ENSURING QUALITY COMMUNICATION IN HEALTHCARE: AN INTERPRETER TRAINING PROGRAM FOR BILINGUAL STAFF

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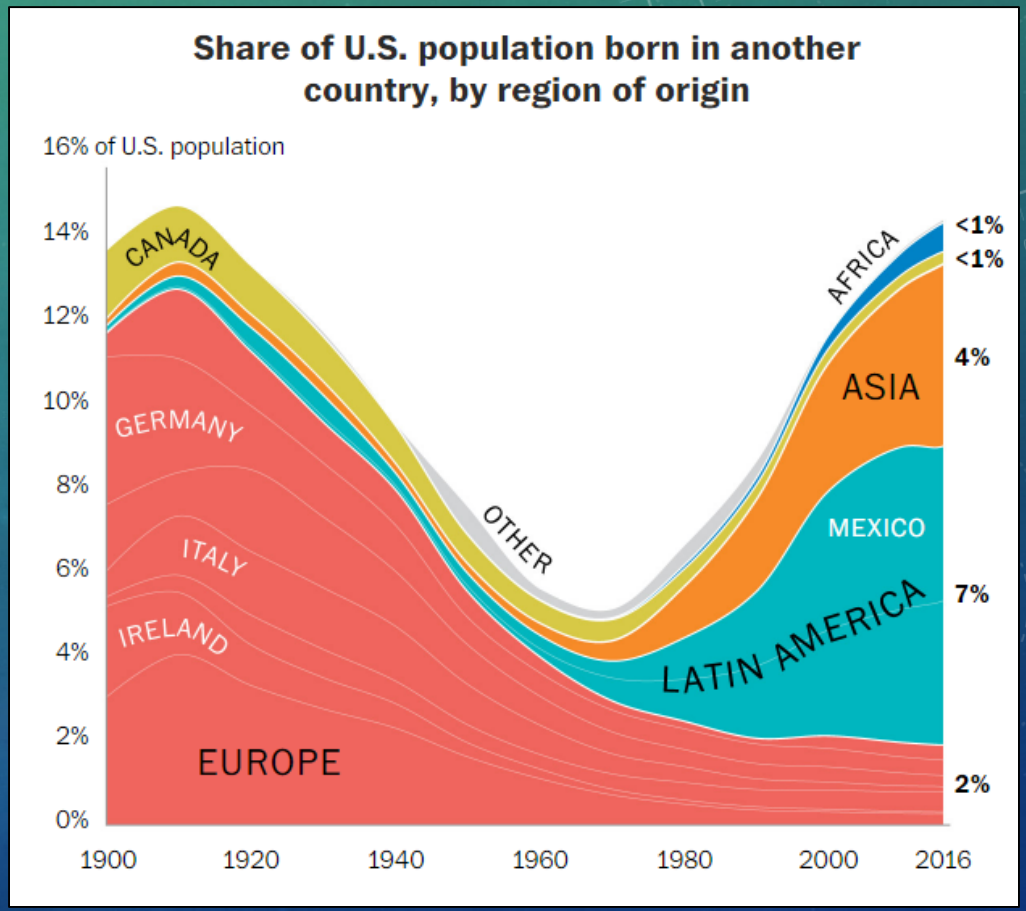
MAKING THE CASE

SOURCE: HEALTH RESEARCH AND EDUCTIONAL TRUST OF NEW JERSEY

RACIAL AND ETHNIC DIVERSITY

THE US POPULATION CONTINUES TO CHANGE…

- Immigration patterns have changed
- Foreign-born population (13%) the largest ever
- Latinos are the largest minority group
- More than 60 million speak a non-English language at home

