

Introduction

As part of legislative mandate and under regulatory requirements, hospitals were charged with ensuring that the deaf, hard of hearing and persons with Limited English Proficiency (LEP) have access to programs and services. Ensuring such access requires effective communication. In turn, hospitals recognize that effective communication is critical to providing high quality, safe healthcare.

While hospitals are driven by their mission to serve their communities, there should also be a critical ethical goal that drives the care they deliver to their patients, more specifically, ensuring that all patients that receive care within a hospital have *free and informed consent*. This value proposition is embedded inherently in a hospital's mission statement when hospitals commit to providing the best possible care to the community they serve. Achieving the goal of *free and informed consent* with a patient population that has limited English proficiency is not an easy task but one that must be addressed in an appropriate and effective manner.

Hospitals must be aware of and comply with legal and regulatory mandates that are intended to protect the privacy and interests of patients who have special needs in terms of communication. Meeting those needs may include involving family members that will play a critical role in the patient's care and recovery. However, it should be recognized that there is a delicate balance between compliance with existing laws and regulations and creating and supporting an environment in which decisions regarding patient care may include family members. Because healthcare providers have an ethical obligation to ensure that their patients have a complete understanding of all information necessary to make informed decisions, it may be appropriate and necessary for family members to also have such an understanding to support and help guide the patient in making those often difficult healthcare decisions. Moreover, in some cases, the responsibility for decision making actually may rest with the family. Effectively meeting the needs of patients and their family that require language interpreter assistance may seem daunting, yet through effective planning, which includes the establishment of policies and procedures, hospitals can better serve their patients.

Hospitals should prioritize the goal of eliminating language barriers that are encountered by LEP patients and their families. Reaching the multicultural groups that have often been disenfranchised from the healthcare community should be the first priority. Changing demographics in the state, however, have made this priority and objective even more challenging for the healthcare community.

There has been a steady but significant shift in the demographics of New Jersey, with 26 percent of New Jersey's population (greater than two million) speaking a language other than English at home (Flores, et. al., June 2004). Of these two million people, almost one million speak Spanish rather than English while at home. Approximately 11 percent of the state's population, or about 873,000 individuals, have reported they speak English less than "very well." (U.S. Census 2000; Flores, et. al.) Of these individuals, defined by the census as "Limited English Proficiency," about 483,000 speak Spanish.

The increase in various race/ethnicity groups in New Jersey has not been limited to those of Hispanic origin. We also have seen noticeable increases in the Asian, Indian and other ethnic communities within the state. As a result of the cultural diversity among the patients that are being served by the healthcare community there are far greater challenges with communication, comprehension, development of culturally appropriate resources and training of staff, among other unique challenges healthcare providers are now facing in the delivery of their services.

The absence of adequate services for these populations can result in significant risks, including:

- Greater risk of hospital admissions
- Increased risk of drug complications
- Longer medical stays
- Higher resource utilization for diagnostic testing
- Lower patient satisfaction
- Decreased patient understanding of diagnoses, medications and follow-up (Flores, et. al)

In the summer of 2004, the Department of Health and Senior Services hosted a summit of consumer advocates, regulators, academicians, payers and providers, among other interested groups. The objective of convening this group was to focus on providing adequate interpreter services to LEP, deaf and hard of hearing patients within the healthcare system, more specifically, in hospitals. The result was the identification of the challenges associated with ensuring comprehensive programs and services, including administrative and financial challenges, the lack of standardization of programs and services and the lack of guidance and availability of resources to assist hospitals in their efforts to serve LEP, deaf and hard of hearing patients.

Interpreter/Translation Services Task Force

With the recognition of the importance of this issue and a desire to address issues associated with offering services to those with LEP, NJHA's Board of Trustees approved the establishment of a task force that is charged with accomplishing the following:

To evaluate the current interpreter/translation services provided by hospitals to their patients with LEP (as well as the deaf and hard of hearing) and to identify areas requiring improvement. Strategies for the successful implementation of a standardized, statewide training program and resources will be examined and potential sources of funding to provide these services and resources to hospitals will be identified.

In meeting its charge, the task force addressed the following questions:

- What interpreter/translation services currently are being provided by hospitals, and are these services successfully meeting the needs of all patients?
- Which hospitals have developed innovative, effective programs that can serve as "best practices?"
- What constitutes a good interpreter/translation program, i.e., adopting national interpreter guidelines?
- What resources, education and training will allow hospitals to improve and expand their current interpreter/translation services?
- What funding is required to support these services within hospitals and what are the best sources of funding?
- What advocacy strategy should be used to persuade state regulators to delay the introduction of legislation requiring standards for interpreter/translations services and ultimately the promulgation of regulations?