

Professional Interpreter Use Among Limited English Proficiency Patients and Outcomes Related
to Use of Professional Interpreter Services

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Abstract

Effective communication between patients with limited English proficiency (LEP) and healthcare providers is essential for safeguarding patient health. The primary objective of this study is to better understand LEP patient preferences regarding professional interpreter use in the Emergency Department (ED). This study was conducted in the ED at Henry Ford Hospital in Detroit. LEP patients were asked to complete a questionnaire in their native language. Research assistants were responsible for distributing and collecting the questionnaire. Of the 210 patients enrolled, 62.8% of the subjects were aware that interpreting services are available and 55% of subjects knew these services were free. 50% of the patients that declined a professional interpreter did so because they used a family member to interpret or because the patient believed their English was sufficient. Of the subjects that were discharged from the ED, 52.6% of Spanish-speaking subjects and 8.3% of Arabic-speaking subjects were given discharge instructions in their preferred language. In general, LEP patients did not indicate a preference regarding using a professional interpreter for their medical care. A significant number of LEP patients are unaware of professional interpreter services and many LEP patients do not receive medical paperwork in their preferred language.

Introduction

Patients who present to the ED with limited English proficiency may struggle in communicating with healthcare personnel about the reason they came to the hospital. These individuals vary with regard to dual language proficiency and may not be able to communicate effectively. This study was conducted at Henry Ford Hospital in Detroit, Michigan to help gain an understanding of the interpreting preference of LEP patients and how their choice of interpretation affects patient care. A survey has been created and translated into both Spanish and Arabic and was distributed to patients at the hospital based on their preferred language (see Appendix A).

This study primarily aimed to measure LEP patient satisfaction with the care that they received while in the ED. Improving patient satisfaction increases the likelihood that patients will return to the Henry Ford Hospital emergency department for future care and improves throughput of patients thereby increasing overall efficiency. In addition, this study focused on measuring the patient preference of interpreter services by using the Likert-scale to determine whether patients prefer a professional interpreter or family members in the emergency department. Having greater knowledge of patient preference allows healthcare providers to use the preferred method to speak to patients to improve the patient satisfaction and perception of the quality of care that they received. The policy at Henry Ford Hospital is to always provide a professional medical interpreter for LEP patients; however, many patients will refuse this service. This study gives some insight as to why patient's may opt out of using a professional medical interpreter. The study tried to identify some ways that emergency room patient satisfaction could be improved and analyzed the correlation between the use of a professional interpreter and increased satisfaction, a decrease in return visits, and an overall increase in

healthcare savings. This study provides an opportunity for the ED to provide better patient care and decrease the amount of return visits within 30 days. Decreasing return visits lead to better reimbursement rates for the hospital.

In a demographic and linguistic analysis done by Cruz et. al in 2014 at Henry Ford Hospital, it was shown that the largest non-English speaking population specifically to that area was Spanish with the second largest population representing those that speak Arabic. This study looked through patient medical records to determine if use of an interpreter was evident in the chart, and if so, what form of interpreter was used. In many instances, there was no documentation of an interpreter being used at all so it could not be determined how providers were communicating with patients or if a professional interpreter was even offered. [2].

In a 2011 study by Grover et. al, they looked at throughput of patients in 1201 families that identified themselves as Spanish speaking with respect to the type of interpretation they received: in-person, over the phone interpreter (OPI), or via a bilingual medical provider. Throughput is the rate at which something is processed, in this case, the rate at which patients pass through the emergency department. Results showed that the in-person group had a significantly shorter throughput time; whereas, the bilingual medical provider had the longest throughput time measured from the time first seen by the provider to the time of discharge [3].

A study by Wallbrecht examined how limited English proficiency related to the length of stay in the hospital's emergency department [5]. The study looked at 250 patients divided into two cohorts, the limited English proficiency (LEP) group and the English-speaking group [5]. The study then looked at the patients from each cohort to compare the length of the hospital stay [5]. Overall, the study concluded that there was no difference in the length of stay from time of arrival to time first seen by a provider or the time of arrival and discharge time [5].

