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# **The presentation will begin shortly.**

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# **Language Data Collection: The Key to Quality and Safety for LEP Populations**

**Tuesday, April 24, 2018**

**12:00 – 1:00 PM ET**

**11:00 AM – 12:00 PM CT**

**9:00 AM – 10:00 AM PT**

**Dr. Ranjani Paradise and Vonessa P. Costa**

**Moderator: Aswita Tan-McGrory**

**Disparities Solutions Center at Massachusetts General Hospital**

***Diversity Dialogue Webinar***  
*in partnership with the*  
***Disparities Solutions Center at Massachusetts General Hospital***



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# Language Data Collection: The Key to Quality and Safety for LEP Populations

## Moderator



**Aswita Tan-McGrory, MBA, MSPH**

Deputy Director, The Disparities Solutions Center, Massachusetts General Hospital

## Presenters



**Vonessa Costa, CoreCHI**

Manager, Multicultural Affairs and Patient Services, Cambridge Health Alliance



**Ranjani Paradise, PhD**

Research and Evaluation Scientist, Institute for Community Health

# Vonessa Phillips Costa



Vonessa Phillips Costa is manager of Multicultural Affairs and Patient Services at Cambridge Health Alliance (CHA), named “Best in Class for *Delivering Culturally and Linguistically Competent Patient Care throughout the Organization*” by the Institute for Diversity in Health Management (2010). Vonessa is a project lead for CHA’s video interpreting initiative honored with a 2014 Amerinet Healthcare Achievement Award for technological advances that have enhanced CHA’s ability to care for a diverse patient population, over forty percent of which speaks a primary language other than English. Prior to her current position, Vonessa was director of the Cross Cultural Communication Institute at CCCS, Inc., where she specialized in curriculum development for interpreter and provider training and lectured nationally on topics of intercultural communication and language access. Vonessa is a CoreCHI practitioner credentialed by the Certification Commission for Healthcare Interpreters. She is secretary of the Forum on the Coordination of Interpreter Services and former secretary of the International Medical Interpreters Association.

# Ranjani Paradise



**Ranjani Paradise, PhD**, is a Research and Evaluation Scientist at the Institute for Community Health (ICH) in Malden, MA. Ranjani is an experienced mixed-methods evaluator who has worked on projects in diverse topic areas including health disparities, language access, HIV, healthcare system transformation, consumer advocacy, and substance use disorder treatment. Ranjani works with clients in healthcare organizations to support language services quality improvement and evaluation of healthcare delivery models such as primary care/behavioral health integration. She has worked with community health centers across the state of Massachusetts to evaluate the impact of operational and technological initiatives aiming to improve access to and delivery of high-quality, cost-effective care. Ranjani is also the lead evaluator for two grant-making programs that are funding initiatives to improve care for opioid use disorder in Massachusetts. Prior to coming to ICH, Ranjani worked in the field of cancer research at the Massachusetts Institute of Technology (MIT). Ranjani holds a BSE in Chemical Engineering from Princeton University and a PhD in Biological Engineering from MIT.

# MGH 2016-2017 Annual Report on Equity in Health Care Quality

## Disparities Solutions Center

Joseph R. Betancourt, MD, MPS  
Aswita Tan-McGrory, MBA, MSPH  
Karey S. Kenst, MPH

