The State of Hospital Language Assistance Services in Alameda County

Alameda County Board of Supervisors
September 2004

Introduction: An Assessment of Hospitals in Alameda County

In health care, life and death decisions can depend on clear communication. Communicating in a culturally and linguistically diverse setting — such as Alameda County, where residents speak over 40 different languages — can pose a significant challenge to health care providers. Given the acuity of care in emergency departments and inpatient settings, hospitals have a particular responsibility to ensure adequate interpreting and translation services for their limited English speaking patients.

GROWTH IN THE NUMBER OF ALAMEDA COUNTY RESIDENTS WHO SPEAK A FOREIGN LANGUAGE OR HAVE LIMITED ENGLISH PROFICIENCY

	1990 Number of Residents (%)	2000 Number of Residents (%)
Speaking a Language Other than English at Home	294,079 (24.8%)	495,760 (36.8%)
Speak English less than "very well"	134,659 (11.4%)	237,864 (17.7%)

1990 and 2000 U.S.Census Data

According to the 2000 U.S. Census, the number of limited English speakers in Alameda County has increased by 77% since 1990. This growth means that more than 235,000 of Alameda County's residents are now limited English speaking.

In view of the growing diversity of our residents, the Alameda County Board of Supervisors conducted a survey of hospitals in Alameda County to assess their ability to provide services to limited English speaking patients. Our survey revealed that hospitals are using a variety of resources and innovative approaches to meet the language needs of their patients. However, some hospitals are more responsive than others, and many challenges still exist.

Our survey consisted of 27 questions developed by the Alameda County Board of Supervisors in conjunction with several local community organizations.[1,2] We mailed surveys to all fourteen hospitals in Alameda County; thirteen of the fourteen hospitals responded. We conducted follow-up phone calls with hospitals to clarify responses and obtain additional information. The following findings are based on self-reported data from the hospitals.

Our report is organized into four sets of related survey findings. Each set is accompanied by specific recommendations as well as selected examples of "best practices" reported by Alameda County's hospitals.

Participating Hospitals

- Alameda County Medical Center – Highland Campus
- Alameda Hospital
- Alta Bates Summit Medical Center
- Children's Hospital and Research Center at Oakland
- Eden Medical Center
- Fremont Hospital
- Kaiser Permanente Medical Center-Oakland
- Kaiser Permanente Medical Center-Fremont
- Kaiser Permanente Medical Center-Hayward
- Kindred Hospital
- St. Rose Hospital
- ValleyCare Health System
- Washington Hospital Healthcare System

San Leandro Hospital declined to participate

Recommendations

Based on our findings, we have the following recommendations for hospital administrators and policymakers who want to ensure access to quality health care for limited English speaking patients:

1. Upgrade hospital data collection and reporting systems to include data on patient language.
2. Standardize and simplify procedures for hospital staff and providers to request interpreters.
3. Formally designate at least one staff person to coordinate language assistance services.
4. Increase the availability of qualified medical interpreters, including bilingual staff or contractors who have been trained and tested in medical interpreting.
5. Provide translated written materials and institutional signage in commonly encountered non-English languages to ensure basic communication and quality of care.

Collecting and Using Data on Patient Language

Findings:

All thirteen hospitals report that they ask patients what languages they prefer to speak, but only nine hospitals formally record this information in their databases.

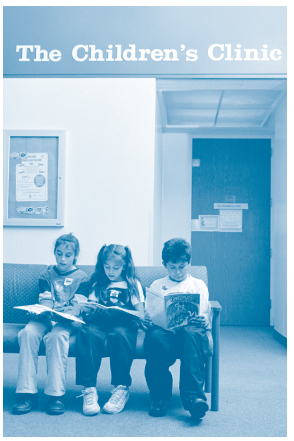
Eight hospitals have written "tools" available to help staff quickly identify the languages of their patients. For example, we found that some hospitals are using multilingual, visual "point-to-the language-you-speak" posters to help patients identify their primary language. These tools appear to be most helpful in identifying less common languages, such as Tigrinya and Cambodian, which may not be immediately recognized by hospital staff.

Some hospitals have taken the additional step of using data on patient language preferences to plan for system-wide improvements in the accessibility of services for limited English speaking patients.

