

Communication and Culture: The Common Denominator in Improving Quality and Safety of Care for Children

Promising Strategies to Assess and Improve Quality
and Safety of Hospital Care for Latino Children
from Limited English Proficient (LEP) Homes



~ A Toolkit for Innovative Health Care Leaders ~

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A Toolkit for Innovative Health Care Leaders

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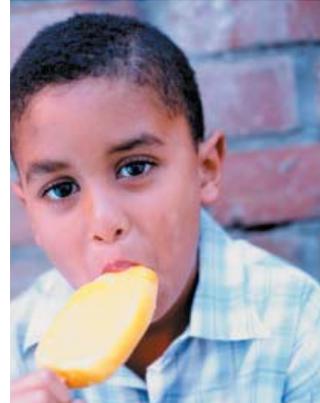
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Table of Contents

- Acknowledgements..... 4**
- Introduction..... 6**
- Part I: Promising Tools to Assess and Improve Hospital Quality and Safety-Related Aspects of Communication with Latino LEP Children and Families..... 10**
 - Overview of the Child Hospitalization Communication, Quality and Safety Survey-LEP Module (CHCQSS-LEP)..... 11
 - Quick guide and check-list for implementing the CHCQSS-LEP Module.. 16
 - English version of the CHCQSS-LEP Module, Pilot Version 1.5..... 24
 - Spanish version of the CHCQSS-LEP Module, Pilot Version 1.5..... 32
- Part II: Promising Models to Improve Quality and Safety-Related Communication Problems Experienced by Latino LEP Children and Families and their Health Care Providers..... 41**
 - Overview of eight approaches to improving patient communication, quality and safety..... 42
 - Checklist of additional tools and ideas for improvement for hospital quality improvement teams..... 55
- Additional Resources and References..... 59**

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The Communication, Quality and Safety of Hospital Quality for Latino Children from Limited English Proficient Homes project was funded by The Commonwealth Fund and took place to further understand the link between communication and culture and the quality and safety of hospital care for Latino children from LEP homes as well as to develop measurement tools and identify quality improvement models to support hospital quality improvement or safety efforts. The California Endowment funded additional focus groups with parents, providers and hospital quality improvement professionals to further explore and confirm findings from this project and contributed to the refinement of the tools and models set forth here.

This toolkit is the result of collaboration among the Florida Initiative for Children's Healthcare Quality (FLICHQ), All Children's Hospital, the Child and Adolescent Health Measurement Initiative (CAHMI) at Oregon Health & Science University, Children's Hospital, San Diego, and the Maternal and Child Health Initiative at San Diego State University.

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Rebecca Olsen, PhD and Carla Nelson, MPH, CPHQ, served sequentially as project managers for the FLICHQ and ACH responsibilities on the project.

Lillian Barreiro, Data Specialist, All Children's Hospital, served as the bilingual family recruiter for Florida and assisted in the translation of all materials.

Milagros Abreu, MD, served as the bilingual facilitator for the parent focus groups held in Florida and conducted the Florida parent survey cognitive interviews.

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Christina Bethell, PhD, MPH, MBA, Associate Professor of Pediatrics at the Oregon Health & Science University School of Medicine and Director of the Child and Adolescent Health Measurement Initiative (CAHMI), served as the Senior Co-Investigator of the Florida and San Diego sites. She led the development of the focus groups guides and the parent survey module, facilitated provider and hospital leader focus groups, oversaw the analysis and reports on all focus group findings and toolkit development.



Debra Read, MPH, Senior Research Associate with the CAHMI collaborated in the facilitation of provider and hospital leader focus groups and the analysis of parent focus group findings. She led the development of sampling and recruitment methods, survey content development and methods and analysis of cognitive interviews on the parent survey module.

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California

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Elisa Sobo, PhD, Associate Professor of Anthropology and Adjunct Associate Professor in the Graduate School of Public Health, San Diego State University; Associate Clinical Professor, University of California San Diego School of Medicine served as Co-Principal Investigator for the focus groups funded by The California Endowment. She collaborated with the CAHMI in the analysis and report on the parent focus groups held in San Diego.

Susan Hedges, MPH, CHES, Research Associate Maternal and Child Health Initiative, and Adjunct Assistant Professor in the Graduate School of Public Health, San Diego State University, served as project manager for the San Diego focus groups and cognitive interviews funded by The California Endowment. She oversaw coordination and facilitation of focus groups and participated in the development of focus group reports.

Leticia Reyes Gelhard, MA facilitated the San Diego parent focus groups and the parent survey cognitive interviews in San Diego.

Introduction



The purpose of this toolkit is to provide health care leaders with promising tools and models for assessing and improving quality and safety-related aspects of communication with Limited English Proficient (LEP) hospitalized Latino children and their families. Effective communication is the common denominator in ensuring patients and their health care providers establish trust and effective partnerships. It is also the determining factor in whether patients and their health care provider team both understand the factual and contextual information critical to providing high quality health care and achieving good outcomes. Problems in communication are among the most common root causes of medical errors and warrant the serious attention of all health care leaders. These problems are compounded when doctors and other health care providers do not share the same culture and language with children and their families.

Improvement in communication between and among patients and health care professionals is high on the national health care quality agenda. The Agency for Healthcare Research and Quality's 20 Patient Tips to Help Prevent Medical Errors for Children largely focus on encouraging parents to be proactive, persistent, and effective in asking questions and ensuring the full exchange of needed information as a way to prevent medical errors (AHRQ 2002; Table 1). Parents and patients need sophisticated communication skills to employ each of these tips, and are less likely to be implemented when parents do not speak English or for whom assertive communication with professionals is not a norm. The US Department of Health and Human Services Culturally and Linguistically Appropriate Services (CLAS) Standards (Table 2) standards and the Joint Commission on Accreditation of Health Care Organizations (JCAHO) culturally and linguistically appropriate care standards also focus on improvement of communication skills among patients, physicians, nurses, and other health professionals as a key component of ensuring safe and high quality care (DHHS 2001, JACHO 2005). We hope that the tools and models summarized here will advance the implementation of these guidelines and ultimately result in better outcomes for LEP Latino children and their families.

Organization of Toolkit

This toolkit is organized into three sections:

Part One: Promising Tools to Assess Hospital Quality and Safety-Related Aspects of Communication with Latino LEP Children and Families.

Here you will find:

- An overview of the The Child Hospitalization Communication, Quality and Safety Survey (CHCQSS-LEP) Module, Pilot Version 1.5
- A quick guide and check-list for implementing the CHCQSS-LEP module
- A copy of the Child Hospitalization Communication, Quality and Safety Survey(CHCQSS-LEP) Module, Pilot Version 1.5 (English and Spanish Versions)

Introduction (continued)



Part Two: Promising Models to Improve Quality and Safety-Related Communication Problems Experienced by Latino LEP Children and Families and their Health Care Providers.

Here you will find:

- An overview of eight approaches to improving patient communication, quality and safety
- A checklist of additional tools and ideas for improvement for hospital quality improvement teams

Part Three: Resources and References for More Information

Table 1: Agency for Healthcare Research and Quality's (AHRQ)
20 Patient Tips to Prevent Medical Errors in Children

1. The single most important way you can help prevent errors is to be an active member of your child's health care team.
2. Make sure that all of your child's doctors know about everything your child is taking and his or her weight. This includes prescription and over-the-counter medicines, and dietary supplements such as vitamins and herbs.
3. Make sure your child's doctor knows about any allergies and how your child reacts to medicines.
4. When your child's doctor writes you a prescription, make sure you can read it.
5. When you pick up your child's medicine from the pharmacy, ask: Is this the medicine that my child's doctor prescribed?
6. Ask for information about your child's medicines in terms you can understand—both when the medicines are prescribed and when you receive them at the hospital or pharmacy.
7. If you have any questions about the directions on your child's medicine labels, ask.
8. Ask your pharmacist for the best device to measure your child's liquid medicine. Also, ask questions if you're not sure how to use the device.
9. Ask for written information about the side effects your child's medicine could cause.
10. If you have a choice, choose a hospital at which many children have the procedure or surgery your child needs.
11. If your child is in the hospital, ask all health care workers who have direct contact with your child whether they have washed their hands.
12. When your child is being discharged from the hospital, ask his or her doctor to explain the treatment plan you will use at home.
13. If your child is having surgery, make sure that you, your child's doctor, and the surgeon all agree and are clear on exactly what will be done.
14. Speak up if you have questions or concerns.
15. Make sure that you know who is in charge of your child's care.
16. Make sure that all health professionals involved in your child's care have important health information about him or her.
17. Ask a family member or friend to be there with you and to be your advocate. Choose someone who can help get things done and speak up for you if you can't.
18. Ask why each test or procedure is being done.
19. If your child has a test, ask when the results will be available.
20. Learn about your child's condition and treatments by asking the doctor and nurse and by using other reliable sources.

Table 2: National Culturally and Linguistically
Appropriate Services (CLAS) Standards

1. Health care organizations should ensure that patients/consumers receive from all staff members effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.
2. Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.
3. Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.
4. Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited english proficiency at all points of contact, in a timely manner during all hours of operation.
5. Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.
6. Health care organizations must assure the competence of language assistance provided to limited english proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).
7. Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.
8. Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.
9. Health care organizations should conduct initial and ongoing organizational self-assessments of clas-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.
10. Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.
11. Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.
12. Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/ consumer involvement in designing and implementing CLAS-related activities.
13. Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.
14. Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities.



Part I - Promising Tools to Assess Hospital Quality and Safety-Related Aspects of Communication with Latino LEP Children and Families

What You'll Find:

- ▶ Overview of the Child Hospitalization Communication, Quality and Safety Survey (CHCQSS-LEP) Module, Pilot Version 1.5
- ▶ Quick guide and checklist for implementing the CHCQSS-LEP Module
- ▶ Copy of the CHCQSS-LEP Module, Pilot Version 1.5 (English and Spanish)

“Do not assume because you don’t get a safety report then it’s not a problem because obviously it is! We need to measure and see what we can do to make a difference. The data from the consumer is essential.” (provider focus group participant)

Part I - Promising Tools to Assess and Improve Hospital Quality and Safety-Related Aspects of Communication with Latino LEP Children and Families



Overview of the Child Hospitalization Communication, Quality and Safety Survey-LEP Module

A. Survey Purpose and Development Process

The purpose of the CHCQSS-LEP is to provide a standardized tool for hospitals to use to collect information about the nature and scope of quality and safety-related communication problems experienced by Spanish speaking, limited English proficient (LEP) parents of children who have been hospitalized. Information from the survey can be used by hospitals to identify priority problems and establish a baseline for tracking efforts to improve communication, quality and safety of hospital care for Latino children from LEP families. The term "limited English proficient (LEP)" refers to individuals who cannot speak, read, write or understand the English language at a level that permits them to interact effectively with health care providers. A short set of survey items is included in the survey to screen people for LEP status if hospitals do not already have this information.

Four Step CHCQSS-LEP Pilot Version 1.5 Development Process

Step 1: Literature Review - Review of literature on the impact of language and cultural differences on the quality and safety of health care and identification of candidate topics relevant and appropriate (e.g. suitable for parent-report) for inclusion in the CHCQSS-LEP.

Step 2: Survey Reviews - Review of existing patient-reported surveys assessing quality of hospital care. Surveys reviewed include the draft Adult Hospital Consumer Assessment of Health Plans Survey (H-CAHPS), the Commonwealth Fund 2001 Health Care Quality Survey, and the Community Access Monitoring Survey (CAMS) conducted through the Access Project at Brandeis University.

Step 3: Parent and Hospital Provider and Staff Input - Twelve focus groups were held in the 2004-2005 to identify perceived quality and safety related communication problems associated with differences in language and culture between patients and hospital providers and staff. Five focus groups were held with Spanish-speaking limited English proficient (LEP) parents of recently hospitalized children, five were held with providers and hospital staff who directly interact with these families and two groups were held with hospital quality professionals. A full report summarizing findings from these focus groups is available upon request (cahmi@ohsu.edu). A first round of focus group input was used to develop a draft version of the CHCQSS-LEP and a second round of focus groups were held to obtain specific input on the draft survey.

Step 4: Cognitive Testing and Editing - Cognitive interviews with the parents who answered the survey during the focus group sessions. The results from the cognitive interviews were used to further refine the survey questions.





