

# Western Pennsylvania Hospital News

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## Inside ...

### Now is a Great Time to Be a Nurse

By Catherine Garner



Today's nurses are called upon to perform job functions that go beyond the bedside. They are practicing

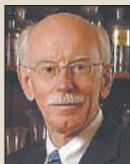
in ways that truly impact patient outcomes, treatment options, community outreach, and facilities' bottom lines. That means a nurse today has numerous opportunities to exhibit leadership skills, facilitate change, and specialize in new areas of expertise. That's why I think now is a great time to be a nurse.

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### America Has a Health Care Paradox

By Stephen C. Schimpff

We have a real paradox in American healthcare. On the one hand we have exceptionally well educated and well trained providers who are committed to our care. We are the envy of the world for our biomedical research prowess, funded largely by the National Institutes of Health and conducted across the country in universities and medical schools. The pharmaceutical industry continuously brings forth life saving and disease altering medications. The medical device industry is incredibly innovative and entrepreneurial.



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## For Great Patient Care: Create a Drama Free Work Environment

By Dr. Robyn Odegaard



You might call it office politics, a personality conflict, workplace bullying or drama, whatever label it has, gossip, backstabbing and catty behavior are alive and well in many medical facilities. It will undermine the productivity of your team and cause your patients to question the professionalism of your office. That is in addition to you wasting your time dealing with 'petty' problems between your staff. If you are like many leaders there are days you want to scream, "Just shut-up and do your job!" Fortunately there are proactive steps you can take to address and eliminate workplace drama.

Every human being has a unique way he/she uses language called a communication fingerprint. What words and inflections mean, what types of behavior are rude or insulting as opposed to funny and what silence means vary from person to person. The more diverse your staff, the better chance you have of misunderstandings and hurt feelings boiling over into emotional war. Most leaders make the mistake of ignoring these differences and assuming everyone will just 'act like adults'. On rare occasions people will just click. But the majority of the time when left up to hope and luck, a negative, resentful undercurrent will develop and may turn into angry confrontations.

In order to counteract the cycle of hurt feelings, gossip, bitterness and more hurt feelings it is important to develop a healthy team communication fingerprint; an agreed upon way that disagreements are resolved, how help is requested or offered, and how information is relayed. The smaller your team the easier it will be to get everyone on-board. Larger teams often take more time but it is not only possible, it is crucial if your team is going to provide the best patient care.

See **PATIENT** On **Page 3**

## Patient Advocacy in 2012 — The Importance of Speaking the Same Language

By Louis F. Provenzano, Jr.



Doctors and caregivers in the medical profession are often challenged with explaining complex diagnoses and procedures in an accessible way that helps patients and family members make informed decisions about their care. That challenge is multiplied when doctors and their patients do not speak the same language, an increasingly common scenario today. With more than one in five U.S. citizens speaking a language other than English at home, addressing and meeting the needs of limited-English proficient patients is reaching a critical point.

According to the U.S. Census Bureau, while the country's population has grown 34 percent since 1980, the percentage of non-English speakers has more than doubled, expanding by 140 percent. Spanish is now the most requested language for over-the-phone interpretations in every major market in the country. But, it's just one of more than hundreds of languages spoken throughout the nation — in hospitals, doctors' offices and other healthcare facilities.

The Language Line® LanguageTrak "Interpreter Demand Indexsm" tracks the top requested languages across 20 major U.S. cities based on Language Line Services' annual interpretation-request calls. In the last quarter of 2011, the top five languages in Philadelphia were Spanish, Russian, Mandarin, Arabic and Korean. The report also highlights other languages worth keeping an eye on — for instance, Japanese requests in Philadelphia grew 50 percent from Q4 2010, while requests for Nepali more than doubled during that period.

See **ADVOCACY** On **Page 4**



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#### ADVOCACY From Page 1

Patients and their families continue to confront language barriers that threaten their health and undermine their well-being. Nationwide, there were approximately 1.5 million measurable medical injuries associated with errors in 2008. More than 2,500 deaths could have been avoided along with more than 10 million excess days missed from work due to short-term disability. The impact on the economy was a staggering \$19.5 billion. Not all of these injuries and deaths involved limited-English proficient patients, but the numbers shed light on the enormous challenges the industry is facing.

As the need to improve healthcare outcomes and reduce healthcare costs takes center stage among national health policy goals, the industry is undergoing rapid change, with expanded communication for patients and families in their native languages near the top of the to-do list. The new Joint Commission standards that took effect in January are an important factor in the equation. The standards help hospitals and other organizations measure, assess and improve performance in areas such as providing patient care for non-English speakers.

The Joint Commission conducts unannounced surveys at healthcare facilities and picks patient medical charts for review. Hospitals and other organizations must document on the charts how the patient's language need was met. Surveyors are able to ask for the personnel file of the interpreter listed on the chart to ensure proper qualifications, including their education, organizational assessment, up-to-date performance reviews, safety and infection control trainings, HIPAA training, immunization records and any other information deemed necessary of all healthcare workers. Healthcare organizations must comply with the Joint Commission standards, as well as federal and state regulations that mandate the provision of language services to qualify for public funds, Medicaid, Medicare and other government-financed programs.

In healthcare settings, failure to communicate clearly can have life or death consequences. Providing services and quality care in languages other than English and Spanish allows the medical community to help those who need it most – the injured, sick and their loved ones. †

*Louis F. Provenzano, Jr. is president and CEO of Language Line Services, the global leader in interpretation and translation services. He is the recipient of the prestigious "Raquel Cashman Language Access" award from the International Medical Interpreters Association, and the "Friend of CHIA" award from the California Healthcare Interpreting Association. For more information, visit <http://www.languageline.com/>. You can also follow Louis on Twitter @louisprovenzano.*

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