Another study observed the use of an in-person interpreter and measured the satisfaction of the medical providers themselves and the LEP patients that presented to the ED at two New Jersey hospitals [1]. Out of the 447 patients enrolled in the study, 96% of the patients that communicated through the professional interpreter were “very satisfied” while only 24% of the patients in the control group were “very satisfied” with the quality of healthcare provided [1]. Similar results were received from all levels of medical providers that provided care to LEP patients with the use of a professional interpreter [1].

This study looks very closely at patient preferences and overall levels of satisfaction with interpreter services offered. The intent of this research is to use the information collected to better provide care for LEP patients in the ED by making them more comfortable when communicating with a healthcare provider. Our hypothesis is that better communication between the patient and provider would decrease the amount of unnecessary return visits. We also tried to figure out the reasons why patients refuse professional interpreters because we believe that using a professional interpreter results in better communication. Lastly, we measured the emergency department’s rate of supplying written discharge instructions in a patient’s preferred language.

Methodology

This research was conducted as a prospective, observational cohort study in the emergency department at Henry Ford Hospital in Detroit, MI with the administration of surveys. Pencil and paper surveys were distributed because a 2010 study done by Reichmann et. al showed that 45% of patients preferred to fill out the paper and pencil survey compared to the 29% that preferred an online survey [4]. This study was approved as a waiver of consent and current Institutional Review Board approval allows for 400 patients to be enrolled with no

control group. Research associates provided the surveys to non-English speaking patients based on their preferred language, Spanish or Arabic, upon presenting to the emergency department. A survey was created and translated from English (Appendix A), to both Spanish and Arabic. Research associates started by looking up patient information in the EPIC[®] medical charting software to see if a patient had indicated a preferred language of Spanish or Arabic during the triage process. Research associates then distributed the survey to each patient after they had already been seen by a doctor, and instructed them to fill out the survey. The surveys were administered after initial contact with the medical provider because the survey was designed to see if an interpreter was used to communicate with their provider during that visit. The research associates returned after 20 minutes to pick up the survey, recorded the length of stay at the time the survey was administered, and recorded whether the family or patient filled it out on the top of the survey and attached a patient sticker. The survey results were divided into three cohorts during the data analysis portion that included those patients that received a professional interpreter, those that had a family interpreter, and those that had no interpreter at all.

Inclusion criteria for the study included all patients that present to the emergency department that have indicated their preferred language as either Spanish or Arabic, including Yemen Arabic. Competent adults enrolled into the study needed to be over the age of 18 and not previously enrolled in this study during a previous ED visit. Surveys were excluded if completed by family due to introduced bias regarding whether a patient preferred a professional interpreter or a family member. They were also excluded if the survey was distributed before the physician had the opportunity to offer the patient use of the translator phone.

The analysis for this study is primarily descriptive. Chi-Square was used to compare the categorical variables and the subjects are cross analyzed across the three main cohorts.

Measuring of patient satisfaction will be done based on a five-point Likert-scale analysis, strongly agree (SA), agree (A), neutral (N), disagree (D), strongly disagree (SD), or not applicable (NA), against three different cohorts of patients: patients who did not receive any type of translation, patients who used family members as interpreters, and patients who received professional interpreter services. Identification of ways to improve patient satisfaction are measured through multiple questions on the survey that focus on possible reasons of dissatisfaction in their visit. The analysis of whether professional interpreter services results in better patient outcomes and a decrease in return visits will be analyzed via chart review. This will be done by looking at readmission within 30 days of the initial presentation and the estimated cost for this return based on resources used at the follow-up.

