In What Language Do You Wish to Discuss Your Health Care?

Facilitating Staff Access to this Information to Better Meet Our Patient's Needs

The Problem

During our 2013 Joint Commission Accreditation visit, it was observed that BIDMC had an opportunity to improve communication and staff accessibility of information regarding a patient's preferred language.

At the time of survey, many of our clinical documentation systems displayed the patient's 'Primary language'. However, this did not meet the requirement of the Joint Commission standard: PC-02.01.21: The hospital identifies the patient's oral and written communication needs, including the patient's preferred language for discussing health care. (For example, a patient who was raised speaking Spanish may consider Spanish to be his 'primary language', but he may actually 'prefer' to speak in English when talking to a health care provider – thus English would be considered his preferred language for discussing health care.)

'Preferred language' has historically been captured at BIDMC as a required field within the standard patient registration profile - "In what language do you wish to discuss health related concerns?". However, there was an opportunity to facilitate access by sharing this information more broadly within the most commonly-used clinical documentation systems across BIDMC.

Aim/Goal

BIDMC will capture documentation of a patient's preferred language through the patient registration process (for a minimum of 90% of patient encounters each month) and facilitate access to this information within the most commonly-used clinical documentation systems. By linking this field of capture to multiple key internal documentation sources, this enhanced access will enable staff to better meet the patient's needs when communicating heath care information.

The Team

- Gerry Abrahamian
- Elaine Bianco
- Tricia Bourie, RN
- David Feinbloom, MD
- Caryn Franklin
- Aviva Furman
- Amy Goldman
- Jean Hurley
- Kristen McKenney
- Gail Piatkowski
- Karen Rapuano
- Charles Rury
- Deb Stepanian
- Carolyn Whiting
- Erica Zissman

The Interventions

- Conducted an inventory of existing BIDMC clinical documentation systems
- Identified most commonly-used internal applications and investigated feasibility of making changes to its existing platform
- Solicited feedback from staff regarding optimal position/location for posting patient's preferred language within the identified systems

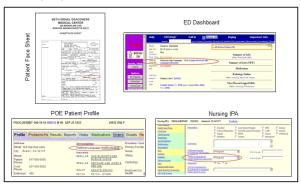




- Determined the BIDMC Registration system would remain the primary source for this information and would populate the other systems. In addition, the field is relabeled as "preferred language for healthcare instructions."
- Between May -August 2013, Information Systems programmed updates to the following seven clinical systems which enhanced access to preferred language information for most BIDMC service lines (including Ambulatory, Emergency Medicine, Perioperative Services, and Inpatient Services):
 - o Admitting Patient Face Sheet for all inpatients
 - o Emergency Department Dashboard
 - o Patient Profile in Provider Order Entry (POE)
- o Initial Patient Assessment (IPA)
- o Scheduling System header
- WebOMR patient profile (Ambulatory)
- o Perioperative Information Management System (PIMS) Assessment
- Provided staff with education regarding these improvements

The Results/Progress to Date

With an average of nearly 100,000 patient encounters each month here at BIDMC, over 98% of all of these encounters illustrate a documented field of capture of the patient's preferred language.



Lessons Learned

With the myriad of clinical documentation systems used at BIDMC, it can be challenging to (1) know where to locate desired elements of documentation, and (2) to have these documentation sources link to ensure accuracy of information and eliminate instances of duplications and/or discrepancies.

Next Steps/What Should Happen Next

- Continue to monitor compliance of this information capture
- Investigate further opportunities to enhance staff accessibility of this information, including an ongoing review of paper forms by BIDMC's Forms Committee.

For more information, contact: Tricia Bourie, tbourie@bidmc.harvard.edu Deb Stepanian, dstepani@bidmc.harvard.edu