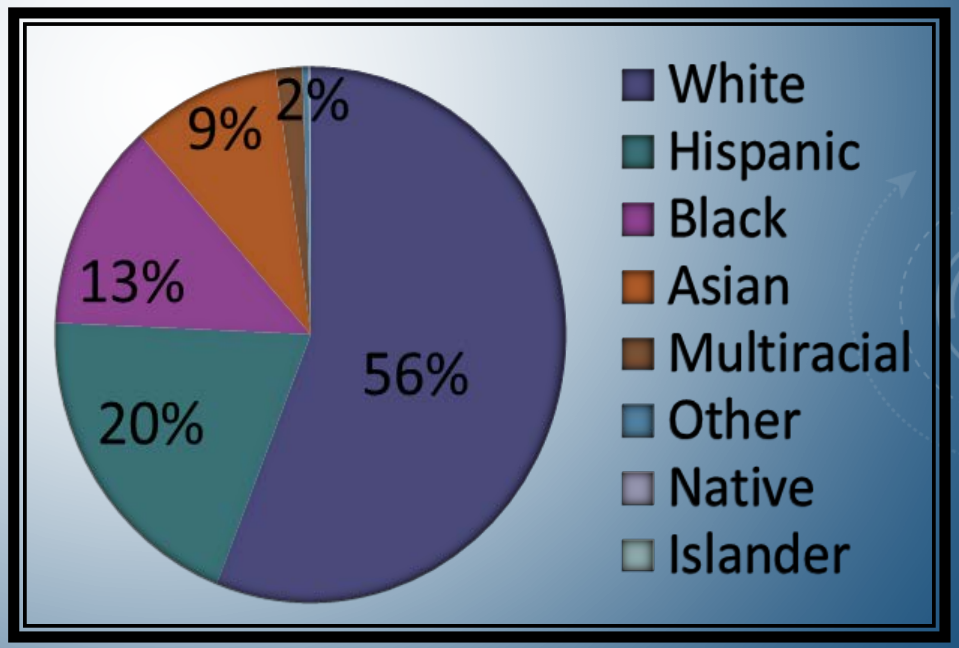


Source: *How US Immigration has Changed* Washington Post Jan 2018

RACIAL AND ETHNIC DIVERSITY
IN NEW JERSEY

- NJ is one of the most diverse states
- More than 150 languages spoken

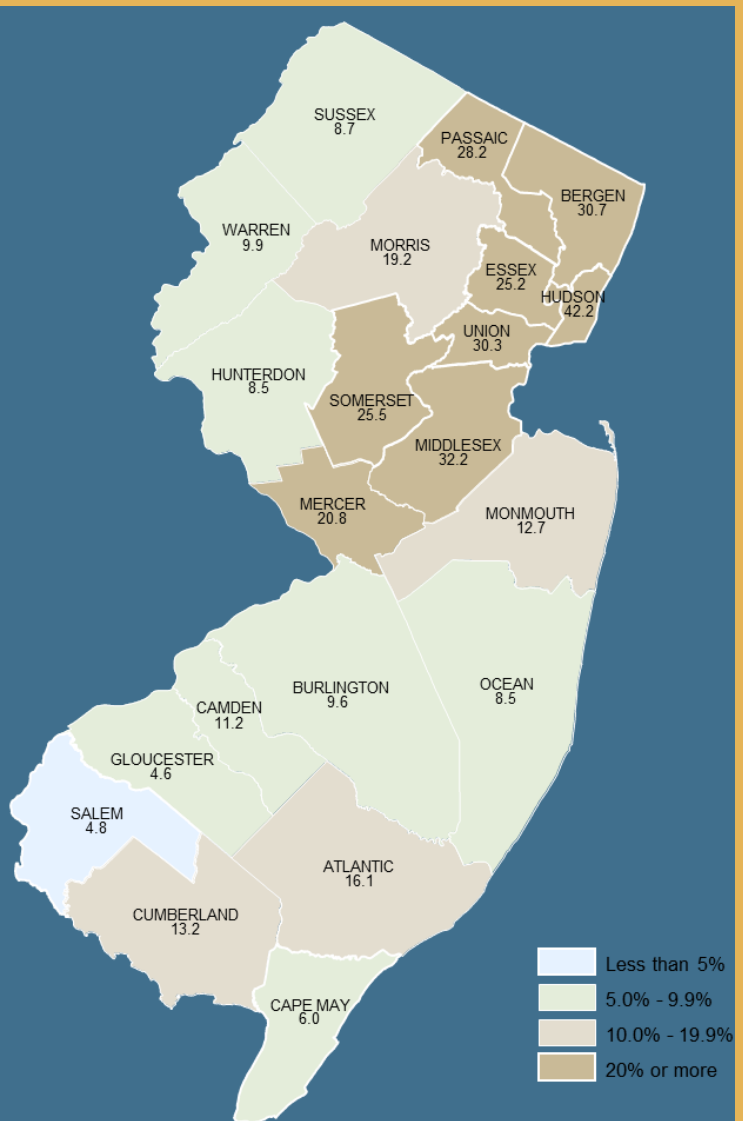
- Spanish (1.32M)
- Chinese (115K)
- Other Asian (84K)
- Gujarati (74K)
- Polish (64K)
- Portuguese (78K)



Source: U. S. Census Bureau, American Community Survey, 2015, 5-Year Estimates

Foreign-born

In New Jersey



- The largest source of population growth
- 22% of NJ population
  - India (227K), Dominican Republic (150K), Mexico (123K)
  - When compared to other states, relatively high numbers from: Portugal, Uruguay, Ecuador
- More than 1 in 5 NJ residents is an immigrant
- ~1 in 6 is a native-born citizen with at least one immigrant parent
- Variation by county

LANGUAGE DIVERSITY

- There are 6,909 living languages in the world
- More than half of the world speaks 23 of these languages

- In NJ, more than 150 languages spoken
  - Spanish (1.32M)
  - Chinese (115K)
  - Other Asian (84K)
  - Gujarati (74K)
  - Polish (64K)
  - Portuguese (78K)