Results

The data was analyzed through calculating percentages, Fisher's exact tests and Chi-Square tests. 334 surveys were administered to the patients in the emergency department with analysis done on 210 surveys. 124 surveys were excluded from analysis because family filled out the survey which caused an introduction of bias specifically on survey questions pertaining to their own abilities as an interpreter. Of the surveys included, 153 Spanish surveys (72.4%) and 57 Arabic surveys (27.1%) were distributed with 19% of the patients being admitted to the hospital, 80.5% of patients discharged, and 0.5% left without completing services.

Out of the 169 patients that were discharged from the emergency department, 89 (52.7%) received discharge instructions in Spanish, 15 (8.8%) were given discharge instructions in Arabic and the remaining 64 patients (37.9%) received instructions in English. 57 patients (33.7%) were not given discharge instructions in their preferred language. Five of these patients had return

visits 14 days after the initial visit and four patients had additional visits within 14-30 days of the initial visit. Return visits for overall 169 patients included 13 patients that had one return visit within 14 days, two patients with two additional visits in 14 days, and one patients with three additional visits in 14 days. When looking at return visits within 30 days of the initial presentation, 14 patients returned once, four patients had two visits, one patient had three return visits and one patient returned six times within 30 days of the initial visit. Overall, nine patients had return visits within 30 days that did not receive discharge instructions in their preferred language and 27 patients had return visits within 30 days that received discharge instruction in their indicated primary language.

On the day that patients were administered the survey, 130 patients (62.8%) knew that professional interpreter services were offered by the hospital and 114 patients (55.1%) knew that the services were free, yet only 49 patients (23.9%) used a professional interpreter to communicate with their doctor. Of the remaining patients, 74 (36.1%) chose to use their family as an interpreter, 48 (23.4%) believed their English was “good enough” to communicate with their doctor, 8 (3.9%) spoke to their doctor in their preferred language, and the remaining patients used a combination of communication techniques. 120 of the patients that received the survey (58%) were offered to use the professional interpreter devices to speak with their doctor on the day of the emergency department visit. The two most common reasons that patients who were offered the professional service declined were due to family being there to interpret for them (54 patients, 31.8%), and because the patients believed that their English was “good enough” that they could adequately communicate with and understand their doctor (32 patients, 18.8%).

Table 1 summarizes the survey response answers that were scored on the Likert-scale comparing the population that received a professional medical interpreter to the population that

Table 1. Summary of answers to survey questions stratified by whether the patient used a professional interpreter

Question	Response	Overall	No	Yes	P-Value
I needed a professional interpreter today to communicate with my medical providers.	SA	72 (35.82%)	32 (22.07%)	40 (71.43%)	< 0.001
	A	40 (19.90%)	27 (18.62%)	13 (23.21%)	
	N	41 (20.40%)	38 (26.21%)	3 (5.36%)	
	D	14 (6.97%)	14 (9.66%)	0 (0.00%)	
	SD	9 (4.48%)	9 (6.21%)	0 (0.00%)	
	NA	25 (12.44%)	25 (17.24%)	0 (0.00%)	
I am happy with my emergency room experience today.	SA	121 (59.31%)	81 (54.73%)	40 (71.43%)	0.232
	A	55 (26.96%)	43 (29.05%)	12 (21.43%)	
	N	14 (6.86%)	12 (8.11%)	2 (3.57%)	
	D	7 (3.43%)	6 (4.05%)	1 (1.79%)	
	SD	5 (2.45%)	5 (3.38%)	0 (0.00%)	
	NA	2 (0.98%)	1 (0.68%)	1 (1.79%)	
I feel the doctor has adequately addressed my condition.	SA	145 (72.86%)	102 (69.86%)	43 (81.13%)	0.416
	A	44 (22.11%)	34 (23.29%)	10 (18.87%)	
	N	6 (3.02%)	6 (4.11%)	0 (0.00%)	
	D	3 (1.51%)	3 (2.05%)	0 (0.00%)	
	SD	1 (0.50%)	1 (0.68%)	0 (0.00%)	
When I come to the emergency department, I am always offered a professional interpreter.	SA	95 (47.03%)	55 (37.41%)	40 (72.73%)	< 0.001
	A	42 (20.79%)	32 (21.77%)	10 (18.18%)	
	N	34 (16.83%)	31 (21.09%)	3 (5.45%)	
	D	12 (5.94%)	11 (7.48%)	1 (1.82%)	
	SD	7 (3.47%)	7 (4.76%)	0 (0.00%)	
	NA	12 (5.94%)	11 (7.48%)	1 (1.82%)	
I would rather have any family member serve as my interpreter over a professional interpreter.	SA	46 (24.08%)	41 (28.87%)	5 (10.20%)	0.051
	A	38 (19.90%)	28 (19.72%)	10 (20.41%)	
	N	49 (25.65%)	32 (22.54%)	17 (34.69%)	
	D	16 (8.38%)	13 (9.15%)	3 (6.12%)	
	SD	20 (10.47%)	15 (10.56%)	5 (10.20%)	
	NA	22 (11.52%)	13 (9.15%)	9 (18.37%)	