Recommendation 1:

Upgrade hospital data collection and reporting systems to include data on patient language.

- Provide tools throughout the hospital to help staff and providers easily identify patients' languages. Examples include multilingual "point-to-the language-you-speak" posters and language identification (for example, "I Speak Spanish") cards so patients can quickly identify the language they speak.
- Formally record patient language in patient charts and in hospital databases so that the information can be used in ways that are helpful to staff, providers, and patients. For example, we found that some hospitals print the patient's language on patient hospital wristbands and registration cards.
- Use language data to match hospitalized patients who are limited-English speaking with appropriate bilingual staff. For example, patient census boards on each hospital floor can be used to identify patients' language needs; this information can then be used at each shift to assign non-English-speaking patients to nurses who speak the patients' language.
- Analyze language data on an annual basis to identify changing patient language needs and to plan for changes in specific language assistance services.



CHILDREN'S HOSPITAL OAKLAND: ASSESSING PATIENT NEEDS ON A DAILY BASIS

Children's Hospital in Oakland effectively uses its patient language data to ensure the provision of quality care to its patients. By tracking interpreter requests and a patient's primary or preferred language, Children's Hospital is able to assess its interpreter needs on a daily basis for any given department, and to determine language need trends over time. As a result, staff interpreters are dispatched to the appropriate department and scheduled to be available for specific appointments.

Children's Hospital also uses these daily assessments to proactively improve its customer service. For example, if there are a large number of Spanish-speaking families visiting a particular department, a Spanish-speaking interpreter is stationed there to help make the families feel less isolated.

Implementing Hospital Policies on Language Assistance

Findings:

All reporting hospitals in Alameda County have established written policies on language assistance services for patients, and all reporting hospitals provide trainings on how to access an interpreter.

Eleven hospitals give staff and providers specific guidelines on how to work with an interpreter. However, only four hospitals provide trainings on these guidelines for their entire staff, including providers and administrative staff.

Only three hospitals in Alameda County have a staff position that is responsible for coordination of language assistance services. Responsibilities that fall under these positions include: working with each department on their procedures for serving limited English speaking patients, tracking the language abilities of staff, responding to requests for interpreters, training staff and providers on requesting interpreters, and training staff and providers on working with interpreters. In essence, the coordinator serves as a "go to" person when questions arise about language assistance services and ensures that everything runs smoothly when interpreters are needed.

Recommendation 2:

Standardize and simplify procedures to make it easier for all hospital staff and providers to request interpreters.

- Create simple, standard procedures for getting an interpreter. Inform everyone who works in the hospital – from the registration clerk to the doctor – how to request a trained medical interpreter. There should be clear procedures for obtaining language assistance in critical medical situations, where language needs are immediate and unplanned. For pre-scheduled outpatient visits or elective hospitalizations, interpreters should be scheduled to arrive at the same time as the patients.

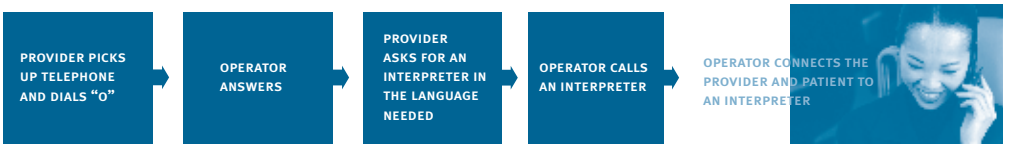
Recommendation 3:

Formally designate at least one staff person to coordinate language assistance services.

- Designate a specific person with dedicated time to serve as the language services coordinator, thus centralizing responsibility for language assistance services.

ALTA BATES SUMMIT MEDICAL CENTER: GETTING AN INTERPRETER IS AS EASY AS DIALING "O"

Accessing the phone interpreting services at the Summit campus of Alta Bates Summit Medical Center is as easy as dialing "0." Any staff or employee who needs an interpreter to communicate with a patient can access the service, 7 days a week, 24 hours a day, from any phone in the hospital. The only information they need to provide is what language is requested. Hospital operators then contact the phone interpreter service and connect the parties within a minute or two.



Using Trained Medical Interpreters

Findings:

All reporting hospitals in Alameda County use some form of trained medical interpreter services, but most continue to rely on untrained bilingual staff.

