

Safety First: The Importance of Interpreters & Translated Documents in Preventing Patient Harm



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Guest Columnist

The population in Washington state is getting more diverse each year. Language diversity is no exception. From 1990 to 2018, the percentage of residents who speak a language other than English in their home has risen from 9% to 20%⁴. While language diversity greatly enhances our state culture, it can also present challenges. Communication barriers between providers and limited English proficiency (LEP) or non-English proficiency (NEP) patients during health care delivery is a major safety concern. Poor, ineffective communication can lead to patient dissatisfaction, misunderstanding about treatments, and, even worse, poor health outcomes and patient harm¹. Studies even suggest that adverse events experienced by LEP patients are more likely to be caused by communication issues when compared to English proficient patients².

Therefore, it is important for providers to immediately identify language needs amongst their patients and access the appropriate language services to ensure the best possible outcomes for their LEP and NEP patients. Under Title VI of the Civil Rights Act of 1964, providers and health care institutions that receive federal funding cannot discriminate on the basis of race, color or national origin, which includes language³. Providers must arrange for interpreter services, at no cost to the patient, once a need has been identified.

Here are four steps for providers to take to ensure successful communication with LEP and NEP patients:

- 1) Assess for interpreter need.
- 2) Determine the best method for providing language service.
- 3) Apply best practices for working effectively with interpreters.
- 4) Ensure translation of patient education and vital clinical documents.

Assess for Interpreter Need

Again, providers and health care institutions that receive federal funding must provide interpreter services to patients who need them. How should providers assess whether a patient needs an interpreter? Providers should ask all patients and accompanying family members if they would like an interpreter, and, if so, for what language. Asking some patients and families for interpreter needs while not asking others based on bias or assumptions can be considered discriminatory. If the patient does not speak English at all, providers should

then show them “I Speak” cards, developed by the US Census Bureau, or a language identification sheet where they can point to their preferred language.

There will be times when providers encounter an LEP or NEP patient who refuses an interpreter or prefers to use someone in the family as an interpreter. Family and friends of the patient should not be used as interpreters, as there is no way to ensure they understand how to interpret medical terminology¹. There is also the risk that critical information may not be disclosed by the family member¹. In this situation, the provider should communicate to the patient that they (the provider) need a professional interpreter to ensure understanding so they (the patient) can receive the best care possible.

Determine the Best Method for Providing Language Service

After the provider determines the need for an interpreter and the requested language of service, another decision must be made. What is the best way to provide language assistance for this clinical encounter? Should an in-person interpreter, video remote interpreter (VRI), or over-the-phone interpreter be used? Or are there staff at the worksite who are qualified bilingual interpreters, meaning they have received a training and passed a test that ensures their language proficiency in English and their language of service?

In-person interpreters are best to use if providers have access to them, whether they are certified medical interpreters, often contracted with an agency, or qualified bilingual staff. If there are qualified bilingual staff interpreters at the clinic or hospital, the provider may want to consider using them first, since they are accessible and convenient. If the provider is a qualified bilingual interpreter, they may act as their own interpreter. However, if qualified staff are not available, the provider should consider a certified interpreter. These interpreters are usually scheduled in advance of the appointment and may not be the most convenient option in cases of impromptu visits, such as an urgent care setting. In-person interpreters are best to use for longer appointments and more complex visits. They help establish rapport with patients and allow for better communication during stressful situations.

If a provider has a patient arriving for just a brief appointment, they might want to consider using VRI. With this modality, interpreting occurs over a computer or iPad using a webcam. Interpreters are usually available immediately upon demand and can be another quick,

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convenient option for language service. One caveat is that VRI usually depends on wi-fi connection, so it is crucial to have strong wi-fi connectivity. If internet capability is not sufficient, there could be interpreting delays which become communication barriers, especially for those patients who use American Sign Language (ASL).

The final option is interpreting over the telephone, which can also be useful for quick interpreting needs. However, this option is least desirable for interpersonal aspects of communication. This method of interpreting should use a phone with a speaker, so that both parties can hear what is being communicated at the same time.

Apply Best Practices for Working Effectively with Interpreters

At the beginning of the visit, the interpreter will greet both the provider and the patient, then introduce themselves. To help set the interpreter up for success, it is usually a good idea for the provider to give a brief summary of the clinical situation. Providers do not have to be very detailed, but an overall picture of what is going on can be helpful for the interpreter. During the visit with the patient, providers must be sure to speak and make eye contact with the patient - not the interpreter. They should speak in first-person and use short and complete phrases, which will help the interpreter interpret accurate information to the patient. There may also be a point during the visit where the provider will encounter linguistic and cultural issues. This is a good time to ask the interpreter to do some cultural brokering – explaining the patient’s cultural beliefs and practices, which will help the provider understand how that might influence the patient’s perspectives on health and wellness. The provider should take what is learned into consideration when designing intervention or treatment plans and verify with the patient that what they learned is true for that individual. At the end of the interpretation, it is important to make sure the patient understood the highlights of the visit and use the teach-back method,

with assistance from the interpreter. Finally, it is important for providers to document interpreter usage and the modality in the patient’s chart.

Ensure Translation of Patient Education and Vital Clinical Documents

Written communication with patients is just as important as verbal communication. Providers should make sure patient education materials, after visit or discharge summaries, and legal forms, such as informed consent, are translated in the top three or five languages in their service area. It is critical that LEP and NEP patients understand all the information necessary to make informed decisions about their care and know how to care for themselves when they return home to reduce the chances of hospital or ED readmissions and poor health outcomes.

Conclusion

When used effectively, interpreters and translated documents not only enable providers to communicate with their LEP and NEP patients, but also help promote patient safety by preventing medical errors and patient harm, which will minimize health disparities within this population. LEP and NEP patient experiences and satisfaction will also improve, since open communication channels with their provider allows these patients to truly be in the center of their care – care that is delivered in a culturally sensitive way.

References

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Free Webinar Opportunity

The WMC is proud to host Dr. Sherls-Jones in our webinar series. This webinar series is replacing the in-person annual conference. Dr. Sherls-Jones will be providing a one hour webinar, expanding on her article topic, “Safety First: The Importance of Interpreters & Translated Documents in Preventing Patient Harm”. This activity has been approved for *AMA PRA Category 1 Credit™*.

More information and registration can be found on our [website](#).

Wednesday, October 7th at 12:00 pm