HCAHPS Surveys & Limited English Proficient Patients:

3 Simple Questions
Introduction

Under the Affordable Care Act (ACA), hundreds of thousands of Americans will receive health insurance for the first time, and many of these will be Limited English Proficient (LEP). LEP patients tend to have higher rates of readmission, longer lengths of stay, and a higher number of associated complications. These service patterns will become more expensive under the new Centers for Medicare and Medicaid Services (CMS) models for reimbursement and value-based purchasing. As a result, there is now a substantial incentive to improve LEP patient quality of care and patient satisfaction.

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey is the primary tool used to measure patient satisfaction in relation to ACA-based initiatives. Unfortunately, hospitals’ efforts to improve overall HCAHPS Survey scores are often less successful with LEP patient populations and, conversely, service improvements for LEP patients often aren’t reflected in improved HCAHPS scores due to low survey response rates. This paper outlines one approach to evaluating LEP patient satisfaction: through the lens of language access. The value of this approach is that, regardless of a hospital’s current position in relation to LEP patient quality and satisfaction, it will generate productive conversations about the connection between effective communication, improved service, and satisfaction.

The Language Service, Patient Satisfaction and Quality of Care Virtuous Cycle

A key to improving overall patient satisfaction is better communication. The same is true for improving patient safety and quality of care. Organizations that have made the commitment to improve language access for LEP patients have seen their satisfaction, quality, and safety metrics improve. In order to accomplish these goals, easily accessible language services and properly trained staff are essential.

Reviewing LEP patient HCAHPS Survey responses from the language access perspective, will provide the opportunity to identify areas for language access improvements that, when addressed, can result in both improved quality of care and higher satisfaction scores.
Effectively capturing language of preference data is an essential step to providing culturally competent health services. All patients’ language of preference should be identified at admission or registration and properly stored in the electronic healthcare record so that it is clearly communicated at all points throughout the continuum of care. If this information is not easily visible, using language services and communicating with LEP patients and their families becomes much more challenging.

This information also needs to be captured and identified in a unique field in order to effectively distribute HCAHPS Surveys to LEP patients. If this is done properly, it can be easily transferred to internal survey administrators or contracted vendors, who can then properly assign LEP patient calls to bilingual staff and/or mail the appropriate language version of the survey.

Failure to provide this information will result in the wrong surveys being sent and/or a language barrier on the phone. In both cases, the likelihood that the LEP patient completes the survey is slim to none.

If language of preference data is not being effectively collected, the Language Access Plan should be revisited to determine if this was identified as an improvement objective and, if so, when and how will it be implemented. Further, it should be asked if the solution will also work effectively for HCAHPS survey administrators. While Question 1 may appear obvious to some, for many organizations it is a significant pain-point that not only impacts the ability to properly administer surveys, but also how language services are provided throughout a patient’s stay and also after discharge. Without the ability to track who needs language services, who actually receives language services, and their eventual satisfaction with services, it becomes impossible to measure and improve.
The HCAHPS guidelines allow hospitals to inform patients that they may receive a survey before or at discharge, increasing the likelihood that they will complete the survey. Determining whether language services or qualified bilingual staff are available, and perhaps more importantly, whether they are being properly utilized at discharge can provide insights into both LEP patient survey response rates and satisfaction scores.

While the question is simple, the potential implications regarding service and satisfaction for LEP patients are significant. The discharge process includes multiple elements that are spoken to directly in the HCAHPS Survey questions. For example: “Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?”

If these issues are being effectively discussed in the language of preference at discharge, satisfaction scores will reflect the increased confidence a patient will have in the care they received.

The discharge process has been identified as one of the most critical communication points related to patient safety and quality of care. A discussion of communication at this critical juncture should generate productive questions regarding communication at all key points of contact where care and safety objectives are shared.

HCAHPS survey responses from LEP patients are often not being identified as such and cannot be pulled as a unique data set. This may be because the number of responses is too low to make them statistically significant, or it can be that the objective of reviewing survey response by language has not been communicated to administrators or analysts. Without this information, it becomes impossible to set baselines for either survey response rates or satisfaction scores and progress cannot be measured. However, the more important discussion that this question can raise is who owns LEP patient satisfaction, quality of care, and safety improvement efforts?

Evaluating who does or should communicate the goal of measuring LEP patient satisfaction to other departments can lead to conversations about the efficacy of all current improvement efforts. Are efforts too isolated or not collaborative? Is there a need for a new working group or steering committee to shepherd these efforts forward? Who should be on such a committee? Is there adequate support from leadership?

Conclusions about why, or why not, survey responses are being stratified by language can bring together these different efforts and, potentially, make the argument for additional attention more compelling.
The landscape of healthcare is rapidly changing, and the new rules and regulations hospitals face can seem especially daunting. Hopefully, a time when all people can receive healthcare of the highest quality is a vision shared by all, and one that can motivate and unify us in working towards achieving that end.

During this hospital stay, how often did nurses treat you with courtesy and respect?

- HCAHPS Survey question

"If you talk to a man in a language he understands, that goes to his head. If you talk to him in his language, that goes to his heart." – Nelson Mandela

The Way Forward

If you talk to a man in a language he understands, that goes to his head. If you talk to him in his language, that goes to his heart.

– Nelson Mandela


About CyraCom

CyraCom’s innovative language solutions have helped over 2,000 clients attain excellence in their practices. Our ISO 9001:2008 certification and exclusive endorsement from the American Hospital Association for our interpretation and translation solutions demonstrate our commitment to quality. Visit 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.

Phone: (800) 713-4950   |   Fax: (520) 745-9022   |   info@cyracom.com   |   www.cyracom.com

Mailing Address: CyraCom   |   5780 North Swan Road   |   Tucson, Arizona 85718

© 2013 Copyright. CyraCom, LLC. All Rights Reserved.