

**TeamSTEPPS® Enhancing Safety  
for Patients With Limited English  
Proficiency Module**

**Train the Trainer Handouts**



## Readiness Assessment Survey

### Is Your Organization Ready for This TeamSTEPPS Module?

These questions can help you assess your institution's readiness to implement the TeamSTEPPS module to improve safety for patients with limited English proficiency (LEP). You may find it helpful to have a colleague review your responses or to answer the questions with a larger group (e.g., senior leaders, including patient safety officers, leaders of the units where you plan to implement the module, leaders in interpreter services, motivated frontline staff).

Does your institution have patients with limited English proficiency (LEP)?

- Yes                       No

Are key leaders in your institution committed to providing excellent care to all patients regardless of race, ethnicity, country of origin, or language spoken?

- Yes                       No

Does your institution have a system for staff to access an interpreter for LEP patients?

- Yes                       No

Will your institution allow time for at least two persons to attend training as master-trainers (30 minutes of prework, 4.5 hours of training, plus travel), and customize the course (4 to 8 hours prep time)?

- Yes                       No

Will your institution allow time for all staff in at least one unit to attend training, along with some of the hospital's interpreters (1.5 hours)?

- Yes                       No

If needed, would key leaders in your institution consider making system changes or allocating additional resources to improve care for LEP patients?

- Yes                       No

If you answered "no" to any of the questions above, your institution may not be ready to implement the TeamSTEPPS module to improve the safety of LEP patients. Please refer to the accompanying hospital guide for steps you and your institution can take to increase your organization's readiness.



## Enhancing Safety for Patients With Limited English Proficiency

### Learning Outcomes Assessment

For each of the following questions, circle the letter next to the one best answer.

1. A 22-year-old male patient, Alejandro, arrives at the emergency department (ED) by ambulance in a coma, accompanied by several family members. The family members speak Spanish and Alejandro's mother, Juanita, speaks some English. The ED triage nurse, Jim, says he will call an interpreter, but Juanita says, "No, I speak English." Jim should:
  - a. Drop the issue so as not to further offend the patient's mother
  - b. Drop the issue, but make a note in the record that an interpreter may be needed later
  - c. Ask the patient's mother to sign a waiver
  - d. Acknowledge that her English is quite good but say it's the hospital's policy to call an interpreter to avoid misunderstandings
2. What does the acronym "CUS" stand for in the TeamSTEPPS patient safety system?
  - a. Create Understanding and Safety
  - b. Concerned, Unify, Standardize
  - c. Correct, Undo, Study
  - d. Concerned, Uncomfortable, Safety
3. Maria, age 20, is scheduling a knee surgery appointment for her mother, Rigoberta, a 54-year-old Guatemalan patient who does not speak English. The receptionist, Carolyn, knows that one of the nurses, Betty, speaks Spanish. When she schedules Rigoberta's appointment, Carolyn should:
  - a. Make sure Betty is scheduled to do Rigoberta's intake assessment
  - b. Schedule a Spanish-speaking interpreter for Rigoberta's appointment
  - c. Ask Maria what language her mother speaks best, and arrange for an interpreter of that language
  - d. Ask Maria to come to the appointment with her mother so she can interpret



4. Through the interpreter, Nurse Arroyo tells the patient, Mr. Chin: “Take this medication once every 12 hours, with food.” The patient looks confused. The interpreter should:
  - a. Say to the nurse, “Let me check back with you. This medicine is to be taken after eating twice a day, once in the morning and once at night, is that correct?” and interpret the nurse’s response.
  - b. Say to the patient, “Mr. Chin, let me check back with you. Do you understand how to take your medicine?” and interpret his response to Nurse Arroyo.
  - c. Say to the patient, “Mr. Chin, let me check back with you. That means you should take the medicine after eating twice a day, once in the morning and once in the evening after eating.”
  - d. Say to the nurse, “Let me check back with you. Do you think Mr. Chin understood how to take his medicine?”
  
