Culturally Competent Care Positively Impacts Your Bottom Line

The 2013 National Standards for Culturally and Linguistically Appropriate Services (CLAS) Standard #13 states: Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness

Is your organization meeting this national standard? See the following research and news:

Insufficient Patient Language Assistance:

- There are three common causes for medical errors attributed to insufficient patient language assistance:
 - ✓ Use of family members, friends or non-qualified staff as interpreters;
 - ✓ Clinicians with basic foreign language skill who try to communicate without using qualified interpreters: and
 - ✓ Cultural beliefs and traditions that affect health care delivery.¹

 New study: Communication problems involving patients with limited proficiency in English are a leading cause of medical errors

- ✓ According to the (HRMR), "the study assessed high-risk clinical situations where medical errors are most likely to occur among limited English proficiency patients and when consequences could be severe.
- ✓ "Situations in which adverse events and medical errors were most likely to occur are medication reconciliation, patient discharge, the informed consent process, emergency department visits and surgical care," HRMR reported.2

 Greater risk of surgical delays and readmission due to Limited English Proficiency (LEP) patients' greater difficulty understanding instructions, including how to prepare for a procedure, manage their condition, and take their medications, as well as which symptoms should prompt a return to care or when to follow up.³

- Solutions:

 - Strengthening interpreter services;
 Improving coordination of clinical services;
 - Providing translated patient education materials; and
 - ✓ Improving training for healthcare staff for communication, interpreter use, cultural awareness and advocacy.4

A big reason to provide culturally competent care is to limit your Affordable Care Act **Readmission Penalties:**

- ✓ October 2012 Medicare began levving financial penalties against 2,217 hospitals it says have had too many readmissions.
- ✓ Of those hospitals, 307 will receive maximum punishment, 1% reduction in Medicare's regular payments for every patient over the next year
- ✓ Barnes-Jewish Hospital in St. Louis loses \$2 million
- ✓ The crackdown on readmissions is part of Affordable Care Act's effort to eliminate unnecessary care and curb Medicare spending, which reached \$556 billion in 2012. Hospital inpatient costs

¹ Healthcare Risk Management Review, June 5, 2014

² Healthcare Risk Management Review, June 5, 2014

³ Improving Patient Safety Systems for Patients With Limited English Proficiency - Agency for Healthcare Research and Quality - U.S. Department of Health and Human Services, September, 2012

⁴ Healthcare Risk Management Review, June 5, 2014

are ¼ of that spending and are projected to grow by more than 4% annually in coming years, according to Congressional Budget Office.⁵

• The penalty program, (began October 2012), is among the toughest of Medicare's efforts to pay hospitals for the quality of their performances. Starting October 2014, Medicare is increasing the final maximum penalty to a 3% payment reduction for all patient stays.⁶

• Medicare identified 2,225 hospitals that will have payments reduced for a year starting on Oct. 1. Eighteen hospitals will lose 2%, the maximum possible and double the current top penalty. Another 154 will lose 1% or more of every payment for a patient stay, the records show. Hospitals that treated large number of low income patients were more likely to be penalized than those treating the fewest impoverished people.⁷

• With nearly one in five Medicare patients returning to the hospital within a month of discharge — about two million people a year — readmissions cost the government more than \$17 billion annually.⁸

⁵ New York Times, November 26, 2012

⁶ Kaiser Health News, August 2013

⁷ Kaiser Health News, August 2013

⁸ New York Times, November 26, 2012