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# Acknowledgements

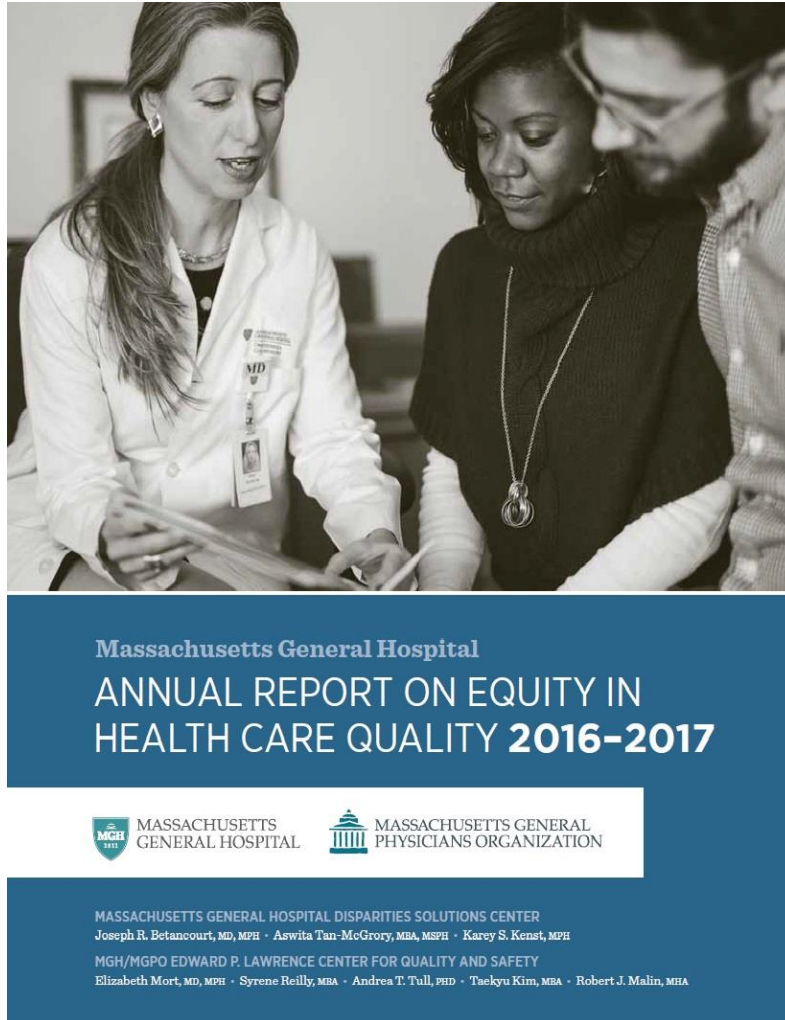
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The AREHQ is made possible by the contributions of several staff from the following departments and centers at MGH and the MGPO:

- Center for Quality & Safety
- The Disparities Solutions Center
- The Mongan Institute Health Policy Center
- Admitting & Registration Services
- MGH Interpreter Services
- Department of Medicine
- Department of Obstetrics and Gynecology
- MassGeneral Hospital for Children
- Center for Community Health Improvement
- Information Systems



# Annual Report on Equity in Health Care Quality



- MGH Commitment to Diversity & Inclusion
- Demographic profile of MGH patients
- New area of exploration: Readmissions
- Caring for patients with limited English proficiency
- Department-specific quality measures
  - Obstetrics
  - Pediatrics
- Standard reporting measures
  - Inpatient clinical quality indicators
  - Outpatient clinical quality indicators
  - Patient Experiences of care



# Caring for Patients with Limited English Proficiency

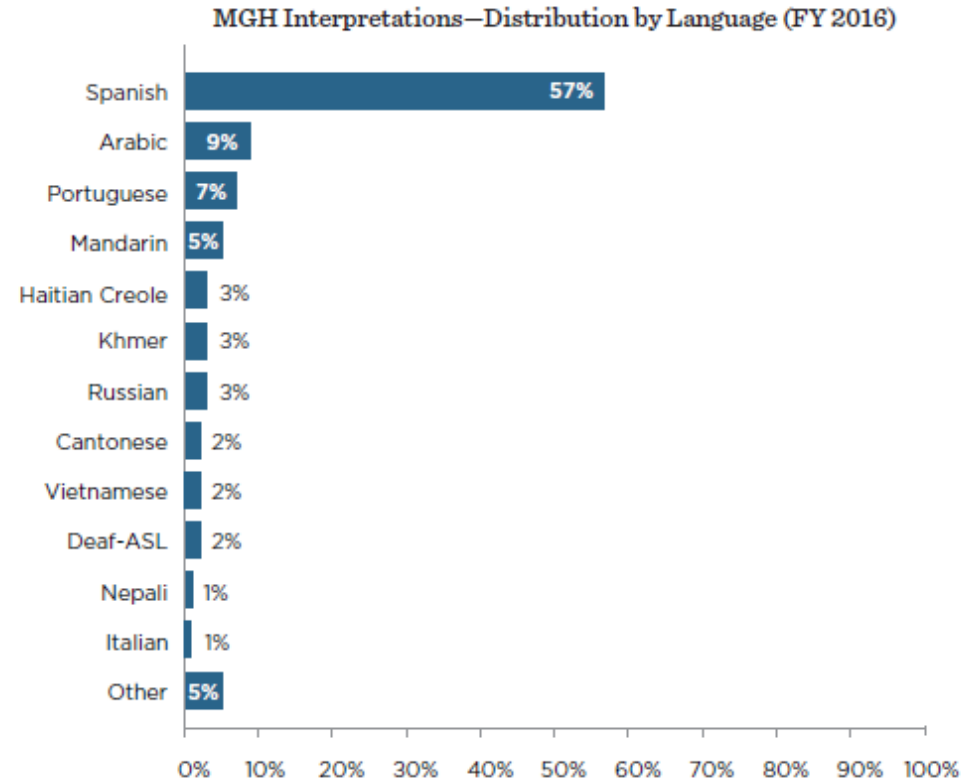
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# Communicating with our Patients