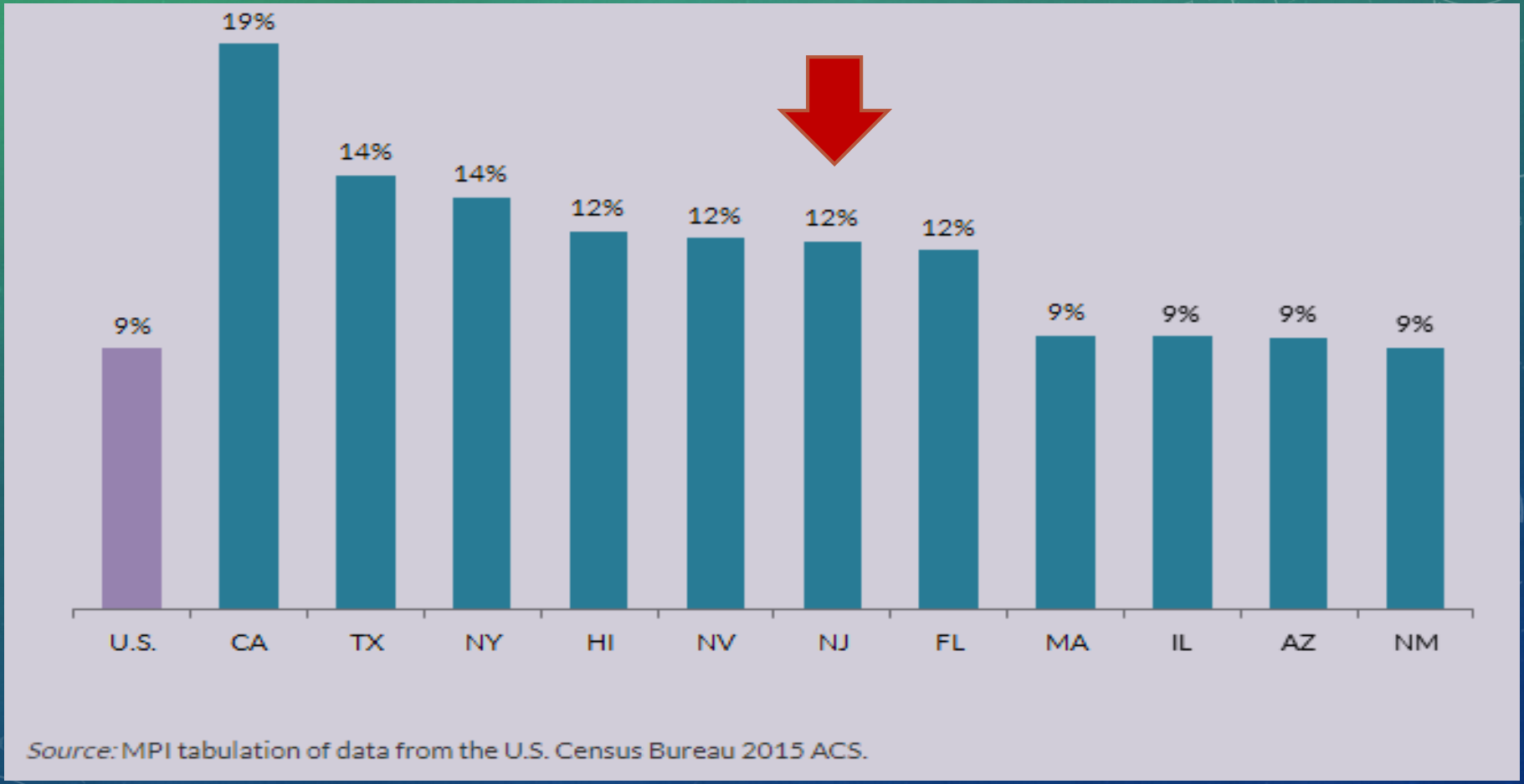
SOURCE: HEALTH RESEARCH AND EDUCTIONAL TRUST OF NEW JERSEY

LIMITED ENGLISH PROFICIENCY (LEP) POPULATIONS

- Persons speaking English less than “very well”
- The inability to **speak**, **read**, **write** or **understand** the English language at a level that allows an individual to interact effectively with health care providers or navigate the system

SOURCE: HEALTH RESEARCH AND EDUCTIONAL TRUST OF NEW JERSEY

STATES WITH HIGHEST SHARE OF LEP RESIDENTS (%), 2015



Source: MPI tabulation of data from the U.S. Census Bureau 2015 ACS.

LEP POPULATIONS IN N.J.

- Approximately 1 million NJ residents speak English less than “very well” (LEP)
  - 152,000 of these residents do not speak English at all
- LEP residents vary by county
  - Hudson County: 26% of population
  - Bergen, Essex, Middlesex, Passaic and Union counties: 15–22%
  - Atlantic, Cumberland, Mercer, Morris and Somerset counties: 9–12%

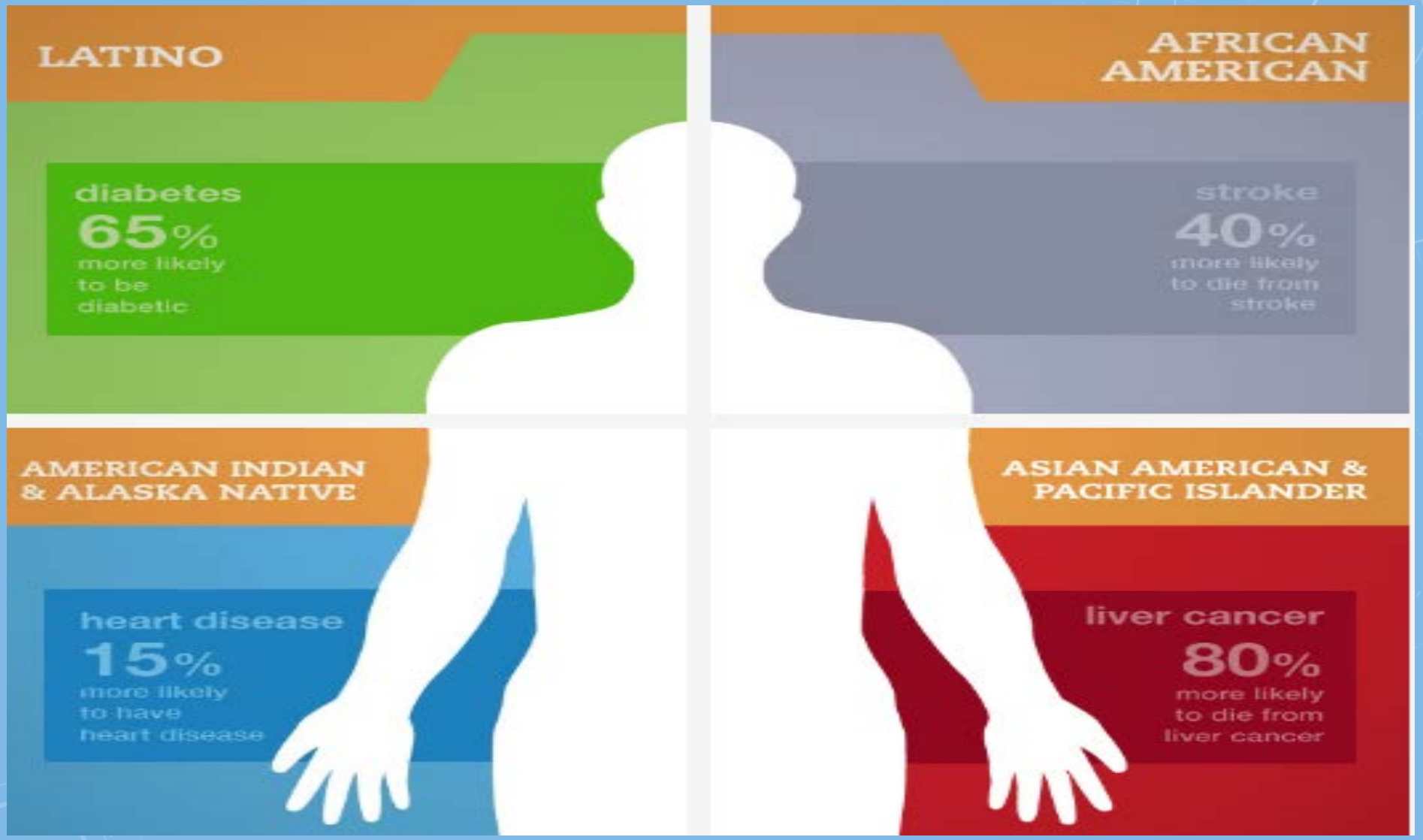
SOURCE: HEALTH RESEARCH AND EDUCTIONAL TRUST OF NEW JERSEY

HEALTH DISPARITIES

- Differences in health and health care between population groups
  - Occur across many dimensions, including: race/ethnicity, socioeconomic status, age, location, gender, disability status, and sexual orientation.
  - Avoidable, unfair differences in health status within and between populations, including:
    - Health outcomes
    - Disease rates
    - Access to healthcare
    - Risky behaviors
    - Exposure to environmental health hazards

