

Breaking the Barrier

How interpretation services can increase patient safety and enhance the overall patient experience

It's not a surprise that language barriers can hinder patient safety.

Perhaps the most well-known case is that of Willie Ramirez, an 18-year-old Cuban boy who became quadriplegic as a result of a single mistranslated word. After rushing a comatose Ramirez to a South Florida hospital, the mother of Willie's girlfriend described the boy's state as "intoxicado." The hospital staff took this to mean "intoxicated" from a drug overdose and treated him accordingly. Meanwhile, an intracerebellar hemorrhage caused Willie's brain to fill with blood for two days as he lay unconscious in the hospital. Only later, and much too late for Willie, would the hospital staff learn that "intoxicado" is commonly used by Cubans as a catch-all for any illness caused by food or drink.



The case is often referred to when hospitals evaluate how best to avoid medical errors resulting from language barriers. The influx of immigrants to the United States has redefined patient populations in hospitals across the country. About 12.4 percent of the U.S. population is foreign born, and nearly 55 million U.S. residents speak a language other than English at home. Also, according to the U.S. Census Bureau, about 24 million residents speak English "less than very well" and may be considered LEP (Limited English Proficiency). Plus, more than 300 languages are spoken in the United States.

So, what can hospitals and other clinics do to help minimize medical errors and increase patient safety when treating patients whose primary language isn't English? Many hospitals are hiring bilingual staff (particularly Spanish-speaking) to help with language translation. But experts say this can carry a risk that hospitals should look at more closely. A 2007 study published in the *Journal of General Internal Medicine* found that between 20 percent to 40 percent (sometimes more) of "bilingual" staff tested for language proficiency failed to demonstrate sufficient knowledge in both languages to safely provide services. Yet the majority of health care organizations still do not test bilingual employees for language skills, failing to realize that using professional language assistance, such as trained interpreters, helps to drastically reduce mistakes.

Unfortunately, many hospitals also depend too much on patients' family members, who don't possess the clinical knowledge to accurately interpret for the patient. But this can lead to serious issues when family members are interpreting incorrectly, omitting doctors' questions or purposely leaving out key information a physician or nurse may need.

Due to the risk, hospitals are increasing the use of interpretation services to help better manage patient safety among patients who don't speak English. Medical translation services companies offer highly trained interpreters who speak hundreds of languages and are available by phone 24 hours a day, seven days a week. Healthcare staff can have an interpreter on the line within seconds to translate for a patient. Utilizing this type of service minimizes the risk of misinterpretation or downtime while waiting for an interpreter.

According to a 2004 study in the *American Journal of Public Health*, patients who used interpreter services received significantly more preventive services, made more office visits and filled more prescriptions. And studies, such as the 2002 study in the *Journal of Immigrant Health* titled "Trained medical interpreters in the emergency department: effects on services, subsequent charges, and follow-up," show that the outcomes of using trained interpreters are positive and cost effective. In the study, it was found that patients who used interpreters returned to the Emergency Department fewer times and increased their clinic visit, saving hospitals thousands of dollars on ER care.



Currently, the types of language services that hospitals are using varies. According to a 2006 national survey of hospitals by the Health Research and Educational Trust, 92 percent of respondents said they used telephonic services, 82 percent used bilingual clinical staff, 74 percent used bilingual nonclinical staff, 68 percent used staff interpreters, 66 percent used external interpretation agencies, 63 percent used independent freelance interpreters, and 18 percent used community language banks.

Despite which type of interpreting resources your healthcare organization may be using, here are some general tips for staff to follow when working with interpreters, provided by Jorge Ungo, southwest region manager for [Pacific Interpreters](#) and president of the Texas Association of Healthcare Interpreters & Translators.

1. Speak directly to the patient.
2. Use short phrases and lay terminology.
3. Pause frequently to allow the interpreter to interpret accurately.
4. Avoid side conversations.
5. Avoid asking the interpreter to wear two hats at the same time such as babysitting, wayfinding, transportation, medical assistance, etc.
6. If you think the interpreter has omitted or changed the meaning of something you said, STOP the session and ASK for clarification.
7. Be prepared for the interpreter to stop you and ask for repetition and/or clarification.
8. Never use children as interpreters.
9. Maintain control of the encounter.
10. Avoid making assumptions.

Useful Resources

- ["Advancing Effective Communications, Cultural Competence and Patient- and Family-Centered Care: A Roadmap for Hospitals"](#) — The Joint Commission
- ["National Standards for Culturally and Linguistically Appropriate Services in Health Care"](#) — Office of Minority Health
- ["A Patient-Centered Guide to Implementing Language Access Services in Healthcare Organizations"](#) — American Institutes for Research