MGH provided 135,534 interpretations in 127 languages in FY 2016

- 35% of interpretations were face to face
- 60% were telephonic
- 15% were video interpretations



# Improving Quality & Safety for Patients with LEP

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## Initiatives at MGH

- Training for MGH clinicians on providing safe care for patients with LEP
- Clinical process improvement for LEP patients and families in Pediatrics
- Rounding on newly admitted patients with LEP





# Improving Quality & Safety for Patients with LEP



## Providing Safe and Effective Care for Patients with Limited English Proficiency (LEP)

### **Module 1: The Evidence for Disparities and the High Rate of Medical Errors for Patients with Limited English Proficiency**

[Click Here to Begin](#)

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Course Progress:



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# Language Services Documentation Tool (LSDT) at the Cambridge Health Alliance

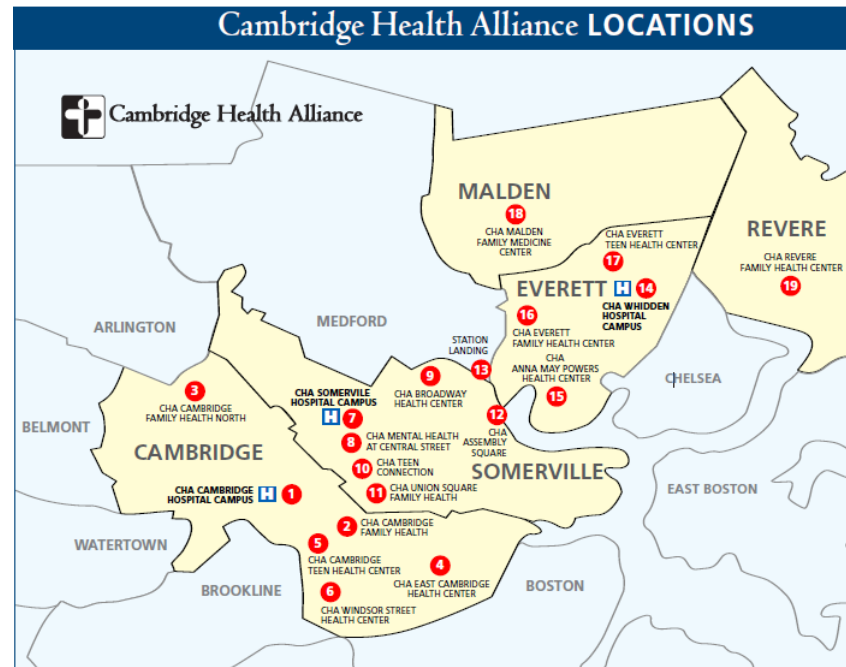
**Vonessa Costa**, Cambridge Health Alliance

