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Identifying Gaps in Interpretive Services to Improve Patient Care: A Root Cause Analysis

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Abstract

Patient is an elderly Marshallese speaking male who had a recent hospitalization for heart failure exacerbation, then presented to his hepatologist and PCP in follow up. Despite efforts at both clinics for patient education on fluid restriction, salt restriction, and medication adherence, the patient had a rapid subsequent heart failure exacerbation requiring brief hospital admission for IV diuresis. On admission, there were continued concerns that poor adherence to the treatment plan was the primary cause of his presenting symptoms. This was due to limited patient understanding of the plan rather than lack of effort to engage in treatment.

Although heart failure exacerbations are not entirely preventable, in this case there were modifiable contributing factors related to patient adherence caused by both verbal and written language barriers. To analyze this adverse event, we developed a root cause analysis to create workable solutions to prevent further similar events. We believe the underlying systemic problem contributing to this specific poor outcome was a lack of resources for patients with a preferred language other than English. Solutions include increasing access to written interpretive services; promoting positive portrayal of interpretive services; and increasing access to interpreters in all areas of patient care in an "opt-out" policy.

The Adverse Event

Our patient is an 80-year-old male with a history of heart failure and cirrhosis who presented to the ED and was admitted for acute decompensated heart failure requiring IV diuresis.

Patient chart lists preferred language as Marshallese, however, many preceding healthcare visits were conducted in English for this patient. All prior written instructions provided were English only, as Marshallese written instructions are not available.

Chart review from prior one year indicates ongoing concern for challenges regarding patient education and adherence due to language barriers:

- "I have a strong suspicion that he may not understand his medication regimen and may have difficulty managing his medication."
- "Would benefit from Marshallese translator"
- "Previous provider was concerned that he was not comprehending instructions and recommended a MARTII interpreter for this visit, however, patient adamantly declined this today"
- "In regards to his medications, he has a pill organizer but does not use it. Instead, he lines up his medicine bottles and takes 1 of each every day."
- "MARTII interpreter brought to room and offered, however patient deferred this and requested to complete the conversation in English."
- "He does not know what a lot of his medications are for."

Timeline Leading Up to Adverse Event

6 WEEKS PRIOR TO ADMISSION: Patient sees hepatologist with worsening lower extremity edema. Not following salt restriction.

- Documented Interventions:**
- Increased diuretic dose
 - Emphasized importance of low sodium diet

10 DAYS PRIOR TO ADMISSION: Patient sees PCP and is taking all medications, but at different doses and frequencies than prescribed. Not currently following salt restriction.

- Documented Interventions:**
- Printed med list, marked on paper which medications need to be taken multiple times daily
 - Discussed importance of decreasing sodium intake
 - Salt restriction education handout discussed in detail and printed (in English)

Patient has worsening volume overload and presents to the emergency department in acute heart failure exacerbation

- Admission HPI:**
- does not count how much salt he consumes daily
 - does not follow a fluid restriction
 - does not understand his medication regimen

Despite efforts by multiple providers, the patient continued to demonstrate incomplete understanding of his treatment plan at the time of admission. This demonstrates the importance of providing healthcare services in his preferred language, despite the patient having excellent English communication skills.

Analysis

Problem Statement

A Marshallese-speaking patient is hospitalized for a heart failure exacerbation because he did not understand his medication regimen, fluid restriction, and salt restriction.

Root Causes: Actionable, readily identifiable, and able to be controlled by management.

Communication: Language barrier created a gap in understanding by the patient in his medicines and diet.

Resources: A lack of diverse options in language for patient instructions meant the patient did not have adequate written instructions that he could understand.

Organizational: Utilization of interpreter services is time-consuming for patients and doctors. Interpreter services are not routinely and actively promoted by staff and physicians for patients with conversational English proficiency.

