Executive Summary:

An increase in immigration of Eastern European and Arab people in the Royal Oak area led to treatment difficulties resulting from language barriers between patients and health care workers. In response, the Communicating with Non-Communicative Patients program was implemented to create a way in which health care workers could effectively communicate with patients who are not fluent in English. The program focused on the development of functional “communication tools.” The tools contain pictures and sentences translated into several languages including Chaldean, Russian, Albanian, Romanian, and Greek. Through the use of the tools, patients, their families, and health care workers who share no common language are able to engage in dialogue regarding treatment. The tools allow hospital staff to administer the best treatment possible and help patients and their families feel more comfortable with their experience at Beaumont Hospital.

Organization Size: 1,000 beds

Program/Initiative Description:

Communicating with Non-Communicative Patients: This program was implemented to create a way in which health care workers could effectively communicate with non-English speaking patients. Many patients of Beaumont Hospital were unable to communicate due to a language barrier.

“Communication Tools” were first created in English for use with patients who were English speakers but were physically unable to speak. Pictures were designed to describe common hospital situations and experiences such as pain, a need for food, and a need to use the bathroom. Patients were able to point to the pictures to express their needs. Eventually the communication tool was expanded to include common sentences regarding procedures, testing, and results.

Due to a significant influx of Eastern European and Arab immigrants in the Royal Oak area, the tool has been translated into Chaldean, Albanian, Romanian, Russian, and Greek. Simple sentences have been translated from English to foreign languages and from the foreign language to English. This allows both the staff and the patients to find appropriate sentences in their native tongue and receive answers to their questions and concerns. The tool also includes a pain scale translated into 21 different languages.

The hospital is currently in the process of translating pamphlets into Eastern European and Arabic languages to explain medical procedures such as cardiac catheterization. It will also be working with the legal department to create translated legal documents, such as patient consent forms, to ensure patients have a complete understanding of their care and treatment.
Establishment of Program/Initiative: Research began in the area approximately 15 years ago.

Racial or Ethnic Disparities Problem the Program/Initiative Was Designed to Address: The inability of health care workers and patients to communicate during the patient’s care because of language barriers

Major Objectives
- Avoid the breakdown in communication between patients and health care workers due to language barriers and differences in cultural backgrounds and beliefs
- Ensure the highest level of patient care through better understanding on the parts of both patients and health care workers

Significant Results
- Health care workers have reported a significant increase in their ability to communicate with non-English speaking and non-communicative patients.
- Patients and their families have expressed gratitude and relief at the ability to communicate effectively.
- During a patient safety inspection, JCAHO declared the communications tools a “best practice.”

External Partners in the Program/Initiative: The Arab-American Chaldean Council has assisted in translation and typing, as have other ethnic-based organizations in the area.

Limitations or Problems Encountered
- Difficulty finding qualified interpreters and translators
- Comprehension when describing difficult medical terminology
- Illiteracy
- Disparities in education levels of the patients (They may speak a different dialect of their language, so even translations may be difficult for them to understand.)

Estimated Cost of the Program, To Date: Unknown. The communications tools are reproduced in-house so the cost is relatively low. Some translation services have been donated by local organizations.

Advice to Other Organizations That May Want to Start a Similar Program
- Work with your community’s ethnic organizations such as churches, community centers and councils
- Assess the needs of the health care workers and design the tool around those needs
- Ensure the content is correct, but kept simple

Contact Name: Rene Lichtman, Ph.D.
Title: Instructional Designer, Nursing Development and Educational Resources Department
Email address: rlichtman@beaumont.edu
Telephone: (248) 551-7463
Fax: (248) 551-6422