20 Tips to Help Prevent Medical Errors in Children (AHRQ 2002)

1. The single most important way you can help prevent errors is to be an active member of your child's health care team.
2. Make sure that all of your child's doctors know about everything your child is taking and his or her weight. This includes prescription and over-the-counter medicines, and dietary supplements such as vitamins and herbs.
3. Make sure your child's doctor knows about any allergies and how your child reacts to medicines.
4. When your child's doctor writes you a prescription, make sure you can read it.
5. When you pick up your child's medicine from the pharmacy, ask: Is this the medicine that my child's doctor prescribed?

Future development steps for the CHCQSS-LEP

1. Implement and evaluate options for sampling and administering the CHCQSS-LEP with hospitals in the field.
2. Use data collected from field testing to confirm the reliability and validity of the CHCQSS-LEP survey items and test options for scoring and developing survey scales and composite measures.
3. Development of an English companion survey so that hospitals can compare communication related quality and safety issues experienced by Spanish speaking LEP parents to those of English speaking parents.
4. Specify options for integrating the CHCQSS-LEP into a more comprehensive parent survey and with other patient-level clinical utilization and safety information to examine the relationship between information collected in the survey

B. Topics Included in the CHCQSS-LEP Pilot Version 1.5

Eight topics are included in the CHCQSS-LEP Pilot Version 1.5 as listed below.

Topic #1: LEP Status Screener (based on Federal definition of LEP)

- Language spoken at home
- How well parent is able to carry on conversation in English

Topic #2: Need and Availability of Translation/Interpreter Services

- Need for help with translation/interpreter services in hospital
- How often non-family interpreters were available
- Getting help with translation as soon as needed
- How often providers and staff did all they could to get help with translation

Topic #3: Language of Written Forms

- Were forms signed written in parent's language
- Was the content and purpose of forms explained to parent before signing

Topic #4: Consent and Understanding of Medical Procedures

- Did parents provide consent prior to medical tests and procedures
- Availability of interpreter to translate explanations of medical tests and procedures
- Who did parents rely on most to help translate explanations

Topic #5: Information and Understanding Medicines for Child

- Were new medicines given to child during hospital stay
- Was interpreter available to translate explanations about child's new medicines
- Who did parents rely on most to help translate explanations
- Did doctors, nurses or other hospital staff explain what medicines were
- How well parents understood explanation of purpose of medicines

-
- Did doctors, nurses or hospital staff ask if child had allergies to medicines before giving child a new medicine
 - Did doctors, nurses or hospital staff explain possible side effects of the medicine
 - How well did parents understand possible side effects of new medicines
 - Were parents asked about use of traditional methods of healing such as herbs

Topic #6: Getting Needed Help and Information

- How often experienced delays or problems getting help due to translation or language difficulties
- How often problems getting information you needed because of translation or language difficulties
- How often feel unclear or unsure about child's situation because of translation or language difficulties
- How much respect and understanding did doctors, nurses and other hospital staff show toward family's values and customs

Topic #7: Admission to Hospital

- Was interpreter available to translate information during admissions process
- Who did parents rely on most to help translate
- Did translation or language difficulties play a part in delays in admission
- How often did hospital staff do everything they could to help parents and child with translation or language difficulties during admission

Topic #8: Discharge

- Was interpreter available to translate information during discharge process
- Who did parents rely on most to help translate explanations
- Did parent get information in writing about what symptoms or problems to watch out for after discharge
- Was discharge information written in parent's language
- At discharge, was parent told to give child any medicines at home
- Did parent get information in writing about how to give medicine to child at home
- Was information about medicine written in parent's language
- Did anyone ask if child has a regular doctor or nurse
- Did anyone tell parent when to make an appointment for follow up with child's regular doctor or nurse
- Did anyone ask if parent needed help paying for the cost of the hospital stay
- Did anyone give parent written information about financial assistance with paying the cost of child's hospital stay
- Was information about financial assistance written in parent's language

Other information about child for analytic purposes

- Child health and special health care need status (using CSHCN Screener)
- Child's age and gender
- Timeframe of child's most recent hospital stay





Fast Facts

Overview of the Survey

The Child Hospitalization Communication, Quality and Safety Survey-LEP Module is a parent survey that assesses key aspects of the cultural sensitivity of children’s hospital care and components of quality and safety of care that are particularly impacted by timely and effective language translation and communication.

The CHCQSS-LEP is primarily designed for telephone or in-person administration and takes approximately 10-15 minutes to complete. Self-administration is possible but requires availability of assistance due to high prevalence of literacy issues and the unfamiliar nature of surveys to the target population.

The CHCQSS-LEP module may be integrated into a more comprehensive survey on hospital quality and experience of care. Subcomponents of special interest may also be selected for use, rather than use of the full module. For example, users may be more interested in items relevant to the admission, treatment, discharge or follow-up phases of the hospital experience.

Cognitive testing for understanding and accuracy of translation has taken place. Topics and items included in the CHCQSS-LEP were informed by a review of the literature, other similar surveys and through input received during focus groups with LEP parents of hospitalized children, hospital staff, physicians and hospital leaders. Leading experts in consumer survey design have reviewed and provided input into the development of the CHCQSS-LEP.

AHRQ’s 20 Tips (continued)

6. Ask for information about your child’s medicines in terms you can understand—both when the medicines are prescribed and when you receive them at the hospital or pharmacy.
7. If you have any questions about the directions on your child’s medicine labels, ask.
8. Ask your pharmacist for the best device to measure your child’s liquid medicine. Also, ask questions if you’re not sure how to use the device.
9. Ask for written information about the side effects your child’s medicine could cause.
10. If you have a choice, choose a hospital at which many children have the procedure or surgery your child needs.
11. If your child is in the hospital, ask all health care workers who have direct contact with your child whether they have washed their hands.

Quality of Care Topics

Eight topics or sub-modules assess LEP status and cultural sensitivity across a number of clinical and patient-centered care aspects of quality and safety of care:

Topic #1: LEP Status Screener (based on Federal definition of LEP)

- Language spoken at home
- How well parent is able to carry on conversation in English

Topic #2: Need and Availability of Translation/Interpreter Services

- Need for help with translation/interpreter services in hospital
- How often non-family interpreters were available
- Getting help with translation as soon as needed
- How often providers and staff did all they could to get help with translation

Topic #3: Language of Written Forms

- Were forms signed written in parent’s language
- Was the content and purpose of forms explained to parent before signing

Topic #4: Consent and Understanding of Medical Procedures

- Did parents provide consent prior to medical tests and procedures
- Availability of interpreter to translate explanations of medical tests and procedures
- Who did parents rely on most to help translate explanations

Topic #5: Information and Understanding Medicines for Child

- Were new medicines given to child during hospital stay
- Was interpreter available to translate explanations about child’s new medicine

Quality of Care Topics (continued)

- Who did parents rely on most to help translate explanations
- Did doctors, nurses or other hospital staff explain what medicines were
- How well parents understood explanation of purpose of medicines
- Did doctors, nurses or hospital staff ask if child had allergies to medicines before giving child a new medicine
- Did doctors, nurses or hospital staff explain possible side effects of the medicine
- How well did parents understand possible side effects of new medicines
- Were parents asked about use of traditional methods of healing such as herbs

Topic #6: Getting Needed Help and Information

- How often experienced delays or problems getting help due to translation or language difficulties
- How often problems getting information you needed because of translation or language difficulties
- How often feel unclear or unsure about child's situation because of translation or language difficulties
- How much respect and understanding did doctors, nurses and other hospital staff show toward family's values and customs

Topic #7: Admission to Hospital

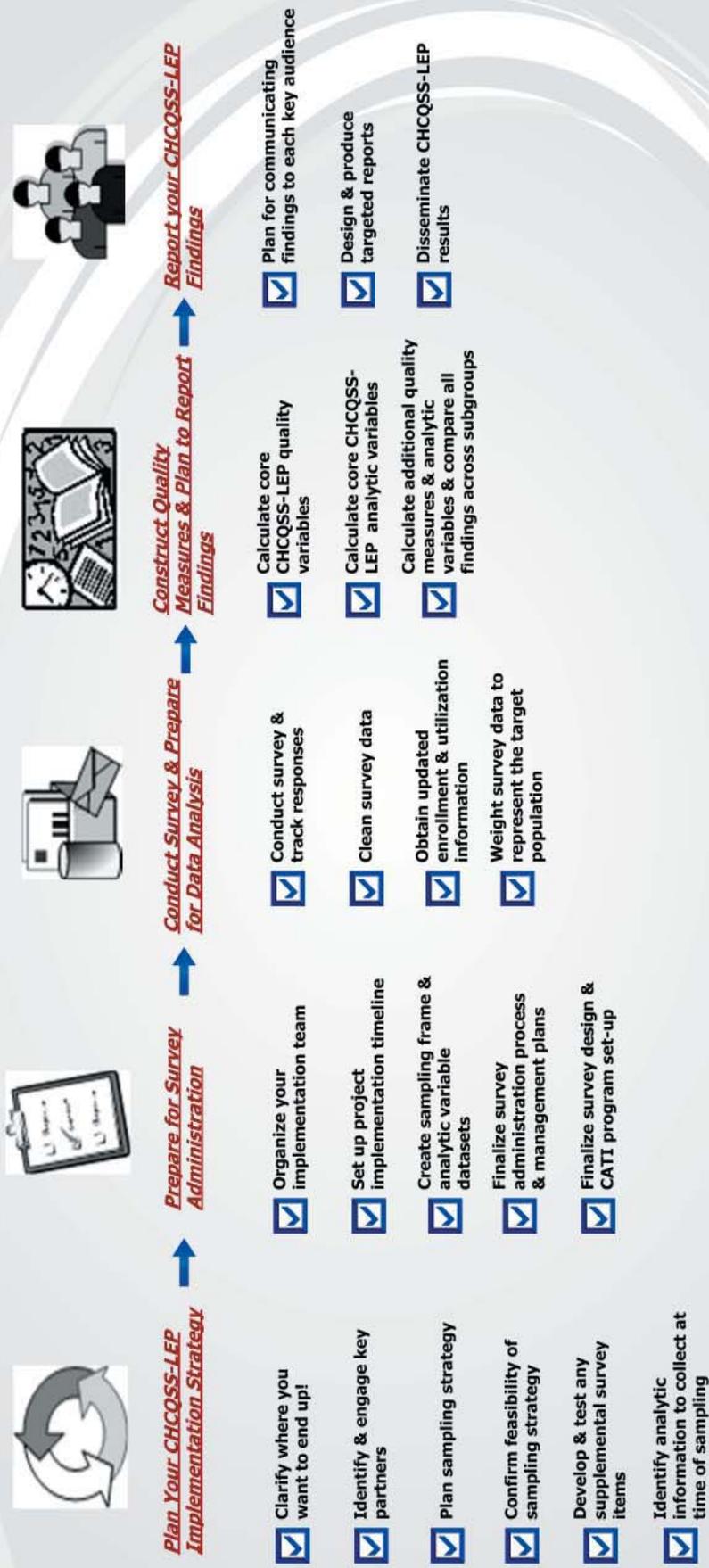
- Was interpreter available to translate information during admissions process
- Who did parents rely on most to help translate
- Did translation or language difficulties play a part in delays in admission
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Topic #8: Discharge

- Was interpreter available to translate information during discharge process
- Who did parents rely on most to help translate explanations
- Did parent get information in writing about what symptoms or problems to watch out for after discharge
- Was discharge information written in parent's language
- At discharge, was parent told to give child any medicines at home
- Did parent get information in writing about how to give medicine to child at home
- Was information about medicine written in parent's language
- Did anyone ask if child has a regular doctor or nurse
- Did anyone tell parent when to make an appointment for follow up with child's regular doctor or nurse
- Did anyone ask if parent needed help paying for the cost of the hospital stay
- Did anyone give parent written information about financial assistance with paying the cost of child's hospital stay
- Was information about financial assistance written in parent's language



Checklist for Planning, Implementing and Reporting CHCQSS-LEP Results





Quick Guide to Implementing the Child Hospitalization Communication, Quality and Safety Survey-LEP Module Pilot Version 1.5

A. Checklist for Implementing the CHCQSS-LEP

The diagram above titled: “Checklist for Planning, Implementing and Reporting CHCQSS-LEP Results” summarizes the five basic steps to implement the CHCQSS-LEP.

