

INTRODUCTION

Limited English proficiency (LEP) in the United States creates barriers to quality and accessible health care¹

- LEP Federal Protections: Civil Rights Act of 1964, Title VI² & Patient Protection and Affordable Care Act, Section 1557³

National Standards for Culturally and Linguistically Appropriate Services (National CLAS Standards) Guide improvement in health care equity and equality^{1,4,5}

- “Standard 7: Ensure competence of individuals providing language assistance”¹
- “Standard 8: Provide easy-to-understand print and multimedia materials”¹

Rationale: Literature supports multifaceted interventions and quality improvements improve National CLAS Standards compliance^{6,7}

- National Committee for Quality Assurance⁸ developed Centers for Medicaid and Medicare Services (CMS) approved guide of resources to implement National CLAS Standards

PURPOSE

Evaluate how interventions in linguistic competence and communication, compared to current practice, affect compliance with National CLAS Standards 7 and 8.

AIMS & OUTCOMES

Aim 1	Assess the self-reported levels of fluencies of potentially bilingual or multilingual clinical and non-clinical healthcare staff (National CLAS Standard 7)
Outcome	Determine the percent of potential bilingual/multilingual healthcare staff and provide recommendation to the stakeholders for language assessment and training
Aim 2	Provide and pilot easy-to-understand print materials in the languages commonly used by the LEP patient population in the service area of registration and checkout for a two-week period (National CLAS Standard 8)
Outcome	Feedback from LEP parent/caregiver and healthcare staff regarding the use of bilingual print materials

METHODS

Design: Practice Analysis Project*

Sample: Clinical and non-clinical healthcare staff, LEP parent/caregivers

Setting: Outpatient pediatric practice in southeast Georgia with 7,267 registered patients, 4.7% registered as LEP

Procedure: Project background, purpose, and aims introduced at routine office meetings for staff

Aim 1: Language Skills-Self Assessment adapted from established toolkit^{1,9}

- Healthcare staff surveyed for presence of non-English language skills, level of fluencies, and willingness to quality train

Aim 2: Bilingual registration/checkout forms adapted from established toolkit^{1,9}; Considerations for service area and clear and effective design¹⁰; Spanish documents translated and certified for accuracy

- Bilingual forms posted and utilized for two weeks

- Feedback surveys from registration staff and LEP parent/caregiver completed following use of bilingual forms

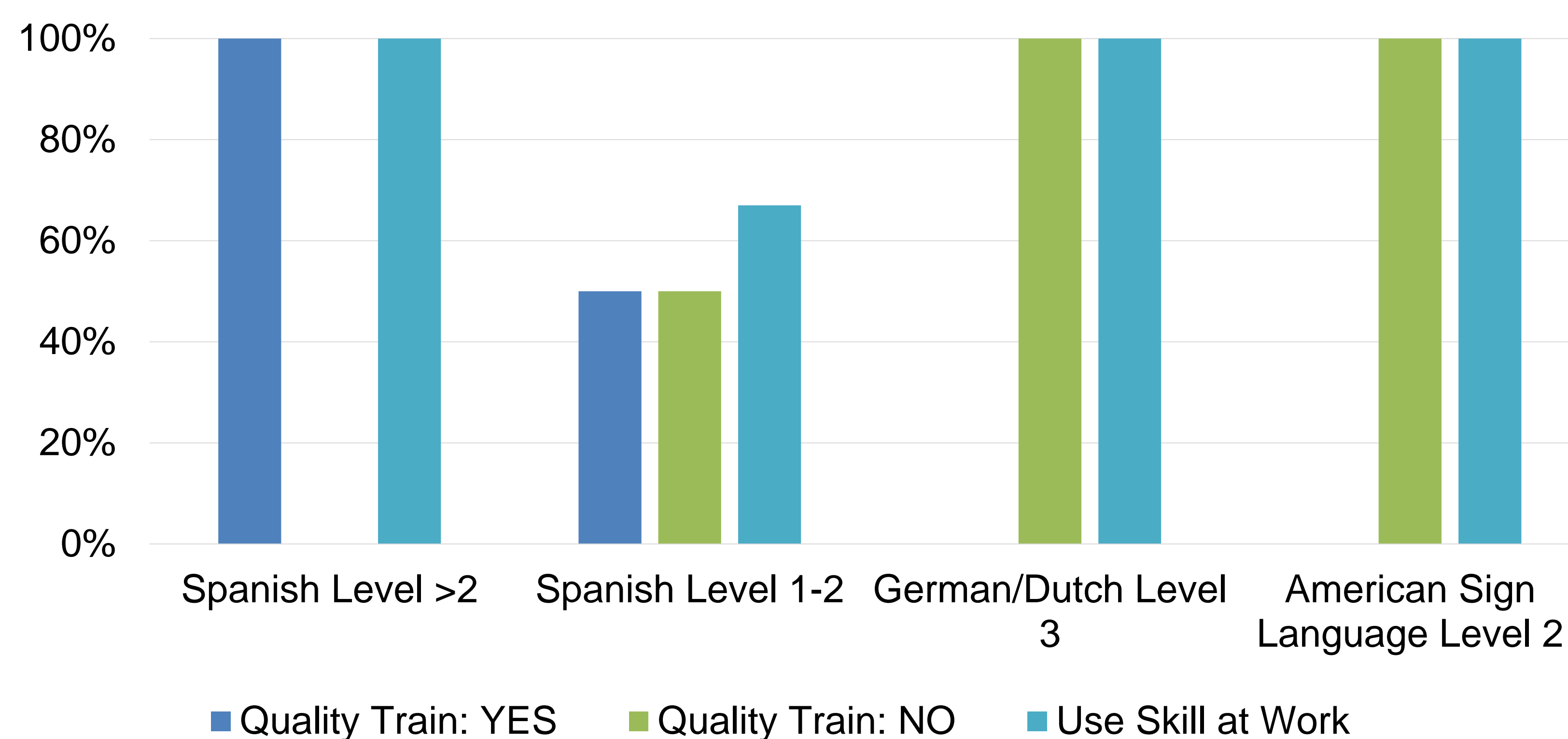
* The AU & SGHS IRBs determined this project was not research

