

# Cheap Nursing CEUs

## LEP Guide for Improving Patient Safety

### Executive Summary

**1. Adverse events that affect limited-English-proficient (LEP) patients are more frequently caused by communication problems and more likely to result in serious harm compared to English-speaking patients.**

- A. True
  - B. False
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**2. Which of the following liability exposure situations arise when providing care to LEP populations?**

- A. Patient comprehension of medical condition, treatment plan, discharge instructions, complications, and followup.
  - B. Inaccurate and incomplete medical history.
  - C. Ineffective or improper use of medications or serious medication errors.
  - D. All of the above.
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**3. Untrained hospital staff rarely serve as interpreters for LEP patients due to the evidence that hospital staff who serve as interpreters on an ad hoc basis are more likely to make clinically significant mistakes than qualified medical interpreters.**

- A. True
  - B. False
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**4. All of the following cultural beliefs and traditions can influence the medical encounter and compound the risk for LEP patients, except for:**

- A. Overly exaggerating reports of pain.
  - B. Deferring to authority figures.
  - C. Following certain gender roles.
  - D. All of the above are cultural beliefs and traditions that can influence the medical encounter.
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**5. Which of the following should be documented in the electronic medical record to allow ongoing monitoring and easy integration with other reporting systems for quality of care monitoring purposes?**

- A. Race and ethnicity

- B. Patient language
  - C. Interpreter service needs
  - D. All of the above
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**6. Patients should be provided with written materials, such as for informed consent or procedure preparation, in their preferred written language.**

- A. True
  - B. False
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**7. All of the following are high-risk clinical situations that need immediate attention to prevent adverse events among LEP patients, except for:**

- A. Medication reconciliation
  - B. Neonatal care
  - C. Patient discharge
  - D. Informed consent
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**8. Which of the following is a recommendation to address high-risk clinical situations?**

- A. Require presence of qualified interpreters.
  - B. Provide translated materials in preferred language.
  - C. Use "teach-back" to confirm patient understanding.
  - D. All of the above.
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**9. Requiring the presence of qualified medical interpreters is necessary for all high risk scenarios.**

- A. True
  - B. False
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**10. Having qualified in-person medical interpreters, or access to telephone or video interpreters, for the languages reflecting the patient populations served, is enough to ensure safe and effective care for LEP patients.**

- A. True
  - B. False
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**11. Interpreters should simply translate what is said word for word rather than getting involved in any other aspect of patient care.**

- A. True
  - B. False
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## **Chapter 1: Background on Patient Safety and LEP Populations**

**12. Which of the following is used to describe an act that happens when something that was planned as part of medical care does not work out or when the wrong plan was used in the first place?**

- A. Medical error
  - B. Adverse event
  - C. Near miss / close call
  - D. Never event
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**13. Communication problems are the most frequent root cause of serious adverse events reported to the Joint Commission's Sentinel Event Database.**

- A. True
  - B. False
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**14. Other than medical errors, which of the following is a result of communication difficulties in the inpatient setting that are problematic and costly?**

- A. Longer length of hospital stays for LEP patients when professional interpreters are not used at admissions and/or discharge.
  - B. LEP patients have greater difficulty understanding discharge instructions, including how to manage their condition, take their medications, recognize symptoms that should prompt a return to care, and know when to follow up.
  - C. Racial and ethnic minorities are more likely to be readmitted for certain chronic conditions than their non-Hispanic white counterparts.
  - D. All of the above.
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**15. All of the following written communications are open to liability, except for:**

- A. Appointment slips
  - B. Referral slips
  - C. Prescriptions
  - D. Intake and discharge instructions
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**16. All of the following have been identified as common causes or errors (or potential errors) for LEP and culturally diverse patients, except for:**

- A. Use of family members, friends, or nonqualified staff as interpreters.
  - B. Lack of written materials in patient's preferred language.
  - C. Provider use of basic language skills to "get by."
  - D. Cultural beliefs and traditions that affect care delivery.
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**17. Which of the following is the most commonly reported cause of errors by frontline staff and leaders?**

- A. Use of family members, friends, or nonqualified staff as interpreters.
  - B. Lack of written materials in patient's preferred language.
  - C. Provider use of basic language skills to "get by."
  - D. Cultural beliefs and traditions that affect care delivery.
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**18. Which of the following contributes to the use of nonqualified interpreters?**

- A. Impatience by patient or healthcare provider.
  - B. Overbooked schedules.
  - C. Prolonged waiting time for interpreters.
  - D. All of the above.
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**19. Issues of confidentiality may prevent patients from disclosing critical health information when family members or friends are used as interpreters.**

- A. True
  - B. False
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**20. It is critical that bilingual staff are language certified and receive training in interpretation if they are used when medical interpreters are not present or are unavailable for the medical encounter.**

- A. True
  - B. False
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## **Chapter 2: Five Key Recommendations To Improve Patient Safety for LEP Patients**

**21. When REL data are collected, they are often linked to the patient safety reporting system, which easily facilitates identification of errors involving LEP patients.**

- A. True
  - B. False
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**22. The standard format for patient safety events should be augmented by adding all of the following data fields, except for:**

- A. A field for patient preferred language and English proficiency.
- B. A field for whether a hospital interpreter was present at the time of the adverse event or was used at any time during the visit.

- C. A field for the method of interpretation used (i.e., in-person, phone, or video).
  - D. A field to document if a hospital interpreter was called and did not show up at the time of the event or during a patient appointment.
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**23. Which of the following is a key area in need of improvement to ensure that staff are empowered and can identify and report medical errors that occur among LEP and culturally diverse patients?**

- A. Interpreters and frontline staff worry that they will be perceived as spies or snitches if they report errors, making them reluctant to do so.
  - B. Frontline staff and interpreters have limited knowledge about issues related to patient safety and do not receive training on what constitutes an error or a near miss, or on how to report these when they occur.
  - C. Current safety reporting systems are seen as complicated and burdensome, rather than user friendly.
  - D. All of the above.
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**24. Hospital and health systems routinely monitor medical errors for LEP patients and typically analyze events that occur among culturally diverse and LEP patients.**

- A. True
  - B. False
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### **Chapter 3: Improving Team Communication To Foster Safety for LEP Patients: TeamSTEPPS LEP Module**

**25. Which of the following is one of the agreed-upon CUS words used as a communication tool for healthcare team members to use to stop an action at any time when there is any concern for miscommunication or risk to patient safety?**

- A. Concentration
  - B. Concern
  - C. Communication
  - D. Collaboration
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