Step 1: Plan your implementation strategy – includes clarifying the purpose for the project, identifying target population and sampling methods, and engaging key partners needed to administer the survey and to take action based upon CHCQSS-LEP results.

Step 2: Prepare for survey administration – includes developing project timeline, creating sampling frame and selecting survey sample, finalizing survey design and administration methods.

Step 3: Conduct survey and prepare for analysis – includes administering the survey, tracking responses, preparation and cleaning of survey dataset, obtaining updated administrative data information to integrate with survey responses (optional).

Step 4: Construct quality measures and analyze findings in preparation for reporting – includes calculation of quality indicators and analytic variables from survey data and comparative analyses of findings across key subgroups.

Step 5: Report results from survey – includes planning targeted communications for key audiences, designing and producing reports, and disseminating results.

B. Priority Steps to Getting Started

There are three priority steps to using the CHCQSS-LEP:

Priority Step #1: Identify your goals for implementing the CHCQSS-LEP

Priority Step #2: Determine your approach to sampling parents of hospitalized children

Priority Step #3: Select a survey administration process

Options for sampling, survey administration and other key considerations are outlined in the diagram below and discussed in the next sections. Guidelines for the construction and scoring of quality indicators and reporting the results (steps 3 – 5 above) will be developed and finalized once the CHCQSS-LEP has been piloted and the necessary data analysis and communications research (for reporting findings) is conducted.



Piloting the CHCQSS-LEP – Guide to Selecting Sampling Approach and Administration Methods

SPECIFY the PURPOSE

Why do you want to collect the data?

Do you want to:

- Conduct a needs assessment?
- Monitor or document performance?
- Evaluate interventions or programs?

YES

Plan a single "point in time" survey with a randomly sampled, cross section of the patient population

OPTIONS for IDENTIFYING a Spanish-speaking LEP SAMPLE

- Randomly sample patients from a database w/ flag indicating LEP/ Spanish-language only status
- Randomly sample patients from a database w/ flag indicating Hispanic ethnicity or Hispanic surname and/ or Spanish as primary household language
- Randomly sample patients from a database without information about language status or ethnicity

Do you want to:

- Conduct quality improvement on a "real time" or continuous basis?
- Regularly obtain feedback to inform and guide improvement activities ?

YES

Plan to systematically sample and survey patients on a on-going basis

OPTIONS for IDENTIFYING a Spanish-speaking LEP SAMPLE

- Collect language and LEP status of patients and families at discharge
- Randomly sample Spanish-language only families on a rolling basis to administer CHCQSS-LEP 3-4 weeks after child is discharged from hospital

Do you know language & LEP status of patients in your sample?

YES

- Easier to estimate starting sample needed to achieve a targeted number of completed surveys
- Only Spanish language materials/surveys will be needed for mail administration
- Spanish-speaking interviewers are needed for phone administration
- LEP screening likely not necessary

NO

- More difficult to estimate starting sample needed to achieve a targeted number of completed surveys
- Both Spanish & English materials/surveys will be needed for mail administration
- Both English & Spanish-speaking interviewers are needed for phone administration
- LEP screening is necessary

Priority Step #1: Identify your goals for implementing the CHCQSS-LEP

Clarifying the goals and purpose for conducting a patient survey is a crucial first step. The reasons for collecting information from patients and how the data are used have important implications for the determining the target population, sampling approach and administration methods.

The content and format of the CHCQSS-LEP are suitable for the following four purposes:

Purpose #1: Assess patient needs and quality and safety-related communication issues of a patient population and identify opportunities for improvement

Purpose #2: Document or assess performance and patient experience of care

Purpose #3: Evaluate or track change overtime due to interventions or improvements

Purpose #4: Obtain on-going feedback to inform and guide “real time” quality improvement activities

Priority Step #2: Determine your approach to sampling parents of hospitalized children

Sampling methods and the timing of survey administration are determined by the purpose for collecting the information and how it will be used. When the goal is to assess the needs of a patient population, assess quality performance for this group or evaluate changes designed to improve quality, a “single point in time” survey is administered on an annual or bi-annual basis to a randomly selected cross section of the target population.

If the purpose for collecting patient survey data is to obtain on-going feedback to inform and guide “real time” or continuous quality improvement activities, patients are sampled regularly and often. Survey administration and data collection are conducted on an on-going basis.

Study design considerations:

- Cross sectional, “single point in time” surveys usually require fairly large random samples from a target population.
- If the target population cannot be identified before selecting a sample, over sampling and screening through survey questions to identify the population being targeted (e.g. limited English proficient, Spanish-speakers) will be necessary to identify and obtain an adequate sample.
- The time that elapses between a child’s hospitalization and when the parent is surveyed about their experiences can vary by several months when using a cross sectional, “single point in time” survey.
- Quality improvement applications of the CHCQSS-LEP allow parents to be interviewed within a few weeks after discharge and require smaller sample sizes, however the data collected does not provide a representative picture of hospital care quality experienced by the targeted population.

Identifying and selecting a sample:

The CHCQSS-LEP is designed to be used with limited English proficient, Spanish-speaking parents of children who have been recently hospitalized. Determining how to identify this target population is the first step. The sampling strategies and survey administration methods chosen to implement the survey will depend upon whether the hospital database records include information about parental primary language, LEP status and/or ethnicity of children who received inpatient care.





AHRQ's 20 Tips (continued)

If a “single point in time” survey of Spanish-speaking LEP parents is being planned, options for selecting a sample include:

1. Hospital database with flags indicating parental language and LEP status – subset to Spanish-speaking, LEP parents of children hospitalized during past 6 months and random select sample for survey.
2. Hospital database with flags indicating Spanish as primary language in household and/or Hispanic ethnicity – subset to children hospitalized during past 6 months who live in households where Spanish is the primary language and/or with Hispanic ethnicity and random select sample for survey.
3. Hospital database does not indicate parental/household language or child ethnicity – subset to children hospitalized during past 6 months and random select sample for survey – if possible, oversample children with Hispanic/Latino surnames.

If the purpose for administering the CHCQSS-LEP is the on-going collection of information to inform and guide “real time” or continuous quality improvement efforts, it may be possible to collect language and LEP status of families when children are discharged from the hospital. This information can then be used to randomly select Spanish-speaking LEP families on a rolling basis to receive the CHCQSS-LEP about three or four weeks after the child is discharged.

Sampling considerations:

- Starting sample size for a cross sectional survey is influenced by a number of factors including expected response, mode of administration, size of the target population, planned use of the data, and number of completed surveys needed to ensure robust statistical analysis.
- Being able to identify Spanish-speaking LEP parents before administering the survey allows a more precise estimate of the starting sample size needed to produce a targeted number of completed surveys – because the size of the target population is already known.
- When the size of the target population – in this case, Spanish-speaking LEP parents – is not known, a much larger starting sample size for the CHCQSS-LEP survey will be necessary because only a subset of the sample can be expected to meet the Spanish-speaking LEP criteria. In addition, screening questions will need to be included in the survey to identify Spanish-speaking parents with limited proficiency in English at either the point of survey administration or stratify survey responses by LEP status during data analysis and reporting.
- Quality improvement applications of the CHCQSS-LEP allow much smaller sample sizes than cross sectional surveys, however the data collected does not provide a representative picture of hospital care quality experienced by the targeted population.

Priority Step #3: Select a survey administration process

Administering the CHCQSS-LEP:

The CHCQSS-LEP can be administered by mail or telephone – however, input during the development phase of the survey suggests that the telephone administration is preferable

12. When your child is being discharged from the hospital, ask his or her doctor to explain the treatment plan you will use at home.
13. If your child is having surgery, make sure that you, your child’s doctor, and the surgeon all agree and are clear on exactly what will be done.
14. Speak up if you have questions or concerns.
15. Make sure that you know who is in charge of your child’s care.
16. Make sure that all health professionals involved in your child’s care have important health information about him or her.
17. Ask a family member or friend to be there with you and to be your advocate. Choose someone who can help get things done and speak up for you if you can’t.

because of the relatively low literacy level among Spanish-speaking LEP parents.

Whether or not the language and LEP status of parents is known prior to sampling and survey administration has implications for the language of the surveys and other communication materials sent to parents and need to screen for LEP status. If the survey will be administered to a sample of Spanish-speaking LEP parents, then only Spanish-language versions of the survey and other communication materials are needed. If the language and LEP status of parents in the sample is not known – both English and Spanish language versions of the survey need to be sent when administered by mail and bi-lingual interviewers who speak English and Spanish are necessary when the survey is administered by telephone.

Considerations for mode of administration:

- Both telephone and mailed survey require current mailing address information and telephone numbers. Be sure to find out how often the hospital databases update patient contact information. For mail surveys, expect to send out at least two surveys and one or more reminder postcards in order to maximize response rate. For telephone surveys, plan to call back unanswered numbers a minimum of 6 – 9 times.
- The reliability of the family’s mail and telephone contact information will likely be higher for the quality improvement application of the CHCQSS_LEP because the surveys are administered within a month of a child’s hospitalization. In addition, the shorter timeframe between the child’s hospitalization and administration of the CHCQSS-LEP may increase the likelihood of parents responding to the survey.

Considerations for LEP screening:

- When parents’ language and LEP status are not known questions to identify Spanish-speaking parents with limited proficiency in English need to be included when administering the CHCQSS-LEP.
- One option for screening is to ask parents the LEP screening questions prior to administering the CHCQSS-LEP survey by telephone. Only parents who meet the Spanish-speaking LEP criteria are asked the rest of the survey.
- Another option is to mail English and Spanish language versions of the survey to parents identified as living in households in which Spanish is the primary language or as having Hispanic ethnicity. Parents have the option of selecting the language in which they prefer to respond. The LEP screening questions would be included in the Spanish version of the survey. During analysis, Spanish language responses to the CHCQSS-LEP would be stratified by LEP status based on parents’ responses to the LEP screening questions.

D. Other Key Implementation Considerations

1. Standardizing your measurement approach

Whether you plan to use the CHCQSS-LEP for purposes of real-time quality improvement or needs assessment of the families of children who were hospitalized it is important to standardize the approach used to identifying families and methods for collecting the survey data for each family. For instance, if a difference standard of determining LEP status, if data is collected at different points in the hospital experience or alternative modes of administration (mail vs. telephone) are used for different families, it will be difficult to interpret and compare findings across families or across time. While many of the implementation parameters for using this survey are not possible to finalize until the specific purpose, sampling and administration options are clarified for your specific setting, whatever methods you do choose, be sure to standardize them as much as possible.



2. Using the CHCQSS-LEP to compare to English speaking persons

It can be valuable to assess many of the same topics included in the CHCQSS-LEP for the English speaking population. In this way, fundamental communication issues that may impact quality and safety that are distinct from issues of language and cultural differences can be examined and addressed. Keep in mind that the CHCQSS-LEP is not designed for use with the English speaking population at this time. However, removal of certain items and edits of other items are possible if such English vs. Spanish speaking/LEP comparisons are desired.

3. Culturally sensitive interpretation of survey results

Even under the best conditions, patient surveys often have significant response biases. In addition, research shows that consumers of health care tend to be very generous in their assessments of the quality of care that they receive. This is even more common with the Latino population, who has a cultural propensity to be respectful and positive in their assessments. The CHCQSS-LEP is designed to require parents to report their actual experience vs. they general level of “satisfaction”. In fact, there are no “satisfaction” questions in the survey at all. Still, we encourage users to keep in mind that results obtained will provide a generally optimistic view of the experiences of Spanish speaking LEP parents of children who were hospitalized. This is both due to the “positivity bias” inherent in parent surveys as well as the fact that non-responders may be families who are less stable (move around a lot so contact information is not accurate), more stressed (no time to complete the survey) or cautious (due to, perhaps, a bad experience). Such families may be at greater risk for the communication-related quality and safety problems asked about in the survey.

In addition to interpreting the survey findings with the notion that findings are likely to be biased to create a more optimistic picture, it is also important to keep in mind that Spanish speaking LEP parents tend to not be familiar with the concept of surveys that are used to assess care. As such, extra effort is needed to explain the purpose and use of the survey before it is administered to parents. Extra effort is also needed to ensure confidentiality, as it is very common for these parents to be worried that they may report an experience that could be communicated back to their child’s health care providers or in some way used to harm these providers or themselves.



