



EXECUTIVE PRIORITIES
IN HEALTHCARE AND THE
IMPACT OF QUALITY
LANGUAGE SERVICES



Excelling in language services may improve the metrics your executive team cares about – but does your leadership understand that? Are they aware that an investment in quality language solutions today may produce tangible, organization-wide benefits for years to come?

As the leading provider of language services to hospitals and healthcare organizations, CyraCom developed this education resource to help:

HEALTHCARE EXECUTIVES

understand the impact limited-English proficient (LEP) patients, and the care they receive, have on overall priorities.

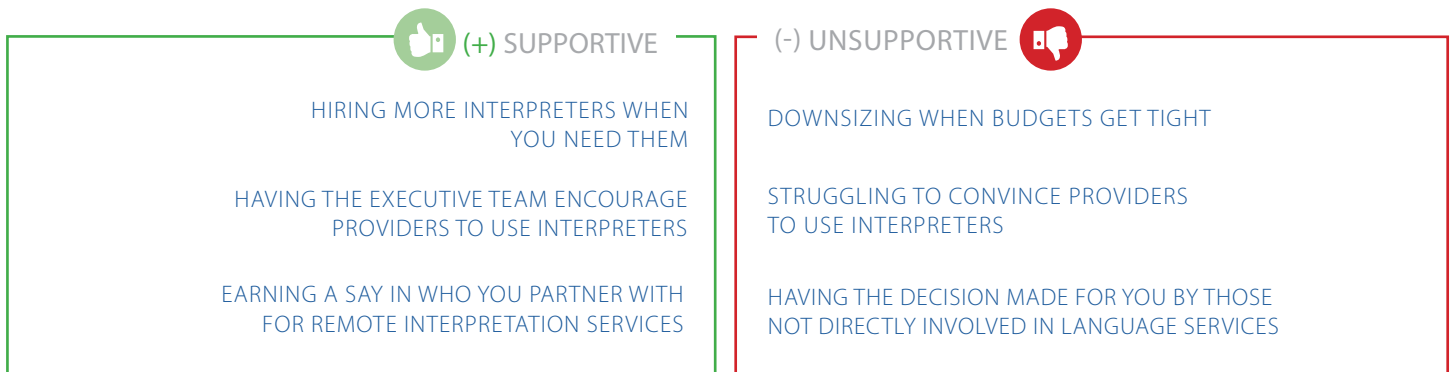
LANGUAGE SERVICES LEADERS

make the case for a quality language access program.

PROCUREMENT TEAMS

choose a language services provider based on quality, avoiding the repercussions of prioritizing short-term cost.

For language services managers, securing the support of hospital leadership can make the difference between:



Here are five critical metrics for healthcare providers and an explanation of how a quality language services program impacts each of them:



Section 1557
Compliance



Joint
Commission
Standards



Readmission
Rates



HCAHPS
Scores



CMS Hospital
Quality Star
Ratings

SECTION 1557 COMPLIANCE

Why it Matters to Executives:

Hospitals that fail to comply with Section 1557's language access requirements may face investigation by the Department of Health and Human Services' (HHS) Office of Civil Rights. Section 1557 also empowers LEP individuals to file legal claims against medical providers who fail to provide qualified interpreters. The law applies to all healthcare organizations and programs that receive federal funding, are administered by HHS, or participate in the Health Insurance Marketplaces.

The Role of Quality Language Services:

Section 1557 requires hospitals to:

1. Post Notices of Nondiscrimination



Section 1557 requires providers to post a notice of nondiscrimination and taglines (short statements advising language services are available) in the state's/hospital's top 15 languages. HHS has compiled state-specific language lists for download, including taglines in 64 languages.

2. Use Qualified Interpreters for all LEP Patient Interactions



HHS's 2016 guidance on Section 1557 mandates "qualified interpreters". Being bilingual is insufficient; rather, HHS states that a qualified interpreter must:



Adhere to ethical principles such as client confidentiality.



Possess proficiency in speaking and understanding English and one additional spoken language.



Be able to use all necessary specialized vocabulary and phraseology effectively, accurately, and impartially.

Section 1557 specifically prohibits the use of:



A patient's minor children (except in emergencies to prevent imminent patient harm.)



Adult family and friends (unless the patient refuses an interpreter. Providers may still utilize an interpreter if they determine the family member/friend cannot interpret adequately.)



Bilingual staff, unless they have interpreting listed as part of their "current, assigned job responsibilities" and are qualified as defined in the HHS guidance.



Download our whitepaper, *The New Law on Language Access*, to learn more about Section 1557 compliance

3. Ensure Remote Interpretation Partners Meet Section 1557's Quality Standards



Section 1557 permits hospitals and healthcare organizations to use qualified phone and video interpreters if the technology involved meets the quality standards set for ASL interpretation by the Americans with Disabilities Act.

JOINT COMMISSION STANDARDS

Why it Matters to Executives:

Many states rely on a hospital's Joint Commission accreditation to determine whether the hospital should receive and retain state licensure, a requirement to operate.