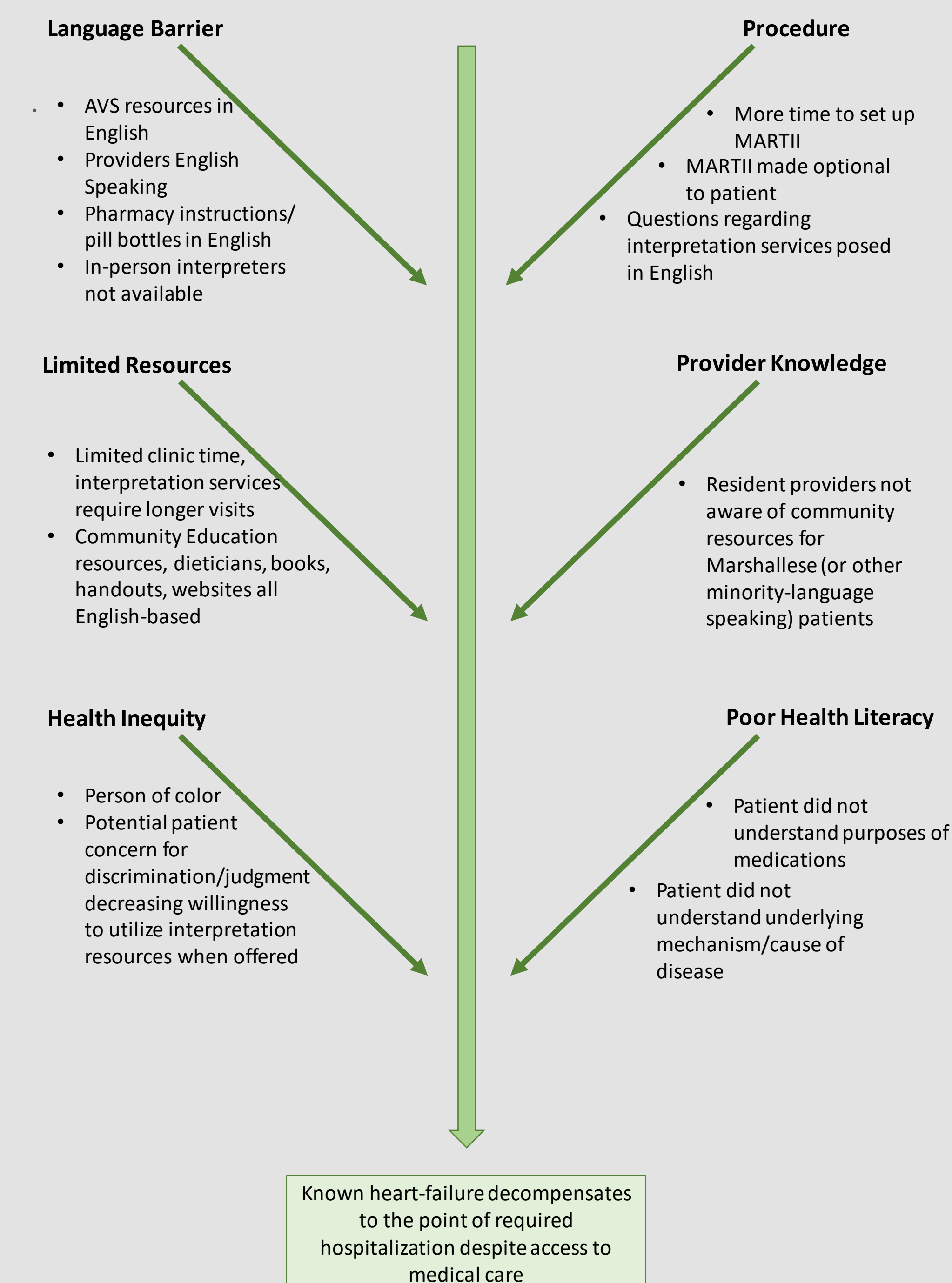
Technology: MARTII interpreter does not have Marshallese video interpreter services, available in audio only. EMR does not include any printable patient resource in Marshallese.

Five Why Analysis

Five Why Analysis- "Why did the patient's heart failure decompensate to the point of required hospital admission despite access to medical care?"

- Why? The patient did not adhere to medications or dietary recommendations
- Why? The patient did not understand how to take medications and why he takes each medicine
- Why? Misunderstanding primarily due to combination of verbal and written language barrier
- Why? Patient declines interpreter during visits
- Why? After-visit summary is printed in English only
- Why? Epic does not have an option to print patient instructions or after-visit summaries in Marshallese.

Ishikawa Diagram



Conclusions

This case reinforces the importance of providing healthcare in a patient's preferred language. Under the current system there are many barriers to providing this service. We identified the following as instrumental in this case:

- A lack of written interpretive services for written instructions and resources
- Limited access to in-person interpreters
- An income-focused scheduling system in many clinics that de-incentivizes providing adequate time for visits requiring real-time interpretation services
- Patient hesitancy to utilize interpretation resources due to fear of discrimination or judgement

In order to prevent future negative outcomes caused by the same underlying systemic failures, new policies and procedures should be implemented to address the above not only for Marshallese speaking patients, but all patients with a preferred primary language other than English.

Recommendations For Improvement

Navigating the Language Barrier

- Provide written interpretive services through EMR system or 3rd Party to allow for AVS with instructions in patient's native language
- Increase access to MARTII and in-person interpretive services

Maximizing Clinical Resources

- Provide extended visit slots for patient with preferred language other than English
- Expand library of handouts, books, websites, to include diverse, non-English options

Recognizing Impacts of Health Inequity

- Advertise available interpretation services in-clinic openly, in a variety of languages
- Promote positive portrayal of interpretation services among scheduling and rooming staff

Changing Clinical Procedure

- Provide interpretation services as an 'Opt-out' rather than 'Opt-in' policy
- Incorporate easy access interpretation services into all patient-accessed areas of clinic- including check-in, rooming, lab, and scheduling- and educate clinic staff accordingly

NOTE: we recognize that none of the physicians involved in this Root Cause Analysis are of a Marshallese background. A key component to providing quality care for all of our patients is dedicating time, energy, and resources into the recruitment, retention, and support of ethnically diverse physicians and staff; recognizing their valuable insight and working together to craft a health care system that supports all patients.

Acknowledgements

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