

Quality and Productivity Commission
31st Annual Productivity and Quality Awards Program
“Celebrating Quality Service”

2017 APPLICATION

Title of Project (Limited to 50 characters, including spaces, using Arial 12 point font):

NAME OF PROJECT: A LANGUAGE JUSTICE INITIATIVE

DATE OF IMPLEMENTATION/ADOPTION: SEPTEMBER 1, 2015
 (Must have been implemented at least one year - on or before July 1, 2016)

PROJECT STATUS: Ongoing One-time only

HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT? Yes No

EXECUTIVE SUMMARY: Describe the project in 15 lines or less using Arial 12 point font. State clearly and concisely what difference the project has made.

1 The purpose of this initiative is to improve the quality of care provided to limited English
 2 proficiency (LEP) patients in the Emergency Department (ED) by facilitating the
 3 connection to appropriate language assistance. LEP patients who present to the ED for
 4 medical care have a legal right to language assistance in the form of both spoken
 5 (interpretation) and written (translation) assistance. In the context of a busy ED where
 6 the majority of patients are LEP, it can be difficult to ensure that all patients receive the
 7 assistance they need in order to understand their diagnosis and treatment plan. The
 8 initiative began in 2015 with baseline data collection to define the problem. We
 9 conducted stakeholder interviews to understand barriers to identifying the need for and
 10 using language assistance. We then proposed and implemented a multifaceted
 11 intervention to improve use of language assistance, which is ongoing. This includes a
 12 process change at triage that requires providers to immediately ask the patient their
 13 preferred language, a technologic solution designed to improve provider awareness of
 14 the particular patients that request language assistance, and education of providers to
 15 understand the importance of appropriate language assistance in the ED.

BENEFITS TO THE COUNTY

(1) ACTUAL/ESTIMATED ANNUAL COST AVOIDANCE	(2) ACTUAL/ESTIMATED ANNUAL COST SAVINGS	(3) ACTUAL/ESTIMATED ANNUAL REVENUE	(1) + (2) + (3) = TOTAL ANNUAL ACTUAL/ESTIMATED BENEFIT	SERVICE ENHANCEMENT PROJECT
\$	\$	\$	\$	<input checked="" type="checkbox"/>

ANNUAL = 12 MONTHS ONLY

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS Dept of Emergency Medicine, North Annex 14445 Olive View Dr. Sylmar, CA 91342		TELEPHONE NUMBER 747-210-3107
PROGRAM MANAGER'S NAME Breena Taira, MD, MPH		TELEPHONE NUMBER 747-210-3107 EMAIL btaira@dhs.lacounty.gov
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE (PLEASE CALL (213) 893-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME) Gerardo Pinedo Original Signature on File	DATE 6/27/2017	TELEPHONE NUMBER 213-240-8104 EMAIL gpinedo@dhs.lacounty.gov
DEPARTMENT HEAD'S NAME AND SIGNATURE MITCHELL H. KATZ MD Original Signature on File	DATE 6/27/2017	TELEPHONE NUMBER 213-240-8101

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1st FACT SHEET – LIMITED UP TO 3 PAGES ONLY:

The long-term objective of this initiative is to infuse the concept of language justice into patient care at the DHS. We aim to create a health care culture that values clear bidirectional spoken and written communication with Limited English Proficiency (LEP) patients and facilitates the appropriate use of language assistance. If this objective is achieved, we will see an improvement not only in the safety and quality of care for LEP patients, but also in LEP patient adherence to treatment and improved long-term health outcomes.

Approximately 4.2 million people that speak a language other than English at home reside in Los Angeles County, and of those, approximately 2.5 million are considered to have “Limited English Proficiency”.¹ The Emergency Department (ED) is a critical point of access to the health system that is open to all. Emergency providers, especially those who work in public hospitals, are challenged every day to communicate with Limited English Proficiency (LEP) patients. Language assistance helps to realize clear communication with LEP patients. The legal basis for the right to language assistance stems from Title VI of the 1964 Civil Rights Act, which forbids discrimination based on national origin, which, in turn, has been interpreted by federal guidance to include primary language.² In 1996, a study was performed at Harbor-UCLA Medical Center that described challenges LEP patients face in attempting to understand their emergency department encounters.³ The study demonstrated that a large number of LEP patients who requested an interpreter were not offered one during their encounter, and subsequently reported worse understanding of their discharge diagnosis. Unfortunately, the situation has not improved since the publication of the 1996 report.