All thirteen hospitals have contracts with companies that provide language interpretation over the telephone (telephonic interpretation).

Ten hospitals keep a list of their bilingual staff and what languages they speak so they can be called upon to interpret when necessary.

Nine hospitals use contractors for in-person interpretation, but often only for American Sign Language interpretation.

Only four hospitals in Alameda County employ their own staff interpreters (hospital staff whose primary job responsibility is to provide interpreter services).

Recommendation 4:

Increase the availability of qualified medical interpreters, including bilingual staff or contractors who have been trained and tested in medical interpreting.

- For positions with patient contact, recruit and hire staff who are bilingual in the same languages spoken by the patients. Develop procedures for when and under what circumstances bilingual staff can be called upon to provide interpreting services, both intra- and inter-departmentally.
- Institute procedures and guidelines to determine whether or not bilingual staff can serve as interpreters. This process should include: a) assessment of bilingual skills, b) training in medical interpretation, and c) testing for knowledge of ethical principles, medical terminology, and proficiency in interpreting skills.
- Promote the use of qualified medical interpreters, both in-person and telephonic. Minimize the use of friends or family members who serve as "ad-hoc" interpreters and are not trained in medical interpretation. Their language and interpreting skills may not be strong enough to accurately interpret medical terms and concepts for the patient, and may result in serious medical errors. Furthermore, discussions of sensitive topics such as sexual history, abusive relationships, a poor prognosis, or advanced directives may be emotionally or technically difficult for ad hoc interpreters to interpret.
- Never use minors for medical interpretation.

KAISER PERMANENTE MEDICAL CENTER-OAKLAND: TESTING AND TRAINING BILINGUAL STAFF

Kaiser Permanente Northern California has a program to identify, assess, and train bilingual employees to provide language services in their work areas. As of summer 2004, 180 of Kaiser Oakland's bilingual employees (ranging from receptionists, medical assistants, LVNs, laboratory technicians to optometrists and psychologists) have been tested, trained, and designated with a "qualified bilingual status."

There are two levels of bilingual status. Level 1 employees have sufficient conversational language skills to interpret non-medical information for patients who speak limited English in the employees' assigned work area. They receive 8 hours of training which covers code of ethics, role of the interpreter, and interpreting standards of practice. Level 2 employees have sufficient language skills to converse and conduct **basic** medical interpreting in their work area. These employees receive 24 hours of training which also includes basic medical terminology.

Partnering with their labor unions, Kaiser Permanente provides additional compensation for employees with a qualified bilingual status.

Translating Critical Medical Documents and Signage

Findings:

All thirteen of the reporting hospitals in Alameda County post notices in Spanish that inform patients of their right to a medical interpreter. Eight hospitals also have notices in languages other than Spanish.

All thirteen hospitals have at least one medical document translated into Spanish, and all report that interpreters are used to explain forms that require a signature.

Only six hospitals in Alameda County have navigational signage posted in a language other than English.

Recommendation 5:

Provide translated written materials and institutional signage in commonly encountered non-English languages to ensure basic communication and quality of care.

- Translate critical documents into patients' primary languages. Critical documents include materials regarding informed consent, advanced directives, patient rights and financial obligations.
- Post translated way-finding signage so patients can find their way around the hospital. Another option is to post pictorial way-finding signage, which addresses both language and literacy barriers, and saves on translation costs.

Conclusion: Findings, Challenges and Possibilities

Our survey found that Alameda County is home to many of the state's best practices to improve hospital care for limited English speaking patients. The most successful programs are those that have used systematic approaches to the problem of language barriers. Examples we found include structuring the hospital's workforce to better reflect the linguistic needs of its patients, incorporating practical instruction on language assistance services into orientation trainings, streamlining access to telephone interpreters, and exploring technology's potential to enhance access and efficiency.

Nevertheless, many of the County's hospitals still rely on an ad hoc system of language access, with cumbersome procedures to obtain telephonic interpreters and widespread use of untrained interpreters, including family members and friends.