5. Nurse Angelis is preparing to discharge Mr. Lo, a 65-year-old Hmong patient who was hospitalized for asthma. She explains to Mr. Lo how to use a single-dose dry powder inhaler at home. The interpreter, Mr. Khang, interprets Nurse Angelis’s instructions. The patient nods. Nurse Angelis states that Mr. Lo is ready to be discharged. Mr. Khang worries that Mr. Lo may not have fully understood Nurse Angelis’s instructions. Mr. Khang’s responsibility is to...
  - a. Interpret the nurse’s and patient’s words to one another without adding or subtracting anything
  - b. Interrupt the conversation to state his concern
  - c. Report the incident to his supervisor
  - d. Follow Mr. Lo out of the room and offer to provide a more detailed explanation

## Evidence Summary: Why focus on safety for patients with limited English proficiency?

- Patient safety events that affect limited-English-proficient (LEP) patients tend to be more severe and more frequently due to communication errors compared to English-speaking patients.<sup>1,2</sup>
- LEP patients who do not receive professional interpretation at admission and discharge have greater lengths of stay and higher readmission rates compared to patients who receive professional interpretation services.<sup>3</sup>
- Hospitals have been held liable for LEP patient safety events caused by poor patient comprehension of their medical condition, treatment plan, discharge instructions, complications, and followup; inaccurate and incomplete medical history; ineffective or improper use of medications or serious medication errors; improper preparation for tests and procedures; and poor or inadequate informed consent.<sup>4-6</sup>
  - One famous case cost a hospital \$71 million.<sup>4</sup>
  - A malpractice carrier operating in four States found that LEP claims accounted for 2.5 percent of all claims (35 claims total) and cost more than \$5 million over a 4-year period.<sup>5</sup> Almost all of these claims related to poor communication and failure to provide a competent interpreter.
- Compared to professional medical interpreters, ad hoc interpreters such as patients' family members or house staff frequently make medical interpretation errors, and these errors are significantly more likely to have potential clinical consequences.<sup>7</sup>
- Despite evidence that LEP patients are safer with professional interpreters, health care providers often try to “get by” with their own limited language skills or with ad hoc interpreters.<sup>8,9</sup>
- Even when interpreters are present at a medical encounter, they often are not empowered to speak up when they recognize that a patient's safety is at risk.<sup>10</sup>

### References

1. Divi C, Koss RG, Schmaltz SP, et al. Language proficiency and adverse events in U.S. hospitals: a pilot study. *Intl J Qual Health Care* 2006;18:383-8.
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5. Quan K. The high costs of language barriers in medical malpractice: Berkeley: University of California School of Public Health; 2010. Available at: [http://www.healthlaw.org/images/stories/High\\_Costs\\_of\\_Language\\_Barriers\\_in\\_Malpractice.pdf](http://www.healthlaw.org/images/stories/High_Costs_of_Language_Barriers_in_Malpractice.pdf).
6. Carbone E, Gorrie J, Oliver R. Without proper language interpretation, sight is lost in Oregon and a \$350,000 verdict is reached. *Legal Rev Commentary Suppl Healthcare Risk Manage* 2003(May 1-3).
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8. Diamond LC, Schenker Y, Curry L, et al. Getting by: underuse of interpreters by resident physicians. *J Gen Intern Med* 2009;24(2):256-62.
9. Ring DC, Herndon JH, Meyer GS. Case records of the Massachusetts General Hospital: Case 34-2010: a 65-year-old woman with an incorrect operation on the left hand. *N Engl J Med* 2010;363(20):1950-7.
10. Betancourt JR, Renfrew MR, Green AR. Improving patient safety systems for patients with limited English proficiency: a guide for hospitals. Rockville, MD: Agency for Healthcare Research and Quality; 2012. AHRQ Publication No. 12-0041.

**Patient Language Process Map**

Identify language/cultural needs	
Who?	How?
Contact interpreter	
Who?	How? List various methods. Note contingency plans.
Ensure that interpreter is present for entire encounter	
Who?	How?
Ensure that interpreter is fully informed and integrated into team	
Who?	How?



## Briefing Exercise

We're going to practice briefing, including creating psychological safety, by having you read through a scenario where a patient is being discharged from the hospital after having a myocardial infarction. I need someone to play the nurse, someone to play the interpreter, and someone to play the patient.

**Nurse:** Hi, [interpreter name]. I'm nurse [name]. We are going to discharge [patient name] today. He has had a myocardial infarction and we need to give him some instructions about his activities and medications.

**Interpreter:** O.k. Is there anything else I should know?

**Nurse:** No, that's it, but please don't hesitate to let me know if you or the patient need any clarification on something I say, or if there's anything you think I should know about the patient or his culture.

