

# Listening for the Chorus in a Single Voice

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TAP TO GO BACK  
TO KIOSK MENU

## Introduction/Problem

Patient experience surveys provide valuable data about patient care. The surveys can help institutions understand important dimensions of health care quality: is care responsive to patient preferences and needs and respectful? When institutions rely on electronic surveys delivered via email to patients registered on patient portals, they often fail to elicit the experience of vulnerable patients. As institutions increasingly use these instruments to improve and shape their processes, the voices of persons with limited English, of those with lower educational backgrounds and with lesser digital literacy are missing. There is a “Patient Feedback Divide”.

## Aim/Goal

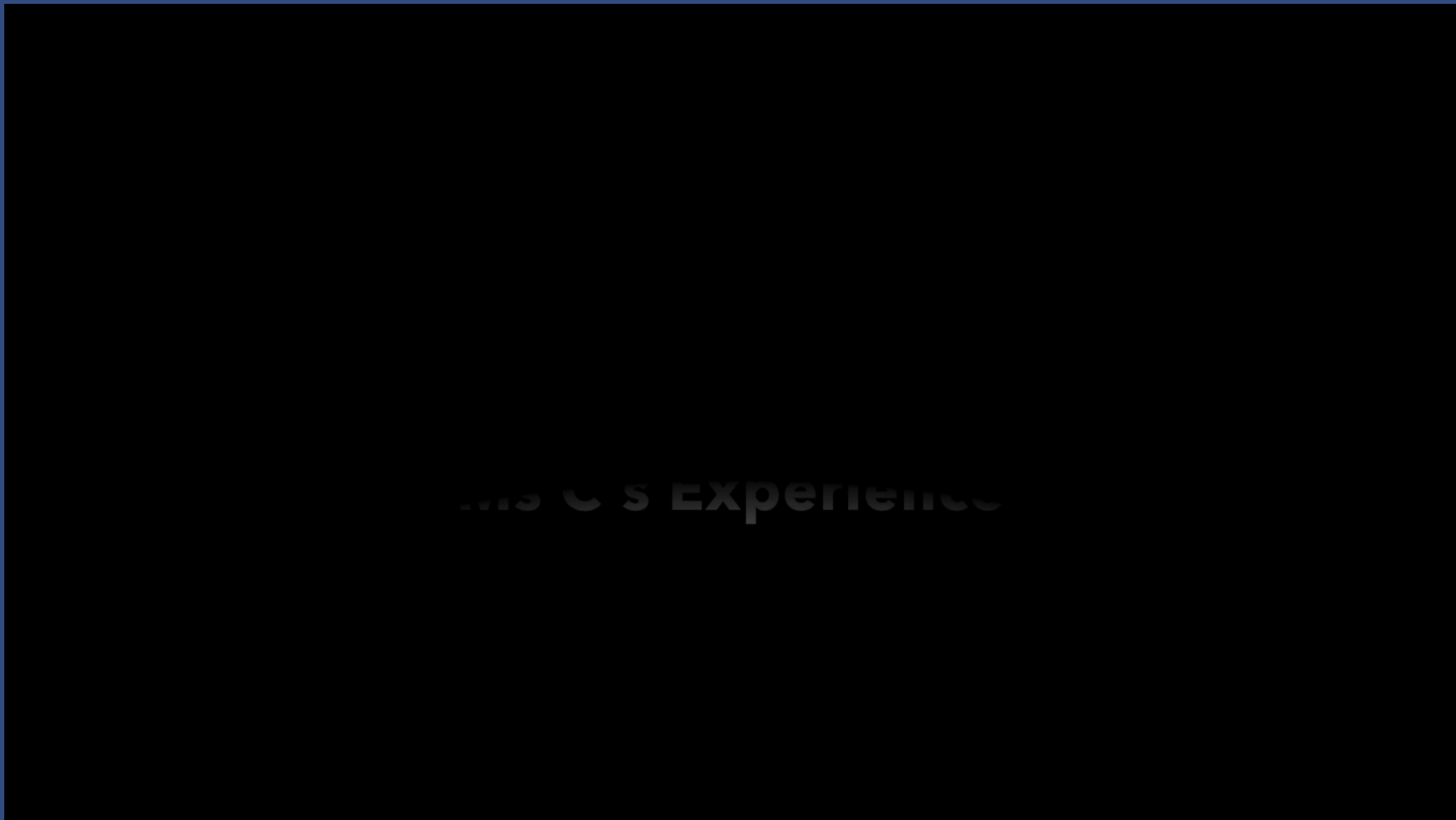
To highlight the experience of patients who speak limited English in order to understand patient needs and “make the case” for improved linguistic access.

## The Team

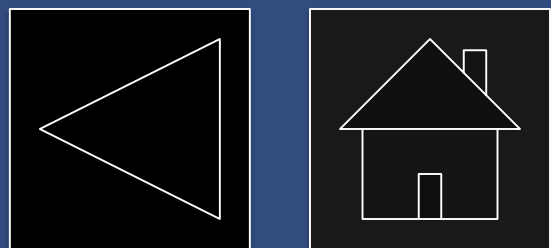
- The ideas originated from the care of many patients with limited English. Leonor Fernandez (LF) conceived of idea of videotaping when Ms C expressed a common concern: “I can’t reach you”. Amy Wasserman, Organizational Development, and Diane Brockmeyer MD gave valuable input to the Linde presentation. Tobie Atlas M Ed. contributed to editing and many ideas about patient centered care. LF presented this video at Linde Fellowship Opening Presentation 2018. Ms C consented to video recording and to its educational and advocacy use.

## The Intervention

- The 6 minute iPhone video is unscripted. The interviewer asks the patient to expand upon her comment, “I can’t reach you”. The patient explains why it is difficult to reach her doctor once she leaves the office.
- The video was edited for length (1’ 05”) using iMovie editing software
- Spanish translated to English and Subtitles by bilingual clinician (LF)



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## Lessons Learned

The patient interview highlights key problems in her experience of primary care:

- No phone menu in Spanish
- Phone staff do not speak Spanish
- Patient did not receive explicit options for phone communication in Spanish
- Absence of linguistic phone access led her to “decide” not to call
- Patient feels forced to walk- in to communicate
- Patient identified a staff member who speaks Spanish to serve as her de facto navigator to make the appointments she needs
- She feels “very bad” and disrespected by this experience

Emerging Themes from this Interview:

- Phone Menus and Phone staff languages determine patient ability to reach office
- Patients need to know how practice “expects” patient to communicate
- In absence of linguistic access, patients stop calling –Attrition occurs
- Patients seek assistance in person from employees who speak their language. If willing, these employees become de facto navigators in addition to their regular role.
- Poor language access reduces a patients sense of dignity and can feel **disrespectful**

## Lessons About Video Use

- Inexpensive video-based recording of patient experience is a valuable tool for illustrating important patient experiences
- Just as focus groups can highlight important themes to consider for a group of people, videotaped individual interviews can provide important insights and “teachable moments” for hospital leadership and administrators and identify key themes
- We can **Listen for the Chorus in a Single Voice** by pairing individual interviews with intentional institutional efforts to understand the experience of vulnerable populations
- Editing/translation of video requires some work, but is not prohibitively difficult

## Next Steps

- We brought together an HCA Task Force that is evaluating linguistic access for HCA patients with limited English proficiency and drafting strategies for improvement
- Press Ganey surveys can be complemented by video interviews and feedback via phone surveys, clinic-based QR scan survey links, and paper surveys

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