



# In the Literature

## LANGUAGE PROFICIENCY AND ADVERSE EVENTS IN U.S. HOSPITALS: A PILOT STUDY

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When patients have trouble communicat-  
ing with their doctors, the consequences  
can be grave: mistrust, dissatisfaction with  
care, even medical errors. When patients  
have limited English proficiency (LEP),  
communication problems can be even more  
serious. Despite the rising number of LEP  
individuals in the United States—from 6  
percent of the population in 1990 to 8 per-  
cent in 2000—little is known about the  
impact of language barriers on patient safety.

In “[Language Proficiency and Adverse  
Events in U.S. Hospitals: A Pilot Study](#)”  
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supported researchers from the Joint  
Commission report on the type and fre-  
quency of adverse events experienced by  
LEP and English-speaking patients in six  
U.S. hospitals. Their findings are startling:  
LEP hospital patients are more likely than  
their English-speaking counterparts to ex-  
perience adverse events that result in harm,  
and the severity of that harm is often  
greater.

### Understanding the Causes of Adverse Events

The researchers reviewed 1,083 adverse  
event reports, involving both English–  
speaking and LEP patients, at six hospitals  
between February and August 2005. To  
categorize the reported incidents, the re-  
searchers used the Joint Commission’s “Pa-  
tient Safety Event Taxonomy,” a system  
designed to allow standardization and  
comparisons of adverse event reports. The  
hospitals reported medication mistakes,  
patient falls, injuries during treatment,

skin breakdowns, and equipment prob-  
lems, among other events.

### Patients with Limited English Experience More Serious Errors

The researchers found that LEP patients  
were more likely than English-speaking  
patients to experience an adverse event  
that caused some physical harm (49% vs.  
30%). What’s more, a greater proportion  
of adverse events among LEP patients  
resulted in moderate or severe—albeit  
temporary—harm.

The researchers considered the processes  
related to adverse errors, including those  
involving communication (e.g., advice, in-  
formation, disclosure, or consent), man-  
agement (e.g., tracking or follow-up of pa-  
tients), and clinical performance (e.g.,  
diagnoses or interventions). Not surpris-  
ingly, LEP patients experienced a signifi-  
cantly greater proportion of adverse events  
attributable to communication than did  
English-speaking patients (52% vs. 36%).

Looking more closely at the communica-  
tion processes, the researchers found that,  
compared with English-speaking patients,  
LEP patients experienced a greater propor-  
tion of events that could be attributable to  
questionable advice or interpretation (11%  
vs. 4%). The same trend was found for ad-  
verse events attributable to the question-  
able assessment of patient needs (15%  
among LEP patients, compared with 6%  
among English-speaking patients).

The researchers also considered the cause  
of adverse events—specifically, the system

system or human errors that can bring about an error or failure. Overall, they found that organizational factors—like knowledge transfer or protocols and processes—played a greater role in relation to adverse events among LEP patients than they did for English-speaking patients (66% vs. 54%).

### Language Services, Data Collection Are Needed

It is notable, the researchers say, that LEP patients experienced more events attributable to questionable advice or interpretation, as well as problems related to disclosure of their conditions or needs. This finding suggests that some providers may not be sharing pertinent information or adequately discussing the implications and outcomes of care with LEP patients.

The study points to the need for strategies to ameliorate language barriers and thus improve the safety and quality of care. The authors recommend that hospitals provide language services, relying on trained medical interpreters. Hospitals should also indicate patients' native language and communication needs in their records and document the language services provided during medical encounters—as required by a Joint Commission accreditation standard implemented in January 2006. Such information will help hospitals characterize adverse events and understand how language plays a role in patient safety.

“Having uniform access to these types of data allow hospitals to examine their processes, identify areas for improvement and initiate efforts to address any disparities in outcomes for LEP patients,” the authors conclude.

### Facts and Figures

- Among 251 adverse events involving patients with limited English proficiency (LEP) at six hospitals over a seven-month period, 130 (52%) were related to communication problems.
- Among 832 adverse events reported for English-speaking patients over the same period, 299 (36%) were related to communication problems.
- Nearly one of five (19%) reported adverse events among LEP patients resulted in moderate temporary harm. A small number (4%) resulted in severe temporary harm or death—more than twice the rate that occurred among English-speaking patients.

### Adverse Events and Physical Harm, English-Speaking and LEP Patients

Adverse event characteristic	English-Speaking N (%)	Limited English Proficient N (%)
Physical harm		
No harm	366 (46.1)	89 (40.1)
No detectable harm	194 (24.4)	24 (10.8)
Minimal temporary harm	177 (22.3)	58 (26.1)
Moderate temporary harm	46 (5.8)	43 (19.4)
Severe temporary harm	7 (0.9)	7 (3.2)
Severe permanent harm	1 (0.1)	0 (0)
Death	3 (0.4)	1 (0.5)

Source: C. Divi, R. G. Koss et al., “Language Proficiency and Adverse Events in U.S. Hospitals: A Pilot Study,” *International Journal for Quality in Health Care*, Apr. 2007 19(2):60–67.