



# THE COST OF MISCOMMUNICATION:

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Solving the Puzzle of  
Readmission Rates

This article covers the Affordable Care Act's penalization of unnecessary hospital readmissions, and the reasons Limited-English-Proficient patients are overrepresented in those readmissions. For more information on the ACA and its impact on LEPs, click to download [CyraCom's ACA Whitepaper](#).

Hospitals nationwide continue to face increased fines under a portion of the Affordable Care Act. In 2014, more than [2,600 facilities nationwide](#) – out of roughly 3,500 eligible – failed to meet the ACA's criteria and will face stiff financial penalties.

How can hospitals lower readmission rates? From hiring community health coaches to encouraging doctors to talk with patients more, many promising strategies have emerged since the law's enactment.

In this white paper, we'll share those strategies and show how language access may play a key role in helping your hospital become ACA compliant.

## Defining the Problem

When patients return for additional treatment for the same issue within 30 days of release (readmission), hospitals receive penalties if the rate surpasses a given threshold.

What kind of penalties? Medicare can cut its already low-margin reimbursements by as much as 3%. The greater proportion of Medicare patients at a facility, the bigger the financial risk hospitals experience under the new system.

If the penalties seem severe, consider the scope of the issue. The Centers for Medicare and Medicaid Services (CMS) estimates that avoidable readmissions comprise \$17 billion of the \$26 billion spent on return patient visits.

AVOIDABLE READMISSIONS - \$17B

\$26B  
TOTAL

## Causes of Readmission

Let's start with the [demographics](#). Non-English speakers, particularly in Latino and Chinese populations, readmit at a significantly higher rate than the general population. A review of 10.7 million hospital records for Medicare patients revealed the [top five reasons](#) a patient may be readmitted:

1. Patients may not fully understand their diagnosis.
2. Patients may be confused over which medications to take and when.
3. Hospitals don't provide patients or doctors with important information or test results.
4. Patients do not schedule a follow-up appointment with their doctor.
5. Family members lack proper knowledge to provide adequate care.

Patients need specific information prior to being discharged, which linguistic and cultural barriers complicate. Which tests were run? What were the findings? What is the diagnosis? What medication/follow-up care is need?

How can hospitals ensure Limited English Proficient patients understand the answers to these questions?

## Three Areas of Opportunity with Limited English Proficient (LEP) Patients

Three key points in the treatment process hold promise for reducing readmission of Limited English Proficient patients:

### 1. Preventative Care and Wellness Visits

The provider-patient relationship remains paramount. Ever try making small talk with an LEP patient through an interpreter? Not only is it possible, it goes a long way towards gaining a thorough understanding of the patient's lifestyle, risk factors, or other key health indicators.

[Memorial Hospital has seen promising results](#) from dedicating nurses to building trust and holding extended conversations with patients. By getting to know the patient's environment outside the hospital and then tailoring education to the patient's life circumstances, Memorial Hospital is winning victories in this battle. It's especially important to take these measures with LEP patients, for whom readmission rates are higher.

Read CyraCom's blog entry on the threats a lack of health literacy poses to LEP patient health [here](#).



*The common thread? Miscommunication.*

## 2. Hospital Admission Process

Bad data leads to bad treatment. Some of the worst examples of complications for LEP patients stem from the hospital admission stage in their treatment, and moments of miscommunication have led to readmission or worse in the past. Tightened processes around professional language access in the admission process can prevent a slew of issues further down in the patient's journey, keeping patient safety front and center.

## 3. Discharge Instructions

Like the admissions process, discharge instructions carry tremendous weight in an [increasingly outpatient-focused](#) healthcare industry. LEP patients require special attention in this area. Even with relatively good instructions, cultural and language barriers may lead LEP patients to feign understanding out of respect for an authority figure or to save face. In [Reducing Hospital Readmissions: Lessons from Top-Performing Hospitals](#), The Commonwealth Fund studied four organizations that excelled at reducing readmissions. Commonwealth found that these hospitals take the aftercare process even further, including:

- Nurses calling high-risk patients one week after discharge, answering questions, and reminding them to seek aftercare.
- Partnering with the community to refer uninsured or underinsured patients to free clinics and prescription drug assistance programs post-discharge.
- Integrating telemonitoring devices to relay patient information, like blood pressure or weight, back to the hospital.