SOURCE: HEALTH RESEARCH AND EDUCTIONAL TRUST OF NEW JERSEY

EXAMPLES OF HEALTH DISPARITIES



Source: http://familiesusa.org/health-disparities

LEADING HEALTH DISPARITIES

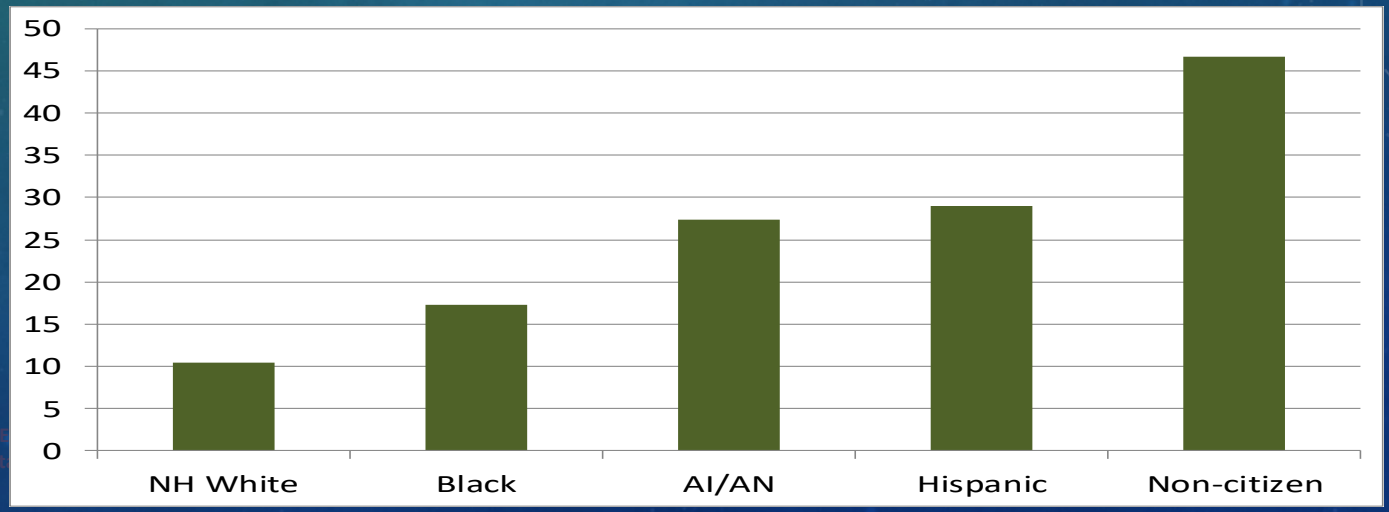
- Cardiovascular Disease
- Cancer
- Diabetes
- HIV/AIDS
- Infant Mortality
- Asthma
- Mental Health

SOURCE: HEALTH RESEARCH AND EDUCTIONAL TRUST OF NEW JERSEY

ACCESS TO CARE

INSURANCE COVERAGE

- Having a usual source of care increases the odds that people receive adequate preventive care
  - 30% of Hispanic and 20% of black Americans lack a usual source of healthcare compared with < 16% of whites
  - Hispanic children are nearly 3x as likely as non-Hispanic white children to have no usual source of health care
- Not being able to afford care due to being uninsured is another reason health disparities exist

