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اصول تنظیم قراردادها

آموزش مهارت های کاربردی در تدوین و چاپ مقاله
Creating a safe, high-quality healthcare system for all: meeting the needs of limited English proficient populations; Comment on “Patient safety and healthcare quality: the case for language access”

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Abstract
The article by Cheri Wilson, “Patient Safety and Healthcare Quality: The Case for Language Access”, highlights the challenges of providing Culturally and Linguistically Appropriate Services (CLAS) to patients with Limited English Proficiency (LEP). As the US pursues high-value, high-performance healthcare, our ability to meet the needs of our most vulnerable will determine whether we succeed or fail in the long run. With the implementation of the Affordable Care Act (ACA), this is more important than ever before, as it is estimated that the newly insured are more likely to be minority and less likely to speak English than their currently insured counterparts. As such, we must create a safe, high-quality healthcare system for all, especially in this time of incredible healthcare transformation and unprecedented diversity. Improving Patient Safety Systems for Patients With Limited English Proficiency: A Guide for Hospitals provides a blueprint for achieving this goal; and Massachusetts General Hospital (MGH) is taking action.
Keywords: Patient Safety, Limited English Proficient, Equity, Quality
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As the US pursues high-value, high-performance healthcare, our ability to meet the needs of our most vulnerable will determine whether we succeed or fail in the long run. With the current implementation of the Affordable Care Act (ACA), this is more important than ever before, as it is estimated that the newly insured are more likely to be minority and less likely to speak English than their currently insured counterparts. As such, we must create a safe, high-quality healthcare system for all—not just a select few—most especially in this time of incredible healthcare transformation and unprecedented diversity.

So, how do we go about this? The good news is we now have a blueprint and the requisite training to make this vision a reality. The Disparities Solutions Center (DSC) at Massachusetts General Hospital (MGH) recently completed a two-year, comprehensive research project with support from the Agency for Healthcare Research and Quality (AHRQ) and in collaboration with Abt Associates, culminating in the release of Improving Patient Safety Systems for Patients With Limited English Proficiency: A Guide for Hospitals (http://www2.massgeneral.org/disparitiessolutions/z_files/LEPguide.pdf). The Guide is focused on how hospitals can better identify, report, monitor, and prevent medical errors in patients with LEP (Figure 1). Key initiatives include:

1. Fostering a supportive culture for safety of diverse patient populations, articulated clearly by leadership,
Building Institutional Culture of Patient Safety for LEP

Figure 1. Key Recommendations to Improve Patient Safety for Patients with LEP.
structured interviews with the randomly selected, hospitalized LEP patients to explore whether their language needs have been met, especially for high-risk scenarios.

- **Quality and Safety Rounds** – Interpreter leadership is now participating on monthly Quality and Safety Rounds, which consists of leadership meeting with doctors, nurses, residents and front-line staff on a particular unit to discuss any quality and safety issues they identify—including “what might lead to the next medical error”. Issues of LEP patients are now being explored.

- **Patient Safety Tool for Interpreters** – Research indicates that interpreters are not familiar with what constitutes a safety event or risk; are not comfortable reporting one if they do see one; and do not know how to report one if they wanted to. To address this issue, the MGH Center for Quality and Safety has agreed to train interpreters to better understand patient safety culture, near-misses and safety events, risk, and why/how to report them.

- **Prompt about Culture/Language in our Patient Safety Reporting System** – Our current patient safety reporting system does not have a checkbox area or prompt for individuals to report whether language played a role in a near-miss or safety event. We are working to assure that the patient safety reporting system has an area or prompt to address this gap and thru promote reporting of safety events that may have been related to LEP.

- **Conducting two pilot TeamSTEPPS trainings for providers, nurses and staff** – Our plan is to pilot these in two departments at MGH where high-risk scenarios occur frequently—surgery and the emergency department.

- **Deploying an E-Learning Module for Physicians and Nurses on Improving Safety for LEP Populations** – We are in the planning stages of deploying an innovative e-learning curriculum for all physicians and nurses at MGH that will prepare them to work as teams to improve communication and to foster caring attitudes for patients with LEP (10).

Meeting the needs of LEP populations will be essential as we move into a new era of high-value, high-performance healthcare. If we truly aim to improve quality, safety and control costs, we must rise to the challenge. Our failure to address these issues costs our healthcare system millions of dollars, and millions of lives, every year. The time for excuses has long past—the case is clear, and the blueprint is readily available. We must create a safe, high-quality healthcare system for all. The only thing left to do is take action, and we aim to prove that it can be done. We hope others will join us.

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**Ethical issues**

Not applicable.

**Competing interests**

The authors declare that they have no competing interests.

**Authors’ contributions**

Both authors contributed to the conceptual design, research, initiatives, and writing of this commentary.

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**References**

1. Wilson CC. Patient Safety and Healthcare Quality: The Case for Language Access. *Int J Health Policy Manag* 2013; 1: 251–3.
2. Lindholm M, Hargraves JL, Ferguson WJ, Reed G. Professional
language interpretation and inpatient length of stay and readmission rates. *J Gen Intern Med* 2012; 27: 1294–9.

3. John-Baptiste A, Naglie G, Tomlinson G, Alibhai SM, Etchells E, Cheung A, et al. The effect of English language proficiency on length of stay and in-hospital mortality. *J Gen Intern Med* 2004; 19: 221–8.

4. Graham CL, Ivey SL, Neuhauser L. From Hospital to Home: Assessing the Transitional Care Needs of Vulnerable Seniors. *Gerontologist* 2009; 49: 23–33.

5. Jiang HJ, Andrews R, Stryer D, Friedman B. Racial/ethnic disparities in potentially preventable readmissions: the case of diabetes. *Am J Public Health* 2005; 95: 1561–7.

6. Wilson E, Chen AH, Grumbach K, Wang F, Fernandez A. Effects of limited English proficiency and physician language on health care comprehension. *J Gen Intern Med* 2005; 20: 800–6.

7. Traylor AH, Schmittiel JA, Uratsu CS, Mangione CM, Subramanian U. Adherence to cardiovascular disease medications: does patient-provider race/ethnicity and language concordance matter? *J Gen Intern Med* 2010; 25: 1172–7.

8. Patient Protection and Affordable Care Act, §18001 [internet]. 2010. Available from: http://www.gpo.gov/fdsys/pkg/BILLS-111hr3590enr/pdf/BILLS-111hr3590enr.pdf

9. Agency for Healthcare Research and Quality. TeamSTEPPS® Enhancing Safety for Patients With Limited English Proficiency Module [internet]. Available from: http://www.ahrq.gov/teamsteppstools/lep/index.html

10. Green AR KK, Gall G. Providing Safe and Effective Care for Patients with Limited English Proficiency [internet]. The Disparities Solutions Center, Mongan Institute for Health Policy, Massachusetts General Hospital, Massachusetts General Hospital Institute of Health Professions, and The Josiah Macy Jr. Foundation; 2013. Available from: http://www2.massgeneral.org/disparitiessolutions/macy.html
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