AHRQ’s 20 Tips (continued)

18. Ask why each test or procedure is being done.
19. If your child has a test, ask when the results will be available.
20. Learn about your child’s condition and treatments by asking the doctor and nurse and by using other reliable sources.



Survey Instrument - English Version

Child Hospitalization Communication, Quality and Safety Survey (CHCQSS)

Pilot Version 1.5 SURVEY MODULE

for

Limited English Proficient (LEP) Parents of Recently Hospitalized Latino Children

NOTE: This module is designed for use with a survey that asks about child's age/sex and time frame of last overnight or longer stay as a patient in the hospital

(Questions to screen for limited English proficiency)

1. Which of the following best describes the language you usually speak at home?

- Only or mostly Spanish
- Spanish and English about equally
- Only or mostly English

2. How well would you say that you can carry on a conversation in English, both understanding and speaking:

- Not at all
- Just a little
- Pretty well → Go to Question X
- Very well → Go to Question X

TRANSLATION

3. During your child's hospital stay, did you need help with translation because you spoke little or no English?

- Yes
- No → Go to Question X

4. During your child's hospital stay, how often were interpreters other than family members or friends available to help with translation?

- Never available
- Sometimes available
- Usually available
- Always available

5. During your child's hospital stay, how often did you getting help with translation as soon as you needed it?

- Never
- Sometimes
- Usually
- Always

5a. How many minutes or hours did you tend to wait to get an interpreter to help with translation? _____

6. How often did doctors, nurses or other hospital staff do everything they could to help you and your child with translation or language difficulties?

- Never
- Sometimes
- Usually
- Always

WRITTEN FORMS

7. During your child's hospital stay, did you sign any written forms?

- Yes
 No → IF NO, go to Question 10

8. Were the forms you signed written in your language?

- All forms I signed were in my language
 Some forms I signed were in my language, but others were not
 None of the forms I signed were in my language

9. How often did someone explain to you in your language the purpose of a written form before you signed it?

- Never
 Sometimes
 Usually
 Always

MEDICAL PROCEDURES

We want to ask about medical procedures and tests. For example: drawing blood, taking x-rays, applying or removing stitches or bandages.

10. During your child's hospital stay, did your child have any medical procedures or tests?

- Yes
 No → IF No, go to question 14

11. Did anyone get your consent before performing the medical procedures or tests done during your child's hospital stay?

- Yes
 No

12. How often was an interpreter available to help translate explanations of the medical tests or procedures that were done during your child's hospital stay?

- Never
 Sometimes
 Usually
 Always

13. Who did you rely upon the most often to help translate explanations of your child's medical tests or procedures?

- Doctor or nurse caring for my child
 Trained medical interpreter provided by ...
 Telephone translation services
 Hospital worker who spoke my language
 Friend or family member older than 18 years
 Friend or family member younger than 18 years
 No one translated
 Other _____(write in)

MEDICINES

14. During the hospital stay was your child given any new medicines that he or she had not taken before?

- Yes
 No → **IF NO, go to Question 23**

15. How often was an interpreter available to help translate information about new medicines given to your child during the hospital stay?

- Never
 Sometimes
 Usually
 Always

16. Who did you rely upon the most often to help translate information about new medicines given to your child during the hospital stay?

- Doctor or nurse caring for my child
 Trained medical interpreter provided by hospital
 Telephone translation services
 Hospital worker who spoke my language
 Friend or family member older than 18 years
 Friend or family member younger than 18 years
 No one translated
 Other _____(write in)

17. Before giving your child a new medicine, did doctors, nurses or other hospital staff explain what the medicine was for?

- Yes
 No → **IF NO, go to Question 19**

18. How well did you understand the explanations you got about the new medicines given to your child?

- Very well – I easily understood the explanations
 Well – I understood most of the explanations
 Fair – I understood some, but with difficulty
 Poor – I understood very little

19. Before giving your child any new medicine, did doctors, nurses, or other hospital staff ask you if your child was allergic to any medicines?

- Yes
 No
 Not sure

20. Before giving your child any new medicine did doctors, nurses or other hospital staff explain possible side effects of the medicine?

- Yes
 No → **IF NO, go to Question 22**

21. How well did you understand the explanations about possible side effects of new medicines given to your child?

- Very well – I easily understood the explanations
- Well – I understood most of the explanations
- Fair – I understood some, but with difficulty
- Poor – I understood very little

22. During your child’s hospital stay, did doctors, nurses or other hospital staff ask you if you are using traditional methods of healing such as hierbas curativas, acupuntura, lo llevó a ver a curanderos, santiguadoras o, salvadoras, etc. for your children?

- Yes
- No
- Not sure

GETTING HELP and INFORMATION

23. During your child’s hospital stay, how often did you experience delays or problems getting help you or your child needed because of translation or language difficulties?

- Never
- Sometimes
- Usually
- Always

24. How often did you have problems getting information you needed from doctors, nurses or other hospital staff because of translation or language difficulties?

- Never
- Sometimes
- Usually
- Always

25. During your child’s hospital stay, how often did you feel unclear or unsure about your child’s situation because of translation or language difficulties?

- Never
- Sometimes
- Usually
- Always

26. During your child’s hospital stay, how much respect and understanding did doctors, nurses and other hospital staff show toward your family’s values and customs?

- None at all
- Not very much
- A fair amount
- A great deal

ADMISSION TO HOSPITAL

27. Think about when your child was admitted to the hospital. How often was an interpreter available to help translate information during the admission process?

- Never
- Sometimes
- Usually
- Always

28. Who did you rely upon the most often to help translate information during the admission process?

- Doctor or nurse caring for my child
- Trained medical interpreter provided by hospital
- Telephone translation services
- Hospital worker who spoke my language
- Friend or family member older than 18 years
- Friend or family member younger than 18 years
- No one translated
- Other _____(write in)

29. During the admission process, how often did you experience delays or problems because of translation or language difficulties?

- Never
- Sometimes
- Usually
- Always

30. During the admission process, how often did hospital staff do everything they could to help you and your child with translation or language difficulties?

- Never
- Sometimes
- Usually
- Always

DISCHARGE

31. Think about when it was time for your child to leave the hospital. How often was an interpreter available to help translate information about what to do for your child after leaving the hospital?

- Never
- Sometimes
- Usually
- Always

32. Who did you rely upon the most often to help translate information about what to do for your child after leaving the hospital?

- Doctor or nurse caring for my child
- Trained medical interpreter provided by hospital
- Telephone translation services
- Hospital worker who spoke my language
- Friend or family member older than 18 years
- Friend or family member younger than 18 years
- No one translated
- Other _____(write in)

33. Before your child left the hospital, did you get information in writing about what symptoms or health problems to look out for after your child was discharged?

- Yes
- No → IF NO, go to Question 35

34. Was this information written in your language?

- Yes
- No

35. Before leaving the hospital, were you told to give your child any medicine at home that he or she did not take before this hospital stay?

- Yes
- No → IF NO, go to Question 38

36. Did you get information in writing about how to give this medicine to your child at home?

- Yes
- No → IF NO, go to Question 38

37. Was this information written in your language?

- Yes
- No

38. Before your child left the hospital, did anyone ask you if your child has a regular doctor or nurse?

- Yes
- No → IF NO, go to Question 40

39. Before your child left the hospital, did anyone tell you when to make an appointment for a follow up visit with your child's regular doctor or nurse?

- Yes
- No

40. Before your child left the hospital, did anyone ask if you needed help paying for the cost of the hospital stay?

- Yes
- No

41. Before you left the hospital, did anyone give you written information about financial assistance with paying the cost of your child's hospital stay?

- Yes
- No → IF NO, go to Question 43

42. Was this information written in your language?

- Yes
- No

ABOUT YOUR CHILD

43. In general, how would you rate your child's overall health now?

- Excellent
- Very Good
- Good
- Fair
- Poor

44. Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?

- Yes → Go to Question 44a
- No → Go to Question 45

44a. Is this because of any medical, behavioral or other health condition?

- Yes → Go to Question 44b
- No → Go to Question 45

44b. Is this a condition that has lasted or is expected to last for at least 12 months?

- Yes
- No

45. Does your child need or use more medical care, mental health or educational services than is usual for most children of the same age?

- Yes → Go to Question 45a
- No → Go to Question 46

45a. Is this because of any medical, behavioral or other health condition?

- Yes → Go to Question 45b
- No → Go to Question 46

45b. Is this a condition that has lasted or is expected to last for at least 12 months?

- Yes
- No

46. Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?

- Yes → Go to Question 46a
- No → Go to Question 47

46a. Is this because of any medical, behavioral or other health condition?

- Yes → Go to Question 46b
- No → Go to Question 47

46b. Is this a condition that has lasted or is expected to last for at least 12 months?

- Yes
- No

47. Does your child need or get special therapy, such as physical, occupational or speech therapy?

Yes → **Go to Question 47a**

No → **Go to Question 48**

47a. Is this because of any medical, behavioral or other health condition?

Yes → **Go to Question 47b**

No → **Go to Question 48**

47b. Is this a condition that has lasted or is expected to last for at least 12 months?

Yes

No

48. Does your child have any kind of emotional, developmental or behavioral problem for which he or she needs or gets treatment or counseling?

Yes → **Go to Question 48a**

No

48a. Has this problem lasted or is it expected to last for at least 12 months?

Yes

No



Survey Instrument - Spanish Version

Encuesta de Calidad y Seguridad en la Comunicación del Niño Hospitalizado (CHCQSS)

Versión 1.5
MÓDULO DE ENCUESTA

para

Padres de Niños Latinos
Recientemente Hospitalizados,
con Competencia de Inglés
Limitada (LEP)

NOTA: Este módulo está diseñado para usarse con una encuesta que pregunta la edad y el sexo de su niño/a; y sobre la última vez que pasó la noche, o duro más tiempo, como paciente del hospital

(Preguntas para detectar competencia limitada del Inglés)

1. ¿Cuál de lo siguiente describe mejor el idioma que usualmente usted habla en casa?

- Solamente o más Español
- Español e Inglés por igual
- Solamente o más Inglés

2. ¿Qué tan bien diría usted que puede entender y hablar durante una plática en Inglés:

- No puedo
- Un poco
- Bien → Pase a la pregunta X
- Muy Bien → Pase a la pregunta X

TRADUCCIÓN

3. Cuando su niño(a) fue hospitalizado, ¿usted necesitó ayuda de un intérprete por qué hablaba sólo un poco, o nada de inglés?

- Sí
- No → SI es NO, pase a la pregunta 7

4. Durante la estancia de su niño/a en el hospital, ¿con qué frecuencia hubo interpretes, que no fueran sus amigos o familiares, disponibles para ayudar a traducir?

- Nunca
- A veces
- Usualmente
- Siempre

5. Cuando su niño(a) estuvo hospitalizado, ¿cuan a menudo recibió usted ayuda con traducción tan pronto usted lo necesito?

- Nunca
- A veces
- Usualmente
- Siempre
- No estoy seguro

5a. ¿Cuántos minutos o horas cree usted que tuvo que esperar para obtener un intérprete para ayuda con la traducción? _____

6. ¿Con qué frecuencia, los doctores, enfermeras u otro personal del hospital hicieron todo lo posible para ayudarlo a usted y a su hijo con problemas del idioma o con la traducción?

- Nunca
- A veces
- Usualmente
- Siempre

FORMULARIOS POR ESCRITO

7. Cuándo su niño(a) fue hospitalizado, ¿usted firmó algunos formularios?

- Sí
 No → **SI es NO, pase a la pregunta 10**

8. Las formas que firmó, ¿estaban en su idioma?

- Todas las formas que firmé estaban en mi idioma
 Algunas de las formas que firmé estaban en mi idioma, pero otras no
 Ninguna de las formas que firmé, estaban en mi idioma

9. ¿Con qué frecuencia alguien le explicó, en su idioma, el propósito de una forma escrita antes de que usted la firmara?

- Nunca
 A veces
 Usualmente
 Siempre

LOS PROCEDIMIENTOS Y EXÁMENES MÉDICOS

Queremos preguntarle sobre los procedimientos y exámenes médicos. Por ejemplo: sacar sangre, tomar rayos x, la aplicación o el corte de los puntos de sutura, o de los vendajes, etc.

