Do Hospitals Measure Up to the National Culturally and Linguistically Appropriate Services Standards?

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October 19, 2010
*Medical Care*, in press

Acknowledgements

Coauthors:
- Amy Wilson-Stronks, The Joint Commission, CulturaLink
- Elizabeth Jacobs, University of Wisconsin-Madison

Funding:
- Robert Wood Johnson Clinical Scholars Program
- Robert Wood Johnson Foundation
- United States Department of Veterans Affairs
- The California Endowment

Limited English Proficiency (LEP):

- Limited ability to read, speak, write or understand English
- 47 million speak a language other than English at home
- 8.1% speak English “not well” or “not at all”
Impact of LEP on Quality of Care and Outcomes

- Access to care
- Patient satisfaction
- Patient understanding
- Length of stay
- Medical errors and misdiagnoses

IOM Report, 2009

“The collection of data on language and communication needs is essential to safe, accessible, effective, quality health care.”

Background

- Federal regulations require health care organizations provide language services
- 4 of National Standards on Culturally and Linguistically Appropriate Services (CLAS standards) in Health Care address language services
Knowledge Gap

- Unknown how hospitals are incorporating CLAS Standards into practice

Objectives

- To describe hospital compliance with the 4 CLAS standards related to language services
- To identify challenges to compliance and possible targets for intervention to improve linguistic access in hospitals

Methods: Sample

- 239 hospitals sampled using 2 methods:
  - Stratified National Sample (n=203)
  - Judgment Sample (n=36)
Methods

- Contact person identified at 221 (93%)
- Web-based survey
  - Demographics of hospital's population
  - Hospital compliance with each CLAS standard related to language services
  - Challenges to providing services
- Responses received from 135/221 (61%)

Analysis

- Standard frequency analyses for sample and survey results
- Bivariate analyses: $\chi^2$ test or Fishers Exact test

Results: Hospital Characteristics

- Majority were:
  - From South and West
  - Private, not-for-profit
  - Teaching hospitals
- Responding hospitals more likely to be:
  - Larger
  - Joint Commission Accreditation
  - Stratified national sample
Demographic Data Collected by Hospitals
- Race/Ethnicity/Nationality (70%)
- Patients’ preferred language and need for interpreter (72%)

Most Common Languages Requested by Patients

<table>
<thead>
<tr>
<th>Language</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</td>
<td>75%</td>
</tr>
<tr>
<td>American Sign Language</td>
<td>41%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>36%</td>
</tr>
<tr>
<td>Russian</td>
<td>31%</td>
</tr>
<tr>
<td>Cantonese</td>
<td>26%</td>
</tr>
<tr>
<td>Arabic</td>
<td>25%</td>
</tr>
<tr>
<td>Korean</td>
<td>23%</td>
</tr>
<tr>
<td>Mandarin</td>
<td>23%</td>
</tr>
<tr>
<td>French</td>
<td>12%</td>
</tr>
<tr>
<td>Tagalog</td>
<td>11%</td>
</tr>
</tbody>
</table>

Results: CLAS Standard 4
- Health care organizations should make language assistance services available to patients with LEP free of charge, in a timely manner during all hours of operation.
**Services Available 24 hrs/day**

- Staff Interpreters: 54%
- Contract/Agency Interpreters: 93%
- Volunteer Interpreters: 28%
- Dual-Role Interpreters: 39%

**Waiting Time for Interpreter – Emergency Department**

- Interpreter in ED within 15 minutes – 1st most common language: 78%
- Interpreter in ED within 15 minutes – 3rd most common language: 48%

**Results: CLAS Standard 5**

- LEP patients must be informed, in their preferred language, of their right to receive language services.
How Patients Made Aware of Right to Services

<table>
<thead>
<tr>
<th></th>
<th>English</th>
<th>Other Languages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Posters</td>
<td>43%</td>
<td>46%</td>
</tr>
<tr>
<td>Forms</td>
<td>28%</td>
<td>40%</td>
</tr>
<tr>
<td>Multilingual Posters</td>
<td>31%</td>
<td>30%</td>
</tr>
<tr>
<td>Verbally</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>Interpreter Services Outreach</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>Media Campaigns</td>
<td>4%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Results: CLAS Standard 6

- Health care organizations must assure the proficiency of language services (by both interpreters and bilingual staff).
- Family and friends of patients should not be used as interpreters.
Hospital Requires Interpreter Training

![Graph showing percentages of hospitals requiring interpreter training across different samples and interpreter types.]

