

Culturally and linguistically appropriate services (CLAS) can improve health outcomes for patients with limited English proficiency

Imagine you are learning how to pilot a plane and your instructor speaks a different language than you. The instructor might not be able to communicate essential information required to keep the plane in the air or safely land because of the language barrier. Not having this essential information, can result in injury or even death.

For patients to reach their fullest health potential, it depends on proper communication between the health care team and the patient. Language barriers in health care can result in miscommunications that result in lower quality of care and patient safety.¹ These barriers can result in unequal access to health care and unequal health outcomes. Comparing health outcomes of English-proficient patients with limited English-proficient patients, shows limited English-proficient patients have:²

- Lengthier hospital stays when professional interpreters were not used at admissions or discharge.
- Higher risk of surgical infections, falls and pressure ulcers.
- Higher risk of surgical delays due to difficulty understanding instructions, including how to prepare for a procedure.
- Higher chance of readmissions for certain chronic conditions due to misunderstanding how to manage their conditions and medications, and which symptoms should indicate a return to care.

This is illustrated by the malpractice case of Willie Ramirez. On Jan. 22, 1980, Willie collapsed after he experienced a headache initially believed to be caused by the smell of gasoline.³ After being rushed to the hospital, the Spanish word “intoxicado” resulted in the misdiagnosis of a drug overdose. While “intoxicado” sounds similar to intoxicated, it has a different meaning in Spanish. “Intoxicado” more generally indicates that something is wrong with the individual due to something they ate or drank such as an allergic reaction to food or feeling nauseous. The hospital didn’t contact the neurology department and Willie’s intra-cerebellar hemorrhage diagnosis was delayed for over two days as he was unconscious in the hospital. This resulted in Willie becoming quadriplegic and a settlement of \$71 million with the hospital.

This incident shows the importance of integrating equitable translation services for all patients. Practices can do this by: ²

- Utilizing telephone and video interpretation services.
- Creating a standardized and centralized process to schedule interpreters to ensure coverage.
- Providing dual language materials that staff can share with patients.
- Increasing the number of trained bilingual nursing staff.
- Offering free language lessons to unit staff.

According to the United States Census Bureau, over 66 million U.S. residents speak a language other than English at home.⁴ Health care organizations must address the needs of their patients to aid in providing equitable care for everyone.

To better help Security Health Plan design initiatives and programs, please answer this simple one question survey.

<https://www.surveymonkey.com/r/NP9DP3B>

Please click this link for a checklist on working effectively with an interpreter:

<https://thinkculturalhealth.hhs.gov/assets/pdfs/resource-library/working-effectively-with-interpreter.pdf>

References

1 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7201401/>

2 <https://www.jointcommission.org/resources/news-and-multimedia/newsletters/newsletters/quick-safety/quick-safety--issue-13-overcoming-the-challenges-of-providing-care-to-lep-patients/overcoming-the-challenges-of-providing-care-to-lep-patients/#.Y2Vn83bMKM8>

3 <https://www.healthaffairs.org/doi/10.1377/forefront.20081119.000463/>

4 <https://www.census.gov/acs/www/about/why-we-ask-each-question/language/>