**Ranjani Paradise**, Institute for Community Health

April 24, 2018

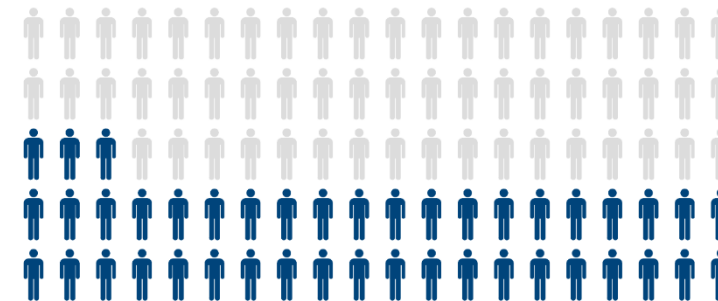
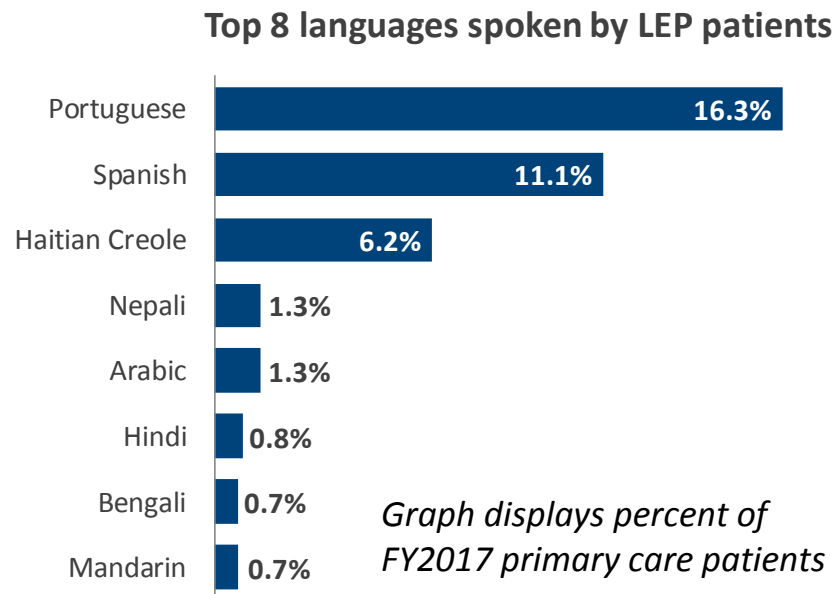
# Cambridge Health Alliance (CHA)

- Safety-net healthcare system in Massachusetts providing a broad spectrum of services
- 15 primary care practices across five cities
- 19 specialty practices
- 3 acute care hospitals



# Cambridge Health Alliance (CHA)

- Highly diverse patient population
- Strong commitment to serving vulnerable communities





# Interpreter services at CHA

- Robust medical interpreter program providing language access in more than **60 languages** to all CHA sites (300,000 encounters per year)
- Professional interpreter services via face-to-face, telephone, and videoconference modalities
- In-house interpreter call center since 2008; staffed for 10 of the top requested languages

# Institute for Community Health (ICH)

- Nonprofit consulting organization specializing in participatory evaluation, applied research, assessment and planning
- ICH helps healthcare systems, health departments and community-based organizations **improve their services and maximize impact**
- ICH has collaborated with CHA since 2011 on language access data collection, quality improvement, and evaluation

# LEP patient communication

- Limited English proficient (LEP) patients face language barriers that can have adverse effects on safety and quality of care
- Organizations address language needs in a variety of ways:
  - Professional interpreters (in person or remote)
  - Multilingual clinicians
  - Dual role support staff
  - Ad hoc interpreters – untrained staff, family, friends

# Risky communication practices

- Some communication modalities present risks to safety and quality of care
- Use of ad hoc (untrained) interpreters:
  - Increases likelihood of clinically significant errors or omissions
  - Can decrease patient and provider satisfaction
  - Can compromise privacy
- Language errors can occur frequently with providers who are not fully fluent

# Recent publications

## ETHICS CASE

### Clinicians' Obligations to Use Qualified Medical Interpreters When Caring for Patients with Limited English Proficiency

Commentary by Gaurab Basu, MD, MPH, Vonessa Phillips Costa, and Priyank Jain, MD

Teachable Moment

### Hemoptysis or Hematemesis?—The Importance of Professional Medical Interpretation A Teachable Moment

Jason H. Maley, MD

#### VIEWPOINT

### Improving Communication With Patients With Limited English Proficiency

Breena R. Talra, MD,  
MPH, CPH  
Department of  
Emergency Medicine,  
Olive View-UCLA  
Medical Center, Sylmar,  
California.