To begin the initiative, we collected data to characterize the scope of the current problem. We reviewed the charts of 48 hours of patient registrations in the Olive View-UCLA ED, and found that 134/253 patients (53%) preferred a language other than English (97% Spanish, 2% Armenian and 0.8% Tagalog). Of the 110/253 patients (43%) who requested language assistance, 12 (10.9%) were seen by a certified bilingual provider, and only 5 (4.6%) patients had charts that contained documentation confirming that language assistance was used. The calculated unmet need for spoken language assistance in our ED was 93/110 (84.5%) of patients requesting language assistance, or 93/253 (36.8%) of total ED patients. Of the 110 patients that requested language assistance, 95 were discharged from the ED, 66/95 (69%) received a pre-printed discharge instruction sheet, and 32/95 (33.7%) received personalized instructions in Spanish. Of the patients who received personalized instructions, 24/32 (75%) received instructions that contained obvious translation errors. The unmet need for language-concordant written instructions was 29/95 (30%) of those requesting language assistance, or 29/253 (11.5%) of total patients. Thus, the scope of the unmet need was great and larger than we initially expected.

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Stakeholder interviews were then conducted from 2015-16 in attempt to understand the barriers to utilizing language assistance. During the interview process, an obvious systems issue emerged. Since the new electronic health record (EHR) had been implemented, the workflow for inquiring about a need for language assistance occurred well into the patient visit, many times after the doctor had already seen the patient. Additionally, the registration worker who asked the patient if they would like language assistance would record the response in a section of the EHR that was not accessible to doctors and nurses. Furthermore, providers were only minimally aware of the hospital policy on language assistance, which affirms the rights of patients under Title VI.

The solution we created is a multifaceted intervention primed to address barriers to the use of language assistance in the Emergency Department during encounters with LEP patients. The three facets of the intervention include: *1. process change, 2. technologic support and 3. education of employees.*

1. **Process change:** As related by nurses and registration workers, one of the barriers to identifying which patients needed language assistance was that the question was part of the full registration workflow, many times after the doctor and nurse had completed their initial patient assessment. Because language assistance is so critical, we proposed that the workflow be moved to the very beginning of the patient encounter. When a patient first enters the ED, a nurse asks them for some basic information, including their name and reason for ED visit. We proposed the nurse should ask for the patient's preferred language before asking for the reason for visit, and, if the response was any language other than English, the patient would be immediately asked whether they would like the assistance of an interpreter during their visit. This proposal was made to the DHS DEEP-C committee in September 2016, approved for all three county EDs, and went into effect in February 2017.
2. **Technology:** With the process change described above, the next challenge was to make the information on patient preferred language and request for interpreter accessible to the providers. We then worked together with the Electronic Health Record (Orchid) team to create an icon that would appear on the computerized ED tracking board to alert providers to the patient's request for language assistance. The icon would be triggered by information asked at the initial intake, and would be visible to all downstream providers, increasing the probability that language assistance need would be recognized. Furthermore, to increase ease of use, the provider could hover with the mouse over the icon and the name of the language requested would appear; the provider would no longer need to open the chart and search for the information. This was also implemented in February 2017.
3. **Education:** The ED provider educational campaign began in April 2017.

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Through a didactic lecture at the All-Los Angeles Emergency Medicine conference on May 4th, ED resident and attending physicians from all three DHS EDs (a total of 175 physicians) learned about the concept of “language justice” and its application within the ED, with an emphasis on the responsibility of the doctor to assure that language assistance is utilized for those patients requesting it. The legal precedent derived from several notable, historic cases was also discussed to emphasize the importance of the issue and the relevance of the hospital policies. Since then, residents have also been exposed to bedside teaching rounds at Olive View on the topic, and it will also be included in the orientation for new interns arriving in July 2017.

The work is on-going and a plan is in place to obtain patient level outcomes to understand the impact of the initiative throughout the remainder of 2017.

This project is resourceful because it utilizes no extra resources or funding to facilitate change. We are using existing resources, process change and education to facilitate awareness and improve quality. Additionally, this is a well-known and pervasive problem throughout the health system that was described in the literature as early as 1996, however, has not been addressed secondary to the scope and complexity of the problem. This is a unique and innovative program because it stems from the motivation of the providers themselves to tackle this obvious barrier to the provision of high-quality patient care.