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When I am discharged from the emergency department, I always receive paperwork in my preferred language.	SA	95 (47.26%)	69 (46.31%)	26 (50.00%)	0.685
	A	52 (25.87%)	39 (26.17%)	13 (25.00%)	
	N	30 (14.93%)	20 (13.42%)	10 (19.23%)	
	D	5 (2.49%)	5 (3.36%)	0 (0.00%)	
	SD	5 (2.49%)	4 (2.68%)	1 (1.92%)	
	NA	14 (6.97%)	12 (8.05%)	2 (3.85%)	
I understood everything the doctor discussed with me today.	SA	129 (65.48%)	93 (64.58%)	36 (67.92%)	0.357
	A	48 (24.37%)	33 (22.92%)	15 (28.30%)	
	N	3 (1.52%)	3 (2.08%)	0 (0.00%)	
	D	6 (3.05%)	4 (2.78%)	2 (3.77%)	
	SD	2 (1.02%)	2 (1.39%)	0 (0.00%)	
	NA	9 (4.57%)	9 (6.25%)	0 (0.00%)	
I will come to the Henry Ford emergency department for future emergency visits.	SA	142 (72.08%)	102 (70.34%)	40 (76.92%)	0.531
	A	43 (21.83%)	31 (21.38%)	12 (23.08%)	
	N	8 (4.06%)	8 (5.52%)	0 (0.00%)	
	D	2 (1.02%)	2 (1.38%)	0 (0.00%)	
	SD	1 (0.51%)	1 (0.69%)	0 (0.00%)	
	NA	1 (0.51%)	1 (0.69%)	0 (0.00%)	
I feel my family can interpret for me accurately.	SA	72 (36.00%)	65 (44.22%)	7 (13.21%)	< 0.001
	A	49 (24.50%)	30 (20.41%)	19 (35.85%)	
	N	35 (17.50%)	27 (18.37%)	8 (15.09%)	
	D	15 (7.50%)	9 (6.12%)	6 (11.32%)	
	SD	14 (7.00%)	6 (4.08%)	8 (15.09%)	
	NA	15 (7.50%)	10 (6.80%)	5 (9.43%)	
I will request a professional interpreter on my next emergency department visit.	SA	79 (38.16%)	41 (27.15%)	38 (67.86%)	< 0.001
	A	44 (21.26%)	32 (21.19%)	12 (21.43%)	
	N	47 (22.71%)	44 (29.14%)	3 (5.36%)	
	D	7 (3.38%)	6 (3.97%)	1 (1.79%)	
	SD	10 (4.83%)	9 (5.96%)	1 (1.79%)	
	NA	20 (9.66%)	19 (12.58%)	1 (1.79%)	

did not. Data analysis for those who received an interpreter was statistically significant for a high level of satisfaction in the group that felt they needed a professional medical interpreter. There was also a statistically significant relationship ($p < 0.001$) for always being offered a professional interpreter when attending the emergency department when they used a professional interpreter

during that visit. Those that did not receive a professional interpreter during their visit were more likely to agree that their family member could accurately interpret for them and those that received a professional interpreter were more likely to request a professional interpreter on their next emergency department visit.