# Recent regulations and standards

- Section 1557 of the ACA definitions
  - “Qualified Interpreters” adhere to generally accepted interpreter ethics principles; have demonstrated proficiency in speaking and understanding both spoken English and at least one other spoken language; and are able to interpret effectively, accurately, and impartially, both receptively and expressly, to and from such language(s) and English, using any necessary specialized vocabulary and phraseology

# Recent regulations and standards

- Section 1557 of the ACA definitions
  - “Qualified multilingual staff” are proficient in speaking and understanding both spoken English and at least one other spoken language, including any necessary specialized vocabulary, terminology and phraseology; and are able to effectively, accurately, and impartially communicate directly with individuals with limited English proficiency in their primary languages
  - Section 1557 requires the *demonstration of competencies* by both categories
- Joint Commission is increasingly focusing on language access practices in surveys/tracers

# Best practices for communication

- **Best practices:** professional interpreters or qualified multilingual providers
- For more than a decade, CHA has promoted best practices for LEP patient communication and prioritized language access as a quality improvement focus area



# Tracking communication practices

- Problem: CHA was tracking utilization of professional interpreter services but had no mechanism of understanding other communication practices being used across the organization
- Solution: Create a new data tracking system to enable identification of gaps and areas for improvement

# LSDT

- To promote safe and effective communication practices, **must be able to track all modalities** of language assistance
- Language Services Documentation Tool (LSDT) first developed at CHA in 2007 as part of a RWJF Speaking Together grant
  - Enables consistent collection of comprehensive, accurate, real-time data about how LEP patients' language needs are met

# LSDT

- Developed by a multi-departmental team
- Extensively pilot tested in 2008-2009 at one CHA clinic (post-grant work funded by CHA)
  - Streamlined and refined in response to feedback from providers, staff, and leaders
- Final tool:
  - One question prompt: “Language needs met by:”
  - 10 response options

# LSDT

- Built in to existing Epic screen: “Quick Questions”
- Linked to patient’s language of care → documentation only required if not English
- Hard stop, required for every ambulatory encounter
- Allows for multiple responses within a single encounter
- Option to add a comment
- Takes a **few seconds** to complete

10/30/2009 visit with James Conlon

Images Questionnaires Admin Benefits Inquiry References SmartSets Scans Open Orders Change PCP Print AVS & Pt Med List More

Allergies: **Not On File**

Vitals: BP: P: T: T Src: Resp: W: H: SpO2: PF: BMI: BSA: LMP: Tobacco: Not Asked

**Charting**

- BestPractice
- Allergies
- Med. Document
- Chief Complaint
- Vitals
- AGL
- Relevant Enc
- SmartSets
- Progress Notes
- Diagnoses
- Orders
- Pt. Instructions
- Quick Questions**
- LOS
- Follow-up
- Close Encounter

**Quick Questions**

Adv	Question	Answer	Comment
	PROVIDER SPECIALTY		
✓	Enter provider specialty for this visit.		
	PATIENT LANGUAGE NEEDS		
✓	Patient's Language of Care (If not English, next question is required)	Italian [10]	
✓	Language needs met by:		
	[More]		

**Answer Select**

Search:

Answer

- ENGLISH USED EFFECTIVELY BY PATIENT
- PROVIDER/STAFF PROFICIENT IN PATIENT'S LANGUAGE (NOT ENGLISH)
- FACE TO FACE INTERPRETER
- TELEPHONE INTERPRETER
- VIDEOCONFERENCE INTERPRETER
- BILINGUAL EMPLOYEE INTERPRETER: TESTED AND TRAINED
- DECLINED INTERPRETER SERVICES (RIGHTS INFORMED BUT WAIVED)
- FRIEND OR FAMILY PREFERRED BY PATIENT (RIGHTS INFORMED BUT WAIVED)
- NO DIRECT CONTACT WITH PATIENT
- OTHER (PLEASE ADD COMMENTS)

10 items loaded. Double click to select.

