

Adverse Events for Non-English Speaking Patients

The Problem

The Institute of Medicine has reported that at least 44,000, and perhaps as many as 98,000, Americans die in hospitals each year as a result of medical errors, and many more patients suffer from non-fatal adverse events resulting from medical errors. Though a great deal of research has focused on health care quality, few studies have investigated the comparative occurrence of medical errors for non-English speaking populations. Communication failures are a major category of medical errors, and we sought to identify if there was an increased total risk of adverse events among patient groups using interpreters to communicate. We hypothesized that patients with a primary language other than English have a higher risk of adverse events.

Aim/Goal

To test this hypothesis, we performed a retrospective cohort study of inpatients at Beth Israel Deaconess Medical Center over an 18 month period. Adverse events were identified from two separate databases, one for analysis of serious adverse events and the other for broad-based employee incident reporting. Patients that had required an interpreter were identified from a database maintained by interpreter services.

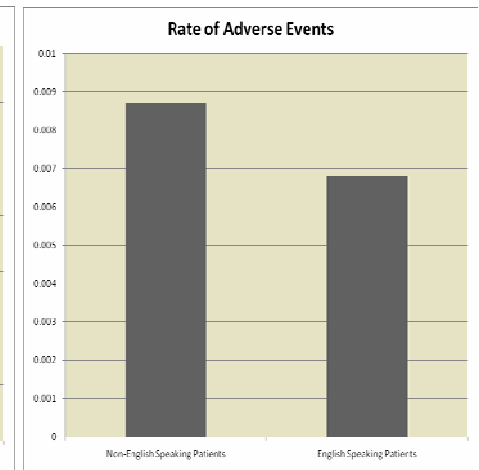
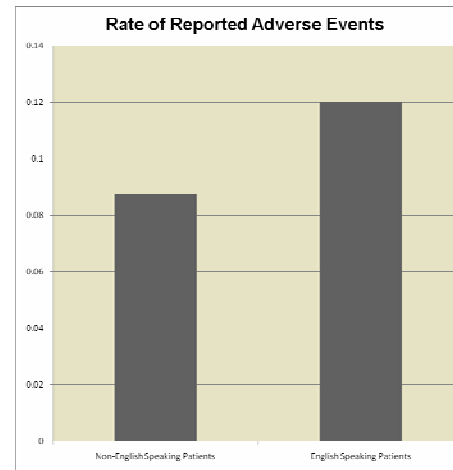
The Team

List members of the team/departments involved to demonstrate the interdisciplinary nature of the PI project

- Kenneth Sands, MD, MPH
- Megan Dierks, MD
- Rocky Samuel

The Results/Progress to Date.....

The total rate of adverse events for non-English speaking patients was 0.87%, which was not significantly different from the English speaking population (0.68%, RR=1.28, 95%CI=0.85-1.93). However, among the incident reporting database, non-English speaking patients had significantly lower rates of reported medical errors compared to the English speaking cohort (RR=0.73 95%CI=0.65-0.82).



Lessons Learned

These results did not identify an increased rate of adverse events among inpatient populations requiring interpreter services. Unexpectedly, the rate of reported incidents for non-English speaking groups was significantly less than for English speaking inpatients. This observation deserves further study, but may relate to different behaviors in relation to recognition and/or reporting of incidents among patients requiring translator services.



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