## Best Practices for Success

Given that the top causes of readmission involve miscommunication and that LEPs are over-represented in this issue, any viable fix must target the limited-English population.

You could have the best language access policy in the world, but if the nurses on the second floor don't find it worthwhile to walk to the nearest blue interpreter phone, your efforts can be seriously undercut. As a people-centered issue, improving communication requires more than the occasional staff training.

In order to be effective, language solutions must comprehensively address four key areas:

### 1. Relay language access policy and procedures

Dangling carrots or brandishing sticks: both help language access procedures, but explaining the benefits may get more results than being punitive.

Leadership plays a key role in setting policies and creating a culture focused on language access. Staff members benefit from lowered readmission and better communication, and these perks should be central in communicating language access to staff.

Everyone could benefit from less hassle, stress, and avoiding redoing the same work done the last time the patient visited. A nurse's sore feet may take priority over compliance concerns in the moment, but knowing that using a professional interpreter ultimately saves time and energy could make the difference.

Check out CyraCom's blog entry on [Reengineering Patient Discharge](#) for solutions.



Separately, relaying the benefits for the patient also gets results. The Department of Health and Human Services' Agency for Healthcare Research and Quality (AHRQ) [released guidance in 2012](#) for hospital leadership that identifies five key recommendations to improve patient safety for LEP patients:

- I. Foster a supportive culture for safety of diverse patient populations.
- II. Adapt current systems to better identify medical errors among LEP patients.
- III. Improve reporting of medical errors for LEP patients.
- IV. Routinely monitor patient safety for LEP patients.
- V. Address root causes to prevent medical errors among LEP patients.

## 2. Implement a comprehensive language service program

Why not select all of the above? That's the conclusion many healthcare organizations with leading language service programs have reached.

*A great Language Services program is key to meeting The Joint Commission's National Patient Safety Goals – see our [blog entry here](#).*

Make the modalities of language access plentiful and easy to access. These should include:

### Tested and trained bilingual staff:

If some staff members are determined to keep grabbing the same janitor for assistance, make sure his bilingual skills have been tested and approved by a third party.

### Written Translation:

If an LEP patient takes something home, make sure they can read it. This may mean translation, but it's also possible the LEP patient cannot read in any language. Make sure to ask. Recording the instructions via interpreter and sending the patient home with that recording is a creative solution.

### Over-the-Phone and Video-Remote Interpretation:

Now shown to be significantly more cost-effective than on-site interpretation, these are increasingly the primary modalities in hospitals. With phones all over the hospital and the proliferation of mobile devices, phone and video interpretation are often the fastest and most convenient modalities for staff and can avoid delayed communication with the patient.

### On-Site Interpretation:

Some hospitals or staff prefer on-site interpreters, and in some circumstances, they're going to continue to make the most sense. Some hospitals have seen success from tying in on-site staff to the front end of their remote interpreting service, which keeps an interpreter familiar with the hospital on staff but pushes providers to use the more accessible Phone or Video service.

### 3. Provide staff adoption and training

While ultimately training and adoption are two different things for staff, solid training is one of the best means to achieve wider adoption.

At a minimum, all staff should receive training on Title VI of the Civil Rights Act and the organization's policies on language assistance.

But that's just the starting point.

The American Medical Association Commission to End Health Disparities recently produced a white paper, with recommendations for policymakers, organizations and clinicians, titled, "Promoting appropriate use of physicians' non-English language skills in clinical care: A white paper of the Commission to End Health Care Disparities." It included four key recommendations:

- I. Provide integrated training to staff on how best to work with interpreters.
- II. Promote teamwork with trained interpreters – the hospitals' specialist at communicating with LEP patients.
- III. Help clinicians plan ahead for appropriate communication in encounters with LEP patients.
- IV. Examine and address barriers to using interpreter services – start by asking nurses, doctors, and other staff what commonly prevents them from getting an interpreter.