**Interpreter:** Sure, I can do that.

[Interpreter and nurse walk into patient room]

**Nurse:** Hi, [patient name]. I'm [nurse name]. I'll be going over your discharge instructions with you. If you have any questions or need clarification on something I say, please don't hesitate to stop me at any time.

**Interpreter:** [*interprets to the patient – for purposes of this training you may repeat the nurse's words in English*]

**Nurse:** I want to first go over with you this document that talks about what you should avoid when you go back home. You should avoid overly strenuous activity for the first few weeks, but it will be good to take a brisk 10- to 20-minute walk everyday.

**Interpreter:** [*interprets*]

**Patient:** [*nods*]

**Nurse:** Next, I'm going to go over your medications. This information is very important, so stop me anytime if you don't understand something.

**Interpreter:** [*interprets*]

**Nurse:** First, we want you to take aspirin once a day to help keep your blood from clotting.

**Patient:** Are there any side effects?

**Interpreter:** [*interprets*]

**[End practice scenario]**



## COURSE EVALUATION

### Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS)

Location: \_\_\_\_\_

Date: \_\_\_\_\_

**Response scale:** 1=strongly disagree, 2=somewhat disagree, 3=neither agree nor disagree, 4=somewhat agree, 5=strongly agree.

Module: Enhancing Safety for Patients With Limited English Proficiency (LEP)					
Instructor Name:	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
Please rate how strongly you agree or disagree with each of the following statements by circling the number corresponding to your answer					
1. The speaker was knowledgeable, organized, and effective in his/her presentation	1	2	3	4	5
2. The teaching methods and aids were used effectively	1	2	3	4	5
3. I improved my understanding of patient safety risks to LEP patients	1	2	3	4	5
4. I learned the process to assemble the most effective care team for LEP patients	1	2	3	4	5
5. I learned how to identify and raise patient communication issues due to language or cultural barriers	1	2	3	4	5

6. What in this training did you find MOST useful?

7. What in this training did you find LEAST useful?

8. What could be done to improve this training?

9. How do you plan to use what you learned in this training?





## Enhancing Safety for Patients With Limited English Proficiency

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  - c. Say to the patient, “Mr. Chin, let me check back with you. That means you should take the medicine after eating twice a day, once in the morning and once in the evening after eating.”
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5. Nurse Angelis is preparing to discharge Mr. Lo, a 65-year-old Hmong patient who was hospitalized for asthma. She explains to Mr. Lo how to use a single-dose dry powder inhaler at home. The interpreter, Mr. Khang, interprets Nurse Angelis’s instructions. The patient nods. Nurse Angelis states that Mr. Lo is ready to be discharged. Mr. Khang worries that Mr. Lo may not have fully understood Nurse Angelis’s instructions. Mr. Khang’s responsibility is to...
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  - d. Follow Mr. Lo out of the room and offer to provide a more detailed explanation



## Enhancing Safety for Patients With Limited English Proficiency

### Pretraining Behavior Survey

As part of our quality improvement activities, we are conducting a brief survey about the care we provide for patients with limited English proficiency (LEP). Please answer the questions below truthfully to the best of your abilities and return the survey to \_\_\_\_\_.  
Your answers will be confidential. We appreciate your time and honesty.

S2. Are you an interpreter?

- <sup>1</sup>  Yes → Do not complete this questionnaire  
<sup>2</sup>  No

1. What languages do you speak very well?

a. English

- <sup>1</sup>  Yes  
<sup>2</sup>  No

b. Spanish

- <sup>1</sup>  Yes  
<sup>2</sup>  No

c. Other languages (list here) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. About what percentage of your patients do not speak any of those languages very well?  
\_\_\_\_\_ %

3. For those patients who do not speak any of those languages very well, about what percentage of your encounters take place in the presence of a trained interpreter?  
\_\_\_\_\_ %



4. What comments do you have about why you do or do not use interpreters to communicate with LEP patients whose language you do not speak very well?