The Role of Quality Language Services:

The Joint Commission's standards for patient-centered communication include the provision of language services by qualified interpreters who have:



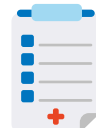
Passed Language Proficiency Testing



Training in interpretation best practices



Interpreting experience in a healthcare setting



Knowledge of medical terminology



The standards also require vital documents to be translated into commonly encountered languages, using qualified translators to help ensure accuracy and readability.

Joint Commission surveyors assess hospital compliance in two ways:

1. Do staff follow hospital policy on the use of interpreters for LEP patient encounters?
2. Does the hospital's policy reflect current professional practice standards?

Learn more about Joint Commission standards for treating LEP patients in our blog post, *Fact and Fiction: What do Joint Commission Standards say About Healthcare Interpretation?*



READMISSION RATES

Why it Matters to Executives:

CMS withheld \$564 million in Medicare reimbursements to more than 2,500 hospitals for failing to reduce unnecessary patient readmission rates in 2017.

The Role of Quality Language Services:

Improving communication with LEP patients will likely have an outsized impact on a hospital's overall readmission rates, as non-English speakers readmit at a significantly higher rate than the general population. Research suggests the language barrier may be to blame. Readmissions increase when patients do not:



Understand their diagnosis



Know which medications to take and when



Comprehend important information or test results



Schedule a follow-up appointment with their doctor



Receive adequate care at home

For more information on reducing LEP patient readmission rates, download our whitepaper, *The Cost of Miscommunication*





HCAHPS SCORES

Why it Matters to Executives:

Large systems stand to gain or lose significant reimbursements based on their HCAHPS scores. 2% of annual Medicare reimbursement depends on hospital performance, and HCAHPS determines 30% of that performance rating.

The Role of Quality Language Services:

Providing LEP patients with rapid access to quality interpretation services may improve hospital HCAHPS scores. These patients tend to rate hospitals worse than their English-speaking counterparts due to communication challenges. LEP patients are:

9x

more likely to have trouble understanding a medical scenario

4x

more likely to misunderstand medication labels

4x

more likely to have a bad reaction to medication

The National Center for Biotechnology Information (NCBI) has concluded that patients who speak a different language than their providers report worse interpersonal care and are more likely to rate providers poorly when surveyed. But NCBI also learned that:

“Hospitals with greater cultural competency have better HCAHPS scores for doctor communication, hospital rating, and hospital recommendation. Furthermore, HCAHPS scores for minorities were higher at hospitals with greater cultural competency on four other dimensions: nurse communication, staff responsiveness, quiet rooms, and pain control.”

“Quality of interpretation correlates with patient understanding and satisfaction with the encounter,” whereas relying on untrained bilingual individuals to interpret “appears to have many negative clinical consequences including reduced trust in physicians [and] lower patient satisfaction.”

Read our *Improving HCAHPS* whitepaper to learn more about improving LEP patient satisfaction



CMS HOSPITAL QUALITY STAR RATINGS

Why it Matters to Executives:

A hospital's Center for Medicare and Medicaid Services (CMS) Overall Hospital Quality Star Rating may impact perception and reputation of the organization, both locally and nationally. A poor rating may lead potential patients to consider other facilities for non-emergency procedures, impacting a hospital's bottom line.

The Role of Quality Language Services:

Hospitals with a high percentage of LEP patients may find that improving these patients' experience boosts CMS star rating. LEP patients readmit at higher rates and report lower patient satisfaction than their English-speaking counterparts - both critical factors in determining a hospital's CMS star rating.

Patient mortality and safety comprises 44% of a hospital's total CMS score. Statistically, non-English speaking patients experience an outsized percentage of adverse events, longer hospital stays, and misunderstandings, resulting in unnecessary and potentially counter-productive treatment.

The Journal for Healthcare Quality has concluded that adverse events occur more frequently when hospital staff fail to use an interpreter with every LEP patient. Hospitals may improve utilization by making their language services programs:



Convenient:

Interpreter resources like phones and video carts should be kept close and accessible to staff.



Fast:

Wait times for remote interpreters should average seconds, not minutes.



Understood:

Language service providers should provide quality training and implementation.



Effective:

Quality of interpretation provided should be consistently high.



Simple:

Connecting to an interpreter should be easy, with few steps.

Learn more about *How CMS Hospital Quality Star Ratings Work* – and how LEP patients may impact them – in our [whitepaper](#)



As a language services leader in healthcare, you understand why access to qualified, professional interpreters and translators matters. Make sure your executive team understands as well by demonstrating your department's impact on these critical metrics. Your leadership is more likely to provide you the autonomy, budget, and support you need to excel once they understand what their investment can yield.



Do you need assistance presenting the value of language service to your executive team? Contact CyraCom today to learn how we can help.



ABOUT CYRACOM

CyraCom is the leading provider of language services to hospitals and healthcare organizations. CyraCom provides clients with access to qualified interpreters and translators – certified employees with 120 hours of training working in secure, large-scale US interpreter contact centers – for compliance with the standards set by Section 1557 and the Joint Commission. CyraCom believes this dedication to quality helps to prevent the miscommunications that lead to unnecessary readmissions and reduced LEP patient satisfaction, as well as the adverse outcomes that threaten patient safety and negatively impact CMS star ratings.

Contact CyraCom today to discuss how we can improve your language services program.

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