RESULTS

Aim 1

- Sample: 21 pediatric primary care clinical and nonclinical healthcare staff
 - 6 physicians; 50% male, 50% female
 - 1 registered nurse, 5 certified medical assistants, 4 certified nursing assistants, and 5 registration staff, 2 office managers; 100% female
- 21 Surveys received, 47% reported non-English language skills
- 90% reported skills in Spanish, most common reported non-English language in service area; Levels >2 includes medical care terminology, ≤ 2 basic conversational ability

Figure 1. Self-Reported Language Skills



Aim 2

- Sample: 9 Registration staff encounters (100% female), 9 Spanish speaking/reading LEP parent/caregiver of pediatric patient
- 18 Surveys completed: 9 English, 9 Spanish
- English Surveys: 78% used in check out (22% no answer)
- Spanish Surveys: 55% used at check out, 22% registration (22% no answer)

Figure 2. Bilingual Form Feedback Surveys

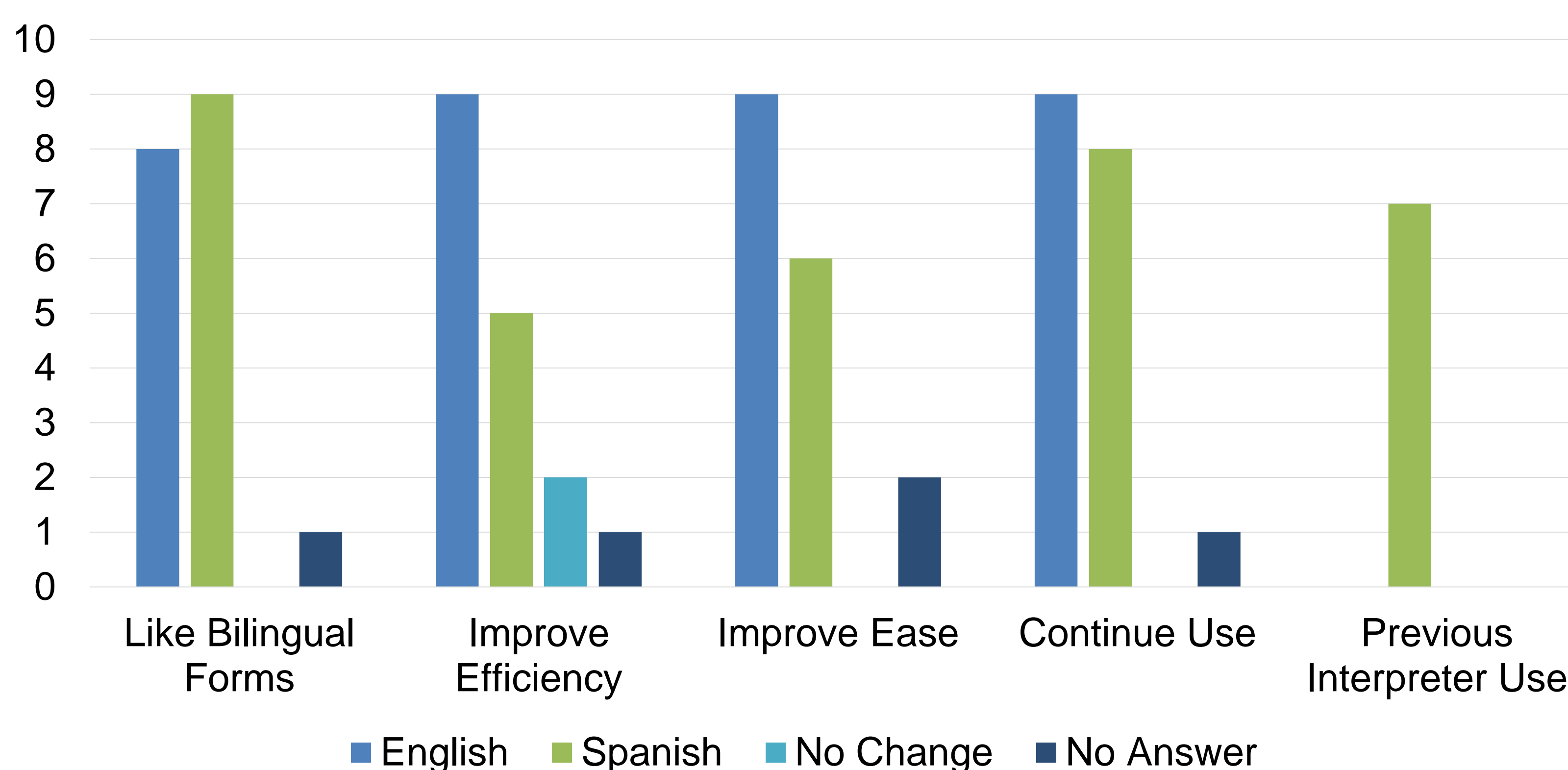


Figure 3. Bilingual Form Comments

Qualitative Feedback	
English	Spanish
“Easy, fast, efficient”	“I understand better, thank you”
“All they have to do is point”	“It is easy to express what is required”
“I would[sic] like under follow up, gives them the option to point to either months, day, or week”	“It is faster to express yourself just by pointing to the word”

DISCUSSION

Key Findings

- Low-cost interventions initiated steps toward compliance with National CLAS Standards 7 and 8

Comparisons to Literature

- Key findings indicate outcomes compare favorably to literature⁴⁻⁸
- Interventions initiate steps beyond the Triple Aim¹¹:
 - Improvements in patient and provider satisfaction, improving quality of care for LEP families, and reducing cost¹¹

Limitations