Accept Cancel

# Adapting the LSDT

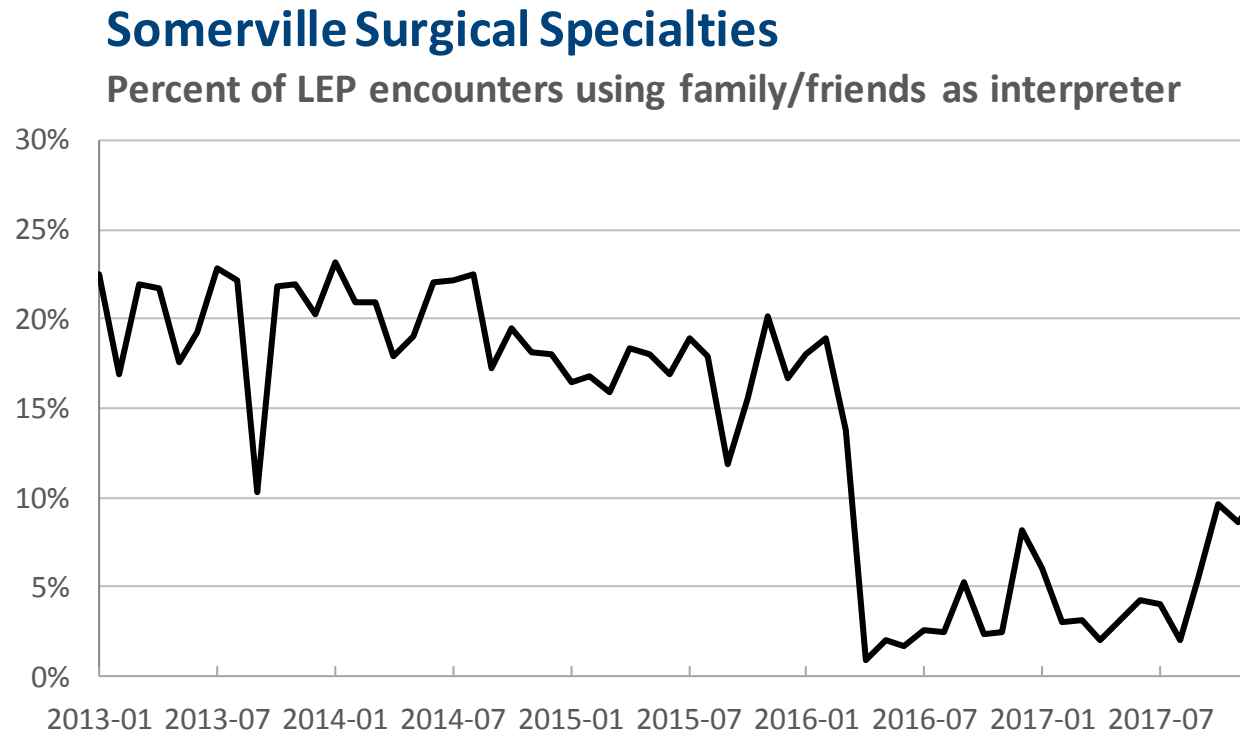
- CHA's language services policy has changed since the LSDT was developed
- Policy now expressly prohibits using family members or friends as interpreters except for emergency situations where no professional interpreter is immediately available
- CHA is assessing changes to the wording of the LSDT options to reflect current policy

# Using data for QI

- LSDT provides a detailed picture of how language needs are met across the organization
- Can target outreach and QI efforts to areas with highest use of concerning practices
- Can monitor data over time
- Creating reports requires some analytical support

# Using data for QI

- QI focus: Use of family/friends as interpreters





# QI process

- Annual assessment of LSDT data to identify target sites for improvement
- Regular meetings with site leadership (practice manager, nurse manager, medical director)
- Attend all-staff meetings when possible to discuss staff experiences with interpreter services and LEP patients

# QI process

- Collaborative identification of opportunities for improvement
- Sharing best practices across sites
- Identifying site-specific challenges and solutions
- Regular sharing of LSDT data

# QI process

- Sharing tools such as scripting on how to talk to patients about CHA's language services policy

*"You are welcome to bring your friend/family member into the exam room for this appointment. It's great to have someone to help and support you! For safety reasons, CHA policy specifies that a professional medical interpreter should be present in person or by phone/video to facilitate clinical communication. During the visit, your friend/family member is welcome to let us know if there's anything that needs clarification or additional explanation."*