<table>
<thead>
<tr>
<th>Type of Interpreter</th>
<th>Whole Sample</th>
<th>Judgment Sample</th>
<th>Stratified National Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Interpreters</td>
<td>90%</td>
<td>64%</td>
<td>72%</td>
</tr>
<tr>
<td>Contract/Agency</td>
<td>90%</td>
<td>64%</td>
<td>56%</td>
</tr>
<tr>
<td>Volunteer Interpreters</td>
<td>75%</td>
<td>47%</td>
<td>47%</td>
</tr>
<tr>
<td>Dual Role Interpreters</td>
<td>60%</td>
<td>30%</td>
<td>20%</td>
</tr>
<tr>
<td>Bilingual Staff</td>
<td>32%</td>
<td>22%</td>
<td>22%</td>
</tr>
</tbody>
</table>

*p < 0.05 for comparison between stratified national & potential best practices sample subgroups.

Hospital Use of Family and Friends as Interpreters

![Graph showing percentages of hospitals using family and friends as interpreters across different samples.]

<table>
<thead>
<tr>
<th>Use of Family and Friends as Interpreters</th>
<th>Whole Sample</th>
<th>Judgment Sample</th>
<th>Stratified National Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of Family and Friends as Interpreters</td>
<td>62%</td>
<td>55%</td>
<td>64%</td>
</tr>
<tr>
<td>Written Policy Against Use of Family/Friends</td>
<td>70%</td>
<td>91%</td>
<td>64%</td>
</tr>
</tbody>
</table>

*p < 0.05 for comparison between stratified national & potential best practices sample subgroups.

Results: CLAS Standard 7

- Health care organizations must have signage and written patient information in the languages commonly seen in the service area.
Availability of Translated Documents

<table>
<thead>
<tr>
<th>Document Type</th>
<th>In Most Common Language</th>
<th>In &gt; 1 Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advance Directives</td>
<td>65%</td>
<td>21%</td>
</tr>
<tr>
<td>Patients’ Rights</td>
<td>61%</td>
<td>29%</td>
</tr>
<tr>
<td>Discharge Instructions</td>
<td>58%</td>
<td>23%</td>
</tr>
<tr>
<td>Informed Consent</td>
<td>57%</td>
<td>28%</td>
</tr>
<tr>
<td>Hospital Signage</td>
<td>51%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Challenges to Providing Language Services

- Cost
- Waiting time for interpreter
- Lack of:
  - Staff awareness of need
  - Staff awareness of how to obtain services
  - Qualified interpreters
  - Translated materials

Percent of Hospitals Meeting CLAS Standards 4 – 7

<table>
<thead>
<tr>
<th>Standards</th>
<th>13%</th>
<th>44%</th>
<th>16%</th>
<th>7%</th>
<th>19%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Four Standards</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Three Standards</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two Standards</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One Standard</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Standards</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Conclusions

- Many hospitals not providing language access services as required by Federal law
- Study helps identify standards to be targeted for intervention and/or enforcement

Limitations

- Hospital sample not random
- Including potential best practices sample might have:
  - Skewed results toward demonstrating compliance
  - Led to over-reporting compliance problems
- Self-report by hospitals could lead to over-or under-reporting of service availability
- Insufficient power to run multivariate analyses

Implications

- Compliance is difficult for hospitals
- Regulations viewed as optional
- Enforcement of CLAS Standards:
  - Challenging
  - Infrequent
  - Not a sufficient threat to hospitals
- Future enforcement from accrediting organizations