10. Durante la hospitalización de su niño(a), ¿le hicieron algunos procedimientos o exámenes médicos?

- Sí
 No → **SI es NO, pase a la pregunta 14**

11. ¿Alguien le pidió su consentimiento antes de que los procedimientos o exámenes médicos fueran realizados cuando su niño/a estuvo hospitalizado/a?

- Sí
 No

12. ¿Con qué frecuencia estaba disponible un interprete para ayudarle a traducir las explicaciones de los exámenes y procedimientos médicos realizados durante la estancia de su hijo/a en el hospital?

- Nunca
 A veces
 Usualmente
 Siempre

13. ¿De quién dependía con más frecuencia para ayudarlo a traducir las explicaciones de los exámenes o procedimientos de su hijo/a?

- El doctor o la enfermera al cuidado de mi hijo
 El hospital asignó un interprete médico entrenado
 Servicio telefónico de traducción
 Un trabajador del hospital que hablaba mi idioma
 Un amigo o familiar mayor de 18 años
 Un amigo o familiar menor de 18 años
 Nadie tradujo
 Otro _____ (escriba quién)

LAS MEDICINAS

14. ¿Cuándo su niño(a) fue hospitalizado, recibió algunos medicamentos nuevos que él/ella no había tomado antes?

- Sí
 No → SI es No, Pase a la pregunta 23

15. ¿Con qué frecuencia estuvo disponible un interprete para ayudarlo a traducir información acerca de las nuevas medicinas que le dieron a su hijo/a cuándo estuvo en el hospital?

- Nunca
 A veces
 Usualmente
 Siempre

16. ¿De quién dependía usted con más frecuencia para traducir información acerca de las nuevas medicinas que le dieron a su hijo/a cuando estuvo en el hospital?

- El doctor o la enfermera al cuidado de mi hijo/a
 El hospital asignó un interprete médico entrenado
 Servicio telefónico de traducción
 Un trabajador del hospital que hablaba mi idioma
 Un amigo o familiar mayor de 18 años
 Un amigo o familiar menor de 18 años
 Nadie tradujo
 Otro _____ (escriba quién)

17. ¿Antes de darle a su hijo/a una nueva medicina, los doctores, enfermeras o algún otro personal del hospital le explicaron para que era la medicina?

- Sí
 No → SI es No, Pase a la pregunta 19

18. ¿Qué tan bien entendió las explicaciones sobre los medicamentos nuevos que recibió su niño(a) cuando estuvo hospitalizado?

- Muy bien – Fácilmente pude entender las explicaciones
 Bien – Entendí las explicaciones
 Regular – Pude entender la mayoría de las explicaciones, pero me fue difícil
 Entendí muy poco – No pude entender la mayoría o ninguna de las explicaciones

19. Antes de que los doctores, enfermeras u otros empleados del hospital le dieran su niño(a) cualquier medicamento nuevo, ¿le preguntaron a usted si él/ella era alérgico a alguna medicina?

- Sí
 No
 No estoy seguro

20. Antes de que los doctores, enfermeras, u otros empleados del hospital le dieran a su niño(a) un nuevo medicamento, ¿le explicaron los posibles efectos secundarios de la nueva medicina en la forma que usted pudiera entender?

- Sí
 No → SI es NO, pase a la pregunta 22

21. ¿Qué tan bien entendió las explicaciones sobre los posibles efectos secundarios de las nuevas medicinas que recibió su niño(a) cuando fue hospitalizado?

- Muy bien – Fácilmente pude entender las explicaciones
- Bien – Entendí las explicaciones
- Regular – Pude entender la mayoría de las explicaciones, pero me fue difícil
- Entendí un poco – Entendí muy poco

22. ¿Cuándo su niño(a) fue hospitalizado le preguntó los doctores, enfermeras u otros empleados del hospital, si usted estaba usando métodos tradicionales para tratar a su niño(a) como por ejemplo: Hierbas curativas, acupuntura, lo lleva-con curanderos, santiguadoras o, salvadoras, etc?

- Sí
- No
- No estoy seguro

OBTENIENDO AYUDA Y INFORMACION

23. Durante el tiempo que su hijo/a estuvo en el hospital, ¿con qué frecuencia hubo retrasos o problemas para obtener la ayuda que usted o su hijo/a necesitaba debido a dificultades con el idioma o la traducción?

- Nunca
- A veces
- Usualmente
- Siempre

24. ¿Con qué frecuencia tuvo problemas para obtener la información que usted necesitaba de los doctores o enfermeras, o de algún personal del hospital, debido a dificultades con el idioma o la traducción?

- Nunca
- A veces
- Usualmente
- Siempre

25. Durante el tiempo que su hijo/a estuvo en el hospital, ¿con qué frecuencia se sintió dudoso o inseguro debido a dificultades con el idioma o la traducción?

- Nunca
- A veces
- Usualmente
- Siempre

26. ¿Cuándo su niño(a) estuvo hospitalizado, que tanto respeto y comprensión mostraron los doctores, enfermeras, u otros empleados del hospital a por sus valores familiares y creencias?

- No me respetaron mis valores ni mis creencias
- No mostraron mucho respeto a mis valores ni a mis creencias
- Respetaron mis valores y mis creencias
- Mostraron mucho respeto a mis valores y a mis creencias

LA ADMISIÓN AL HOSPITAL

27. Piense en el momento en que su hijo/a fue admitido en el hospital. ¿Con qué frecuencia hubo un interprete para traducir la información durante el proceso de admisión?

- Nunca
- A veces
- Usualmente
- Siempre

28. ¿De quién dependía con más frecuencia para traducir información durante el proceso de admisión?

- El doctor o la enfermera al cuidado de mi hijo/a
- El hospital asignó a un interprete
- Un servicio telefónico de traducción
- Un trabajador del hospital que hablaba mi idioma
- Un amigo o familiar mayor de 18 años
- Un amigo o familiar menor de 18 años
- Nadie tradujo
- Otro _____ (escriba quién)

29. Durante el proceso de admisión, ¿hubo retrasos o problemas debido a problemas con el idioma o la traducción?

- Nunca
- A veces
- Usualmente
- Siempre

30. Durante el proceso de admisión, ¿qué tan seguido los doctores, enfermeras y los otros empleados del hospital hicieron todo lo posible para ayudarle a usted y a su niño(a) con la traducción o con los problemas con el idioma?

- Nunca
- A veces
- Usualmente
- Siempre
- No estoy seguro

DANDO DE ALTA DEL HOSPITAL

31. Piense en el momento en que su hijo iba a salir del hospital. ¿Con qué frecuencia hubo un interprete disponible para ayudarle a traducir información acerca de lo que había que hacer para su hijo después de salir del hospital?

- Nunca
- A veces
- Usualmente
- Siempre

32. ¿De quién dependía con más frecuencia para ayudarlo a traducir información acerca de lo que tenía que hacer después de que su hijo/a saliera del hospital?

- El doctor o la enfermera al cuidado de su niño/a
- El hospital asignó un interprete
- Servicio telefónico de traducción
- Un trabajador del hospital que hablaba mi idioma
- Un amigo o familiar mayor de 18 años
- Un amigo o familiar menor de 18 años
- Nadie tradujo
- Otro _____ (escriba quién)

33. ¿Antes que su niño(a) saliera del hospital, recibió usted información por escrito sobre cuáles eran los síntomas o problemas en la salud que usted debiera de observar después que le dieran de alta?

- Sí
 No → SI es NO, pase a la pregunta 35

34. ¿Esta información estuvo escrita en su idioma?

- Sí
 No

35. ¿Antes de que su niño(a) saliera del hospital le dijeron que le diera algunas medicinas en la casa que él/ella no tomaba antes de estar hospitalizado(a)?

- Sí
 No → SI es NO, pase a la pregunta 38

36. ¿Recibió usted información por escrito sobre como le diera esta medicina en casa?

- Sí
 No → SI es NO, pase a la pregunta 38

37. ¿Esta información estuvo escrita en su idioma?

- Sí
 No

38. Antes de que su niño(a) saliera del hospital, ¿alguien le preguntó si su niño(a) tiene un doctor o enfermera regular?

- Sí
 No → SI es NO, pase a la pregunta 40

39. Antes de que su niño(a) saliera del hospital, ¿alguien le dijo cuándo hacer una cita con el doctor o con la enfermera regular?

- Sí
 No

40. Antes que su niño(a) saliera del hospital, ¿alguien le preguntó si usted necesitaba ayuda para pagar los gastos de la hospitalización de su niño(a)?

- Sí
 No

41. Antes que su niño(a) saliera del hospital, ¿alguien le dio alguna información por escrito sobre los seguros médicos, o sobre asistencia financiera para pagar por los costos de la hospitalización?

- Sí
 No → SI es NO, pase a la pregunta 43

42. ¿Esta información estuvo escrita en su idioma?

- Sí
 No

INFORMACIÓN SOBRE SU NIÑO(A)

43. En general, como usted clasificaría la salud de su niño(a)?

- Excelente
 Muy bien
 Bien
 Regular
 Mala

44. Actualmente, ¿su niño(a) necesita o usa medicina recetada por un doctor (aparte de vitaminas)?

Sí → Pase a la pregunta 44a

No → Pase a la pregunta 45

44a. ¿Se debe esto a CUALQUIER condición médica, de comportamiento u otra condición de salud?

Sí → Pase a la pregunta 44b

No → Pase a la pregunta 45

44b. ¿Es esta una condición que ha durado o que se piensa que va a durar por lo menos 12 meses?

Sí

No

45. Su niño(a), ¿necesita o usa más cuidado médico, servicios de salud mental o educativos de lo que es normal para la mayoría de niños de la misma edad?

Sí → Pase a la pregunta 45a

No → Pase a la pregunta 46

45a. ¿Se debe esto a CUALQUIER condición médica, de comportamiento u otra condición de salud?

Sí → Pase a la pregunta 45b

No → Pase a la pregunta 46

45b. ¿Es esta una condición que ha durado o que se piensa que va a durar por lo menos 12 meses?

Sí

No

46. ¿Está su niño(a) limitado o impedido de cualquier manera en su capacidad de hacer cosas que la mayoría de niños de la misma edad pueden hacer?

Sí → Pase a la pregunta 46a

No → Pase a la pregunta 47

46a. ¿Se debe esto a CUALQUIER condición médica, de comportamiento u otra condición de salud?

Sí → Pase a la pregunta 46b

No → Pase a la pregunta 47

46b. ¿Es esta una condición que ha durado o que se piensa que va a durar por lo menos 12 meses?

Sí

No

47. Su niño(a), ¿necesita o recibe terapia especial, como terapia física, terapia ocupacional o terapia de habla?

Sí → Pase a la pregunta 47a

No → Pase a la pregunta 48

47a. ¿Se debe esto a CUALQUIER condición médica, de comportamiento u otra condición de salud?

Sí → Pase a la pregunta 47b

No → Pase a la pregunta 48

47b. ¿Es esta una condición que ha durado o que se piensa que va a durar por lo menos 12 meses?

- Sí
- No

48. ¿Tiene su niño(a) algún tipo de problema emocional, de desarrollo o de comportamiento para el cuál necesita o recibe tratamiento o consejería?

- Sí → Pase a la pregunta 48a
- No

48a. ¿Ha durado este problema o se piensa que va a durar este problema por lo menos 12 meses?

- Sí
- No

GRACIAS POR SU AYUDA



Part II - Promising Models to Improve Quality and Safety-Related Communication Problems Experienced by Latino LEP Children and Families and their Health Care Providers

What You'll Find:

- ▶ Overview of eight approaches to improving patient communication, quality and safety
- ▶ Checklist of additional tools and ideas for improvement for hospital quality improvement teams

Part II - Promising Models to Improve Quality and Safety-Related Communication Problems Experienced by Latino LEP Children and Families and their Health Care Providers



Overview of Eight Approaches to Improving Patient Communication, Quality and Safety

This section of the toolkit outlines specific examples of models or approaches to improve communication, quality and safety of hospital care for Latino children from Limited English Proficient homes. Since quality improvement strategies should be generated by individuals who are close to the problem, the list of Additional Tools and Ideas for Improvement also included here may be used by hospital quality improvement teams or modified to fit the needs of the institution in implementing changes to improve safety and quality for Latino patients.