**The next questions focus on some things we will cover in the TeamSTEPPS training on LEP patient safety. We're just checking to see if you've used these tools before.**

**How many times in the past 2 months have you used the following tools with LEP patients?**

5. Assertion or advocacy on behalf of an LEP patient (for example, to get an interpreter to the encounter or to make sure the doctor or nurse explained things more clearly)

- <sup>1</sup>  Never  
<sup>2</sup>  Once  
<sup>3</sup>  Once to 5 times  
<sup>4</sup>  More than 5 times

6. Expressing concern or discomfort about communication involving LEP patients when there is a patient safety issue

- <sup>1</sup>  Never  
<sup>2</sup>  Once  
<sup>3</sup>  Once to 5 times  
<sup>4</sup>  More than 5 times

7. Briefs that **include the interpreter** (a brief is a short meeting of the care team before seeing the patient where the team leader describes team roles, goals, plans, and risks)

- <sup>1</sup>  Never  
<sup>2</sup>  Once  
<sup>3</sup>  Once to 5 times  
<sup>4</sup>  More than 5 times



8. Creating psychological safety, such as saying, “Please let me know if anything I say is not clear.” The interpreter can do this for the patient, and other members of the care team can do this for the interpreter.

- <sup>1</sup> Never
- <sup>2</sup> Once
- <sup>3</sup> Once to 5 times
- <sup>4</sup> More than 5 times

9. Check-back with the patient (repeating out loud what the patient said to check your understanding)

- <sup>1</sup> Never
- <sup>2</sup> Once
- <sup>3</sup> Once to 5 times
- <sup>4</sup> More than 5 times



## Enhancing Safety for Patients With Limited English Proficiency

### Posttraining Behavior Survey

S1. Did you take the TeamSTEPPS training on improving safety for patients with limited English proficiency (LEP)?

<sup>1</sup>  Yes

<sup>2</sup>  No

S2. Are you an interpreter?

<sup>1</sup>  Yes → Skip to Question 4

<sup>2</sup>  No

1. What languages do you speak very well?

a. English

<sup>1</sup>  Yes

<sup>2</sup>  No

b. Spanish

<sup>1</sup>  Yes

<sup>2</sup>  No

c. Other languages (list here) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2a. For approximately what percentage of encounters do your patients prefer to receive care in a language other than those you listed above?

\_\_\_\_\_ %

2b. About what percentage of the encounters you estimated in 2a take place in the presence of a trained interpreter?

\_\_\_\_\_ %



3. What comments do you have about why you do or do not use interpreters to communicate with LEP patients whose language you do not speak very well?
4. Have you ever experienced a communication challenge with an LEP patient that created a patient safety problem?
- <sup>1</sup>  Yes
- <sup>2</sup>  No

**Since the TeamSTEPPS training on LEP patient safety, how many times have you used the following tools with LEP patients?**

5. Assertion or advocacy on behalf of an LEP patient (for example, to get an interpreter to the encounter or to make sure the doctor or nurse explained things more clearly)
- <sup>1</sup>  Never
- <sup>2</sup>  Once
- <sup>3</sup>  Once to 5 times
- <sup>4</sup>  More than 5 times
6. Expressing concern or discomfort about communication involving LEP patients when there is a patient safety issue
- <sup>1</sup>  Never
- <sup>2</sup>  Once
- <sup>3</sup>  Once to 5 times
- <sup>4</sup>  More than 5 times
7. Briefs that **include the interpreter** (a brief is a short meeting of the care team before seeing the patient where the team leader describes team roles, goals, plans, and risks)
- <sup>1</sup>  Never
- <sup>2</sup>  Once
- <sup>3</sup>  Once to 5 times
- <sup>4</sup>  More than 5 times



8. Creating psychological safety, such as saying, “Please let me know if anything I say is not clear.” The interpreter can do this for the patient, and other members of the care team can do this for the interpreter.

- <sup>1</sup> Never
- <sup>2</sup> Once
- <sup>3</sup> Once to 5 times
- <sup>4</sup> More than 5 times

9. Check-back with the patient (repeating out loud what the patient said to check your understanding)

- <sup>1</sup> Never
- <sup>2</sup> Once
- <sup>3</sup> Once to 5 times
- <sup>4</sup> More than 5 times

**The next questions focus on your experience implementing these tools.**

10. How easy is it to incorporate TeamSTEPPS tools into your daily routines?

- <sup>1</sup> Very easy
- <sup>2</sup> Easy
- <sup>3</sup> Hard
- <sup>4</sup> Very hard

11. What would make it easier to incorporate TeamSTEPPS tools into your daily routines?

12. What additional training would you find helpful to improve safety for LEP patients?





## Enhancing Safety for Patients With Limited English Proficiency Patient Outcomes Survey<sup>1</sup>

### SCREENING QUESTION

What is your preferred language?

