

**TOPIC: TO INCREASE AWARENESS OF THE SHORTAGE OF AVAILABLE RESOURCES FOR MAINTAINING CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS) STANDARDS IN ACUTE CARE ENVIRONMENTS.**

**SUBMITTED BY: TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER ANITA THIGPEN PERRY SCHOOL OF NURSING- RACHELLE E. BURNS**

Whereas, on August 11, 2000, the President signed Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency." The Executive Order requires Federal agencies "to examine the services they provide, identify any need for services to those with limited English proficiency (LEP), and develop and implement a system to provide those services so LEP persons can have meaningful access to them." (President, 2000, p 50121); and

Whereas, "on December 22, 2000, the National Standards on Culturally and Linguistically Appropriate Services (CLAS) standards were published in final form in the Federal Register with a recommendation that the standards be adopted by healthcare agencies." (Department of Health and Human Services Office of Minority Health, 2001, p 1); and

Whereas, the following CLAS standards are required by Federal mandate for agencies that receive Federal funds:

**Standard 4**

Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

**Standard 5**

Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

**Standard 6**

Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

**Standard 7**

Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

(Department of Health and Human Services Office of Minority Health, 2001); and

Whereas, failure to comply with the CLAS standards results in failure to comply with the 2008 Joint Commission standards which state: “The organization respects the patient’s right to and need for effective communication.” (Standard RI.2.100) and “The patient receives education and training specific to the patient’s needs and as appropriate to the care, treatment, and services provided.” (PC.6.10)

Whereas, the Office of Minority Health, U. S. Department of Health and Human Services encourages that National Standards on Culturally and Linguistically Appropriate Services (CLAS) standards “should be integrated throughout an organization and undertaken in partnership with the communities being served.” (Department of Health and Human Services Office of Minority Health, 2001); and

Whereas, according to the American Journal of Critical Care, “Acute care environments (intermediate care unit, intensive care unit, emergency department) are areas where language barriers are encountered most commonly because interactions with patients in these areas occur at odd hours when hospital interpreters may not be as available or numerous.” (Bernard, et al., p 545); and

Whereas, according to the 2000 census, over 6 million Texans over the age of five speak a language other than English at home. Of those 6 million, 2.6 million individuals speak English “less than well”. (U. S. Census, 2000) These figures ultimately correlate with patient outcomes as research

illustrates that a lack of sensitivity and responsiveness to cultural and language needs will in turn impact quality, safety, and patient satisfaction. (Joint Commission, 2008); and

Whereas, the State of Texas has current legislature regarding formation of an Advisory Committee on Qualifications for Health Care Translators and Interpreters which will take effect September 1, 2009.(Rodriguez, 2008); and

Whereas, budget constraints are a factor in implementing appropriate translator and interpreter services, and a sentiment exists that “providers are reluctant to shoulder costs for which they are not reimbursed.” (Jacobs, 2004, p 868); and

Whereas, “Budgetary constraints dictate close attention to the types of services that are offered and usage rates to determine the most cost-effective strategies for the institution. In any budget discussion, it should be recognized that there are costs associated with *not* providing language interpretation (e.g., potential liability, unnecessary tests and procedures, inappropriate use of the ED, poor management of chronic conditions, decreased patient compliance).” (Carter-Pokras, 2004, SP35) Therefore be it

Resolved, that the Texas Nursing Students’ Association (TNSA) create awareness that failure to provide appropriate language services to patients is a direct

violation of Federal mandates under CLAS and Joint Commission standards; and be it further

Resolved, that the TNSA request support from the Texas Nurses' Association in creating awareness of the aforementioned through an editorial published in *Imprint*, and any other publications of TNSA as deemed necessary by the TNSA Board of Directors; and be it further

Resolved, that the TNSA support current legislation in the State of Texas, and advocate for legislation to offset costs or provide reimbursement of costs associated with providing appropriate translator and interpreter services within healthcare organizations, especially acute care facilities; and be it further

Resolved, that the TNSA send a copy of this resolution to American Nurses Association, American Medical Association, Texas Nurses Association, National League for Nursing, American Hospital Association, National Association of Public Hospitals and Health Systems, The Joint Commission, Institute for Healthcare Improvement, American Association of Colleges of Nursing, Commission on Collegiate Nursing Education, Sigma Theta Tau International, National Council of State Boards of Nursing, American Translators Association, Center for Applied Linguistics, ACLU Foundation of Texas, Texas Hospital Association,

Texas Organization of Nurse Executives, Texas Health and Human Services Commission, Texas Department of State Health Services, and all others deemed appropriate by the TNSA Board of Directors.

## References

Bernard, A., et al. (2005). *Novel Spanish Translators for Acute Care Nurses and Physicians: Usefulness and Effect on Practitioners' Stress*. *The American Journal of Critical Care*. 2005  
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Department of Health and Human Services Office of Minority Health (2001). *National Standards for Culturally and Linguistically Appropriate Services in Health Care*.  
Washington, DC: U.S. Government Printing Office.

Jacobs, E. et al. "Overcoming Language Barriers in Health Care: Costs and Benefits of Interpreter Services." *American Journal of Public Health*. Vol 94, no 5 (2004).

Joint Commission (2008). *American The Joint Commission 2008 Requirements Related to the Provision of Culturally and Linguistically Appropriate Health Care* (Version 2008-1).  
Oakbrook Terrace, IL

President. (2000). *Executive Order 13166—Improving Access to Services for Persons With Limited English Proficiency* (Vol. 65, No. 159). Washington, DC: U.S. Government Printing Office.

Texas House of Representatives. (2008). *Advisory committee on qualifications for health care translators and interpreters*. (81R122) Austin, TX: Rodriguez, R.

U. S. Census Bureau (2000) *Census 2000*. (Table DP-1) Retrieved on 09 Jan 2009 from [http://txsdc.utsa.edu/data/census/2000/dp2\\_4/pdf/04048](http://txsdc.utsa.edu/data/census/2000/dp2_4/pdf/04048).

## Addresses to Send Resolution

American Nurses Association  
8515 Georgia Avenue - Suite 400  
Silver Spring, MD 20910

American Medical Association  
515 N. State Street  
Chicago, IL 60610

Texas Nurses Association  
7600 Burnet Road, Suite 440  
Austin, TX 78757

National League for Nursing  
61 Broadway, 33rd Floor  
New York, NY 10006

American Hospital Association  
One North Franklin  
Chicago, Illinois 60606-3421

National Association of Public Hospitals and  
Health Systems  
1301 Pennsylvania Avenue, NW  
Suite 950  
Washington DC 20004

The Joint Commission  
One Renaissance Blvd.  
Oakbrook Terrace, IL 60181

Institute for Healthcare Improvement  
20 University Road, 7th Floor  
Cambridge, MA 02138

American Association of Colleges of Nursing  
One Dupont Circle, NW  
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Commission on Collegiate Nursing  
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American Translators Association  
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Texas Hospital Association  
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Texas Organization of Nurse Executives  
P.O. Box 26496  
Austin, TX 78755-6496

Texas Health and Human Services Commission  
Brown-Heatly Building  
4900 N. Lamar Blvd.  
Austin, TX 78751-2316

Texas Department of State Health Services  
PO Box 149347  
Austin, Texas 78714-9347

## Cost Estimate

Printing        \$7.60 (\$0.05 per page x 19 copies of 8 page resolution)

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