The models outlined here are:

- Model #1:** Utilize ASK ME 3 questions in Spanish to improve patient satisfaction related to the quality of information given patients/families about diagnosis and treatment.
- Model #2:** Improve translation quality by decreasing translation errors to 3.4 defects per million using Six Sigma methods.
- Model #3:** Prevent Adverse Drug Events by implementing a medication reconciliation process improvement.
- Model #4:** Rapid Cycle improvement using an interpreter Satisfaction Survey measure.
- Model #5:** Implement National Patient Safety Practice #10.
- Model #6:** Audit documentation of interpreter use at critical times during the hospitalization of LEP patients/families
- Model #7:** Improve staff courtesy as measured by Spanish-language Patient Satisfaction Survey results.
- Model #8:** Perform a cultural competency assessment of the organization and develop a multiyear plan for improvement.

Quality Improvement Model #1: ASK ME 3

GOAL/AIM: To improve patient satisfaction related to information about diagnosis and treatment by 10% in the next 3 months by promoting patient/family use of the ASK Me 3 questions with their physicians.

MODEL: Plan-Do-Study-Act (PDSA) cycle to test and implement change in healthcare settings. This model for improvement utilizes three fundamental questions:

1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What changes can we make that will result in improvement?



BACKGROUND:

- Health literacy is the ability to read, understand and act on basic medical instructions and information. Low health literacy can affect anyone of any age, ethnicity, background, or education level.
- Ethnic minorities are disproportionately affected by low health literacy even though the majority of people with low literacy skills in the United States are white, native-born Americans.
- People with low health literacy:
 - Are often less likely to comply with prescribed treatment and self-care regimens.
 - Fail to seek preventive care and are at higher (more than double) risk for hospitalization.
 - Remain in the hospital nearly two days longer than adults with higher health literacy.
 - Often require additional care that results in annual health care costs that are four times higher than for those with higher literacy skills.
- Ethnic and cultural norms influence a patient's propensity to ask questions, express concerns, and be assertive during a medical interaction (Ashton et al. 2003)
- The Institute of Medicine's report on health literacy highlights the critical role that health literacy plays in assuring the quality, safety and effectiveness of health care.
- Poor health literacy is associated in adults with delays in receiving needed services, including preventive care, a higher risk of hospitalization and medication errors, and a decreased likelihood of following a prescribed treatment regimen.
- Low health literacy affects minority populations disproportionately.
- There is a dearth of literature about how this issue affects pediatric populations.
 - Experts recommend that doctors improve culturally competent care by helping patients ask questions and express concerns (Ashton et al. 2003)

INTERVENTION:

1. Utilize the ASK ME3 questions:
 - a. What is my main problem?
 - b. What do I need to do to deal with the problem?
 - c. Why is it important to me to do this?
2. Translate the ASK ME 3 questions into Spanish:
 - a. ¿Cuál es mi problema principal?
 - b. ¿Que necesito hacer para tratar con el problema?
 - c. ¿Porque es importante para mi hacer esto?
3. Distribute the ASK ME 3 questions and simple instructions to Latino patients, when they register for services and encourage their use.
4. Utilize additional simple techniques to increase patients' comfort level with asking questions, as well as compliance with instructions after they leave:
 - Create a safe environment where patients feel comfortable talking openly
 - Use plain language instead of technical language or medical jargon
 - Sit down (instead of standing) to be at eye level
 - Use visual models to illustrate a procedure or condition
 - Ask patients to "teach back" the care instructions given to them
5. Display Ask Me 3 posters to encourage staff members to spread the word

MEASURE: Consumer satisfaction on key questions related to physician communication about diagnosis and treatment.





CLAS Standards

1. Health care organizations should ensure that patients/consumers receive from all staff members effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.
2. Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.
3. Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

List of resources to support the implementation improvement Model #1:

1. Ashton CM et al. Racial and ethnic disparities in the use of health services: Bias, preferences, or poor communication? *Journal Gen Intern Med* 2003 (18) 46-152.
2. Institute of Medicine, 2004, *A Prescription to End Confusion*. National Academy Press, Washington, DC.
3. Partnership for Clear Health Communication & AskMe3. *Advancing Clear Health Communication to Positively Impact Health Outcomes*. Accessed at <http://www.askme3.org/PFCHC/1> on May 31, 2004.
4. *Eradicating Low Health Literacy: The First Public Health Movement of the 21st Century*
5. *Overview; White Paper prepared for the AskMe3 Campaign, March 2003.*
6. Forrest CB, Simpson LA, Clancy CM. *Child Health Services Research : Challenges and Opportunities*. JAMA
7. Simpson et al, *Hospital Care for Hispanic Children: Improving Parent–Provider Communication, 2003*. For additional details, see the Commonwealth Fund description of the five programs funded through this highly competitive call that received over 500 letters of intent at <http://www.cmf.org/grants/grantdetail.asp?id=1011&pid=5&link=5>

Quality Improvement Model #2: IMPROVE TRANSLATION QUALITY

GOAL: Improve translation quality by decreasing translation errors to 3.4 defects per million opportunities (words translated)

METHOD: Six Sigma using the DMAIC model

- Define opportunities
- Measure performance
- Analyze opportunity
- Improve performance
- Control performance

BACKGROUND:

- The quality of translation lies in the eye of the beholder, making judgement about the quality of translation highly subjective. Miscommunication and stylistic preferences occur during translation (Heuberger 2003)
- Cutting defects by 98% could increase quality, reduce defects and rework, reduce costs, enhance customer satisfaction, improve communications, improve patient safety and increase productivity.
- "Translation quality is fulfillment of requirements defined and agreed with the client"
- A recent study found a high rate of errors in interpreting, especially by ad hoc interpreters, during pediatric visits (Flores et al. 2003).

INTERVENTION:

1. Develop institutional quality metrics for translation.
2. Have translated document (or target text) translated into target language(s).
3. Have translated document or target text translated back into the source language by a separate translator

-
4. Third party review of 10% of each batch

MEASURE: Translation Quality- Sample Metrics

- # major review changes per 10,000 words
- % discrepancies between documents (or selected text) translated by two separate translators.
- # mistranslations
- % accuracy
- # glossary errors found during in-country review
- % of translation projects delivered on time
- % of translation projects within original budget
- Error Categories: Mistranslation, accuracy, terminology, language, style consistency, formatting, and production .

List of resources to support the implementation improvement Model #2:

1. Flores G, et al. Errors in medical interpretation and their potential clinical consequences in pediatric encounters. *Pediatrics* 2003 (11):6-14.
2. Heuberger, A. How to Measure Translation Quality. ForeignExchange Translations, Inc Webcast on 8/20/03.
3. Six Sigma-<http://mu.motorola.com/> (Motorola University)
4. <http://www.6-sigmas.com/>(consulting firm by Six Sigma founder)
5. Localization Industry Standards Association- <http://www.lisa.org/>

Quality Improvement Model #3: PREVENTION OF ADVERSE DRUG EVENTS (ADEs)

GOAL: Prevent Adverse Drug Events (ADEs) by implementing medication reconciliation

BACKGROUND:

- ADEs are injuries attributable to the use of medications
- Transition points (e.g., admission to hospital, transfer between units, and discharge from hospital) account for forty-six percent of all medication errors.
- Medication reconciliation can virtually eliminate errors occurring at transitions in care (Pronovost et al. 2003; Rozich & Resar 2001).
- The Institute of Medicine identified the prevention of ADEs as a priority area for national action (Adams & Corrigan 2003).
- Hospitalized patients who experience an ADE are almost twice as likely to die as those without an ADE (Clause et al. 1997).
- Hispanics are less concerned about errors or mistakes when receiving overall healthcare but more concerned than Caucasians about errors or mistakes occurring when receiving hospital care, according to the National Survey on Americans as Health Care Consumers: An Update on the Role of Quality Information sponsored by the Henry Kaiser Family Foundation and the Agency for Health Care Research and Quality.

INTERVENTION: Implementation of medication reconciliation and a tool to measure ADEs. A set of tools designed to reduce medication errors, developed by the American Hospital Association, the Health Research and Education Trust, and the Institute for Safe Medication Practices with support from the Commonwealth Fund is available at www.medpathways.info

MEASURE: Adverse Drug Events (ADEs)





CLAS Standards (continued)

4. Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited english proficiency at all points of contact, in a timely manner during all hours of operation.
5. Health care organizations must provide to patients/ consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.
6. Health care organizations must assure the competence of language assistance provided to limited english proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

List of resources to support the implementation improvement Model #3:

1. IHI /Premier Trigger Tool for Measuring ADEs ([www.ihl.org/IHI/Topics/Patient Safety/Medication Systems/Tools](http://www.ihl.org/IHI/Topics/Patient%20Safety/Medication%20Systems/Tools))
2. IHI Breakthrough Series Guide
3. Leape LL, Kabacoff A, Berwick DM, Roessner, J. Reducing Adverse Drug Events. Boston: Institute for Healthcare Improvement, 1998.
4. Pronovost P, Weast B, Schwarz M, et al. Medication reconciliation: a practical tool to reduce the risk of medication errors. *Journal Critical Care*. 2003;8:20-205
5. Rozich JD, Resar RK. Medication safety: one organization’s approach to the challenge. *JCOM*. 2001;8(10):27-34.
6. A set of tools designed to reduce medication errors, developed by the American Hospital Association, the Health Research and Education Trust, and the Institute for Safe Medication Practices with support from the Commonwealth Fund is available at www.medpathways.info

Quality Improvement Model #4: SURVEY SATISFACTION WITH INTERPRETER SERVICES

GOAL/AIM: Achieve 25% improvement in customer satisfaction with interpreter services within the next 4 months.

MODEL: Rapid Cycle Model for improvement using Plan-Do-Study-Act (PDSA) cycles to test and implement change in a healthcare setting. This model for improvement utilizes three fundamental questions:

1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. at changes can we make that will result in improvement.

BACKGROUND:

- Language barriers pose challenging communication issues at almost every level of the health care delivery system.
- Title VI of the Civil Rights Act requires linguistic accessibility to health and human services. Facilities that receive federal funding are required to offer translation services at no cost to LEP patients, ensure the availability of a sufficient number of qualified interpreters on a 24 hour basis.
- Adverse consequences of cultural and language differences in health care include misdiagnosis, misunderstanding of treatment instructions, and inappropriate medication, testing, and hospitalization (Flores et al. 1998,2002)
- The Rapid Cycle Model for Improvement is based on a “trail and learning” approach to improvement.
- All improvement involves change but not all changes lead to improvement.
- Good ideas for change that leads to improvement come from individuals involved in the process, creative thinking, hunches, watching the process and critical thinking about the current system.
- Organizations that want to improve should move rapidly to small tests of change. “What can we do by next Tuesday”.
- Each PDSA cycle is informative and provides a basis for further improvement.