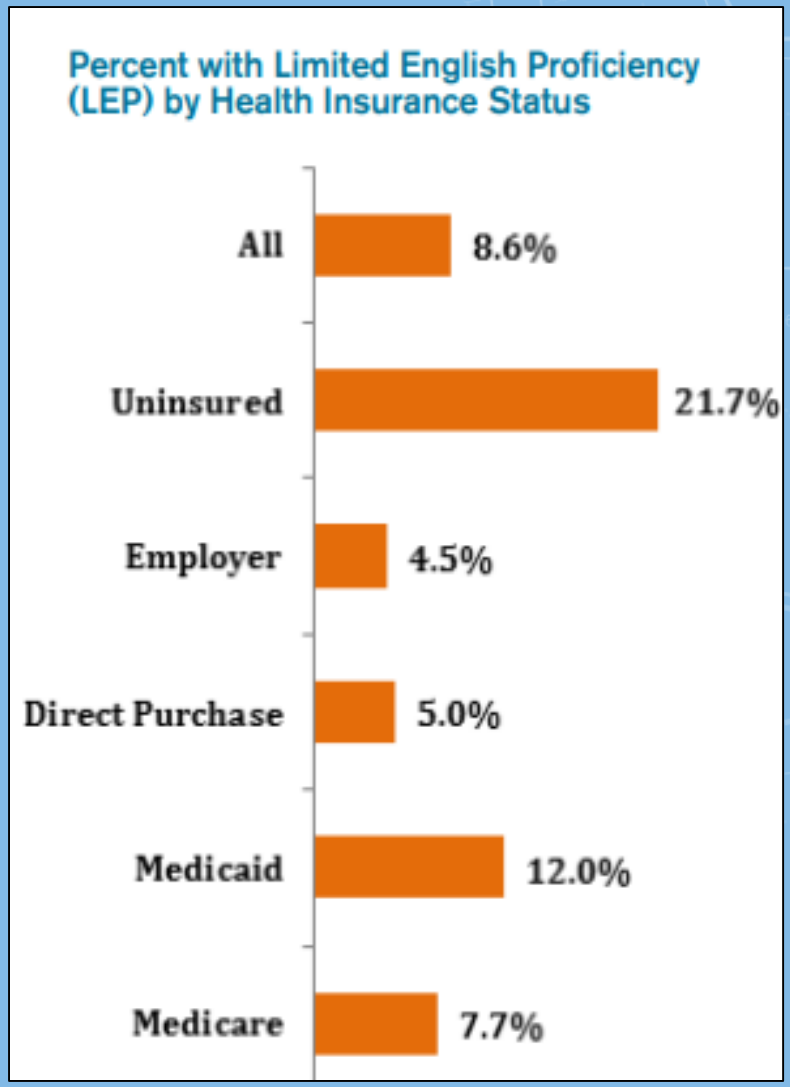


SOURCE: HEALTH RESEARCH AND

ACCESS TO CARE

LEP INSURANCE COVERAGE

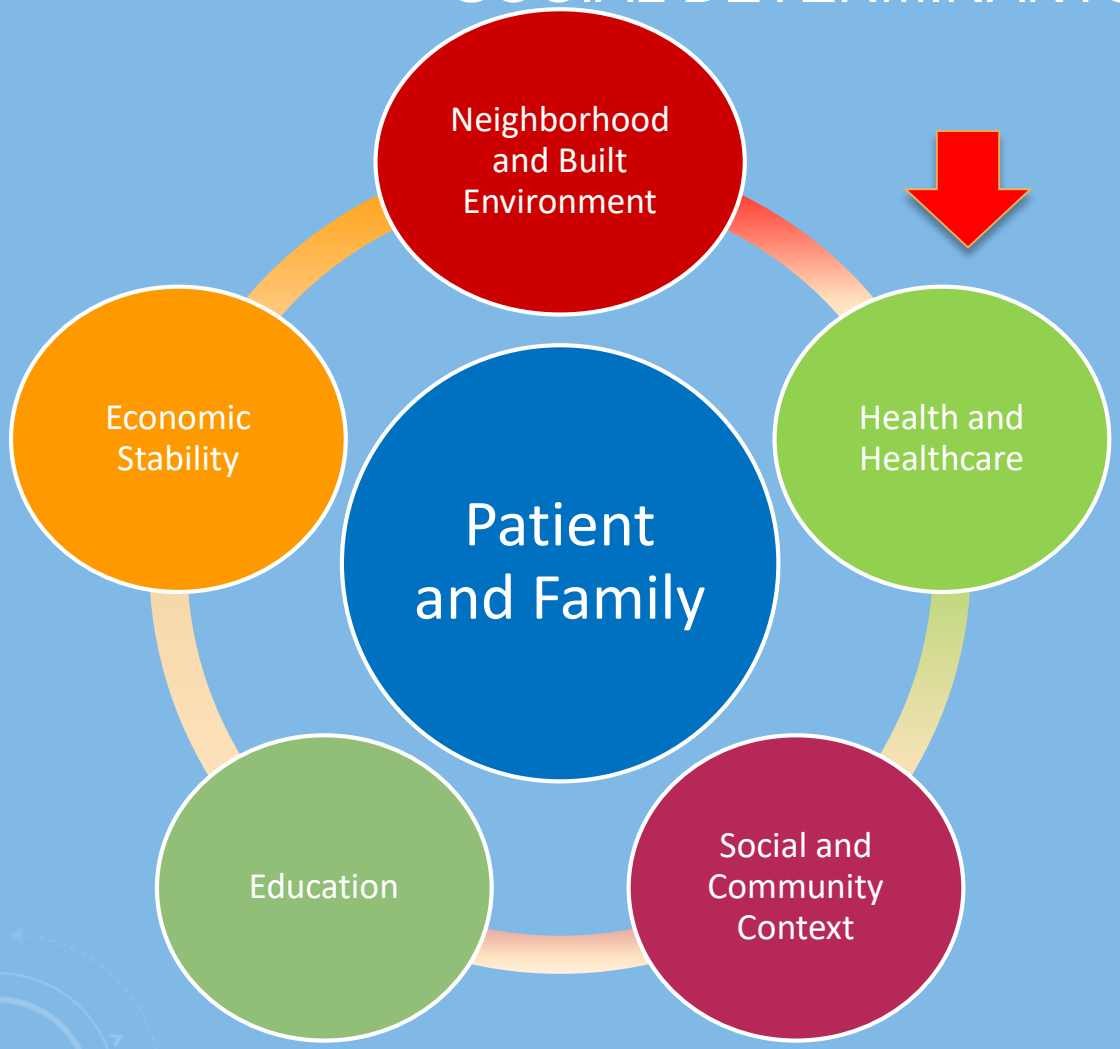
- Although LEP individuals make up about 9% of the population,
  - they make up ~21.7% of the uninsured
  - and 12% of the Medicaid beneficiaries
- At higher risk of not enrolling in insurance marketplaces – language barriers / immigration status



Source: State Estimates of Limited English Proficiency (LEP) by Health Insurance Status, RWJ Foundation 2014