# Using provider comments for QI

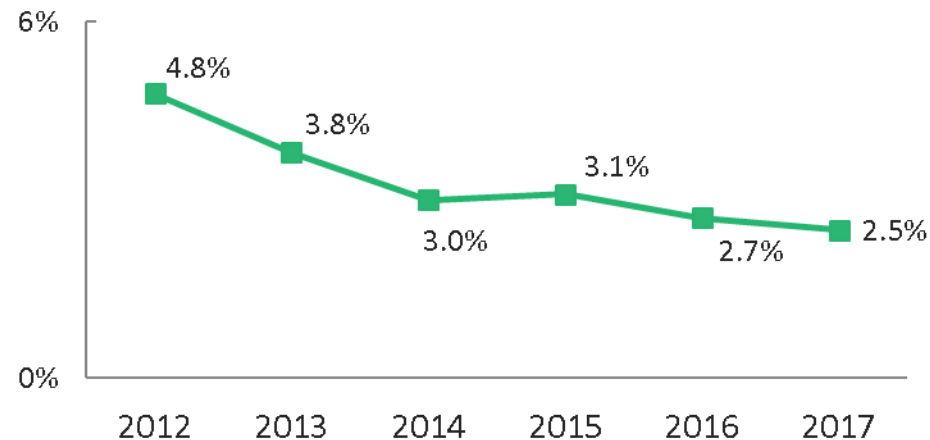
Comments provide actionable data:

- *“poor quality interpretation by [vendor interpreter]”* → provide feedback to vendor
- *“CHA employee assisted with interpretation”* → communicate with clinic about interpreter qualification requirements and policies
- *“no Hausa interpreter available by tel”* → identify vendor with Hausa capability
- *“speaks perfect English”* → language of care may need to be changed to English

# Changes made

- In response to common comments, CHA has:
  - Changed vendor selection for specific languages
  - Assessed and modified interpreter staffing
  - Worked with registration staff to correct language of care errors

The percent of interpreted encounters with a language of care error has decreased since 2012



# Lessons learned

- QI in language access is not “one size fits all” - different sites have different work cultures and may require unique interventions
- It’s important to identify and cultivate potential champions – both in leadership and on the frontlines!
- Know your organizational structure – CHA practices generally require input from 3 leaders (medical director, nurse manager, practice manager)

# Lessons learned

- Involve frontline staff and invite them to participate in discussions around redesigning workflow to support best practices
- Make it easy - clinicians generally support the rationale for collecting the data and promoting best practices for LEP communication, but often practice under crushing time constraints
- Some teams are naturally performance improvement focused, while others require ongoing support and a complete toolkit

# For more information

- Paradise et al. “The Language Services Documentation Tool: Documenting How Patient Language Needs Were Met During Clinical Encounters”, *The Joint Commission Journal on Quality and Patient Safety* **40**(11): 522-528, 2014
- Contact Vonessa Costa with questions ([vcosta@challiance.org](mailto:vcosta@challiance.org))
- Contact Dr. Ranjani Paradise with questions ([rparadise@communityhealth.org](mailto:rparadise@communityhealth.org))



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**THE DISPARITIES  
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*One Goal – High Quality Care for All*



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**Q & A**



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# **Next Webinar**

**Tuesday, May 22, 2018**

**12:00 – 1:00 pm CT/1:00 – 2:00 pm ET**

## **Positioning Your Diversity Strategy for Organizational Impact**

**Disparities Solutions Center at Massachusetts General Hospital**



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**EXPANDING OUR FOCUS IN  
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**JUNE 28–29, 2018  
SWISSÔTEL CHICAGO | CHICAGO, IL**

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TODAY!**

# The Institute and HRET Launch Population Health/Health Equity Survey



## **DEADLINE EXTENDED:** **Complete the Population Health, Equity and Diversity in Health Care Survey by **May 11****

Recently emailed to AHA-member CEOs for completion, the survey is designed to inform the field about hospitals' and health systems' ongoing efforts to address population health, health equity and diversity in the communities they serve. Aggregate findings from the survey will be shared in various forms, including whitepapers, presentations and educational forums.



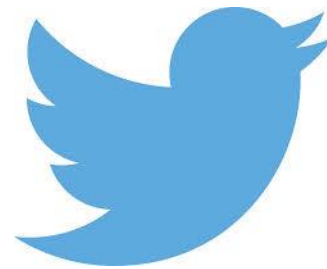
For more information, contact AHA survey support at  
[surveysupport@aha.org](mailto:surveysupport@aha.org) or 800-530-9092.





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