INTERVENTION:

1. Plan: Include key stakeholders including Latino patients/families in a workgroup to plan and generate ideas
 - a. State the objective of the cycle
 - b. Brainstorm ideas for improvement and prioritize the ideas
 - c. Predict what will happen and why
 - d. Develop a plan to carry out the change (who, what, when, where, what data need to be collected)
2. Do:
 - a. Carry out the test
 - b. Document problems and unexpected observations
 - c. Analyze the data related to the measurement selected
3. Study:
 - a. Complete the analysis of the data
 - b. Compare the data to the predictions
 - c. Summarize what was learned
4. Act:
 - a. Identify what modifications should be made
 - b. If change works on small scale, implement on a larger scale
 - c. Identify what will happen in the next cycle

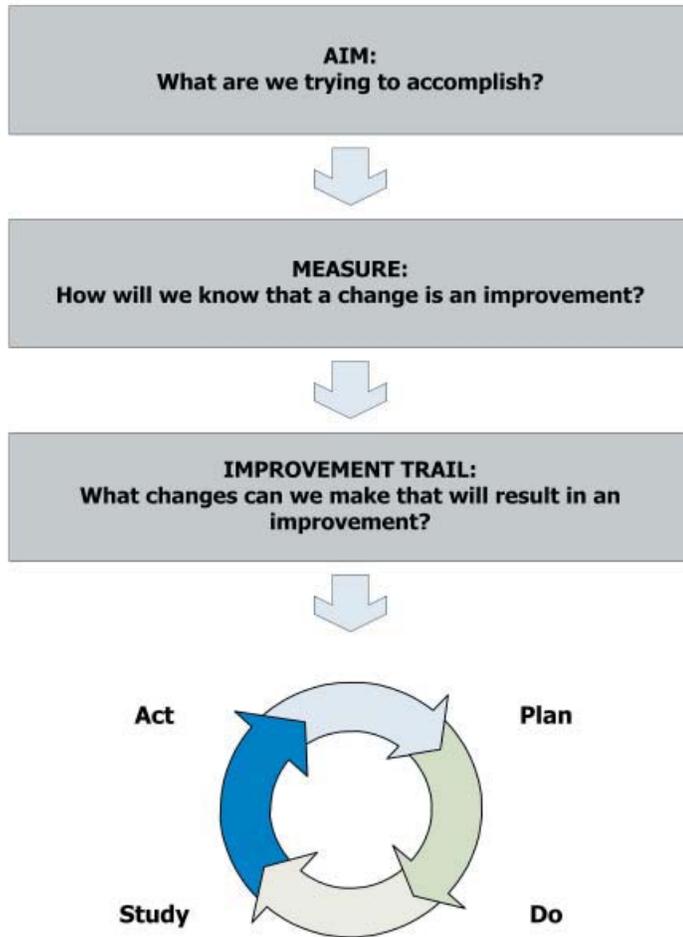
MEASURE: Consumer satisfaction on survey related to interpreters or another measure selected by the improvement workgroup

List of resources to support the implementation improvement Model #4:

1. Berwick, DM, Godfrey A, Roessner J. Curing Health Care: New Strategies for Quality Improvement. San Francisco: Jossey-Bass Publishers 1990.
2. Flores G, et al. Access barriers to health care for Latino children. Archives of Pediatric Adolescent Medicine 1998 (30)1119-1125.
3. Flores G, et al. The importance of cultural and linguistic issues in the emergency care of children Pediatric Emergency Care 2002 (18):271-284.
4. Langley G, Nolan K, Nolan T, Norman D, Provost L,. The Improvement Guide: A Practical Approach to Enhancing Organizational Performance. San Francisco: Jossey-Bass Publishers 1996.



Institute for Healthcare Improvement (IHI) Rapid Cycle Improvement Method



Key Questions to Guide the Plan Do Study Act (PDSA) Process:

- ✓ What modifications should be made?
- ✓ State the objective of the change cycle.
- ✓ What will happen in the next cycle?
- ✓ Make predictions about what will happen and why.
- ✓ Develop plan to carry out the (Who? What? When? Where?)
- ✓ What data are needed?
- ✓ Complete the analysis of the data
- ✓ Carry out the test.
- ✓ Compare the data to your predictions.
- ✓ Document problems and unexpected observations.
- ✓ Summarize what was learned.
- ✓ Begin analysis of the data.

The Model for Improvement was initially developed by Tom Nolan and Associates as a framework for accelerating improvement in a variety of business contexts (see Langley, G, Nolan K, Nolan T, Norman C, Provost L. *The Improvement Guide: A Practical Approach to Enhancing Organization Performance*. San Francisco: Jossey-Bass Publishers; 1996).



CLAS Standards (continued)

7. Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.
8. Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

Interpreter Services Satisfaction Tool

1. Primary language spoken in your home: _____.
2. Did you bring an interpreter with you?
 Yes **No**
3. Did the hospital staff offer interpreter services to you?
 Yes **No**
4. If you needed an interpreter, did you get one?
 Yes **No**
5. If you received interpreter services, were they helpful?
 Yes **No**
6. Were interpreter services provided at the time you needed them?
 Yes **No**
7. What was the average amount of time an interpreter spent with you during this appointment or hospitalization?
 <10 minutes **10-30 minutes** **>30 minutes**
8. Do you understand why your child is hospitalized and what the medical plan is?
 Yes **No**
9. Have your questions been answered adequately?
 Yes **No**
10. Overall, how happy are you with your experience at this hospital?

Very Happy				Very Unhappy
5	4	3	2	1
<input type="checkbox"/>				
11. Overall, how often would you say that you know what test or procedure was being done on the patient?

Always				Never
5	4	3	2	1
<input type="checkbox"/>				
12. Were things always explained in a way that we could easily understand?

Strongly Agree				Strongly Disagree
5	4	3	2	1
<input type="checkbox"/>				
13. How well did the staff prepare you to go home?

Very Well				Very Poorly
5	4	3	2	1
<input type="checkbox"/>				
14. If the patient had to return to a hospital and you could choose the hospital, how likely would you be to choose ACH again?

Very Likely				Very Unlikely
5	4	3	2	1
<input type="checkbox"/>				
15. Was the interpreter an employee of the hospital?
 Yes **No** **Don't know**

Comments: _____

Quality Improvement Model #5: IMPLEMENT NQF-ENDORSED SAFETY PRACTICE #10

GOAL: To improve patient/parent understanding of informed consent

METHOD: Qualitative method including key informant interviews and case studies

BACKGROUND:

- Obtaining informed consent has become an essential part of the healthcare process. The use of a written informed consent form is undertaken prior to major procedures including, but not limited to, surgery and other invasive procedures.
- The National Quality Forum (NQF) adopted 30 national voluntary consensus standards in 2003: Safe Practices for Better Healthcare. Safety Objective 10 is to ensure that patients or their legal surrogates understand any proposed treatment and its potential complications. To reach this objective Safe Practice 10 has been endorsed, "Ask each patient or legal surrogate to recount what he or she has been told during the informed consent discussion".
- Obtaining a signature on the Informed Consent Form does not constitute informed consent. The verbal discussion to ensure that the patient/parent understands what the procedure is, why it is taking place, the risks involved, and what, if any, are the possible alternatives (including doing nothing) is the real informed consent. The form is documentation of the discussion.
- Organizations should define what an appropriate level of "repeat back" is to ensure that the patient/parent has an appropriate level of understanding
- It is important to clarify early on who is responsible for ensuring that the patient/parent understands the conversation. Is this the responsibility of the interpreter or of the provider?

INTERVENTION:

1. Identify Latino patients, in any care setting, who are involved in research or have an invasive procedure at the institution.
2. Schedule key informant interviews
3. Ask each Latino patient or parent to recount what he/she has been told during the informed consent discussion

MEASURE: Patient/parent understanding of the research/procedure by comparing their verbalizations with the written informed consent document.

List of resources to support the implementation improvement Model #5:

1. National Quality Forum, "Safe Practices for Better Healthcare".
2. The National Quality Forum Workshop on Improving Patient Safety Through Informed Consent In Low Literacy and Limited English Proficiency Populations. Baltimore, Maryland. September 10, 2004.
3. Sofaer S. Qualitative Methods: What Are They and Why use them? HSR, Vol.34 (5):1101-1118



CLAS Standards (continued)

9. Health care organizations should conduct initial and ongoing organizational self-assessments of clas-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.
10. Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

Quality Improvement Model #6: AUDIT DOCUMENTATION OF INTERPRETER USE

GOAL: Improve timely access to interpreter services at key times during the hospitalization by 30% in four months.

METHOD: Audit and determine opportunities for improvement the institution based on the results.

BACKGROUND:

- Title VI of the Civil Rights Act of 1964 requires institutions to provide interpreters to LEP patients on a 24-hour basis. Ensure that interpreters are qualified and trained with demonstrated proficiency. Minors should not be used to interpret.
- Patients with limited English proficiency are less likely to receive needed and quality health care.
- Language barriers and communication problems figure prominently in disparities for racial and ethnic minorities.
- Reliance on untrained interpreters has been shown to have negative clinical consequences.
- Adverse consequences of language problems may include misdiagnosis, misunderstanding of treatment instructions, and inappropriate medication, testing, and hospitalization
- Several critical times have been identified when communication impacts safety including admission, obtaining informed consent, transfer, and discharge.

MEASURE: Audit a sample of thirty medical records of Latino patients admitted for services at the institution to assess the scope of issues related to interpreter use and timeliness.

List of resources to support the implementation improvement Model #6:

1. Collins K, Hughes D, Doty M, Ives B, Edwards J and Tenney K. Diverse Communities, Common Concerns: Assessing Health Care Quality for Minority Americans. Findings from the Commonwealth Fund 2001 Health Care Quality Survey, 2002.
2. Jacobs E, Shepard DS, Suaya JA and Stone EL. Overcoming Language Barriers in Health Care: Costs and Benefits of Interpreter Services. American Journal of Public Health 2004; (94) 5 866-869.
3. Flores G. The Health of Latino Children. JAMA 2003 (288)1.
4. Leatherman S and McCarthy D. Quality of Health Care for Children and Adolescents: A Chartbook, 2004. The Commonwealth Fund.



INTERPRETATION Audit Criteria

Name: _____ Age: _____
 Admission Date: _____ LOS: _____



CLAS Standards (continued)

11. Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

12. Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/ consumer involvement in designing and implementing CLAS-related activities.

Code	Indicator Description	Yes	No	Comments
	Interpreter used on admission			
	Interpreter used for H&P			
	Admission Consent forms in primary language			
	Interpreter used for consent to treat if consent not in primary language			
	Interpreter used for procedure consent			
	Standard of care has check on language barrier			
	Research protocol/consent in primary language			
	DC instructions translated to primary language			
	Interpreter used at time of discharge			
	Family member interpreted			
	Delay in obtaining interpreter documented			
	Documentation of attempts to obtain interpreter?			
	Documentation of communication barrier?			
	Day of week and time the barrier was identified			
	Number of times interpreter used as document in record			
	Diagnosis at discharge			
	Does MD speak the patient's primary language?			

Quality Improvement Model #7: IMPROVE STAFF COURTESY AS MEASURED BY SPANISH-LANGUAGE PATIENT SATISFACTION SURVEY

GOAL: Improve staff courtesy with Latino patients/families as measured by consumer satisfaction survey results

METHOD: JCAHO improvement method (see Model below)

BACKGROUND:

- Studies show contradictory findings regarding Latino patients' perceptions of care (Doty 2003).
- Studies of patient satisfaction broken down by language have been seriously limited by the lack of demonstrated equivalence between English-language and Spanish language patient satisfaction measures (Miceli 2004). This makes it difficult to know whether differences in satisfaction reflect true differences in satisfaction or are a result of an instrumentation problem.
- Two concepts within the Hispanic culture, "respeto" and "personalismo", may help explain why "culturally blind" care is not viewed as courteous care by Hispanic patients (NAHH 2001)

INTERVENTION: Improve culturally proficient care by educating healthcare providers about the importance of courtesy and respect for Latinos. Include information and role play opportunities related to two concepts:

- Respeto - the unwritten social conventions of Hispanic cultures that dictate behaviors in social situations based on social status, age, gender and authority. Violation of such culturally defined social conventions may contribute to the perceived lack of courtesy reported by focus group participants.
- Personalismo - refers to the emphasis Hispanic cultures place on personal relationships including more touch, standing closer,, expressing interest in the patient's personal life.

MEASURE: Translate the institutions satisfaction survey into Spanish and measure results of specific questions related to physician/healthcare providers courtesy over time.

List of resources to support the implementation improvement Model #7:

1. Doty, M. Hispanic patients' double burden: Lack of health insurance and limited English. Report of the Commonwealth Fund 2001 Health Care Quality Survey 2003. www.cmf.org.
2. Miceli PJ. Validating a Patient Satisfaction Survey Translated into Spanish. *Journal for Healthcare Quality* 2004, Vol 26, No.4, pp 4-13.
3. National Alliance for Hispanic Health, A primer for cultural proficiency: Towards quality health services with Hispanics. Washington, DC: Estrella Press. 2001.
4. Office of Minority Health. Assuring cultural competence in healthcare; Recommendations for national standards and an outcomes-focused research agenda. www.omhrc.gov/CLAS/cultural1a.htm.



Quality Improvement Model #8: PERFORM A CULTURAL COMPETENCY ASSESSMENT OF THE ORGANIZATION AND DEVELOP A MULTIYEAR PLAN FOR IMPROVEMENT

GOAL: Improve cultural competency of the organization.

METHOD: Strategic Planning

BACKGROUND:

- Disparities are evident in healthcare today.
- Cultural Competence is the awareness and capability of an organization at all levels to value diversity in the delivery of care to all populations served.
- An internal cultural competency self assessment helps the organization evaluate where it is on a cultural competence continuum.
- A healthcare organization may wish to validate its understanding of the ethnic and cultural composition of its patient and employee populations
- A cultural competency assessment may reveal opportunities for the organization to improve its cultural competency.
- The act of conducting a self assessment is a statement to the workforce, patients and community that the organization values diversity and desires to increase its cultural competence.