OTHER REASONS FOR DISPARITIES IN HEALTH

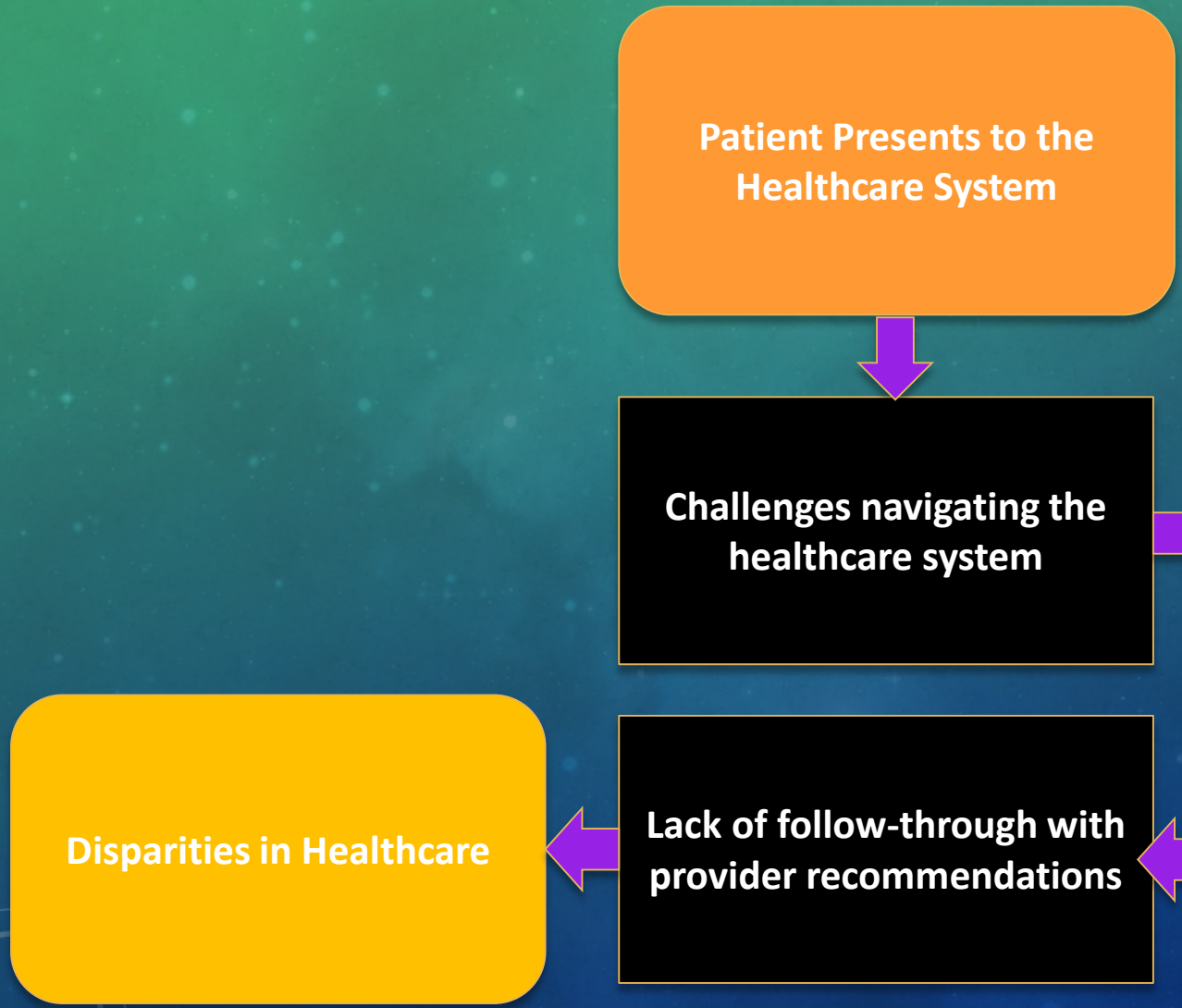
SOCIAL DETERMINANTS OF HEALTH



Social determinants of health include social and physical environments, available health services, and structural and societal factors that affect people's overall health.

SOURCE: HEALTH RESEARCH AND EDUCTIONAL TRUST OF NEW JERSEY

DISPARITIES IN THE HEALTHCARE SYSTEM



SOURCE: HEALTH RESEARCH AND EDUCTIONAL TRUST OF NEW JERSEY

PATIENT SAFETY
INEFFECTIVE COMMUNICATION

- Communication problems are a frequent root cause of serious adverse events reported to the Joint Commission's Sentinel Event Database
  - Any unanticipated event resulting in death or serious injury to a patient, **not related to the natural course of the patient's illness**

Most frequently identified root causes for Sentinel Events January 1-December 31, 2014 (2,378 total)	
Human factors (ex: staff supervision issues)	547
Leadership (ex: organizational planning)	517
Communication (ex: with patients or administration)	489
Assessment (includes timing or scope of assessments)	392
Physical environment (ex: fire safety)	115
Information management (ex: medical records)	72
Care planning (planning and/or interdisciplinary collaboration)	72
Health information technology-related (ex: incompatibility between devices)	59
Operative care (ex: blood use or patient monitoring)	58
Continuum of care (includes transfer and/or discharge of patient)	57

Joint Commission Sentinel Event Statistics, 2014

SOURCE: HEALTH RESEARCH AND EDUCTIONAL TRUST OF NEW JERSEY

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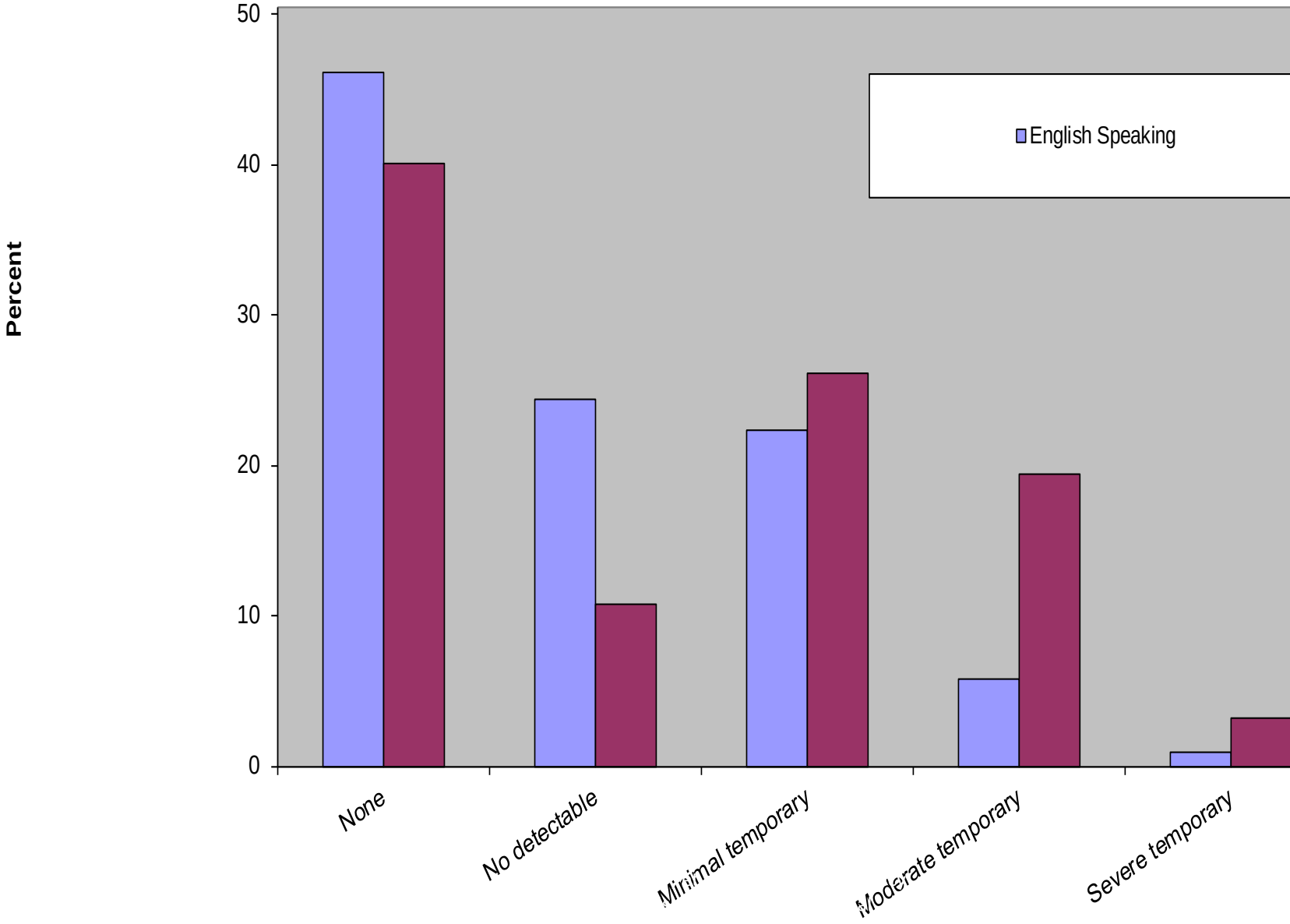


