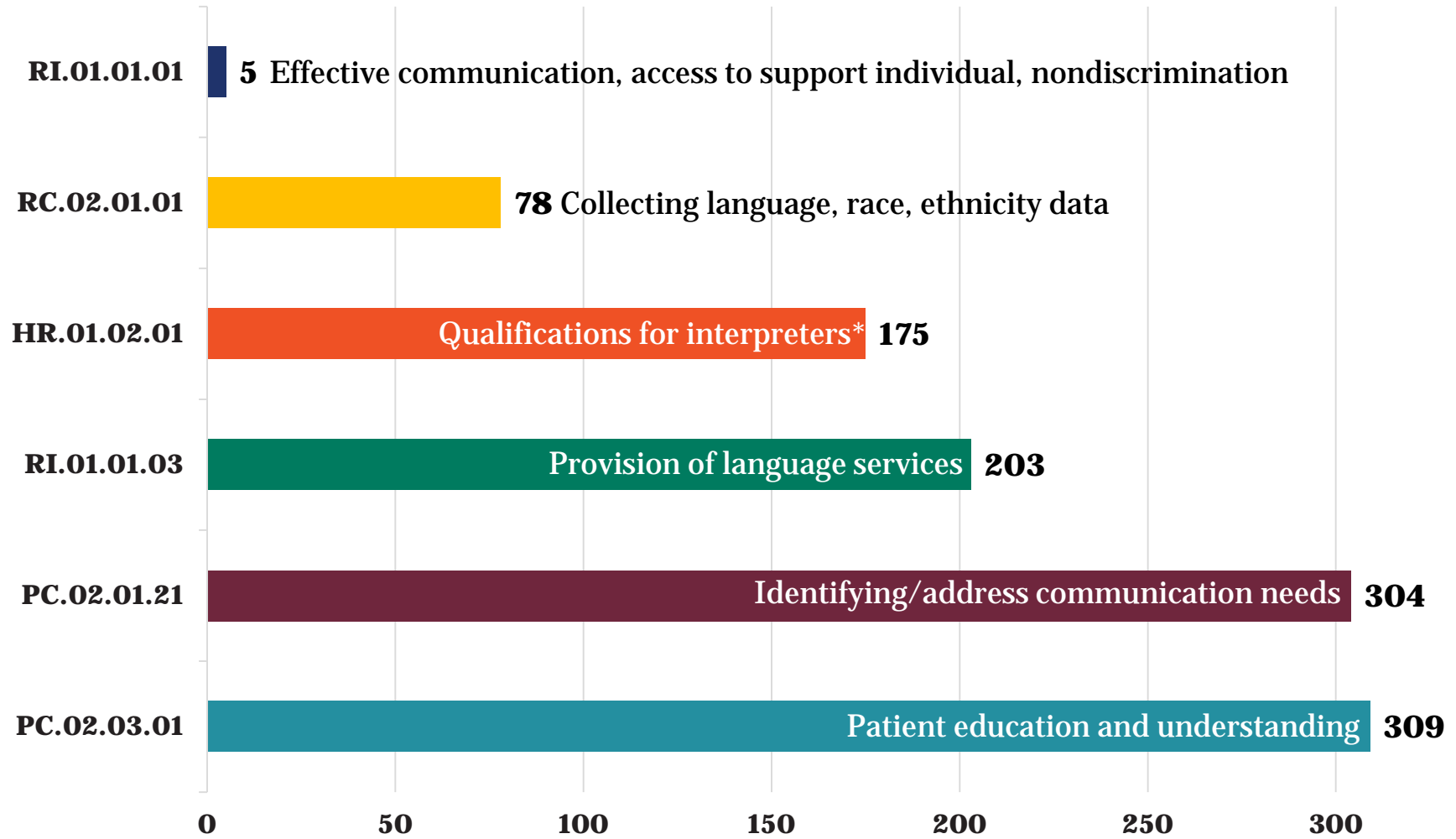
How are Hospitals Doing?



Data Sources:

- Sentinel Event Database
- Compliance Data from On-Site Surveys
- Questions Submitted to Standards Interpretation

Requirements for Improvement



RFIs from July 2012 to Dec 2017

*not the only issue included in EP

Issues Observed on Survey

— Provision of Language Services

- No services available, not provided
- No defined qualifications, qualifications not met
- Bilingual staff qualifications, policy not followed
- Translated documents not available, not provided
- Use of family/ad hoc interpreters, policy not followed
- Patient refusal of services not documented per policy



Issues Observed on Survey



- Collecting Preferred Language, Race, Ethnicity Data
 - No data collection fields
 - No data collected
- Collecting “preferred” vs. “primary” language
 - Standards FAQ
 - What language does the patient want to use to communicate health information?
 - Is an interpreter needed?

Health Equity Portal

www.jointcommission.org/topics/health_equity.aspx

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➤ Overcoming the challenges of providing care to LEP patients

Advancing Effective Communication, Cultural Competence, and Patient-and Family-Centered Care: A Roadmap for Hospitals



This monograph was developed by The Joint Commission to inspire hospitals to integrate concepts from the communication, cultural competence, and patient- and family-centered care fields into their organizations. [Learn More](#)

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Educational Resources

Resources



Monographs



Speak Up Campaign

➤ [Health Equity](#)

➤ [Speak Up: Patient Advocacy](#)

Interview on Implicit Bias



Joint Commission Executive Vice President and Chief Medical Officer Dr. Ana Pujols-McKee's interview on the topic of implicit bias for Public Radio International's The World program. [Listen here.](#)

Events

2018 Health Equity Project

1. Surveyor Education

- a) Increase awareness of standards, resources

2. Surveyor Guidance

- a) Incorporate health equity issues into survey discussions
- b) Recommendations for selecting patient tracers
- c) Suggested questions, prompts

3. Customer Education

- a) Improvements to Health Equity portal
- b) Ideas for additional resources

For More Information

Please visit our project website:

www.jointcommission.org/topics/health_equity.aspx

- Information on standards and Roadmap for Hospitals
- Information on The Field Guide
- Hospitals, Language, and Culture study information
- Links to other websites and resources

Standards inquiries:

Standards Interpretation Group

www.jointcommission.org/standards (online form)

My contact information:

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