INTERVENTION:

1. Conduct a self assessment of cultural competency using tools from the National Center for Cultural Competency (NCCC) such as Promoting Cultural Diversity and/or Cultural Competency: A Self Assessment Checklist, Cultural Competency Health Practitioner Assessment (CCHPA), A checklist of Attitudes and Values, A Guide to Planning and Implementing Cultural Competence: An Organizational Self-Assessment, and the Child Welfare League of America's Cultural Competence Self-assessment Instrument found at www.data.georgetown.edu/research/gucchd/programs/nccc/index.html and www.cwla.org/pubs
2. Develop multiyear strategic plan to improve cultural competency based on the results of the self assessment.
3. Repeat the self assessment of cultural competency using the same self assessment tool to document improvement after implementation of the strategic plan.

MEASURE: Cultural competency

List of resources to support the implementation improvement Model #8:

1. Andrulis D, Delbanco T, Avakian L, Shaw-Taylor Y. Conducting a Cultural Competence Self Assessment in The Providers Guide to Quality and Culture. Management Sciences for Health @ <http://erc.msh.org>
2. National Center for Cultural Competency (NCCC). Promoting Cultural Diversity and/or Cultural Competency: A Self Assessment Checklist, Cultural Competency Health Practitioner assessment (CCHPA), A checklist of Attitudes and Values, A Guide to Planning and Implementing Cultural Competence: An Organizational Self-Assessment,
3. Child Welfare League of America's Cultural Competence Self-assessment Instrument found at www.data.georgetown.edu/research/gucchd/programs/nccc/index.html and www.cwla.org/pubs
4. National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health Care Final Executive Summary. March, 2001 found at <http://www.haa.omhrc.gov/HAA2pg/qhatsnew10.htm>.
5. The Cultural Competence Self Assessment Protocol for Health Care Organizations and Systems



CLAS Standards (continued)

13. Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.
14. Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities.



Checklist of Additional Ideas and Resources for Improvement for Hospital Quality Improvement

Additional Ideas and Resources for Patient/Parent Interventions

1. Distribute and post Five Steps to Safer Health Care in Spanish Five Steps to Safer Health Care. Patient Fact Sheet. July 2003. AHRQ Publication No 03-M007. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/consumer/5steps.htm>
2. Hold a focus group with patients/parents using Moderators Guide
3. Provide timely reminders to patients/families and share important information with patients/families in their preferred language (written and verbal)
4. Empower the patient/family for their central role in managing their health by using effective self-management support strategies that include assessment, goal setting, action planning, and follow-up
5. Acquaint LEP patients/families with Right to Language Access Services
6. Provide oral language interpretation assistance to LEP patients/families
7. Utilize the Ask Me 3 questions in Spanish
8. What is my main problem?
9. What do I need to do to deal with the problem?
10. Why is it important to me to do this?

Additional Ideas and Resources for Community and Policy Interventions

1. Coordinate community assessment and pooled community language resources for 24 hour interpreter availability.
2. Advocate for federal funding related to interpreter reimbursement mechanisms (www.healthlaw.org/pubs/2004.ActionKitReprint.pdf)
3. Provide written materials in appropriate languages and literacy levels
4. Work with ethnic organizations in the community to provide ethnic celebrations at your institution (cultural information including folk medicine practices, food, dance, etc)
5. Involve members of the community in quality improvement efforts.
6. Develop partnerships with community leaders, natural networks and cultural brokers to improve service access and provide feedback that will guide system redesign.
7. Develop policies that insure clinical and administrative practices are responsive to the diversity of the population served.
8. Disseminate best practices and "what works"
9. Develop agreements that facilitate care coordination within and across organizations.
10. Work with community groups to improve health literacy of the populations served.
11. Use Language Services Action Kit: Interpreter Services in Health Care Settings for People with Limited English Proficiency as a resource manual for community initiatives www.accessproject.org with links to other sites about financial and linguistic barriers to healthcare.
12. Replicate a community solution to health disparities included in the American Public Health Association database www.apha.org or the Planners Guide, Toolkit and Student Toolkit.





Additional Ideas and Resources for Health System Interventions

1. Complete an institutional self assessment and multiyear improvement plan (eg. National Center for Cultural Competency (NCCC) such as *Promoting Cultural Diversity and/or Cultural Competency: A Self Assessment Checklist*, *Cultural Competency Health Practitioner assessment (CCHPA)*, *A checklist of Attitudes and Values*, *A Guide to Planning and Implementing Cultural Competence: An Organizational Self-Assessment*, and the Child Welfare League of America's *Cultural Competence Self-assessment Instrument* found at www.data.georgetown.edu/research/gucchd/programs/nccc/index.html and www.cwl.org/pubs.
2. Define, measure, monitor and improve cultural competency.
3. Provide on-site interpreters in settings with high numbers of limited-English speaking patients.
4. Establish a department of multicultural services to provide interpreters and coordinate cultural.
5. Cluster outpatient appointments with Spanish speaking patients and interpreters.
6. Offer Spanish language education in the institution.
7. Identify key concepts of culturally competent care at the institution.
8. Identify a set of cultural competence measures for the institution that can be used to track progress towards improvement.
9. Perform a qualitative assessment of the institutions current tools/resources related to cultural competence.
10. Improve institutional signage in high volume languages of clients.
11. Recruit, hire, retain and promote a diverse staff who are representative of the community.
12. Develop Spanish language information packet including pictorial maps of the institution for patients/parents that give directions to frequently needed location (parking, cafeteria, elevators, registration, etc). Translate vital service documents, program documents and rights and grievance information.
13. Provide a hotline or institution website for Spanish speaking patients and families to post questions, make appointments or seek information and referral.
14. Develop a strategic plan to address the various groups present in the communities served.
15. Adapt service environments, practices and delivery to match the individuals and families served.
16. Establish self-management support using group visits and telephone follow-up to promote efficiency and "productive interactions".
17. Quantify negative impact of LEP status on utilization, treatment adherence, rate of missed appointment, medication non-compliance, rates of diagnostic testing, omission of vital information, adequacy of patient understanding.
18. Improve institutional signage in high volume languages spoken by the institution's clients.
19. Conduct a Failure Modes and Effect Analysis (FMEA) of cross-cultural communication with LEP Latino patients/families.
20. Formalize interpreter training
21. Utilize measures/indicators of cultural competence developed by Health Resources and Services Administration found at www.hrsa.gov/OMH/cultural/attachment3.htm.
22. Conduct a self assessment of the institution comparing actual practice to Culturally and Linguistically Appropriate Services (CLAS) Standards.
23. Differentiate the perceptions of various racial and ethnic constituencies. Target

marketing messages to Hispanic populations. Share the perceptions of customers related to their special concerns and the perceived quality provided at your institution.

24. Integrate multicultural education into health professions curricula using resources from the Center for Healthy Families and Cultural Diversity, the Center for Health Professions (Toward Culturally Competent Care: A Toolbox for Teaching Communication Strategies (2002), and the Center for Cross Cultural Health (Caring Across Cultures: The Providers Guide to Cross-Cultural Health and Six Steps toward Cultural Competency).
25. <http://www2.umdnj.edu/fmedweb/chfcd/index.htm>
26. <http://www.futurehealth.ucsf.edu>
27. <http://www.crosshealth.com>
28. <http://www.hrsa.gov>

Additional Ideas and Resources for Communication Interventions

1. Ask translators to give feedback about what information they're getting from physicians (Does the translator understand the instructions?)
2. Assign accountability for provision of interpreters to LEP families
3. Hold a focus group with translators (to determine what's actionable/ fixable.
4. Assess the efficacy of various interpreter modalities (on site vs telephone). Compare resource utilization, timeliness, customer and staff satisfaction and effectiveness
5. Use outreach workers to connect with new communities
6. Utilize Spanish speaking concierge positioned at the front entrance
7. Implement education and competency assessment for interpreters
8. Implement NQF Safe Practice 10: Ask each patient or parent to recount what he/she has been told during the informed consent discussion
9. Include space on documents to capture use of and type of interpreter utilized, if any (e.g. family member, friend, professional interpreter, phone system, etc...)

Additional Ideas and Resources Provider Interventions

1. Integrate cultural competence into training for health care providers to promote better understanding and management of the social and cultural factors that affect patients' health beliefs and behaviors.
2. Grand Rounds/MD Education on cultural competence
3. Staff enhancement to promote cultural diversity and identify language spoken by individuals on their nametags.
4. Develop training sessions for staff/providers to increase cultural competency
5. Implement education and competency assessment for interpreters
6. Have interpreters evaluate the cultural sensitivity of the physicians/care givers
7. Create a cultural competency tool to improve provider knowledge of cultural norms
8. Develop/provide access to Culturally and Linguistically Appropriate Services (CLAS) training program
9. Survey staff related to Cultural Competence to assess interpersonal sensitivity, bias and individual cultural competence of staff members.
10. Include assessment of cross-cultural interactions as part of the employee evaluation and supervisory processes.
11. Use a collaborative, patient-centered approach to define patient problems, establish priorities, establish goals, create treatment plans and solve problems.
13. Create a cultural competency tool to improve provider knowledge or use



existing resources such as EthnoMed-Ethnic Medicine Guide (<http://ethnomed.org/ethnomed/index.html>) for cultural information on immigrant and refugee groups

14. Reduce unintended variations in care by adopting simple practice guidelines for specific diagnoses



Additional Ideas and Resources Patient/Parent Perceived Quality Assessment

1. Translate existing institutional patient satisfaction survey into Spanish and other appropriate languages
2. Assess parent/patient satisfaction after implementing a change in this list
3. Utilize Latino Survey module
4. Survey patients' families
5. Monitor results over time
6. Take actions regarding opportunities to improve

Additional Ideas and Resources Health Outcomes Assessment

1. Develop a mechanism to identify ethnicity and primary language of clients served by your institution
2. Identify how many LEP patients/families are served at your institution each year
3. Quantify medication errors or Adverse Drug Events in Low English Proficiency patients
4. Assess disparities at your institution
5. Check Length of Stay in LEP patients/families.
6. Check nosocomial infections in LEP patients/families
7. Check hospitalizations for preventable illnesses
8. Check for re-hospitalizations
9. Study process and outcome measures for common diagnoses by cultural group
10. Determine if there is evidence that services are effective across cultural groups.
11. Use qualitative methods including key informant interviews and case studies to assess quality, safety and outcomes for Latino patients and their families.
12. Study interpretation at the institution including number of calls, time from call to interpretation, satisfaction with interpretation
13. Give the phone extension of Spanish-speaking employee to families at discharge and quantify how many call-back questions are received after discharge.
14. Examine institutional and individual outcomes to determine if specific groups within the service population are over or under represented,
15. Track customer satisfaction by ethnicity to promote customer driven services/improvement opportunities.
16. Measure translation quality
17. Build capacity for routine assessment of patient outcomes by ethnicity by using a standardized assessment tool throughout the organization, ensure that clinicians use the tool and establish routine assessment of outcome measures

Additional Resources and References

Many references and resources were included throughout this document.

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Paper on the Communication, Safety and Quality project:

Bethell CD, Simpson L, Read D, et al. Communication and the Quality and Safety of Hospital Care for Children from Spanish Speaking Limited English Proficient Families. Submitted September 2005, under review.

Additional resources and references:

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Health Research and Education Trust (HRET). 2005. HRET Disparities Toolkit: A Toolkit for Collecting Race, Ethnicity, and Primary Language Information from Patients. Accessed August 31, 2005 at <http://www.hospitalconnect.com/hret/programs/disparities.html>

Joint Commission on Accreditation of Healthcare Organizations (JCAHO). (2005). Joint Commission 2005 Requirements Related to the Provision of Culturally and Linguistically Appropriate Health Care. Retrieved August 31, 2005 from http://www.jcaho.org/about+us/hlc/hlc_jc_stds.pdf

National Initiative for Children's Healthcare Quality (NCHQ). (2005). Expanding Perspectives: Improving Cultural Competency in Children's Health Care. Retrieved September 8, 2005 from <http://nichq.org/NR/rdonlyres/5B534B7B-0C38-4ACD-8996-EBB0C4CB2245/0/CulturalCompetencyFINAL.pdf>