SYSTEM INEFFICIENCIES

- Providers that are unable to communicate effectively with patients often compensate with costly practices (e.g., more diagnostic procedures, more invasive procedures, overprescribing medications)

SOURCE: HEALTH RESEARCH AND EDUCTIONAL TRUST OF NEW JERSEY

REGULATORY ENVIRONMENT

- Title VI
- LEP Executive Order 13166
- ACA 1557
- Accreditation and Quality Measures
- CLAS

SOURCE: HEALTH RESEARCH AND EDUCTIONAL TRUST OF NEW JERSEY

NEW JERSEY EFFORTS

A COLLABORATION WITH NJHA

SOURCE: HEALTH RESEARCH AND EDUCTIONAL TRUST OF NEW JERSEY

NEW JERSEY EFFORTS

- Bryant Law, 2007
- Language legislation requiring that hospitals within their capacity provide interpreters if 10% or more of the population in service area speak that language
  - Know your hospital's service area and population mix!
- State mandate to collect patient race, ethnicity and language (REaL) data as part of the patient registration process

SOURCE: HEALTH RESEARCH AND EDUCTIONAL TRUST OF NEW JERSEY

PERCEIVED MAJOR NEEDS IN SERVING LEP PATIENTS

- Interpretation during all stages of care
- Assessment of patient needs
- Availability of qualified/certified interpreters
- Accurate/reliable interpretation
- Cost/financial assistance
- Timely response at all hours
- Written materials in major languages

Source: 2006 NJHA Task Force Survey

PERCEIVED MAJOR NEEDS IN SERVING LEP PATIENTS

- Staff education/training
- Interpretation of different dialects/uncommon languages
- Cultural differences
- Low literacy level in language spoken
- Other (video in languages, closed-captioned TV, more utilization of telephone/language line services, appropriate use of services for extended periods, service more personable)

SOURCE: HEALTH RESEARCH AND EDUCTIONAL TRUST OF NEW JERSEY

BARRIERS TO PROVIDING EFFECTIVE LANGUAGE SERVICES

Excuses

- Ad hoc interpreters “good enough”
- Provider has “good enough” language skills
- Professional interpreters slow things down
- Bilingual staff “overstepping bounds”
- Patients didn’t ask for/don’t want interpreters
- HIPAA violation with 3rd party present
- Insurance won’t pay
- “This is America, we speak English”

SOURCE: HEALTH RESEARCH AND EDUCTIONAL TRUST OF NEW JERSEY

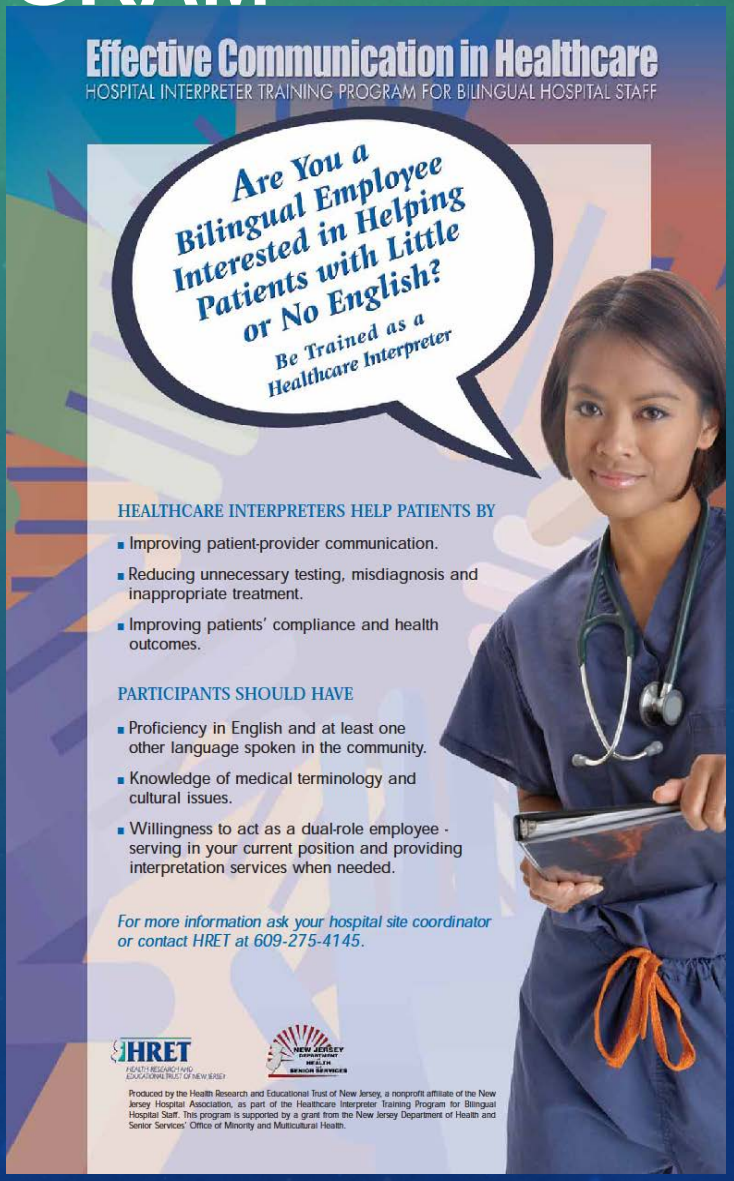
TYPES OF INTERPRETERS

- Qualified Bilingual Hospital Staff Interpreters
- Contract Medical Interpreters
- Video Interpreting Services
- Telephonic Services
- Family or Friends (only if requested by patient)