This uneven access across hospitals in the same County suggests that resources are not the only issue to consider. Institutional commitment may be equally, if not more important. Given the many financial pressures on hospitals, the issue of cost is paramount. Yet data from a variety of health care settings suggest that the financial costs of language assistance services are not insuperable:

Alameda County Medical Center – Highland Campus: Assisting Patients with Multilingual Signage
Improving access to health services can start with steps as basic as posting good signage to help patients minimize the stress and frustration of navigating a hospital campus. At the Alameda County Medical Center – Highland Campus, patients arriving at the hospital are immediately greeted by clear signage in four languages: Spanish, Chinese, Vietnamese, and English. The signs, which are posted at the edges of the hospital campus, help direct patients to the emergency room, the clinics, and parking.

The hospital also posts lists of departments which patients immediately see as they walk into the hospital. These lists are in Spanish, Chinese, Vietnamese, and English. Maps of the hospital are also provided in Spanish and English.

- A 2002 Office of Management and Budget report estimated the cost of interpreter services for the U.S. healthcare system to be an additional $4.04 per encounter, or a .5% premium.[3]
- A recent study published in the American Journal of Public Health measured the cost of implementing professional interpreter services in a staff model HMO at $0.20 per member per month.[4] This figure is similar to estimates from the Alameda Alliance for Health, which spends $0.14 per member per month on interpreter services.[5]
- Large hospitals with high volume, established professional interpreter services can achieve economies of scale that result in costs of less than $15 per interpreter encounter.[6]

There are also opportunities for Alameda County's hospitals to defray the costs of developing and maintaining language assistance services by working together. Possible areas for collaboration include joint development of translated signage, standardized trainings and assessments, bulk contracting for telephonic interpreting, and pooled resources to implement innovative technologies.

In summary, we found many promising practices that deserve wider dissemination and adoption. At the same time, our findings demonstrate a great need for continued efforts to improve quality of hospital care for limited English speaking patients by improving access to and the quality of interpreting services. We believe Alameda County's hospitals can – and must – meet this challenge. Our County's health depends on it.

ACKNOWLEDGEMENTS

The Alameda County Board of Supervisors Health Committee wishes to thank the following individuals and organizations for their support of this survey: Alameda Health Consortium, Asian Community Collaborative, Asian Community Mental Health Services, Asian Health Services, Asian Immigrant Women Advocates, Asian Pacific Psychological Services, Bay Area Immigrant Rights Coalition, Family Bridges, Filipinos for Affirmative Action, La Clinica de La Raza, Lao Family, Inc., Law Center for Families, Mujeres Unidas y Activas, Oakland Asian Student Educational Services, and Tiburcio Vasquez Health Center.

Supervisor Alice Lai-Bitker and Supervisor Keith Carson thank our staff, Lara Bice and Jean Fong, for their work on this project. We would also like to thank Linda Okahara and Julia Liou of Asian Health Services, Dr. Alice Chen of the Asian & Pacific Islander American Health Forum, Luella J. Penserga of the Community Voices Project, Dr. Susan Sykes and Dr. John Pescetti of La Clínica de La Raza, Anne Huang of San Francisco General Hospital, Adela Tam, and Meena Deo for their assistance in the development of the survey instrument and analysis of the results.

Funding for this report was generously provided by The California Endowment and The W.K. Kellogg Foundation.

1 Questions were developed from national and state resources such as the Department of Health and Human Services' Office for Civil Rights Policy Guidance, the Massachusetts Department of Public Health's Best Practices Recommendations for Hospital-Based Interpreter Services, and the California Office of the Patient Advocate's HMO Report Card.

2 Asian Health Services, Asian & Pacific Islander American Health Forum, and Community Voices Oakland (a collaboration of La Clinica de la Raza, Alameda Health Consortium, and Asian Health Services).

3 Report to Congress. Assessment of the Total Benefits and Costs of Implementing Executive Order 13166: Improving Access to Services for Persons with Limited English Proficiency. March 14, 2002. Office of Management and Budget.

4 Jacobs, E.A., D.S. Shepard, J.A. Suaya and E. Stone. 2004. Overcoming language barriers in health care: costs and benefits of interpreter services. American Journal of Public Health 94(5): 866-869.

5 Kelvin Quan, Alameda Alliance for Health, from April 4, 2003 presentation at Grantmakers in Health Issues Dialogue "In the Right Words: Addressing Language and Culture in Providing Health Care."

6 Eric Hardt, MD, Boston Medical Center, Medical Consultant to Interpreter Services, personal communication.