- English → **If English, end questions**
- [Insert language 2]
- [Insert language 3]
- [Insert language 4]
- Other

**1. How well do you speak English?**

- Very well
- Well
- Not well
- Not at all

**2. How well do you understand English?**

- Very well
- Well
- Not well
- Not at all

→ **If 1. and 2.=very well, end questions**

**3. During this hospital stay, how often did hospital staff speak to you in your preferred language?**

- Never
- Sometimes
- Usually
- Always

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<sup>1</sup> This survey instrument is based on a new HCAHPS supplemental item set that was under development as of September 2012. If you will be implementing a patient outcomes survey, please check the CAHPS website at [www.ahrq.gov](http://www.ahrq.gov).



**4. During this hospital stay, how often did hospital staff explain things in a way you could understand?**

- <sup>1</sup> Never
- <sup>2</sup> Sometimes
- <sup>3</sup> Usually
- <sup>4</sup> Always

**➔ If 3. and 4.=Always, go to Question 11**

**5. An interpreter is someone who helps you talk with others who do not speak your language. Interpreters can include hospital staff or telephone interpreters. During this hospital stay, was there any time when you needed an interpreter?**

- <sup>1</sup> Yes
- <sup>2</sup> No

**6. During this hospital stay, did hospital staff let you know that an interpreter was available free of charge?**

- <sup>1</sup> Yes
- <sup>2</sup> No

**7. During this hospital stay, how often did you use an interpreter provided by the hospital to help you talk with hospital staff?**

- <sup>1</sup> Never
- <sup>2</sup> Sometimes
- <sup>3</sup> Usually
- <sup>4</sup> Always

**8. During this hospital stay, did you use a child younger than 18 to help you talk with hospital staff?**

- <sup>1</sup> Yes
- <sup>2</sup> No

**9. During this hospital stay, how often did you use a friend or family member as an interpreter when you talked with hospital staff?**

- <sup>1</sup> Never → **If Never, Go to Question 11**
- <sup>2</sup> Sometimes
- <sup>3</sup> Usually
- <sup>4</sup> Always



**10. During this hospital stay, did you use friends or family members as interpreters because that was what you preferred?**

- <sup>1</sup> Yes
- <sup>2</sup> No

**11. During this hospital stay, did hospital staff tell you how to take care of yourself at home?**

- <sup>1</sup> Yes
- <sup>2</sup> No → **If No, Go to Question 16**

**12. Was this information easy to understand?**

- <sup>1</sup> Yes
- <sup>2</sup> No

**13. During this hospital stay, did you get instructions in writing about how to take care of yourself at home?**

- <sup>1</sup> Yes
- <sup>2</sup> No → **If No, Go to Question 17**

**14. Were the written instructions easy to understand?**

- <sup>1</sup> Yes
- <sup>2</sup> No

**15. Did you need instructions in a language other than English?**

- <sup>1</sup> Yes
- <sup>2</sup> No → **If No, Go to Question 17**

**16. Were the instructions available in your preferred language?**

- <sup>1</sup> Yes
- <sup>2</sup> No



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## OVERALL RATING OF HOSPITAL

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Please answer the following questions about your stay at the hospital named on the cover. Do not include any other hospital stays in your answer.

**17. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?**

- 0  0 Worst hospital possible
- 1  1
- 2  2
- 3  3
- 4  4
- 5  5
- 6  6
- 7  7
- 8  8
- 9  9
- 10  10 Best hospital possible

**18. Would you recommend this hospital to your friends and family?**

- <sup>1</sup>  Definitely no
- <sup>2</sup>  Probably no
- <sup>3</sup>  Probably yes
- <sup>4</sup>  Definitely yes



## LEP Patient Outcome Survey – Spanish (Español)

### PREGUNTAS DE CUALIFICACIÓN

#### 1. ¿En qué idioma prefiere hablar?

- <sup>1</sup> Inglés → *Si contestó "Inglés", no cualifica para la entrevista*
- <sup>2</sup> [Insert language 2]
- <sup>3</sup> [Insert language 3]
- <sup>4</sup> [Insert language 4]
- <sup>5</sup> Otro

#### 2. ¿Qué tan bien habla inglés?

- <sup>1</sup> Muy bien
- <sup>2</sup> Bien
- <sup>3</sup> No muy bien
- <sup>4</sup> Para Nada

#### 3. ¿Qué tan bien entiende el inglés?

- <sup>1</sup> Muy bien
- <sup>2</sup> Bien
- <sup>3</sup> No muy bien
- <sup>4</sup> Para Nada

➔ Si 1. y 2.=muy bien, no tenemos más preguntas

#### 4. Durante esta vez que estuvo en el hospital, ¿qué tan frecuentemente le hablaba el personal del hospital en su idioma preferido?

