

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.^{1,2}
- 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.³
- 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.⁴⁻⁶
 - One famous case cost a hospital \$71 million.⁴
 - 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.⁵ 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.⁷
- 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.^{8,9}
- 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.¹⁰

References

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