The worthiness of this project is its focus on the improvement of quality and customer service for a population that is vulnerable to poor health outcomes secondary to a lack of clear communication during their health care encounters. Moreover, emphasis on assuring the provision of language assistance demonstrates our commitment to and respect for our diverse community within Los Angeles. Finally, the additional training provided to employees about language assistance and mechanisms to improve care for LEP patients is not currently included in most medical school or residency curricula, and represents the cutting edge in educational interventions aimed at the reduction of large-scale health disparities for marginalized populations.

References

1. Kwoh S. LA Speaks: Language Diversity and English Proficiency by Los Angeles County Service Planning Area.
2. Title VI, Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons. National Archives and Records Administration, 2004. (Accessed June 7, 2017, at <https://www.archives.gov/eo/laws/title-vi.html>.)
3. Baker DW, Parker RM, Williams MV, et al. The health care experience of patients with low literacy. Archives of family medicine 1996;5:329-34.

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Linkage to the County Strategic Plan – 1 page only. Which County Strategic Plan goal(s) does this project address? Explain how. Use Arial 12 point font.

This project addresses county strategic goal #1, “Make Investments that Transform Lives”. In strategy 1.2.2 of the county strategic plan, as a part of the drive to enhance delivery of comprehensive interventions for residents of Los Angeles County, the plan states that the county will streamline access to integrated health services. Streamlining access means that the patients must be able to understand the services provided and the referrals between departments and agencies. This cannot happen without clear bi-directional communication, thus improved access to language assistance directly supports this effort. In the Emergency Department, we see the need for streamlining of integrated services daily. We do not only see patients for medical emergencies. When patients do not understand their referrals and consequently miss appointments or cannot get the care they need, the Emergency Department is their point of access to re-enter the system and obtain assistance with health system navigation. Because we are a hub for connections between services, access to language assistance for LEP patients is paramount.

Furthermore, this project aligns with the values put forth in the county strategic plan, as it addresses the values of inclusivity, compassion and customer service. This project underscores our belief that high quality emergency care should be available to all residents of Los Angeles, not only those who speak English. Furthermore, understanding and valuing the patient’s preference for language assistance shows not only compassion but also customer orientation. The onus should not be on the patient to know their rights and demand language assistance; it should be on the health system to function in a way that respects all patients and values clear, bidirectional communication. The work of this initiative applies not only to quality but also spans the areas of patient safety, risk management and social justice. Over time, this initiative has the potential to be modified and sculpted for implementation in other hospital departments. Finally, on the health system level, a commitment to clear, bidirectional communication with LEP patients will improve not only safety and quality of care for LEP patients, but also LEP patient adherence to treatment and subsequent long-term health outcomes.

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COST AVOIDANCE, COST SAVINGS, AND REVENUE GENERATED (ESTIMATED BENEFITS TO THE COUNTY): If you are claiming cost benefits, include a calculation on this page. Please indicate whether these benefits apply in total or on a per unit basis, e.g., per capita, per transaction, per case, etc. You must include an explanation of the County cost savings, cost avoidance or new revenue that matches the numbers in the box. Remember to keep your supporting documentation. Use Arial 12 point font

Cost Avoidance: Costs that are eliminated or not incurred as a result of program outcomes. Please indicate whether these are costs to the County or to other entities.

Cost Savings: A reduction or lessening of expenditures as a result of program outcomes. Please indicate whether these were expenditures by the County or by other entities.

Revenue: Increases in existing revenue streams or new revenue sources to the County as a result of program outcomes.

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FOR COLLABORATING DEPARTMENTS ONLY

(For single department submissions, do not include this page)

DEPARTMENT NO. 2 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER’S NAME AND SIGNATURE	DEPARTMENT HEAD’S NAME AND SIGNATURE
EMAIL: _____	EMAIL: _____
DEPARTMENT NO. 3 NAME AND COMPLETE ADDRESS	
PRODUCTIVITY MANAGER’S NAME AND SIGNATURE	DEPARTMENT HEAD’S NAME AND SIGNATURE
EMAIL: _____	EMAIL: _____
DEPARTMENT NO. 4 NAME AND COMPLETE ADDRESS	
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DEPARTMENT NO. 5 NAME AND COMPLETE ADDRESS	
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DEPARTMENT NO. 6 NAME AND COMPLETE ADDRESS	
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DEPARTMENT NO. 7 NAME AND COMPLETE ADDRESS	
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