- <sup>1</sup> Nunca
- <sup>2</sup> A veces
- <sup>3</sup> La mayoría de las veces
- <sup>4</sup> Siempre

#### 5. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia le explicaban las cosas el personal del hospital en una forma que usted pudiera entender?

- <sup>1</sup> Nunca
- <sup>2</sup> A veces
- <sup>3</sup> La mayoría de las veces
- <sup>4</sup> Siempre

➔ If 3. and 4.="Siempre", go to Question 11



6. Un interprete es alguien que le ayuda a hablar con otros que no hablan su idioma. Estos pueden incluir personal del hospital o interpretes que asisten por teléfono. Durante esta vez que estuvo en el hospital, ¿alguna vez necesitó un interprete?

- <sup>1</sup>  Sí  
<sup>2</sup>  No

7. ¿Le dijo alguien del personal del hospital que había un intérprete disponible sin costo alguno?

- <sup>1</sup>  Sí  
<sup>2</sup>  No

8. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia usó un interprete del hospital para ayudarle a hablar con el personal del hospital?

- <sup>1</sup>  Nunca  
<sup>2</sup>  A veces  
<sup>3</sup>  La mayoría de las veces  
<sup>4</sup>  Siempre

9. Durante esta vez que estuvo en el hospital, ¿usó a un niño menor de 18 años para ayudarle a hablar con el personal del hospital?

- <sup>1</sup>  Sí  
<sup>2</sup>  No

10. Durante esta vez que estuvo en el hospital, ¿con qué frecuencia usó como intérpretes a un amigo o pariente cuando hablaba con el personal del hospital?

- <sup>1</sup>  Nunca  
<sup>2</sup>  A veces  
<sup>3</sup>  La mayoría de las veces  
<sup>4</sup>  Siempre

11. Durante esta vez que estuvo en el hospital, ¿qué tan frecuentemente usó a sus amigos o parientes como intérpretes porque usted lo prefería así?

- <sup>1</sup>  Nunca  
<sup>2</sup>  A veces  
<sup>3</sup>  La mayoría de las veces  
<sup>4</sup>  Siempre

12. Durante esta vez que estuvo en el hospital, ¿le dijo el personal del hospital cómo cuidarse en casa?

- <sup>1</sup>  Sí  
<sup>2</sup>  No ➔ Si contestó No, pase a la pregunta 13



13. ¿ Fue fácil de entender la información?

- <sup>1</sup> Sí
- <sup>2</sup> No

14. Durante esta vez que estuvo en el hospital, ¿recibió instrucciones por escrito sobre cómo cuidarse en casa?

- <sup>1</sup> Sí
- <sup>2</sup> No → Si contestó No, pase a la pregunta 17

15. ¿Fueron fáciles de entender las instrucciones que le dieron por escrito?

- <sup>1</sup> Sí
- <sup>2</sup> No

16. ¿Necesitó usted instrucciones en otro idioma aparte del ingles?

- <sup>1</sup> Sí
- <sup>2</sup> No → Si contestó No, pase a la pregunta 17

17. Estaban disponibles en su idioma de preferencia las instrucciones que le dieron?

- <sup>1</sup> Sí
- <sup>2</sup> No



## CALIFICACIÓN GENERAL DEL HOSPITAL

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Por favor conteste las siguientes preguntas sobre la vez que estuvo en el hospital cuyo nombre aparece en la carta de presentación de esta encuesta. No incluya información sobre otras veces que estuvo en otro hospital.

**18. Usando un número del 0 al 10, el 0 siendo el peor hospital posible y el 10 el mejor hospital posible, ¿qué número usaría para calificar este hospital durante esta vez que estuvo en el hospital?**

- 0 El peor hospital posible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 El mejor hospital posible

**19. ¿Le recomendaría este hospital a sus amigos y familiares?**

- 1 Definitivamente no
- 2 Probablemente no
- 3 Probablemente sí
- 4 Definitivamente sí



## Goals and Outcomes

	What needs to change?
Processes	
Activities	
Practices	
Behaviors	
Attitudes	