SOURCE: HEALTH RESEARCH AND EDUCTIONAL TRUST OF NEW JERSEY

OUR INTERPRETER TRAINING PROGRAM

- Designed for training of bilingual staff in healthcare to serve in dual-role as medical interpreters in their units
- Based on national/federal curricula and state best practice models (e.g., *Bridging the Gap*, UMDNJ)
- Pilot tested in six hospitals in NJ's southern region with NJDOH funding



CRITICAL COMPONENTS TO TRAINING

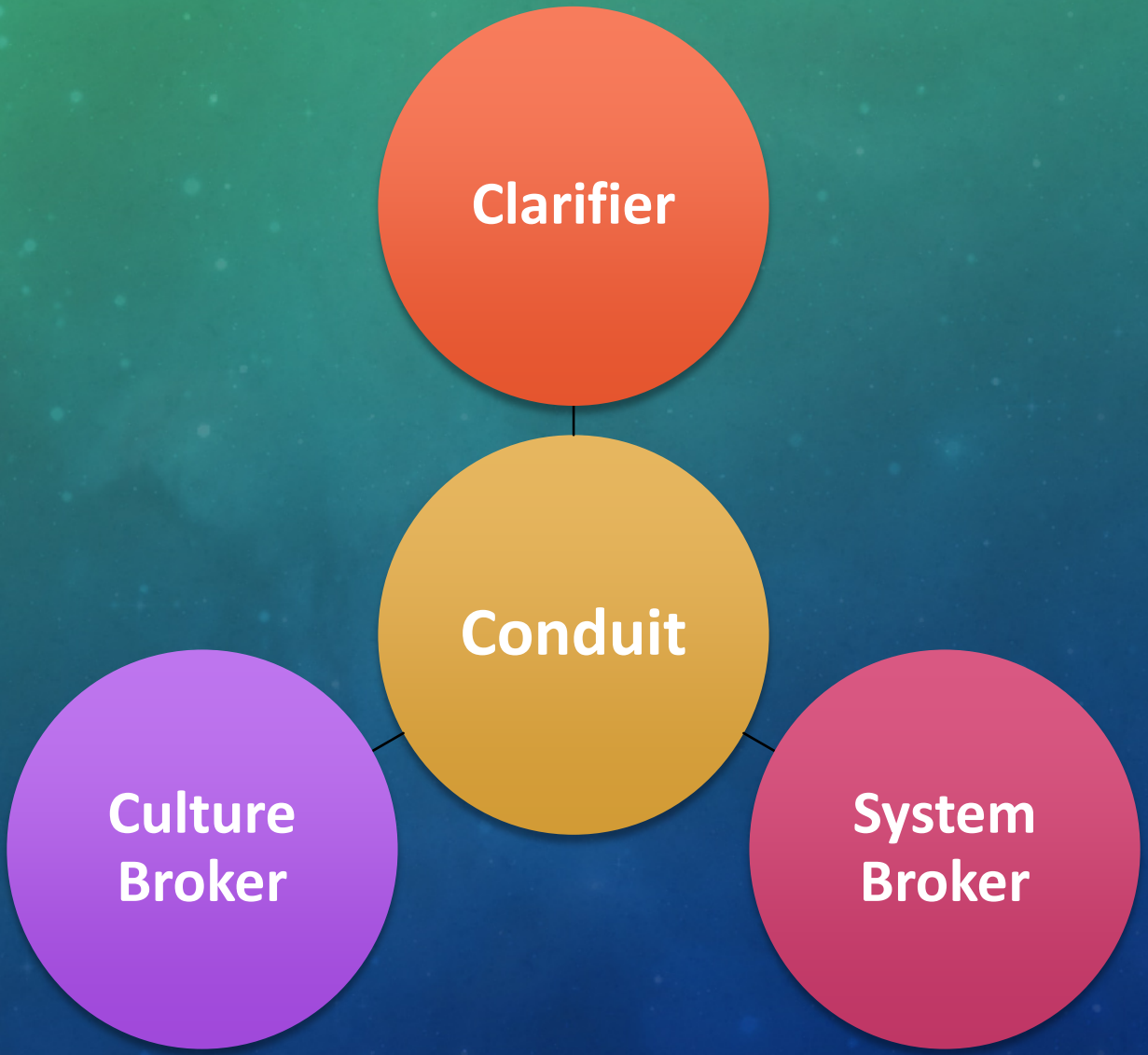
Attitudes – willing, open, aware, compassionate, committed

Skills – apply, provide, enhance

Knowledge – to comprehend, understand, recognize

SOURCE: HEALTH RESEARCH AND EDUCTIONAL TRUST OF NEW JERSEY

THE FOUR "ROLES" OF AN INTERPRETER



COMPONENTS OF THE TRAINING

- Training on the basics of interpreting.
- Setting the stage with Pre-sessions.
- Code of Ethics and Confidentiality.
- Cultural Awareness.
- Difficult Situations.
- Check-Back and Teach-Back.
- Self-care.
- Role Playing.

SOURCE: HEALTH RESEARCH AND EDUCTIONAL TRUST OF NEW JERSEY

TO OBTAIN YOUR CERTIFICATES

In order for you to receive your certificate, the NJHA Education Department will be emailing all participants a link to take an online survey.

You MUST complete the survey by the close of business on June 28, 2018 in order to receive your certificates.

Certificates will be emailed on or about June 29, 2018.

Thank you.
Nancy E. Winter, MSN, RN, NE-BC
Director of Clinical Quality and Program Development
Primary Nurse Planner

RESULTS TO DATE

- Since 2007 we have trained approximately 2,000 dual-role, bilingual hospital staff.
- Many different hospital roles.
- Support provided by NJHA.
- Hospitals maintain interpreter requirements.
- Some have returned for refresher training and some have gone on to get national certification.

SOURCE: HEALTH RESEARCH AND EDUCTIONAL TRUST OF NEW JERSEY

THE CONVERSATION BETWEEN PROVIDER AND PATIENT IS THE ESSENCE OF MEDICINE…

SOURCE: HEALTH RESEARCH AND EDUCTIONAL TRUST OF NEW JERSEY

INTERPRETERS HELP BRIDGE THE GAP…

SOURCE: HEALTH RESEARCH AND EDUCTIONAL TRUST OF NEW JERSEY