Discussion

By looking at the results from the Likert-scale, limited English proficiency (LEP) patients do not have a general preference in regards to using a professional interpreter for their medical care versus using their family member to interpret for them when communicating with their medical provider. Those that did not use a professional interpreter on the day the survey was administered were more likely to respond that their family member could accurately interpret for them. Patients that do not use a professional interpreter phone during their visits do not know the quality of the care and services that the hospital is offering to them. When patients are exposed to this service, the patients that used the service on the day of survey administration showed statistically significant evidence with a p-value <0.001 that they were more likely to use the interpreter phone for their next visit. The current data has been shown to be statistically significant that professional interpreter services improve patient satisfaction, and will therefore be used to further analyze the use of professional interpreters to improve patient care.

A significant number (38.2%) of the LEP patients are unaware that professional interpreter services are offered to them at the hospital and 44.9% of patients do not know that these services are free. By waiting to administer the survey after the patient was seen by the provider, it eliminates the chance for skewed results as to whether the patient knew the services were offered free of charge and if they were personally offered the phone. A barrier is present

between the healthcare provider and the patient when a professional interpreter is not used, and this decreases the quality of care that providers can give their patients. These patients may be at a disadvantage compared to the English-speaking patients if providers cannot communicate a plan of care to the patients or accurately give them discharge instructions that they can understand. Discharge instructions are important for patients to continue to care for themselves once they leave the hospital, and include patient education and referrals in most cases. When LEP patients are discharged from the hospital, the necessary discharge instructions are often given in English and few are given in the patient's preferred language. This is due to either lack of language availability or a limited number of specific foreign language titles for discharge instructions. Often the diagnosis that the patient has is not available in the patient's language so the provider is forced to give them the directions in English and communicate with them to the best of their abilities even though the provider is well aware of the language barrier. However, there was no increased correlation between not receiving discharge instructions in the patient's preferred language and an increase in return visits within 30 days.

Nowhere in the current literature is the relationship between interpretation modality and amount of unnecessary return visits being evaluated. This study reveals the importance of understanding language as a social determinant of health to improve the quality of care among LEP patients through providing effective means of communication. Collection and interpretation of this data can provide a basis for medical staff to make necessary improvements or changes to better care for LEP patients, including distributing discharge instructions in the patient's preferred language and informing more LEP patients of the free professional interpreting services offered to them. Having been performed at a tertiary teaching hospital in metro Detroit, it would be beneficial for the study to expand to other hospitals in the area with the same patient population and same

teaching atmosphere to see if other healthcare systems are experiencing the same barriers to healthcare for various patient populations, and offer education to close this gap in communication to overall improve patient satisfaction and increase patient education.

Improvements have already been underway at the hospital since implementation of this study to include increasing the number of Arabic discharge instructions from 30 diagnoses to almost 250 different diagnoses and will be providing discharge instructions now in Bengali, the third largest patient demographic indicated by Cruz et. al in 2014, which was not a language discharge instructions were available in prior to starting this study. The hospital has already noticed the impact that increasing professional interpreter services has had on patient satisfaction and the use of the interpreter phones has increased throughout the course of the study with awareness of the study and increased education about this population of patients.

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Appendix A

You have been asked to participate in this survey because you have indicated you have a limited proficiency in English. The purpose of this study is to determine your satisfaction and determine your preference regarding the use of professional interpreter services. Your participation in the study is voluntary. You do not have to complete the survey if you do not want to be included in this study. Your survey will be kept in a locked area in the emergency department offices. Your personal information will not be released to anyone outside of the Henry Ford emergency department. You may contact the primary investigator, Dr. Anthony Cruz at 313-676-9185 if you have any questions.

