How Will We Know?

Screening for Preferred Language and Strategies for Measurement

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Why Ask about Language at All?

• Medical errors and patient safety are closely linked to patient-provider communication

• Literature shows that patients with limited English proficiency who do not use an interpreter or bilingual provider:
  – Get less care
  – Get poorer quality care
  – Have poor adherence to treatment regimens
  – Are at greater risk for errors
  – Have lower satisfaction with their health care
  – Have less trust in their doctors and providers
Why Screen for Preferred Language?

• How much time do we have?
  – The debate about preferred versus primary language…

• Service delivery versus demographic information

• HRET toolkit endorsed by NQF: Collect *Primary Language* defined as *language patient feels most comfortable speaking with the doctor or nurse*
Challenges to Screening for Preferred Language

• Organization’s interest in collecting the information
• Challenges with registration process
  – Staff already has too much to collect
  – Premium “real estate” market
  – Difficulty identifying languages
  – Discomfort with the question/s
  – IT limitations
  – Linkage with language resources
• Looping back to the visit or encounter
Screening for Preferred Language

**FIGURE 2**
ST1: PATIENTS SCREENED FOR PREFERRED LANGUAGE
All Hospitals

PERCENT OF PATIENTS

YEAR-QUARTER
Language Services Performance Measures

- **ST 1: Screening for Preferred Language**
  The percent of patients who have been screened for their preferred spoken language.

- **ST 2: Patients receiving language services from qualified LS providers**
  The percent of patients with language needs who receive initial assessment and discharge instructions from assessed and trained interpreters or from assessed bilingual providers.

- **ST 3: Patient wait time**
  The percent of encounters where the patient wait time for an interpreter is 15 minutes or less.

- **ST 4: Time Spent Interpreting**
  The percent of time interpreters spent providing medical interpretation in clinical encounters with patients.

- **ST 5: Interpreter delay time**
  The percent of encounters interpreters wait less than 10 minutes to provide interpreter services to clinician and patient.
Raising the Bar in Language Services
(Language Services from Qualified Providers)
Improvements in Rates of Screening for Depression by Language

Hospital B
Depression Screening

Year-Quarter

Percent (%)

English
Spanish
Chinese
Lessons Learned

• Screening for preferred language is a fundamental component in any measurement strategy related to quality improvement in language services

• For some hospitals, this was not as difficult as they had initially imagined

• Linking back to patient care is much more difficult in terms of IT, organizational culture, and active players
Closing Thoughts

• Language services teams in health care organizations are looking for guidance in these areas
• “Categorization” is not as much of an impediment as interest, commitment and a common goal
• 75 percent of hospitals report that they have patients who speak limited English – we need to know who the patients are and whether they are being well-served