*The ACA is one of many standards with which hospitals must comply. Download [Cyracom's Beyond HIPAA white paper](#) to learn more.*

### 4. Effectively and proactively reach out to LEP communities

More proactive solutions will be necessary to achieve improved communication for LEP patients. Innovative outreach efforts that focus on neighborhoods and communities with the highest rates of readmission are continually being developed. These communities often include a high percentage of linguistically isolated households. Outreach efforts, therefore, must take into account language and culture barriers from initial conception in order to be successful.

## In Summation

Miscommunication in medicine can be costly – both financially and in terms of patient health and wellness. With the [Affordable Care Act](#) levying fines against hospitals with high readmission rates, solving this problem is crucial to an organization's success. Patients who do not understand their condition or treatment are vastly more likely than the general population to readmit unnecessarily – [health literacy being vital to successful recovery](#) – and those with limited English proficiency are overrepresented in these miscommunication-based readmissions.

The answer is [better communication](#), and for LEP patients that means breaking through the language barrier by using an effective mix of in-house and [vendor-provided interpretation](#). The solution must be accurate, efficient, and easy to use to ensure buy-in, and it must be put into practice before, during, and after a patient receives treatment. Staff must [understand](#) it and believe it [adds value](#) to the care they provide, so training and regular oversight are crucial. With these practices in place, your organization will be well on its way to reducing readmission rates and excelling in [patient communication](#).

## Additional Resources

Want to learn more about the LEP population, best practices for patient communication, and ways a great language program can benefit your organization? Here are some excellent resources to get you started:

### [HCAHPS White Paper](#)

HCAHPS is a critical measure of patient voice, hospital image, and government reimbursement. Unfortunately, many hospitals do not focus on LEP patient satisfaction, resulting in lower overall scores. To help hospitals boost their scores, CyraCom has done the research and developed [best practices for improving LEP patient satisfaction and HCAHPS scores](#).

### [The ACA & LEPs White Paper](#)

The Affordable Care Act gave more than 10 million new LEP (Limited English Proficient) patients access to health insurance and healthcare services. These LEP patients are at greater risk for adverse health events, and the ACA created new incentive for healthcare organizations to provide the most effective services possible for LEP patients before, during, and after treatment. Let CyraCom [shed some light on these new regulations](#), their impact on your organization, and how best to succeed with LEP patients in a post-ACA environment.

### [IgnatiusBau.com](#)

[Ignatius Bau](#) is an independent health policy consultant, "working with organizations to advance patient-centeredness and equity in health care." Previously, Bau served as Program Director for The California Endowment, specializing in language access.

### [Institute For Diversity](#)

[IFD](#) is a 501(c)(3) nonprofit, "committed to expanding health care leadership opportunities for ethnically, culturally, and racially diverse individuals, and increasing the number of these individuals entering and advancing in the field." Their site is an excellent resource for information on diversity in medicine.

### [AHA Solutions](#)

[AHA Solutions](#) is an American Hospital Association Company, dedicated to fostering operation excellence in hospitals. They seek to promote "a society of healthy communities, where all individuals reach their highest potential for health."

### [AHRQ](#)

[The Agency for Healthcare Research and Quality](#) (AHRQ) is committed to advancing excellence in healthcare, and exists to "produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable, and to work with the U.S. Department of Health and Human Services and with other partners to make sure that the evidence is understood and used."

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## About CyraCom

CyraCom's innovative language solutions have helped over 2,000 clients, attain excellence in their practices. Our ISO 9001:2008 certification demonstrates our commitment to quality.

Visit [www.cyracom.com](http://www.cyracom.com) to learn more about our suite of language services.

## Contact CyraCom

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

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