Background Information and Demographics

1. What languages do you speak? Mark all that apply.
 - ☐ Spanish
 - ☐ Arabic
 - ☐ English
 - ☐ Other _____

2. What is your preferred language?
 - ☐ Spanish
 - ☐ Arabic
 - ☐ English
 - ☐ Other _____

3. Please rate your level of English proficiency based on the following scale. See scale definitions below.
 - ☐ Native/Functionally Native on
 - ☐ Advanced
 - ☐ Good
 - ☐ Fair
 - ☐ Basic

4. Please rate your proficiency in your preferred language based on the following scale. See scale definitions below.
 - ☐ Native/Functionally Native
 - ☐ Advanced
 - ☐ Good
 - ☐ Fair
 - ☐ Basic

Native/Functionally Native: I converse easily and accurately in all types of situations. Native speakers, including highly educated, may think that I am a native speaker, too.

Advanced: I speak very accurately, and I understand other speakers very accurately. Native speakers have no problem understanding me, but they probably perceive that I am not a native speaker.

Good: I speak well enough to participate in most conversations. Native speakers notice some errors in my speech or my understanding, but my errors rarely cause misunderstanding. I have some difficulty communicating necessary health concepts.

Fair: I speak and understand well enough to have extended conversations about current events, work, family, or personal life. Native speakers notice many errors in my speech or my understanding. I have difficulty communicating about healthcare concepts.

Basic: I speak the language imperfectly and only to a limited degree and in limited situations. I have difficulty in or understanding extended conversations. I am unable to understand or communicate most healthcare concepts.

5. How would you describe your racial background? ☐ Caucasian/White
☐ African-American/Black
☐ Native American/Native Alaskan
☐ Asian
☐ Native Hawaiian/Pacific Islander
☐ Multi-Racial
☐ Other _____
6. Would you describe yourself as Hispanic or Latino? ☐ Yes
☐ No
7. What type of insurance do you have? Check all that apply ☐ Private
☐ Medicare
☐ Medicaid
☐ None
☐ Other _____
☐ Don't know/not sure
8. What is the highest grade that you completed in school? ☐ Lower than 9th grade
☐ Grade 9-11, no high school degree
☐ GED
☐ High School Diploma
☐ Some college or university
☐ College or University Degree

Professional interpreter services is the use of a professional language translator who can communicate between you and your medical provider. In this emergency room, we primarily utilize a telephone service to call a professional interpreter over the phone and they provide translation between the patient and medical provider.

Today's visit

9. Did you know professional interpreter services were available to you as a patient prior to this survey? ☐ Yes
☐ No
10. Did you know professional interpreter services are free? ☐ Yes
☐ No
11. How did you communicate with your doctor today? ☐ Professional interpreter
☐ Family member interpreted
☐ I spoke with the doctor in English
☐ The doctor spoke my native language
☐ A hospital employee served as interpreter
☐ Other _____
12. Were you offered a professional interpreter today? ☐ Yes
☐ No
13. If you declined to use a professional interpreter today, why did you do so? ☐ It is an inconvenience
☐ Price
☐ Family member served as interpreter
☐ Hospital employee served as interpreter
☐ My English is good enough
☐ Other _____
☐ Not applicable

For each statement below, please indicate whether you strongly agree (SA), agree (A), neither agree nor disagree (N), disagree (D), strongly disagree (SD), or statement is not applicable (NA).

	SA	A	N	D	SD	NA
14. I needed a professional interpreter today to communicate with my medical providers.						
15. I am happy with my emergency room experience today.						
16. I feel the doctor has adequately addressed my condition.						
17. When I come to the emergency department, I am always offered a professional interpreter.						

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18. I would rather have <u>any</u> family member serve as my interpreter over a professional interpreter.						
20. When I am discharged from the emergency department, I always receive paperwork in my preferred language.						
21. I understood everything the doctor discussed with me today.						
22. I will come to the Henry Ford emergency department for future emergency visits.						
23. I feel my family can interpret for me accurately.						
24. I will request a professional interpreter on my next emergency department visit.						