- Below baseline appointment volumes (new providers and absences) likely contributed to volume of LEP patient families in office during project
- Higher likelihood of LEP caregiver to have English speaking minors with them during summer months
- Design limits generalizability of work beyond service area, indicating need for further research

Implications for Practice

- Confirmed presence of staff with non-English language skills and willing to quality train; Initiates compliance with National CLAS Standard 7
- Quality testing recommendation for stakeholders to recognize and qualify skills to ensure meaningful access for LEP patients^{1,2}
- Positive feedback from bilingual forms: improved satisfaction, ease, communication; Complies with National CLAS Standard 8

Implications for Research

- Quantify quality and cost outcomes of improving patient-healthcare staff language concordance in service area and throughout health system
- Adapt bilingual forms to other service areas within institution and with additional languages
- Alternative low cost, high quality, language access interventions and evidenced based best practice to qualify non-English language skills needed

CONCLUSIONS

Preliminary strides in overcoming language barriers through use of interventions supporting National CLAS Standards 7 and 8 achieved. Sustainability demonstrated as bilingual forms still in use.

Stakeholder Recommendations:

- Incorporate language skill identification and qualification
- Utilize bilingual forms in service areas

Funding: The Georgia Chapter of the National Association of Hispanic Nurses funded costs of certification and translation of Spanish materials

REFERENCES

Scan for complete reference list:

