



The Impact of Communication Challenges

on the

Delivery of Quality Health Care

to

Minority Language Clients & Communities

A Position Paper

submitted by the

PEI French Language Health Services Network

In collaboration with the Société Santé en français



Réseau des services de santé en français
de l'Île-du-Prince-Édouard



ACKNOWLEDGEMENTS

The Prince Edward Island French Language Health Services Network would like to thank all those who have contributed to the production of this position paper.

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The production of this position paper has been made possible through a financial contribution from Health Canada through the Société Santé en français.

The views expressed herein do not necessarily represent the views of Health Canada.

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A production of the Prince Edward Island French Language Health Services Network

MARCH 2007



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Message from the Co-Chairs of the Prince Edward Island French Language Health Services Network

The Prince Edward Island French Language Health Services Network, in collaboration with the Société Santé en français, is pleased to submit this position paper to the Canadian Council on Health Services Accreditation (CCHSA).

When the P.E.I. French Language Health Services Network developed its *Action Plan for the Delivery of Primary Health Care Services in French on Prince Edward Island* in 2006, one of its recommendations was that from a national level, the Société Santé en français be incited "... to consider using the existing Accreditation Framework of the CCHSA as a way of encouraging health care organizations to improve the delivery of French language services" as it is recognized that language and culture impact quality of care. This position paper is in response to this recommendation.

Once again, our collaborative approach, which unites the Network's community and provincial government partners, has proved successful. We are confident that the CCHSA can use this new tool to continue to raise the bar for quality in health services and meet its commitment to be a leader in improving patient safety. We look forward to a continued collaboration with the CCHSA so we may meet our joint goal of improving quality of care for minority language clients and communities.

A handwritten signature in black ink, appearing to read "Donald DesRoches". The signature is fluid and cursive.

Donald DesRoches
Government Co-Chair

A handwritten signature in black ink, appearing to read "Claude Blaquièr". The signature is fluid and cursive.

Claude Blaquièr
Community Co-Chair



Message from the Société Santé en français Board Chair, President and Executive Director,

We are very pleased to announce that the Société Santé en français is teaming up with the Prince Edward Island French Language Health Services Network (PEI FLHSN) to submit the position paper *The impact of communication challenges on the delivery of quality health care to minority language clients & communities* to the Canadian Council on Health Services Accreditation (CCHSA).

In this paper, we accurately point out the inevitable character of culture and language as systematic parameters for assessing the quality of services, within the scope of accrediting health care institutions.

A vast review of Canadian and international literature on the subject eloquently supports the importance of integrating quality standards for communication between the institutions, stakeholders and the Francophone communities they serve into accreditation processes. In this regard, the PEI FLHSN is proposing very promising solutions that are in-line with the perspective of the CCHSA orientations.

The Société Santé en français fully supports the PEI FLHSN's work on behalf of all its affiliated networks. We are convinced that this collaborative effort will inevitably result in improved quality standards for patient care and safety, which in turn will lead to better access to French-language services, improved efficiency of interventions and greater satisfaction among users of these services.

Dr. Brian Conway
Board Chair

Hubert Gauthier
President and Executive Director



History of the PEI FLHSN

The Government of Prince Edward Island adopted French language services legislation in April 1999. While the provisions which would appreciatively impact health services have yet to be proclaimed, the current legislation does have repercussions on the delivery of health and social services. The partial proclamation of the *French Language Services Act* illustrates the Province's intent to improve access to French language health and social services while providing services of comparable quality to English-language services to benefit the Acadian and Francophone community.

While the Province has acknowledged the principle of increased provision of services in French, there is a need to determine how this can be achieved. To do this, the Acadian and Francophone community incited the Minister responsible for Acadian and Francophone Affairs and the Minister of Health and Social Services to establish a joint government-community network dedicated to the task of proposing practical solutions for the delivery of French language health and social services in PEI: the Prince Edward Island French Language Health Services Network (PEI FLHSN).

The PEI FLHSN is not unique in its work. It is part of a national network of similar organizations in each province and territory: the Société Santé en français (SSF). Provincial, territorial and regional networks and the SSF work in collaboration to improve access to French language health services for French language minority communities.

The PEI FLHSN vision is:

To ensure that Acadians and Francophones of Prince Edward Island have access to a complete range of French language health and social services of comparable quality to those provided in English.

It seeks to achieve this vision by proposing solutions that increase access to French language health and social services through working in partnership with other organizations and the community.

Work of the PEI FLHSN

In a recent PEI FLHSN report, *Action Plan for the Delivery of Primary Health Care Services in French* (a.k.a *Setting the Stage*, 2006), the assessment of the existing level of service concludes that current French language services are inadequate, poorly planned and poorly distributed. It observed that, to date, the implementation of the *French Language Services Act* has been disappointing in the area of primary health care services. In the entire province of Prince Edward Island, only one family health centre actively offers French language health services. Elsewhere, people wishing to access French language health services must ask for the service and, given the few bilingual employees spread across the system, there is no guarantee that such a service will be provided. Only 0.9% of positions in the health and social services system are designated bilingual while 3.1% of employees claimed some level of knowledge of French when last surveyed; this compares to 4.4% of the population which reported French as their first language in the 2001 Census and 12.1% of Islanders who claim they can speak French.

The Prince Edward Island Department of Health is currently working to respond to the *Setting the Stage* report. Its *Departmental Strategic Plan* has adopted as one of its goals:

To improve access to health care: access for linguistic and ethnic minorities

Operationally, the Department has also taken steps to address communication challenges, but this process has significant human resource implications, and will take time to resolve.



The *Setting the Stage* report recommended that the PEI FLHSN encourage the Société Santé en français to consider using the existing Accreditation Framework of the Canadian Council on Health Services Accreditation (CCHSA) as a means of raising awareness of how communication challenges affect the delivery of health care services. Because communication challenges negatively affect the quality of health care and creates an unacceptable level of risk, this is an issue of concern for all health organizations across the country.

The PEI FLHSN followed this recommendation by directing that a position paper be prepared. This document was prepared under the direction of the PEI FLHSN, by HRA, a Charlottetown-based human resource consulting firm. Julie Gilman, FLHSN Coordinator, oversaw the work performed by HRA consultants Patsy MacLean and Constance Robinson, in association with Kay Lewis of Quest Hospital Planning Solutions Inc.

PEI FLHSN Position Statement

The PEI FLHSN believes that the Accreditation Framework used by the Canadian Council on Health Services Accreditation (CCHSA) is an existing mechanism within the governance structure of the health system which can be used to improve access to French language health services to the Francophone population and reduce risks within the system.

The PEI FLHSN takes the following position:

That the CCHSA should continue to increase awareness of the impact of communication challenges on those accreditation standards that consider how health institutions respond to the language needs of the linguistic minority communities, clients and families through the following actions:

- As part of their continuing education CCHSA surveyors should be apprised of the research regarding the impact of communication challenges on accessibility of quality of care, and should be advised to address these issues in their accreditation work;
- Strengthen guidelines for standards and criteria on how to address communication challenges;
- Include language access indicators, or other means of evidence, for reporting that an organization is “linguistic minority friendly”;
- Provide the Self-Assessment Teams with an opportunity to determine if the team membership reflects the diversity of the community it serves.

Recognition of the Purpose of CCHSA

The PEI FLHSN recognizes that the CCHSA plays a unique role in the delivery of health services by assisting health service organizations across Canada examine and improve the quality of care and service they provide to their clients. A review of the CCHSA standards and criteria to identify areas where communication and language are already part of the accreditation process is attached in Appendix A. It illustrates the integral role communications play in the delivery of quality health care.

Because the CCHSA mission is driven by quality of care issues rather than rights, this paper focuses on how language barrier issues impinge on quality of care, and the importance of heightening this factor in the accreditation process. This paper provides a brief overview of the research that highlights the concerns language barriers raise for achieving quality of care, discusses the legal obligations that exist in this arena, and reviews how existing CCHSA standards apply to language barriers. Appendix A to this paper is a review of the CCHSA standards relating to language and communication. Because the mission of the PEI FLHSN is not only to raise issues, but to encourage the development of solutions, the resources and tools found in the process of preparing this paper are listed in Appendix B.



Communication Challenges & Quality of Care

Note on terminology

Communication challenges are associated with under-use of primary and preventive services, limited comprehension of medical information, lack of adherence to medical advice, and less cost-effective use of medical services, including a greater need for tests and longer medical visits (Weiss et al. 2006). As noted in the seminal work of Sarah Bowen, in Canada, most research on health service utilization and health status has focused on the effects of socioeconomic factors, and to a lesser extent on regional differences. Research examining the impact of culture and ethnicity has tended to focus on differences attributed to cultural beliefs and practices, and not on the effect of systemic barriers to access (Bowen, 2001). Furthermore, in Canada, the discussion concerning access to health services in a person's first language, particularly where that language is an Official Language of the state, tends to be framed as a "rights" issue. However, while there are rights aspects to the discussion, from a health care perspective the fundamental issue is patient safety and risk: there are inherent risks associated with the failure to address language barriers encountered during the provision of health care services.

Internationally, there is a growing body of literature documenting the impact of communication challenges on access, use and quality of medical services. The vocabulary for these studies varies, referring to language access, language barriers. The framework for these studies also varies, often turning on legal rights of access, or as in the case of several of the American studies, specific health care delivery model issues relating to non-insured health care or specific social and ethnic policy concerns. Because this position paper focuses on the more neutral concern of quality of care, and applies to all types of communication challenges including linguistic minority community concerns as well as health care literacy, the PEI FLHSN uses the term "communication challenges" to embrace the larger scope of quality of care and risk that arise when health care consumer and health care provider have difficulties exchanging information. Where this paper refers to a specific research paper or a direct quote, deference is given to the author's choice of terminology.

Why Communication Is Important

Research indicates that communication challenges have a negative impact on:

- access to treatment
- participation in preventive measures
- ability to obtain consent
- ability for health professionals to meet their ethical obligations
- quality of care, including
 - hospital admissions
 - diagnostic testing
 - medical errors
- patient follow-up
- quality of mental health care
- patient safety

The effects of communication challenges on health care delivery have been considered in other countries. According to the Institute of Medicine of the National Academies (U.S.)¹, communication challenges contribute to reduced quality, adverse health outcomes, and health disparities (2004). Furthermore, there is evidence that communication challenges may result in increased use of expensive diagnostic tests, increased use of emergency services and decreased use of primary care services, and poor or no patient follow-up when such follow-up is indicated (Greising, 2006).

¹ An American non-profit organization that provides evidence-based advice for the improvement of medicine
<http://www.iom.edu>



These are all issues that the CCHSA encourages accredited facilities to address in the on-going journey of quality improvement. A brief review of just some of the research that links language and quality of care is set out below.

Access

There is compelling evidence that communication challenges have an adverse effect on initial access to health services. These challenges are not limited to encounters with physicians and hospital care. Patients face significant barriers to health promotion and disease prevention programs: there is also evidence that they face significant barriers to first contact with a variety of providers (Bowen, 2001). The research indicates that there is a general pattern of lower use of many preventive and screening programs by those facing language barriers (Woloshin et al., 1997). Higher use has been reported for some emergency department services, and for additional tests ordered to compensate for inadequate communication (Bowen, 2001).

Prevention

A number of studies focus on utilization of cancer screening programs. Fox and Stein (1991) found that the most important variable that predicted whether women of all racial groups had a mammogram was whether their doctors had discussed mammography with them. Hispanic women, compared to black or white women, were less likely to have physicians who discussed screening with them. Language preference (English versus Spanish) was strongly correlated with whether the physician discussed mammography with the woman or not. In a British study of participation in cervical screening programs by Naish et al. (1994), language and administration were seen to be barriers to participation by clients, not, as reported by physicians, lack of interest in prevention programs. Solis et al. (1990) found that language ability predicted the use of screening services. They suggested that the effect of language on screening practices was an access factor (i.e. proficiency in English increased access to service). In a study of health behaviour of older Hispanic women, Marks et al. (1987) found that the use of English language was associated most closely with increased use of screening programs.

In a Canadian study, Woloshin et al. (1997) analyzed self-reported utilization data on breast examination, mammography and Pap screening from the 1990 *Ontario Health Survey*. He found that French speakers were significantly less likely to receive breast examinations or mammography. These results persisted even when adjusted for social and economic factors, contact with the health care system, and measures of culture.

Consent

Consent to treatment is a fundamental pillar of quality of care. Legislation protects patients from procedures for which they have not provided informed consent. Furthermore, the common law in Canada provides that where a patient does not speak an official language, the physician must ensure that the patient understands the information that is communicated before administering treatment. For example, in *Anan vs. Davis*, a refugee was sterilized after she consented to what she thought was a procedure to treat an infection that had occurred after birth. The ruling in this case concluded that the duty to ensure the patient understood the information included an obligation to be attentive to the language ability of the interpreter, and to ensure that the patient was returning reasonable and responsive replies. In *Korollos vs. Olympic Airways*, a physician obtained consent from a family member over the telephone for a patient's surgery. The family member later stated that he gave consent only because he misunderstood the urgency of the situation. The court concluded that the duty of the doctor extended beyond communication of the facts, but also required a positive duty on the doctor to ensure that the patient actually understood the information (Bowen, 2001).



Professional Codes of Ethics

Codes of ethics regulating the health professions stress the need for the provider to obtain informed consent, provide explanations, ensure confidentiality, and refrain from practicing the profession under conditions that may impair service quality. For these ethical standards to be achieved, it is necessary to address communication challenges, whether they arise because of a linguistic minority context or because of a health care literacy issue (Bowen, 2001).

In recognition that “communicating complex information clearly and effectively is a challenge, but it is critical for ethical, high-quality health care,” (Ethical Force Program, 2006, p.7) the American Medical Association Ethical Force Program is developing a patient-centered communication framework. The Draft Framework reads:

An organization should determine what language assistance is required to communicate effectively with the populations it serves, make this assistance easily available and train its workforce to access and use language assistance resources (Ethical Force Program, 2006, p.8, 5b).

Quality of Care

Case studies illustrate how communication challenges lead to delayed diagnosis, mis-diagnosis, and inappropriate referral. Failure to explain the patient’s condition or recommended care, or failure to ensure confidentiality or obtain informed consent have been documented. (Bowen & Kaufert, 2000; Haffner, 1992; Stevens, 1993; Flores et al., 2000). Furthermore, communication challenges are associated with increased risk of hospital admission, increased risk of intubation for asthmatics, differences in prescribed medication, greater numbers of reported adverse drug reactions, and lower rates of optimal pain medication. There is also preliminary evidence that such barriers are related to less adequate management of chronic diseases such as asthma and diabetes.

Patient Safety

The focus of patient safety action plans is shifting from retrospective analyses of adverse events or “medical errors”, to more proactive studies of clinical systems, including the role of interpersonal communications in patient safety. For example, the University of California, San Diego Center for Patient Safety is currently engaged in studies of the role of failed interpersonal communication (clinician-patient & clinician-clinician) in patient safety.²

Recently, the emphasis on safety has also been raised in Australian research. Megan-Jane Johnstone and Olga Kanitsaki’s paper *Culture, language, and patient safety: making the link* suggests that the failure to recognize the critical link between culture and language and patient safety “unacceptably exposes patients from minority ethno-cultural and language backgrounds to preventable adverse events in hospital contexts (2006, p.383)”. They go on to suggest that

in order to ensure that the minority as well as the majority patient interests in receiving safe and quality care are properly protected, the culture-language-patient-safety link needs to be formally recognized and the vulnerabilities of patients from minority cultural and language backgrounds explicitly identified and actively addressed in patient safety systems and processes (p.383).

² SanDiego County Patient Safety, *Goals of the SDCPs*, <http://meded.ucsd.edu/SDCPS/goals.html>



Under the leadership of the Patient Safety Advisory Committee, the CCHSA has developed Patient Safety Goals and Required Organization Practices. National and international literature was reviewed to identify the major patient safety risk areas, as well as patient safety best practices. CCHSA carried out a detailed review of its patient safety-related accreditation survey recommendations, conducted an analysis of top compliance issues, and researched related activities within other accrediting bodies internationally.

The committee reviewed and provided recommendations on a list of potential priority areas for patient/client safety. The outcome was the creation of five Patient Safety areas, six Patient/Client Safety Goals, and 21 Required Organizational Practices (ROPs). The five Patient Safety Areas were identified as being:

- Culture
- Communication
- Medications
- Workforce/Worklife
- Infection Control

According to the CCHSA website, the goal for the patient safety area of communication is to:

Improve the effectiveness and coordination of communication among care/service providers and with the recipients of care/service across the continuum.

The ROPs related to this goal are listed as being:

- Inform and educate patients/clients about their role in patient safety (written and verbal communication)
- Employ effective mechanism for transfer of information at interface points
- Implement verification processes and other checking systems for high-risk care/service activities
- Reconcile the patient's/client's medications upon admission to the organization and with the involvement of the patient/client
- Reconcile medications with the patient/client's medications to the next provider of service

Because the ROPs have become part of the accreditation process to ensure that organizations are meeting key patient safety issues, the PEI FLHSN recommends that the application of these ROPs be considered with regard to how the organization addresses the challenges arising from communication barriers. Certainly the informing and educating of patients and clients, or the reconciliation of medications cannot be effective if communication barriers are not addressed.



Medical Errors

Quality, Patient Safety and Hospital Care for Latino Children: Addressing Parent and Provider Communication Challenges examined patient safety issues, citing that mistakes by interpreters were a significant cause of medical errors in a pediatric population (Flores et al., 2003), and that 63% of errors due to incorrect translations were considered serious enough to have medical consequences – mistakes by family members were shown to be more serious than those by hospital interpreters. It also cited poor communication as the number one cause of sentinel events.³

“The one issue that would have the greatest impact on patient safety is improved communication.” –

*Richard Croteau, MD,
Executive Director of Strategic Initiatives, Joint Commission on Accreditation of Health care Organizations
in a Sentinel Event Alert*

Two British Columbia cases illustrate the liability risk for failure to address communication challenges. In one case, the B.C. Supreme Court found a doctor negligent in his examination and diagnosis of a man whose leg was amputated as the result of this mis-diagnosis. The court ruled that the patient’s language difficulty should have made the doctor especially careful in conducting his physical examination. The patient was awarded \$1.3 million (Needham & Wolff, 1990). In another case, language barriers were identified as a contributing factor in the death of a pregnant Vietnamese woman. The coroner in the case recommended that the College of Physicians and Surgeons assess the need for interpreters for patients who speak little or no English (Walton, 1996). The issue of the interpreter’s role in obtaining consent was also raised in the recent inquiry into pediatric cardiac deaths in Manitoba (Sinclair, 2001).

Closely linked with patient safety, medical errors are also a key target of the CCHSA ROPs. As noted above, the PEI FLHSN recommends that the application of these ROPs be considered with regard to how the organization addresses the challenges arising from communication barriers.

Hospital Admissions

Lee et al. (1998) indicated that adults who did not speak the same language as their health care provider had a 70% greater chance of being admitted to hospital than patients who did. The authors of the study proposed that a provider, when treating patients where communication challenges were present, would be more likely to admit them to hospital as a precautionary measure.

Diagnostic Testing

Hampers et al. (1999) found that in cases where a language barrier existed, patients were more likely to be given intravenous fluids and admitted to hospital. The overall average charge for tests was also significantly higher.

Patient Follow-up

Sarver and Baker (2000) found that both patients who used an interpreter, and those who did not use an interpreter but felt one was needed, were significantly more likely to be discharged without a follow-up appointment.

³ *The Joint Commission, an American hospital accreditation organization, defines a sentinel event as “an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase, “or the risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.”* <http://www.aracnet.com/~oahhs/issues/jcabolsentnl12.htm>



Mental Health Care

Canadian researchers identify language as the most pervasive challenge to accessing appropriate mental health services. Studies indicate that even when patients have contact with the health care system, they may delay seeking care for mental health problems due to language barriers, and therefore underutilize mental health services (Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees, 1988; Nyman, 1991; Trauer, 1995; Start et al., 1996; Roberts & Crockford, 1997). Studies also indicate that patients with psychiatric conditions and language barriers are more likely to receive a diagnosis of severe psychopathology (Flores, 2006). Counseling program providers (including those in areas such as addictions and family violence) often make no accommodation for language access. Instead they may refer clients to generic “helping” agencies (such as organizations providing general settlement services to immigrants) that do not have specialized expertise. This results in a two-tier level of service (Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees, 1988; Stevens, 1993; Canada Drug Strategy, 1996).

Safety

It is trite to say that clinician-patient communication is a vital element in the delivery of health care. Studies have shown that more than 70% of the information on which physicians base their diagnoses comes from the history and physical exam:

Anything that compromises the quality of the communication between patients and physicians represents a threat to the quality of care provided. Clear communication is hard enough, even with English-speaking patients, when there are issues of low literacy or age to consider. When the patient does not speak English, communication becomes that much more difficult. In a 2003 study conducted by the California Academy of Family Physicians, almost half the physicians surveyed were personally familiar with incidents in which quality of care was compromised by language barriers (Roat, 2005, p.3).

The impact of communication challenges in health care delivery was illustrated in a 2002 study titled *What a Difference an Interpreter Can Make: Health Care Experiences of Uninsured with Limited English Proficiency* (Andrulis, Goodman & Prior). In that study, 27% of those who needed but did not get an interpreter said that they did not understand the instructions for taking their medications, compared to only 2% of those who either got an interpreter or did not need one.

Outcomes

Studies indicate that communication challenges can also have negative effects on treatment outcomes. For example, a U. S. study of outpatient drug complications by Gandhi et al. (2000) demonstrated that a primary language other than English or Spanish was significantly correlated to reported drug complications. LeSon & Gershwin (1996) found that patients unable to speak English were over 17 times more likely to be intubated than patients with the same characteristics who were fluent in English. This was a stronger correlation than with education levels, or even being an active smoker. A similar study of pediatric patients also found that a language barrier was a significant predictor for intubation (LeSon & Gershwin, 1995). Moudgil & Honeybourne (1998) found differences in patient understanding of the disease and self-management.

Patient Satisfaction

Patient satisfaction is a recognized and widely used measure of effectiveness of provider-patient communication. It is also an outcome of care. Communication challenges have additionally been found to be associated with: increased time spent in the emergency department (Hampers et al., 1999), decreased general satisfaction with care (David & Rhee, 1998), and lower satisfaction with a number of non-clinical aspects of care (Madhok et al., 1992). Hu and Covell (1986) found that the percentage of patients describing their care as more than adequate was almost twice as high for English speaking than non English speaking patients.



Patient Compliance

A review of the literature reveals consistent and significant differences in understanding and compliance when a communication challenge exists. This may be due to the fact that patients who had more difficulty understanding their physician are less likely to follow treatment directions, and also because good communication can be a source of motivation, reassurance and support, as well as an opportunity to clarify expectations (Kaplan et al., 1989). Given the aging of the Canadian demographic and the accompanying increase in chronic diseases, the impact of patient noncompliance relating to disease management will grow over time. Improving compliance through improved communication options will benefit all health care delivery stakeholders.

Research Continues

Recent studies continue to identify communication as an important factor in the delivery of health care in three key areas: quality of care, access to care, and cost of care. Cynthia E. Roat (2005, p.32), in *Addressing Language Access Issues in Your Practice: A Toolkit for Physicians and Their Staff Members*, provided a recent scan of the literature relating to the American experience:

quality of care

- A 2001 survey showed that Hispanics who spoke Spanish at home were more likely to understand only “some or a little” of what the physician said, more likely to have questions they didn’t ask, and more likely to identify problems communicating with their physician.
- Primary language is an independent predictor of patient-reported drug complications.
- Patients whose primary language was not English were significantly less willing to return to the same emergency department for future care, and reported more overall problems with care, communication, and testing.
- Non English speaking patients who had physicians who spoke their language had better medication compliance, better appointment compliance, and fewer emergency department visits than limited English proficient patients whose physicians did not speak their language.

access to care

- Spanish speaking patients are less likely to see a physician for preventative health care such as influenza vaccinations or a mammogram.
- Spanish speaking patients discharged from emergency departments are less likely than English speaking patients to understand their diagnosis, prescribed medications, special instructions, and plans for follow-up care.
- In a national U.S. survey, almost 20% of Spanish speaking respondents reported not seeking care when needed due to language barriers.

cost of care

- When patients take longer to be seen,
 - their health issues are usually more advanced, and hence more costly to address,
 - they are more likely to use the emergency department rather than primary care, which is a greater cost to the health system,
 - they are more likely to require more testing.
- When poor communications affect quality of care,
 - there is a greater likelihood of a malpractice suit.
- When there are language barriers,
 - pediatric patients tend to have longer hospital stays,
 - emergency department visits tend to be shorter, with fewer tests, but result in more repeat visits.



Language & Standards

As illustrated in the review of the CCHSA's existing standards and criteria that relate to communication and language (Appendix A), there has been a long-standing, albeit tacit, acknowledgment of the importance of communication challenges to quality care. Therefore, this position paper is not asking for new standards or criteria. They are already in place. However, the PEI FLHSN believes it is time for a more explicit recognition of the importance of language and communication in the accreditation process through the accreditation dialogue.

Canada is not the only jurisdiction facing this challenge. For example, the United States has undertaken a review of national standards for culturally and linguistically appropriate health care. These standards explicitly address the clients' right to bilingual staff or interpretation services, access to information in their own language, professional standards for interpreters, and inclusion of language identifiers in data collection. These standards are based on U.S. legislation and enforcement capabilities, and describe a level of service which is certainly not yet available for minority language speakers in Canada (Office of Minority Health, 1999). Belgium has made a commitment to a "cultural mediator" model for health interpretation, and is actively promoting and disseminating research (Verrept & Louckx, 1998). In Australia, a public inquiry examined rights to interpreter services in the justice system and in health care (Lawrie, 1999).

In the United States, the Joint Commission (the accreditation body for American hospitals) acknowledges that "... a lack of sensitivity and responsiveness to the linguistic needs and health beliefs of different cultures impacts quality of care, patient safety, and patient satisfaction" (The Joint Commission, n.d. a). Its website states:

The Joint Commission views the delivery of services in a culturally and linguistically appropriate manner as an important health care safety and quality issue. Health care organizations are encouraged to provide equitable care, treatment, and services across diverse populations (The Joint Commission, n.d. b).

To address this concern, the Joint Commission initiated a 30 month research project in 2004 to examine how hospitals provide health care to diverse populations. The work was concluded in June 2006 with a report entitled: *Hospitals, Language, and Culture: A Snapshot of the Nation* (Wilson-Stronks & Galvez). The purpose of this project was not to develop new standards or set new requirements for accreditation, but rather to better understand current practice and develop recommendations that would assist health care providers in grappling with the challenges of health care delivery to a diverse population. California is piloting a program to create system-wide language access (Jameson, 2006).

Sarah Bowen, a lead Canadian researcher in the effects of language barriers on the quality of care observed that there is a need for development of national standards related to language access to health care. Her 2001 report on language access in health care prepared for Health Canada made several recommendations that are relevant to the PEI FLHSN position paper for the CCHSA:

- Examine the feasibility of incorporating, as part of health system data collection, information on patient proficiency in an official language.
- Develop initiatives to promote awareness of the importance of provider-patient communication and the profession of interpretation within the health professions. Promote training on the effects of language barriers and working with interpreters as a required component of pre-service professional preparation.
- Develop strategies to promote dissemination of research on language access to policymakers and health service planners.



The CCHSA standards already require that communication challenges be addressed if the standards and criteria are applied appropriately. Appendix A to this paper reviews relevant CCHSA standards, related criteria and how communications barriers can be addressed through strengthened CCHSA guidelines. Furthermore, because of the development of the CCHSA Patient Safety ROPs pertaining to communication, health care organizations must address communication barriers as part of their safety culture. The PEI FLHSN believes that this objective will be enhanced if the CCHSA adopts the recommendations of this paper.

Conclusion

Achieving accreditation by the Canadian Council on Health Services Accreditation (CCHSA) is critical for health care organizations to enable them to demonstrate to the public that they provide quality health care services. Equally as important, accredited organizations attract high quality health professionals. Accreditation standards are used to assess the quality of services provided by an organization and are constructed around the dimensions of quality:

- Responsiveness;
- System competency;
- Client/community focus; and,
- Work life

An organization cannot address the client/community focus dimension without taking into account any barriers to effective communications between the health care provider and consumer. There is a significant body of research, including an impressive amount in the Canadian context, as identified by Sarah Bowen's work, that identifies communication challenges as having significant quality and risk management implications by:

- Limiting access;
- Inhibiting participation in preventive health care;
- Interfering with the ability to provide informed consent;
- Driving up hospital admissions and unnecessary diagnostic testing; and,
- Causing medical errors,

and hence undermining patient safety. Moreover, the literature demonstrates that providing services in a client's first language:

- Improves access to health services, particularly health promotion and disease prevention activities;
- Improves the accuracy of health assessment;
- Enables interpersonal interaction thus enhancing the therapeutic relationship which leads to more positive clinical outcomes;
- Leads to better understanding of and adherence to the prescribed treatment plan;
- Improves client satisfaction;
- Improves quality of care; and
- Reduces incidence of risk management issues in service delivery.

There are many potential means of overcoming communication challenges in health care delivery. Rather than being prescriptive, this paper is intended to heighten the awareness of the CCHSA to the role of communication challenges for minority language communities in quality and patient safety.



The PEI FLHSN does not necessarily endorse or promote any one strategy over another. Its key concern is that organizations need support and encouragement to develop strategies that enable appropriate access to services in the health care consumer's first language. This is critical to ensuring that the health care system is meeting the quality of care expected within CCHSA accredited organizations. To that end, the PEI FLHSN respectfully asks that the CCHSA adopt the following PEI FLHSN recommendations:

- Recommendation 1: Strengthen CCHSA standards and guidelines related to language-culture access for minority language communities and clients. Examples may be drawn from Appendix A;
- Recommendation 2: Encourage Self-Assessment Teams to review their composition to reflect the communication needs of the community, clients and families in the delivery of health care. For example, French language service providers could be included as members of Self-Assessment Teams;
- Recommendation 3: Develop indicators or other means of evidence related to language access. Examples may be drawn from Appendix C;
- Recommendation 4: Identify the accreditation standards which represent the highest potential risk to patients due to communication challenges. An example might include informed consent.

The PEI FLHSN believes that the accreditation model for addressing communication challenges for minority language communities keeps the focus on the most important aspects of health care: quality and safety. The intent is not to force organizations to adopt any single formula for achieving these values. Instead, achieving quality and patient safety (and addressing language barriers) requires the organizational integration of these values and the instilling of a sustainable process of creating and nurturing a culture that supports these values. This will result in improved services and outcomes for everyone.



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APPENDIX A

CCHSA Standards Relating To Language Access

LEADERSHIP AND PARTNERSHIP (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
1.0 Addressing needs The organization anticipates and responds to the community's changing needs and health status.	The French-speaking community has a need for access to healthcare in its primary language.
1.1 Community profile	Should acknowledge language aspect of demographics for catchment area and identify communication needs.
1.2 Maintains information • Shares information with community.	Tracking the statistics of the French language population should be an ongoing exercise Organizations like PEI FLHSN should be considered partners in this information process.
2.0 Having a positive relationship with the community. Working collaboratively, the organization enhances the efficiency and effectiveness of its health services in meeting the needs of clients.	
2.1 Communicate with hard-to-reach populations.	Specific action outlined in CCHSA should be noted in accreditation report.
2.2. The organization's communication activities and strategies are effective.	Work with organizations like the PEI FLHSN to develop measurement tools.
2.3 Organization forms linkages and partnerships across continuum of sectors.	Work with organizations like the PEI FLHSN, such as involving these organizations in Patient Safety Advisory Councils.
3.0 Promote ongoing community development.	
3.1 Supporting activities that inform and educate the community.	Information and education need to be in French for French-speaking population.

** Usually abbreviated or summarized to maintain focus on language access.*



LEADERSHIP AND PARTNERSHIP (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
4.0 Meeting the organization's mandate The organization's mission gives it direction.	
4.1 Mission Statement has input from community.	This requires dialogue with French-speaking community.
4.2 Mission describes whom the organization serves.	Needs to reflect presence of French-speaking community.
5.0 Being accountable to all stakeholders. Organization is effectively and efficiently governed.	Where a board is present, its membership should reflect the diversity of the community served.
5.6 Shares information with community.	Information needs to be communicated in appropriate languages and in accessible vocabulary.
6.0 Being ethical The organization delivers services and makes decisions in accordance with its values, and with its own code of ethics or other recognized codes of ethics.	Ethical requirements for consent to treatment, equity of access require addressing language access issues.
7.0 Having a clear direction The organization has a clear direction and achieves the desired results.	The strategic plan should address how communication needs will be addressed.
9.0 Appropriate allocation of resources.	This should include language access resources.
9.1 Considering ethics, values, social costs and benefits.	
9.2 Reviewing planning priorities.	
10.0 Managing risk The governing body and managers prevent and manage any risks to the organization.	

* Usually abbreviated or summarized to maintain focus on language access.



LEADERSHIP AND PARTNERSHIP (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
10.1 Organization identifies, assesses and manages risk. <ul style="list-style-type: none"> Consider ethics, values, social costs and benefits when making decisions about how to manage risk. 	Research shows that language barriers create risks.
10.2 Governing body and managers actively support risk management practices.	
10.5 Organization minimizes risks.	How is this done with respect to language access issues?
11.0 Organization's financial resources are protected and controlled.	
12.0 Contracted services are delivered according to the terms set out in the contract.	
16.0 Being a learning organization and achieving positive outcomes. The organization has a clearly defined and coordinated quality improvement system to continually monitor, evaluate, and improve quality.	Is language access addressed in their quality improvement plans?
16.2 Provide enough resources and training to support quality improvement activities.	
17.0 The organization achieves the best possible results or outcomes.	Research suggests that language barriers have negative impacts on outcomes. Client satisfaction surveys should include a communication and language of access component.
17.2 Involve staff, clients, other organizations, and the community.	
17.3 Use research and best practice information to improve management practices and the organization's performance.	Is organization aware of work being done on language access issues and quality of care and risk management?

* Usually abbreviated or summarized to maintain focus on language access.



ENVIRONMENT (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
<p>1.0 Providing a suitable environment.</p> <p>The organization's physical environment contributes to the well-being of clients, staff, and visitors.</p>	
<p>1.1 All signs and symbols must consider language and literacy.</p>	Improved signage in French.
<p>3.0 Minimizing adverse events.</p>	The organization minimizes potential hazards and risks wherever the clients receive services.
<p>3.1 Teach clients and families about potential safety hazards, infection control, safe and proper use of equipment, supplies and medical devices, how to contact the organization in an emergency.</p>	This requires communication in appropriate language.
<p>5.0 The organization prevents and controls infections.</p>	
<p>5.5 The organization works with others and the community to promptly detect and respond to the presence of new and resistant viruses and bacteria.</p>	This requires the ability to communicate with the French-speaking community.
<p>5.9 The organization leads, participates in, and supports activities that teach the community how to reduce the risk of infection and prevent infections from spreading in the community.</p>	This requires the ability to communicate with the French-speaking community.
<p>8.0 Being a learning organization and achieving positive outcomes.</p>	Research finds correlation between language of access and client satisfaction.
<p>8.1 Regularly evaluates and improves its processes by analyzing client and staff satisfaction.</p>	

* Usually abbreviated or summarized to maintain focus on language access.



HUMAN RESOURCES (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
<p>1.0 Addressing needs</p> <p>The organization's documented human resources plan anticipates and responds to current and future human resources needs.</p>	
<p>1.1 Regularly assesses current and future human resources needs in the areas of staffing, competence and complying with legislation.</p>	<p>Human resource plan should acknowledge service delivery language needs.</p>
<p>1.2 The planning process addresses clients' needs and expectations, methods used to deliver services, available resources.</p>	<p>Research finds correlation between language of access and client satisfaction. Human resource plan should acknowledge service delivery language needs.</p>
<p>1.3 The organization involves clients in planning and developing human resources processes or services.</p>	<p>Organization should not assume it understands clients' needs, but should engage in productive dialogue with client communities.</p>
<p>1.4 The organization has linkages and partnerships with other organizations.</p>	
<p>2.0 Being a learning organization and achieving positive outcomes.</p> <p>The organization regularly evaluates and improves human resource processes to achieve the desired results.</p>	<p>Staff should be kept apprised of research relating to impact of communications challenges on quality of care and patient safety.</p>
<p>3.0 Having the right people</p> <p>The organization has adequate numbers of qualified staff, independent practitioners, and volunteers to provide quality services.</p>	<p>PEI FLHSN takes the position that qualifications should also include language abilities to meet the needs of clients.</p>
<p>3.1 The organization selects and recruits staff based on community needs, statistics and trends.</p>	
<p>6.0 Enhancing performance</p> <p>The organization's leaders, staff, and volunteers demonstrate competence.</p>	

* Usually abbreviated or summarized to maintain focus on language access.



HUMAN RESOURCES (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
6.2 The organization encourages, supports, and provides ongoing education, training, and development to carry out quality improvement activities.	Does organization support official language training?

INFORMATION MANAGEMENT (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
1.0 Addressing needs The organization's information management processes meet current and future information needs and enhance its performance.	
1.1 The organization regularly assesses current and future information needs so that it can deliver client services, and provide appropriate education to users, clients, and families.	
3.0 Supporting evidence-based decision making The organization collects and reports relevant data and information in a way that is timely, efficient, accurate, and complete.	Needs assessment should include preferred language of access, availability of alternate communication resources (including qualified interpreter) for quality improvement analysis and evaluation at the community level and at the individual level.
5.0 Staff, service providers, clients, and families have access to information to support decision-making and improve knowledge.	This requires information to be available in appropriate language.
5.3 The organization makes education material, reference material, and research information available to staff, clients, and families.	

* Usually abbreviated or summarized to maintain focus on language access.



ACUTE CARE (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
<p>1.0 Being a learning organization and achieving positive outcomes.</p> <p>The team continually plans and designs its services to meet the current and future needs of the populations it serves, and to achieve the best possible outcomes.</p>	<p>This requires understanding of need for French language resources, client needs for access to appropriate language for service delivery, and correlation between language barriers and outcomes.</p>
<p>2.0 The team uses research, evidence, and best practice information to develop and improve its services.</p>	
<p>2.2 Inform clients about research activities that relate to their service needs, and help clients access these activities if they wish.</p>	<p>This requires information to be available in appropriate language.</p>
<p>3.0 The team monitors and improves the quality of its services to achieve the best possible outcomes.</p>	
<p>3.2 When evaluating its services, the team involves clients, families, and other organizations.</p>	<p>Involvement requires staff who can communicate with clients.</p>
<p>4.0 Achieving wellness</p> <p>The team, working with the community, promotes health, prevents or detects health problems early, and maximizes the well-being of those it serves.</p>	<p>Primary health promotion requires ability to communicate in language of the audience.</p>
<p>5.0 Being responsive</p> <p>The team's services are integrated and coordinated to ensure continuity of service for the populations it serves.</p>	
<p>5.3 The team is aware of and uses complementary services of other providers and organizations; making it easier for clients to move through the service system.</p>	<p>Is the organization using language resources available from complementary providers and organizations to address language barriers?</p>

* Usually abbreviated or summarized to maintain focus on language access.



ACUTE CARE (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
6.0 The clients' first contacts with the team lead to the best decision about services.	Language barriers must be addressed. Research indicates that language barriers inhibit or delay first contact. Research also supports need for clear communication in making appropriate care choices.
6.1 All potential clients, providers, and referring organizations can access the team's services. <ul style="list-style-type: none"> The team identifies and removes barriers that prevent clients, families, providers, and organizations from accessing services. 	This should include explicit assessment of language barriers and how to remove them.
6.3 The team gives potential clients, families, providers, and organizations simple, written information about the range of services and their cost, effectiveness and outcomes, and alternatives	To be useful this information must be provided in appropriate language.
6.4 The team's process for deciding whether to offer services to potential clients and families includes <ul style="list-style-type: none"> Obtaining, with consent, the potential client's history. Identifying and addressing client's immediate and urgent needs. 	<ul style="list-style-type: none"> Consent is meaningless if the client does not understand what is being asked. Needs identification should include language of service needs.
6.6 When the team cannot meet the needs of potential clients, providers, and referring organizations, it explains the reasons why.	Such explanations need to be communicated in appropriate language.
7.0 Addressing needs The team accurately and appropriately assesses its clients.	
7.1 The team determines the assessment method, scope and intensity by considering a number of factors including language <ul style="list-style-type: none"> The assessment is carried out with adequate resources. 	Language is an essential part of the assessment process. With adequate language and communication resources.
7.2 Assessment of clients' strengths, abilities, needs, and foreseeable risks, includes clients' ability to communicate and care for themselves.	On a larger scale, the ability to communicate is an essential part of the assessment process.

* Usually abbreviated or summarized to maintain focus on language access.



ACUTE CARE (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
7.3 The team shares the assessment results with clients and families in a clear and easy-to-understand way.	This requires that language access be available.
7.4 The team has processes for assessing and managing the client's pain.	Research indicates that language barriers can lead to an undermanagement of pain issues.
9.0 Empowering clients The team works with clients and families to help them actively participate in service delivery and carry out their responsibilities.	Information must be in appropriate language. This requires an understanding of the appropriate language for communicating the information.
9.1 The team regularly gives clients and families timely, complete, and accurate information.	This step requires the information be understood.
9.2 The team provides appropriate education to clients and families. • The education process considers the clients' and families' language and ensures that they understand the information.	This requires an understanding & availability of the appropriate language for communicating the information.
9.3 The team provides appropriate emotional support and counseling to help clients and families.	This requires an understanding of the appropriate language for communicating the information.
9.4 The team works with clients and families to carry out their responsibilities by • Helping clients understand what they are responsible for. • Teaching positive behaviour.	This requires an understanding of the appropriate language for communicating the information.
10.0 The team obtains informed consent before starting any service or intervention.	Informed consent requires that the client understand the choices and the implications of the decisions.
10.2 The team has a process for determining whether clients are capable of giving their informed consent.	This requires an understanding of the appropriate language for communicating the information.
10.3 The team obtains clients' informed consent by verifying that the client understands all the verbal and written information.	This requires an understanding of the appropriate language for communicating the information.

* Usually abbreviated or summarized to maintain focus on language access.



ACUTE CARE (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
11.0 The team protects and promotes the rights of its clients and families.	
11.1 The team is aware of and respects the rights of clients and families to take part in all aspects of their service and make personal choices.	How is the team respecting this in light of language access?
11.3 The team continually educates its clients and families about their rights and helps them exercise their rights	How is the team respecting this in light of language access?
11.5 The team has a process for procuring and donating organs and tissues that includes making the families or clients aware of the option to donate.	How is the team respecting this in light of language access?
11.6 The team has a process for handling clients' and families' complaints that includes explaining to clients how they can file a complaint.	This requires an understanding of the appropriate language for communicating the information.
12.0 Setting goals and monitoring achievements The team has an appropriate and integrated service plan for each client.	
12.1 The team works with clients and families to set the clients' goals and expected results.	This requires an understanding of the appropriate language for communicating the information.
12.4 The team's clients achieve their set goals and expected results • The team identifies and addresses any barriers that are preventing clients from reaching their set goals and expected results.	Language barriers should be part of this assessment.
13.0 Delivering services The team delivers safe, efficient and effective services.	Research indicates that language barriers can undermine the safety, efficiency and effectiveness of services.
13.3 The team takes all reasonable steps to keep clients safe from preventable adverse events, injuries, or infections by educating clients and families on preventing risks.	This requires an understanding and availability of the appropriate language for communicating the information.

* Usually abbreviated or summarized to maintain focus on language access.



ACUTE CARE (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
13.8 The team meets the unique needs of dying clients by helping clients manage their pain and symptoms.	Research indicates that language barriers affect palliative care.
14.0 The use of medications and other therapeutic technologies is safe, efficient, effective, and promotes the best possible quality of life.	
14.2 The team gives its clients written and verbal information about the medications or other therapeutic technologies that are available.	This requires an understanding and availability of the appropriate language for communicating the information.

AMBULATORY CARE (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
1.0 Being a learning organization and achieving positive outcomes. The team continually plans and designs its services to meet the current and future needs of the populations it serves, and to achieve the best possible outcomes.	This requires understanding of need for French language resources, client needs for access to appropriate language for service delivery, and correlation between language barriers and outcomes.
2.0 The team uses research, evidence, and best practice information to develop and improve its services.	
2.2 Inform clients about research activities that relate to their service needs, and help clients access these activities if they wish.	This requires information to be available in appropriate language.
3.0 The team monitors and improves the quality of its services to achieve the best possible outcomes.	
3.2 When evaluating its services, the team involves clients, families, and other organizations.	Involvement requires staff who can communicate with clients.

* Usually abbreviated or summarized to maintain focus on language access.



AMBULATORY CARE (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
<p>4.0 Achieving wellness</p> <p>The team, working with the community, promotes health, prevents or detects health problems early, and maximizes the well-being of those it serves.</p>	<p>Primary health promotion requires ability to communicate in language of the audience.</p>
<p>5.0 Being responsive</p> <p>The team's services are integrated and coordinated to ensure continuity of service for the populations it serves.</p>	
<p>5.3 The team is aware of and uses complementary services of other providers and organizations; making it easier for clients to move through the service system.</p>	<p>Is the organization using language resources available from complementary providers and organizations to address language barriers?</p>
<p>6.0 The clients' first contacts with the team lead to the best decision about services</p>	<p>Language barriers must be addressed. Research indicates that language barriers inhibit or delay first contact. Research also supports need for clear communication in making appropriate care choices.</p>
<p>6.1 All potential clients, providers, and referring organizations can access the team's services.</p> <ul style="list-style-type: none"> • The team identifies and removes barriers that prevent clients, families, providers, and organizations from accessing services. 	<p>This should include explicit assessment of language barriers and how to remove them.</p>
<p>6.3 The team gives potential clients, families, providers, and organizations simple, written information about the range of services and their cost, effectiveness and outcomes, and alternatives.</p>	<p>To be useful this information must be provided in appropriate language.</p>
<p>6.4 The team's process for deciding whether to offer services to potential clients and families includes</p> <ul style="list-style-type: none"> • obtaining, with consent, the potential client's history. • identifying and addressing client's immediate and urgent needs. 	<ul style="list-style-type: none"> • Consent is meaningless if the client does not understand what is being asked. • Needs identification should include language of service needs.

* Usually abbreviated or summarized to maintain focus on language access.



AMBULATORY CARE (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
6.6 When the team cannot meet the needs of potential clients, providers, and referring organizations, it explains the reasons why.	Such explanations need to be communicated in appropriate language.
7.0 Addressing needs The team accurately and appropriately assesses its clients.	
7.1 The team determines the assessment method, scope and intensity by considering a number of factors including language. • The assessment is carried out with adequate resources.	Language is an essential part of the assessment process. With adequate language and communication resources.
7.2 Assessment of clients' strengths, abilities, needs, and foreseeable risks, includes clients' ability to communicate and care for themselves.	On a larger scale, the ability to communicate is an essential part of the assessment process.
7.3 The team shares the assessment results with clients and families in a clear and easy-to-understand way.	This requires that language access be available.
7.4 The team has processes for assessing and managing the client's pain.	Research indicates that language barriers can lead to an undermanagement of pain issues.
9.0 Empowering clients The team works with clients and families to help them actively participate in service delivery and carry out their responsibilities.	Information must be in appropriate language. This requires an understanding of the appropriate language for communicating the information.
9.1 The team regularly gives clients and families timely, complete, and accurate information.	This step requires the information be understood.
9.2 The team provides appropriate education to clients and families. • The education process considers the clients' and families' language and ensures that they understand the information.	This requires an understanding & availability of the appropriate language for communicating the information.
9.3 The team provides appropriate emotional support and counseling to help clients and families.	This requires an understanding of the appropriate language for communicating the information.

* Usually abbreviated or summarized to maintain focus on language access.



AMBULATORY CARE (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
9.4 The team works with clients and families to carry out their responsibilities by: <ul style="list-style-type: none"> • helping clients understand what they are responsible for. • teaching positive behaviour. 	This requires an understanding of the appropriate language for communicating the information.
10.0 The team obtains informed consent before starting any service or intervention.	Informed consent requires that the client understand the choices and the implications of the decisions.
10.2 The team has a process for determining whether clients are capable of giving their informed consent.	This requires an understanding of the appropriate language for communicating the information.
10.3 The team obtains clients' informed consent by verifying that the client understands all the verbal and written information.	This requires an understanding of the appropriate language for communicating the information.
11.0 The team protects and promotes the rights of its clients and families.	
11.1 The team is aware of and respects the rights of clients and families to take part in all aspects of their service and make personal choices.	How is the team respecting this in light of language access?
11.3 The team continually educates its clients and families about their rights and helps them exercise their rights.	How is the team respecting this in light of language access?
11.5 The team has a process for procuring and donating organs and tissues that includes making clients aware of the option to donate.	How is the team respecting this in light of language access?
11.6 The team has a process for handling clients' and families' complaints that includes explaining to clients how they can file a complaint.	This requires an understanding of the appropriate language for communicating the information.
12.0 Setting goals and monitoring achievements The team has an appropriate and integrated service plan for each client.	

* Usually abbreviated or summarized to maintain focus on language access.



AMBULATORY CARE (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
12.1 The team works with clients and families to set the clients' goals and expected results.	This requires an understanding of the appropriate language for communicating the information.
12.4 The team's clients achieve their set goals and expected results: <ul style="list-style-type: none"> • The team identifies and addresses any barriers that are preventing clients from reaching their set goals and expected results. 	Language barriers should be part of this assessment.
13.0 Delivering services The team delivers safe, efficient and effective services.	Research indicates that language barriers can undermine the safety, efficiency and effectiveness of services.
13.3 The team takes all reasonable steps to keep clients safe from preventable adverse events, injuries, or infections by educating clients and families on preventing risks.	This requires an understanding and availability of the appropriate language for communicating the information.
14.0 The use of medications and other therapeutic technologies is safe, efficient, effective, and promotes the best possible quality of life.	
14.2 The team gives its clients written and verbal information about the medications or other therapeutic technologies that are available.	This requires an understanding and availability of the appropriate language for communicating the information.

COMMUNITY HEALTH SERVICES (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
1.0 Being a learning organization and achieving positive outcomes. The team continually plans and designs its services to meet the current and future needs of the populations it serves, and to achieve the best possible outcomes.	This requires understanding of need for French language resources, client needs for access to appropriate language for service delivery, and correlation between language barriers and outcomes.

* Usually abbreviated or summarized to maintain focus on language access.



COMMUNITY HEALTH SERVICES (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
2.0 The team uses research, evidence, and best practice information to develop and improve its services.	
2.2 Inform clients about research activities that relate to their service needs, and help clients access these activities if they wish.	This requires information to be available in appropriate language.
3.0 The team monitors and improves the quality of its services to achieve the best possible outcomes.	
3.2 When evaluating its services, the team involves clients, families, and other organizations.	Involvement requires staff who can communicate with clients.
4.0 Being responsive The team's services are integrated and coordinated to ensure continuity of service for the populations it serves.	
4.3 The team is aware of and uses complementary services of other providers and organizations; making it easier for clients to move through the service system.	Is the organization using language resources available from complementary providers and organizations to address language barriers?
5.0 The clients' first contacts with the team lead to the best decision about services.	Language barriers must be addressed. Research indicates that language barriers inhibit or delay first contact. Research also supports need for clear communication in making appropriate care choices.
5.1 All potential clients, providers, and referring organizations can access the team's services. • The team identifies and removes barriers that prevent clients, families, providers, and organizations from accessing services.	This should include explicit assessment of language barriers and how to remove them.
5.3 The team gives potential clients, families, providers, and organizations simple, written information about the range of services and their cost, effectiveness and outcomes, and alternatives	To be useful this information must be provided in appropriate language.

* Usually abbreviated or summarized to maintain focus on language access.



COMMUNITY HEALTH SERVICES (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
<p>5.4 The team's process for deciding whether to offer services to potential clients and families includes</p> <ul style="list-style-type: none"> • obtaining, with consent, the potential client's history. • identifying and addressing client's immediate and urgent needs 	<ul style="list-style-type: none"> • Consent is meaningless if the client does not understand what is being asked • Needs identification should include language of service needs.
<p>5.6 When the team cannot meet the needs of potential clients, providers, and referring organizations, it explains the reasons why.</p>	<p>Such explanations need to be communicated in appropriate language.</p>
<p>6.0 Addressing needs</p> <p>The team accurately and appropriately assesses its clients.</p>	
<p>6.1 The team determines the assessment method, scope and intensity by considering a number of factors including language.</p> <ul style="list-style-type: none"> • The assessment is carried out with adequate resources. 	<p>Language is an essential part of the assessment process. With adequate language and communication resources.</p>
<p>6.3 The team shares the assessment results with clients and families in a clear and easy-to-understand way.</p>	<p>The requires that language access be available.</p>
<p>8.0 Empowering clients</p> <p>The team works with the community to support the development of the community's capacities to improve its own health and well-being.</p>	<p>This requires that language access be available that is appropriate for community served.</p>
<p>8.1 The team works as a partner with the community sharing information, knowledge, skills and resources.</p>	<p>Which requires working in appropriate language.</p>
<p>8.2 The team supports the community's involvement in health and wellness issues.</p>	<p>Which requires working in appropriate language.</p>
<p>8.3 The team supports community actions to improve health and wellness.</p>	<p>Which requires working in appropriate language.</p>

* Usually abbreviated or summarized to maintain focus on language access.



COMMUNITY HEALTH SERVICES (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
9.0 The team works with clients and families to help them actively participate in service delivery and carry out their responsibilities.	Information must be in appropriate language.
9.1 The team regularly gives clients and families timely, complete, and accurate information.	This step requires the information be understood.
9.2 The team provides appropriate education to clients and families. <ul style="list-style-type: none"> The education process considers the clients' and families' language and ensures that they understand the information. 	This requires an understanding & availability of the appropriate language for communicating the information.
9.3 The team provides appropriate emotional support and counseling to help clients and families.	This requires an understanding of the appropriate language for communicating the information.
9.4 The team works with clients and families to carry out their responsibilities by: <ul style="list-style-type: none"> helping clients understand what they are responsible for. teaching positive behaviour. 	This requires an understanding of the appropriate language for communicating the information.
10.0 The team obtains informed consent before starting any service or intervention.	Informed consent requires that the client understand the choices and the implications of the decisions.
10.2 The team has a process for determining whether clients are capable of giving their informed consent.	This requires an understanding of the appropriate language for communicating the information.
10.3 The team obtains clients' informed consent by verifying that the client understands all the verbal and written information.	This requires an understanding of the appropriate language for communicating the information.
11.0 The team protects and promotes the rights of its clients and families.	
11.1 The team is aware of and respects the rights of clients and families to take part in all aspects of their service and make personal choices.	How is the team respecting this in light of language access?

* Usually abbreviated or summarized to maintain focus on language access.



COMMUNITY HEALTH SERVICES (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
11.3 The team continually educates its clients and families about their rights and helps them exercise their rights.	How is the team respecting this in light of language access?
11.5 The team has a process for handling clients' and families' complaints that includes explaining to clients how they can file a complaint.	This requires an understanding of the appropriate language for communicating the information.
12.0 Setting goals and monitoring achievements. The team has an appropriate and integrated service plan for each client.	
12.1 The team works with clients and families to set the clients' goals and expected results.	This requires an understanding of the appropriate language for communicating the information.
12.4 The team's clients achieve their set goals and expected results. • The team identifies and addresses any barriers that are preventing clients from reaching their set goals and expected results.	Language barriers should be part of this assessment.
13.0 Achieving wellness The team, working with the community, promotes health, prevents or detects health problems early, and maximizes the well-being of those it serves.	This requires an understanding of the appropriate language for communicating the information.
13.2 The team, with its partners, carries out activities to reduce the risk and onset of health problems, and maximizes the well-being of the population it serves, providing ongoing information and education to clients, other providers, other organizations, and the public about current and emerging health issues.	Partnership requires effective communication.
14.0 With its community partners, the team protects the community against health hazards.	Partnership requires effective communication.

* Usually abbreviated or summarized to maintain focus on language access.



COMMUNITY HEALTH SERVICES (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
14.3 The organization has processes for managing and sharing information about the health hazards that exist in the community.	This requires an understanding and availability of the appropriate language for communicating the information.
15.0 Delivering services The team delivers safe, efficient and effective services.	Research indicates that language barriers can undermine the safety, efficiency and effectiveness of services.
15.3 The team takes all reasonable steps to keep clients safe from preventable adverse events, injuries or infections by educating clients and families on preventing risks.	This requires an understanding and availability of the appropriate language for communicating the information.
16.0 The use of medications is safe, efficient, effective, and promotes the best possible quality of life.	
16.2 The team gives its clients written and verbal information about the medications that are available.	This requires an understanding and availability of the appropriate language for communicating the information.

CRITICAL CARE (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
1.0 Being a learning organization and achieving positive outcomes. The team continually plans and designs its services to meet the current and future needs of the populations it serves, and to achieve the best possible outcomes.	This requires understanding of need for French language resources, client needs for access to appropriate language for service delivery, and correlation between language barriers and outcomes.
2.0 The team uses research, evidence, and best practice information to develop and improve its services.	
2.2 Inform clients about research activities that relate to their service needs, and help clients access these activities if they wish.	This requires information to be available in appropriate language.

* Usually abbreviated or summarized to maintain focus on language access.



CRITICAL CARE (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
3.0 The team monitors and improves the quality of its services to achieve the best possible outcomes.	
3.2 When evaluating its services, the team involves clients, families, and other organizations.	Involvement requires staff who can communicate with clients.
4.0 Achieving wellness The team, working with the community, promotes health, prevents or detects health problems early, and maximizes the well-being of those it serves.	This requires an understanding of the appropriate language for communicating the information.
4.2 The team, with its partners, carries out activities to reduce the risk and onset of health problems, and maximizes the well-being of the population it serves, providing ongoing information and education to clients, other providers, other organizations, and the public about current and emerging health issues.	Partnership requires effective communication.
5.0 Being responsive The team's services are integrated and coordinated to ensure continuity of service for the populations it serves.	
6.0 The clients' first contacts with the team lead to the best decision about services.	Language barriers must be addressed. Research indicates that language barriers inhibit or delay first contact. Research also supports need for clear communication in making appropriate care choices.
6.1 All potential clients, providers, and referring organizations can access the team's services. <ul style="list-style-type: none"> • The team identifies and removes barriers that prevent clients, families, providers, and organizations from accessing services. 	This should include explicit assessment of language barriers and how to remove them.

* Usually abbreviated or summarized to maintain focus on language access.



CRITICAL CARE (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
6.3 The team gives potential clients, families, providers, and organizations simple, written information about the range of services and their cost, effectiveness and outcomes, and alternatives.	To be useful this information must be provided in appropriate language.
6.4 The team's process for deciding whether to offer services to potential clients and families needs to be adjusted for clients and families with diverse needs such as language and culture.	
6.6 When the team cannot meet the needs of potential clients, providers, and referring organizations, it explains the reasons why.	Such explanations need to be communicated in appropriate language.
7.0 Addressing needs The team accurately and appropriately assesses its clients.	
7.1 The team determines the assessment method, scope and intensity by considering a number of factors including language. <ul style="list-style-type: none"> • The assessment is carried out with adequate resources. 	Language is an essential part of the assessment process. With adequate language and communication resources.
7.3 The team shares the assessment results with clients and families in a clear and easy-to-understand way.	This requires that language access be available.
7.4 The team has processes for assessing and managing the client's pain.	Research indicates that language barriers affect management of pain.
9.0 Empowering clients The team works with clients and families to help them actively participate in service delivery and carry out their responsibilities.	This requires an understanding of the appropriate language for communicating the information.
9.1 The team regularly gives clients and families timely, complete, and accurate information.	This step requires the information be understood.

* Usually abbreviated or summarized to maintain focus on language access.



CRITICAL CARE (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
9.2 The team provides appropriate education to clients and families. <ul style="list-style-type: none"> • The education process considers the clients' and families' language and ensures that they understand the information. 	This requires an understanding & availability of the appropriate language for communicating the information.
9.3 The team provides appropriate emotional support and counseling to help clients and families.	This requires an understanding of the appropriate language for communicating the information.
9.4 The team works with clients and families to carry out their responsibilities by: <ul style="list-style-type: none"> • helping clients understand what they are responsible for. • teaching positive behaviour. 	This requires an understanding of the appropriate language for communicating the information.
10.0 The team obtains informed consent before starting any service or intervention.	Informed consent requires that the client understand the choices and the implications of the decisions.
10.2 The team has a process for determining whether clients are capable of giving their informed consent.	This requires an understanding of the appropriate language for communicating the information.
10.3 The team obtains clients' informed consent by verifying that the client understands all the verbal and written information.	This requires an understanding of the appropriate language for communicating the information.
11.0 The team protects and promotes the rights of its clients and families.	
11.1 The team is aware of and respects the clients' and families' right to take part in all aspects of their service and make personal choices.	How is the team respecting this in light of language access?
11.3 The team continually educates its clients and families about their rights and helps them exercise their rights.	How is the team respecting this in light of language access?
11.5 The team has a process for procuring and donating organs and tissues that includes making the families or clients aware of the option to donate.	How is the team respecting this in light of language access?

* Usually abbreviated or summarized to maintain focus on language access.



CRITICAL CARE (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
11.6 The team has a process for handling clients' and families' complaints that includes explaining to clients how they can file a complaint.	This requires an understanding of the appropriate language for communicating the information.
12.0 Setting goals and monitoring achievements The team has an appropriate and integrated service plan for each client.	
12.1 The team works with clients and families to set the clients' goals and expected results.	This requires an understanding of the appropriate language for communicating the information.
12.4 The team's clients achieve their set goals and expected results. • The team identifies and addresses any barriers that are preventing clients from reaching their set goals and expected results.	Language barriers should be part of this assessment.
13.0 Delivering services The team delivers safe, efficient and effective services.	Research indicates that language barriers can undermine the safety, efficiency and effectiveness of services.
13.3 The team takes all reasonable steps to keep clients safe from injuries, or infections by educating clients and families on preventing risks.	This requires an understanding and availability of the appropriate language for communicating the information.
14.0 The use of medications and other therapeutic technologies is safe, efficient, effective, and promotes the best possible quality of life.	
14.2 The team gives its clients written and verbal information about the medications or other therapeutic technologies that are available.	This requires an understanding and availability of the appropriate language for communicating the information.

* Usually abbreviated or summarized to maintain focus on language access.



HOME CARE (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
<p>1.0 Being a learning organization and achieving positive outcome.</p> <p>The team continually plans and designs its services to meet the current and future needs of the populations it serves, and to achieve the best possible outcomes.</p>	<p>This requires understanding of need for French language resources, client needs for access to appropriate language for service delivery, and correlation between language barriers and outcomes.</p>
<p>2.0 The team uses research, evidence, and best practice information to develop and improve its services.</p>	
<p>2.2 The team informs clients about research activities that relate to their service needs, and helps clients access these activities if they wish.</p>	<p>This requires information to be available in appropriate language.</p>
<p>3.0 The team monitors and improves the quality of its services to achieve the best possible outcomes.</p>	
<p>3.2 When evaluating its services, the team involves clients, families, and other organizations.</p>	<p>Involvement requires staff who can communicate with clients.</p>
<p>4.0 Achieving wellness</p> <p>The team, working with the community, promotes health, prevents or detects health problems early, and maximizes the well-being of those it serves.</p>	<p>This requires an understanding of the appropriate language for communicating the information.</p>
<p>4.2 The team, with its partners, carries out activities to reduce the risk and onset of health problems, and maximizes the well-being of the populations it serves, providing ongoing information and education to clients, other providers, other organizations, and the public about current and emerging health issues.</p>	<p>Partnership requires effective communication.</p>
<p>5.0 Being responsive</p> <p>The team's services are integrated and coordinated to ensure continuity of service for the population it serves.</p>	

* Usually abbreviated or summarized to maintain focus on language access.



HOME CARE (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
5.3 The team is aware of and uses complementary services of other providers and organizations; making it easier for clients to move through the service system.	Is the organization using language resources available from complementary providers and organizations to address language barriers?
6.0 The clients' first contacts with the team lead to the best decision about services.	Language barriers must be addressed. Research indicates that language barriers inhibit or delay first contact. Research also supports need for clear communication in making appropriate care choices.
6.1 All potential clients, providers, and referring organizations can access the team's services. <ul style="list-style-type: none"> • The team identifies and removes barriers that prevent clients, families, providers, and organizations from accessing services. 	This should include explicit assessment of language barriers and how to remove them.
6.3 The team gives potential clients, families, providers, and organizations simple, written information about the range of services and their cost, effectiveness and outcomes, and alternatives.	To be useful this information must be provided in appropriate language.
6.4 The team's process for deciding whether to offer services to potential clients and families includes: <ul style="list-style-type: none"> • obtaining, with consent, the potential client's history. • identifying and addressing client's immediate and urgent needs. 	<ul style="list-style-type: none"> • Consent is meaningless if the client does not understand what is being asked. • Needs identification should include language of service needs.
6.6 When the team cannot meet the needs of potential clients, providers, and referring organizations, it explains the reasons why	Such explanations need to be communicated in appropriate language.
7.0 Addressing needs The team accurately and appropriately assesses its clients.	

* Usually abbreviated or summarized to maintain focus on language access.



HOME CARE (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
<p>7.1 The team determines the assessment method, scope and intensity by considering a number of factors including language.</p> <ul style="list-style-type: none"> • The assessment is carried out with adequate resources. 	<p>Language is an essential part of the assessment process. With adequate language and communication resources.</p>
<p>7.2 Assessment of clients' strengths, abilities, needs, and foreseeable risks, includes clients' ability to communicate and care for themselves.</p>	<p>On a larger scale, the ability to communicate is an essential part of the assessment process.</p>
<p>7.3 The team shares the assessment results with clients and families in a clear and easy-to-understand way.</p>	<p>This requires that language access be available.</p>
<p>7.4 The team has processes for assessing and managing the client's pain.</p>	<p>Research indicates that language barriers affect management of pain.</p>
<p>9.0 Empowering clients</p>	<p>This step requires the information be understood.</p>
<p>9.1 The team regularly gives clients and families timely, complete, and accurate information.</p>	
<p>9.2 The team provides appropriate education to clients and families.</p> <ul style="list-style-type: none"> • The education process considers the clients' and families' language and ensures the clients and families understand the information. 	<p>This requires an understanding and availability of the appropriate language for communicating the information.</p>
<p>9.3 The team provides appropriate emotional support and counseling to help clients and families.</p>	<p>This requires an understanding of the appropriate language for communicating the information.</p>
<p>9.4 The team works with clients and families to carry out their responsibilities by:</p> <ul style="list-style-type: none"> • helping clients understand what they are responsible for • teaching positive behaviour. 	<p>This requires an understanding of the appropriate language for communicating the information.</p>
<p>10.0 The team obtains informed consent before starting any service or intervention.</p>	<p>Informed consent requires that the client understand the choices and the implications of the decisions.</p>

* Usually abbreviated or summarized to maintain focus on language access.



HOME CARE (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
10.2 The team has a process for determining whether clients are capable of giving their informed consent.	This requires an understanding of the appropriate language for communicating the information.
10.3 The team obtains clients' consent by verifying that the client understands all the verbal and written information.	This requires an understanding and availability of the appropriate language for communicating the information.
11.0 The team protects and promotes the rights of its clients and families.	
11.1 The team respects the clients' and families' right to take part in all aspects of their service and make personal choices.	How is the team respecting this in light of language access?
11.3 The team continually educates its clients and families about their rights and helps them exercise their rights.	How is the team respecting this in light of language access?
11.5 The team has a process for handling clients' and families' complaints that includes explaining to clients how they can file a complaint.	This requires an understanding of the appropriate language for communicating the information.
12.0 Setting goals and monitoring achievements The team has an appropriate and integrated service plan for each client.	
12.1 The team works with clients and families to set the clients' goals and expected results.	This requires an understanding of the appropriate language for communicating the information.
12.4 The team's clients achieve their set goals and expected results. • The team identifies and addresses any barriers that are preventing clients from reaching their set goals and expected results.	Language barriers should be part of this assessment.
13.0 Delivering services The team delivers safe, efficient and effective services.	Research indicates that language barriers can undermine the safety, efficiency and effectiveness of services.

* Usually abbreviated or summarized to maintain focus on language access.



HOME CARE (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
13.3 The team takes all reasonable steps to keep clients safe from preventable adverse events, injuries or infections by educating clients and families on preventing risks.	This requires an understanding and availability of the appropriate language for communicating the information.
14.0 The team prevents, monitors, and promptly responds to any adverse effects resulting from medication use by clients.	
14.1 The team gives its clients written and verbal information about the medications or other therapeutic technologies that are available.	This requires an understanding and availability of the appropriate language for communicating the information.

LONG-TERM CARE (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
1.0 Being a learning organization and achieving positive outcomes. The team continually plans and designs its services to meet the current and future needs of the populations it serves, and to achieve the best possible outcomes.	This requires understanding of need for French language resources, client needs for access to appropriate language for service delivery, and correlation between language barriers and outcomes.
2.0 The team uses research, evidence, and best practice information to develop and improve its services.	
2.2 Inform clients about research activities that relate to their service needs, and help clients access these activities if they wish.	This requires information to be available in appropriate language.
3.0 The team monitors and improves the quality of its services to achieve the best possible outcomes.	
3.2 When evaluating its services, the team involves clients, families, and other organizations.	Involvement requires staff who can communicate with clients.

* Usually abbreviated or summarized to maintain focus on language access.



LONG-TERM CARE (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
<p>4.0 Achieving wellness</p> <p>The team, working with the community, promotes health, prevents or detects health problems early, and maximizes the well-being of those it serves.</p>	<p>This requires an understanding of the appropriate language for communicating the information.</p>
<p>4.2 The team, with its partners, carries out activities to reduce the risk and onset of health problems, and maximizes the well-being of the population it serves, providing ongoing information and education to clients, other providers, other organizations, and the public about current and emerging health issues.</p>	<p>Partnership requires effective communication.</p>
<p>5.0 Being responsive</p> <p>The team's services are integrated and coordinated to ensure continuity of service for the population it serves.</p>	
<p>5.3 Team is aware of and uses complementary services of other providers and organizations; making it easier for clients to move through the service system.</p>	<p>Is the organization using language resources available from complementary providers and organizations to address language barriers?</p>
<p>6.0 The clients' first contacts with the team lead to the best decision about services.</p>	<p>Language barriers must be addressed. Research indicates that language barriers inhibit or delay first contact. Research also supports need for clear communication in making appropriate care choices.</p>
<p>6.1 All potential clients, providers, and referring organizations can access the team's services.</p> <ul style="list-style-type: none"> • The team identifies and removes barriers that prevent clients, families, providers, and organizations from accessing services. 	<p>This should include explicit assessment of language barriers and how to remove them.</p>
<p>6.3 The team gives potential clients, families, providers, and organizations simple, written information about the range of services and their cost, effectiveness and outcomes, and alternatives.</p>	<p>To be useful this information must be provided in appropriate language.</p>

* Usually abbreviated or summarized to maintain focus on language access.



LONG-TERM CARE (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
<p>6.4 Team's process for deciding whether to offer services to potential clients and families includes:</p> <ul style="list-style-type: none"> • Obtaining, with consent, the potential client's history. • Identifying and addressing client's immediate and urgent needs. 	<ul style="list-style-type: none"> • Consent is meaningless if the client does not understand what is being asked. • Needs identification should include language of service needs.
<p>6.6 When the team is unable to provide services to clients, it tells clients and families, providers, and referring organizations, the reasons why the service was refused.</p>	<p>Such explanations need to be communicated in appropriate language.</p>
<p>7.0 Addressing needs</p> <p>The team accurately and appropriately assesses its clients.</p>	
<p>7.1 The team determines the assessment method, scope and intensity by considering a number of factors including language.</p> <ul style="list-style-type: none"> • The assessment is carried out with adequate resources. 	<p>Language is an essential part of the assessment process.</p> <ul style="list-style-type: none"> • With adequate language and communication resources.
<p>7.2 Assessment of clients' strengths, abilities, needs, and foreseeable risks, includes clients' ability to communicate.</p>	<p>On a larger scale, the ability to communicate is an essential part of the assessment process.</p>
<p>7.3 The team shares the assessment results with clients and families in a clear and easy-to-understand way.</p>	<p>This requires that language access be available.</p>
<p>7.4 There is a process for assessing and managing the client's pain.</p>	<p>Research indicates that language barriers affect management of pain.</p>
<p>9.0 Empowering clients</p>	<p>This step requires the information be understood.</p>
<p>9.1 The team regularly gives clients and families timely, complete, and accurate information.</p>	

* Usually abbreviated or summarized to maintain focus on language access.



LONG-TERM CARE (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
9.2 The team provides appropriate education to clients and families. <ul style="list-style-type: none"> • The education process considers the clients' and families' language and ensures the clients and families understand the information. 	This requires an understanding and availability of the appropriate language for communicating the information.
9.3 The team provides appropriate emotional support and counseling to help clients and families.	This requires an understanding of the appropriate language for communicating the information.
9.4 The team works with clients and families to carry out their responsibilities by <ul style="list-style-type: none"> • helping clients understand what they are responsible for. • teaching positive behaviour. 	This requires an understanding of the appropriate language for communicating the information.
10.0 The team obtains informed consent before starting any service or intervention.	Informed consent requires that the client understand the choices and the implications of the decisions.
10.2 The team has a process for determining whether clients are capable of giving their informed consent.	This requires an understanding of the appropriate language for communicating the information.
10.3 The team obtains clients' consent by verifying that the client understands all the verbal and written information.	This requires an understanding of the appropriate language for communicating the information.
11.0 The team protects and promotes the rights of its clients and families.	
11.1 The team respects the clients' and families' right to take part in all aspects of their service and make personal choices.	How is the team respecting this in light of language access?
11.4 The team continually educates its clients and families about their rights and helps them exercise their rights.	How is the team respecting this in light of language access?
11.6 The team has a process for providing, forgoing, and withdrawing life-sustaining treatment that includes sharing the guidelines with clients and families.	How is the team respecting this in light of language access?

* Usually abbreviated or summarized to maintain focus on language access.



LONG-TERM CARE (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
11.7 The team has a process for handling clients' and families' complaints that includes explaining to clients how they can file a complaint.	This requires an understanding of the appropriate language for communicating the information.
12.0 Setting goals and monitoring achievements The team has an appropriate and integrated service plan for each client.	
12.1 The team works with clients and families to set the clients' goals and expected results.	This requires an understanding of the appropriate language for communicating the information.
12.4 The team's clients achieve their set goals and expected results. • The team identifies and addresses any barriers that are preventing clients from reaching their set goals and expected results.	Language barriers should be part of this assessment.
13.0 Delivering services The team delivers safe, efficient and effective services.	Research indicates that language barriers can undermine the safety, efficiency and effectiveness of services.
13.3 The team takes all reasonable steps to keep clients safe from preventable adverse events, injuries or infections by educating clients and families on preventing risks.	This requires an understanding and availability of the appropriate language for communicating the information.
14.0 The use of medications is safe, efficient, effective, and promotes the best possible quality of life.	
14.2 The team gives its clients written and verbal information about the medications available	This requires an understanding and availability of the appropriate language for communicating the information

* Usually abbreviated or summarized to maintain focus on language access.



MATERNAL/CHILD (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
<p>1.0 Being a learning organization and achieving positive outcomes.</p> <p>The team continually plans and designs its services to meet the current and future needs of the populations it serves, and to achieve the best possible outcomes.</p>	<p>This requires understanding of need for French language resources, client needs for access to appropriate language for service delivery, and correlation between language barriers and outcomes.</p>
<p>2.0 The team uses research, evidence, and best practice information to develop and improve its services.</p>	
<p>2.2 Inform clients about research activities that relate to their service needs, and help clients access these activities if they wish.</p>	<p>This requires information to be available in appropriate language.</p>
<p>3.0 The team monitors and improves the quality of its services to achieve the best possible outcomes.</p>	
<p>3.2 When evaluating its services, the team involves clients, families, and other organizations.</p>	<p>Involvement requires staff who can communicate with clients.</p>
<p>4.0 Achieving wellness</p> <p>The team, working with the community, promotes health, prevents or detects health problems early, and maximizes the well-being of those it serves.</p>	<p>This requires an understanding of the appropriate language for communicating the information.</p>
<p>4.2 The team, with its partners, carries out activities to reduce the risk and onset of health problems, and maximizes the well-being of the population it serves, providing ongoing information and education to clients, other providers, other organizations, and the public about current and emerging health issues.</p>	<p>Partnership requires effective communication.</p>
<p>5.0 Being responsive</p> <p>The team's services are integrated and coordinated to ensure continuity of service for the population it serves.</p>	

* Usually abbreviated or summarized to maintain focus on language access.



MATERNAL/CHILD (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
5.3 Team is aware of and uses complementary services of other providers and organizations; making it easier for clients to move through the service system.	Is the organization using language resources available from complementary providers and organizations to address language barriers?
6.0 The clients' first contacts with the team lead to the best decision about services.	Language barriers must be addressed. Research indicates that language barriers inhibit or delay first contact. Research also supports need for clear communication in making appropriate care choices.
6.1 All potential clients, providers, and referring organizations can access the team's services. <ul style="list-style-type: none"> The team identifies and removes barriers that prevent clients, families, providers, and organizations from accessing services. 	This should include explicit assessment of language barriers and how to remove them.
6.3 The team gives potential clients, families, providers, and organizations simple, written information about the range of services and their cost, effectiveness and outcomes, and alternatives.	To be useful this information must be provided in appropriate language.
6.4 The team's process for deciding whether to offer services to potential clients and families includes <ul style="list-style-type: none"> obtaining, with consent, the potential client's history identifying and addressing client's immediate and urgent needs 	<ul style="list-style-type: none"> Consent is meaningless if the client does not understand what is being asked. Needs identification should include language of service needs.
6.6 When the team cannot meet the needs of potential clients, providers, and referring organizations, it explains the reasons why	Such explanations need to be communicated in appropriate language.
7.0 Addressing needs The the team accurately and appropriately assesses its clients	
7.1 The team determines the assessment method, scope and intensity by considering a number of factors including language. <ul style="list-style-type: none"> The assessment is carried out with adequate resources. 	Language is an essential part of the assessment process. <ul style="list-style-type: none"> With adequate language and communication resources.

* Usually abbreviated or summarized to maintain focus on language access.



MATERNAL/CHILD (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
7.3 The team shares the assessment results with clients and families in a clear and easy-to-understand way.	This requires that language access be available.
7.4 There is a process for assessing and managing the client's pain.	Research indicates that language barriers affect management of pain.
9.0 Empowering clients 9.1 The team regularly gives clients and families timely, complete, and accurate information. • The information that the team gives to its clients and families is available in the language of the population groups served.	This step requires the information be understood. Clearly this requires French language services for the French-speaking population.
9.2 The team provides appropriate education to clients and families.	This requires an understanding and availability of the appropriate language for communicating the information.
9.3 The team provides appropriate emotional support and counseling to help clients and families.	This requires an understanding of the appropriate language for communicating the information.
9.4 The team works with clients and families to carry out their responsibilities by: • helping clients understand what they are responsible for. • teaching positive behaviour.	This requires an understanding of the appropriate language for communicating the information.
10.0 The team obtains informed consent before starting any service or intervention.	Informed consent requires that the client understand the choices and the implications of the decisions.
10.2 The team has a process for determining whether clients are capable of giving their informed consent.	This requires an understanding of the appropriate language for communicating the information.
10.3 The team obtains clients' consent by verifying that the client understands all the verbal and written information.	This requires an understanding of the appropriate language for communicating the information.
11.0 The team protects and promotes the rights of its clients and families.	

* Usually abbreviated or summarized to maintain focus on language access.



MATERNAL/CHILD (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
11.1 The team respects the clients' and families' right to take part in all aspects of their service and make personal choices.	How is the team respecting this in light of language access?
11.3 The team continually educates its clients and families about their rights and helps them exercise their rights.	How is the team respecting this in light of language access?
11.5 The team has a process for handling clients' and families' complaints that includes explaining to clients how they can file a complaint.	This requires an understanding of the appropriate language for communicating the information.
12.0 Setting goals and monitoring achievements The team has an appropriate and integrated service plan for each client.	
12.1 The team works with clients and families to set the clients' goals and expected results.	This requires an understanding of the appropriate language for communicating the information.
12.4 The team's clients achieve their set goals and expected results. <ul style="list-style-type: none"> • The team identifies and addresses any barriers that are preventing clients from reaching their set goals and expected results. 	Language barriers should be part of this assessment.
13.0 Delivering services The team delivers safe, efficient and effective services.	Research indicates that language barriers can undermine the safety, efficiency and effectiveness of services.
13.3 The team takes all reasonable steps to keep clients safe from preventable adverse events, injuries or infections by educating clients and families on preventing risks.	This requires an understanding and availability of the appropriate language for communicating the information.
14.0 The team prevents, monitors, and promptly responds to any adverse effects resulting from medication use by clients.	
14.2 The team gives its clients written and verbal information about the medications or other therapeutic technologies that are available.	This requires an understanding and availability of the appropriate language for communicating the information.

* Usually abbreviated or summarized to maintain focus on language access.



MENTAL HEALTH (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
<p>1.0 Being a learning organization and achieving positive outcomes.</p> <p>The team continually plans and designs its services to meet the current and future needs of the populations it serves, and to achieve the best possible outcomes.</p>	<p>This requires understanding of need for French language resources, client needs for access to appropriate language for service delivery, and correlation between language barriers and outcomes.</p>
<p>2.0 The team uses research, evidence, and best practice information to develop and improve its services.</p>	
<p>2.2 The team informs clients about research activities that relate to their service needs, and helps clients access these activities if they wish.</p>	<p>This requires information to be available in appropriate language.</p>
<p>3.0 The team monitors and improves the quality of its services to achieve the best possible outcomes.</p>	
<p>3.2 When evaluating its services, the team involves clients, families, and other organizations.</p>	<p>Involvement requires staff who can communicate with clients.</p>
<p>4.0 Achieving wellness</p> <p>The team, working with the community, promotes health, prevents or detects health problems early, and maximizes the well-being of those it serves.</p>	<p>This requires an understanding of the appropriate language for communicating the information.</p>
<p>4.3 The team, with its partners, carries out activities to reduce the risk and onset of health problems, and maximizes the well-being of the population it serves, providing ongoing information and education to clients, other providers, other organizations, and the public about current and emerging health issues.</p>	<p>Partnership requires effective communication.</p>
<p>5.0 Being responsive</p> <p>The team's services are integrated and coordinated to ensure continuity of service for the populations it serves.</p>	

* Usually abbreviated or summarized to maintain focus on language access.



MENTAL HEALTH (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
5.3 Team is aware of and uses complementary services of other providers and organizations; making it easier for clients to move through the service system.	Is the organization using language resources available from complementary providers and organizations to address language barriers?
6.0 The clients' first contacts with the team lead to the best decision about services.	Language barriers must be addressed. Research indicates that language barriers inhibit or delay first contact. Research also supports need for clear communication in making appropriate care choices.
6.1 All potential clients, providers, and referring organizations can access the team's services. <ul style="list-style-type: none"> The team identifies and removes barriers that prevent clients, families, providers, and organizations from accessing services. 	This should include explicit assessment of language barriers and how to remove them.
6.3 The team gives potential clients, families, providers, and organizations simple, written information about the range of services and their cost, effectiveness and outcomes, and alternatives.	To be useful this information must be provided in appropriate language.
6.4 Team's process for deciding whether to offer services to potential clients and families includes: <ul style="list-style-type: none"> obtaining, with consent, the potential client's history. identifying and addressing client's immediate and urgent needs. 	<ul style="list-style-type: none"> Consent is meaningless if the client does not understand what is being asked. Needs identification should include language of service needs.
6.6 When team cannot meet the needs of potential clients, providers, and referring organizations, it explains the reasons why.	Such explanations need to be communicated in appropriate language.
7.0 Addressing needs The team accurately and appropriately assesses its clients.	
7.1 The team determines the assessment method, scope and intensity by considering a number of factors including language. <ul style="list-style-type: none"> The assessment is carried out with adequate resources. 	Language is an essential part of the assessment process. <ul style="list-style-type: none"> With adequate language and communication resources.

* Usually abbreviated or summarized to maintain focus on language access.



MENTAL HEALTH (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
7.2 Assessment of clients' strengths, abilities, needs, and foreseeable risks, includes clients' ability to communicate and care for themselves.	On a larger scale, the ability to communicate is an essential part of the assessment process.
7.3 The team shares the assessment results with clients and families in a clear and easy-to-understand way.	This requires that language access be available.
9.0 Empowering clients 9.1 The team regularly gives clients and families timely, complete, and accurate information. • The information that the team gives to its clients and families is available in the language of the population groups served.	This step requires the information be understood.
9.2 The team provides appropriate education to clients and families.	This requires an understanding and availability of the appropriate language for communicating the information.
9.3 The team provides appropriate emotional support and counseling to help clients and families.	This requires an understanding of the appropriate language for communicating the information.
9.4 The team works with clients and families to carry out their responsibilities by: • helping clients understand what they are responsible for. • teaching positive behaviour.	This requires an understanding of the appropriate language for communicating the information.
10.0 The team obtains informed consent before starting any service or intervention.	Informed consent requires that the client understand the choices and the implications of the decisions.
10.2 The team has a process for determining whether clients are capable of giving their informed consent.	This requires an understanding of the appropriate language for communicating the information.
10.3 The team obtains clients' consent by verifying that the client understands all the verbal and written information.	This requires an understanding of the appropriate language for communicating the information.
11.0 The team protects and promotes the rights of its clients and families.	

* Usually abbreviated or summarized to maintain focus on language access.



MENTAL HEALTH (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
11.1 The team respects the clients' and families' right to take part in all aspects of their service and make personal choices.	How is the team respecting this in light of language access?
11.3 The team continually educates its clients and families about their rights and helps them exercise their rights.	How is the team respecting this in light of language access?
11.5 The team has a process for handling clients' and families' complaints that includes explaining to clients how they can file a complaint.	This requires an understanding of the appropriate language for communicating the information.
12.0 Setting goals and monitoring achievements The team has an appropriate and integrated service plan for each client.	
12.1 The team works with clients and families to set the clients' goals and expected results.	This requires an understanding of the appropriate language for communicating the information.
12.4 The team's clients achieve their set goals and expected results. <ul style="list-style-type: none"> • The team identifies and addresses any barriers that are preventing clients from reaching their set goals and expected results. 	Language barriers should be part of this assessment.
13.0 Delivering Services The team delivers safe, efficient, and effective services.	Research indicates that language barriers can undermine the safety, efficiency and effectiveness of services.
13.3 The team takes all reasonable steps to keep clients safe from preventable adverse events, injuries or infections by educating clients and families on preventing risks.	This requires an understanding of the appropriate language for communicating the information.
14.0 The use of medications and other therapeutic technologies is safe, efficient, effective, and promotes the best possible quality of life.	

* Usually abbreviated or summarized to maintain focus on language access.



MENTAL HEALTH (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
14.2 The team gives its clients written and verbal information about the medications or other therapeutic technologies that are available.	This requires an understanding of the appropriate language for communicating the information.

REHABILITATION (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
1.0 Being a learning organization and achieving positive outcomes. The team continually plans and designs its services to meet the current and future needs of the populations it serves, and to achieve the best possible outcomes.	This requires understanding of need for French language resources, client needs for access to appropriate language for service delivery, and correlation between language barriers and outcomes.
2.0 The team uses research, evidence, and best practice information to develop and improve its services.	
2.2 The team informs clients about research activities that relate to their service needs, and helps clients access these activities if they wish.	This requires information to be available in appropriate language.
3.0 The team monitors and improves the quality of its services to achieve the best possible outcomes.	
3.2 When evaluating its services, the team involves clients, families, and other organizations.	Involvement requires staff who can communicate with clients.
4.0 Achieving wellness The team, working with the community, promotes health, prevents or detects health problems early, and maximizes the well-being of those it serves.	This requires an understanding of the appropriate language for communicating the information.

* Usually abbreviated or summarized to maintain focus on language access.



REHABILITATION (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
<p>4.2 The team, with its partners, carries out activities to reduce the risk and onset of health problems, and maximizes the well-being of the population it serves, providing ongoing information and education to clients, other providers, other organizations, and the public about current and emerging health issues.</p>	<p>Partnership requires effective communication.</p>
<p>5.0 Being responsive</p> <p>The team's services are integrated and coordinated to ensure continuity of service for the populations it serves.</p>	
<p>5.3 Team is aware of and uses complementary services of other providers and organizations; making it easier for clients to move through the service system.</p>	<p>Is the organization using language resources available from complementary providers and organizations to address language barriers?</p>
<p>6.0 The clients' first contacts with the team lead to the best decision about services.</p>	<p>Language barriers must be addressed. Research indicates that language barriers inhibit or delay first contact. Research also supports need for clear communication in making appropriate care choices.</p>
<p>6.1 All potential clients, providers, and referring organizations can access the team's services.</p> <ul style="list-style-type: none"> • The team identifies and removes barriers that prevent clients, families, providers, and organizations from accessing services. 	<p>This should include explicit assessment of language barriers and how to remove them.</p>
<p>6.3 The team gives potential clients, families, providers, and organizations simple, written information about the range of services and their cost, effectiveness and outcomes, and alternatives.</p>	<p>To be useful this information must be provided in appropriate language.</p>
<p>6.4 The team's process for deciding whether to offer services to potential clients and families includes:</p> <ul style="list-style-type: none"> • obtaining, with consent, the potential client's history. • identifying and addressing client's immediate and urgent needs. 	<ul style="list-style-type: none"> • Consent is meaningless if the client does not understand what is being asked. • Needs identification should include language of service needs.

* Usually abbreviated or summarized to maintain focus on language access.



REHABILITATION (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
6.6 When the team cannot meet the needs of potential clients, providers, and referring organizations, it explains the reasons why	Such explanations need to be communicated in appropriate language.
7.0 Addressing needs The team accurately and appropriately assesses its clients.	
7.1 The team determines the assessment method, scope and intensity by considering a number of factors including language. • The assessment is carried out with adequate resources.	Language is an essential part of the assessment process. • With adequate language and communication resources.
7.3 The team shares the assessment results with clients and families in a clear and easy-to-understand way.	This requires that language access be available.
7.4 There is a process for assessing and managing the client's pain.	Research indicates that language barriers affect management of pain.
9.0 Empowering clients 9.1 The team regularly gives its clients and families timely, complete, and accurate information. • The information that the team gives to its clients and families is available in the language of the population groups served.	This step requires the information be understood.
9.2 The team provides appropriate health education, emotional support and counseling to help clients.	This requires an understanding and availability of the appropriate language for communicating the information.
9.3 The team works with clients and families to carry out their responsibilities by: • helping clients understand what they are responsible for. • teaching positive behaviour.	This requires an understanding of the appropriate language for communicating the information.
10.0 The team obtains informed consent before starting any service or intervention.	Informed consent requires that the client understand the choices and the implications of the decisions.

* Usually abbreviated or summarized to maintain focus on language access.



REHABILITATION (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
10.2 The team has a process for determining whether clients are capable of giving their informed consent.	This requires an understanding of the appropriate language for communicating the information.
10.3 The team obtains clients' consent by verifying that the client understands all the verbal and written information.	This requires an understanding of the appropriate language for communicating the information.
11.0 The team protects and promotes the rights of its clients and families.	
11.1 The team respects the clients' and families' right to take part in all aspects of their service and make personal choices.	How is the team respecting this in light of language access?
11.3 The team continually educates its clients and families about their rights and helps them exercise their rights.	How is the team respecting this in light of language access?
11.5 The team has a process for handling clients' and families' complaints that includes explaining to clients how they can file a complaint.	This requires an understanding and availability of the appropriate language for communicating the information.
12.0 Setting goals and monitoring achievements The team has an appropriate and integrated service plan for each client.	
12.1 The team works with clients and families to set the clients' goals and expected results.	This requires an understanding of the appropriate language for communicating the information.
12.4 The team's clients achieve their set goals and expected results. • The team identifies and addresses any barriers that are preventing clients from reaching their set goals and expected results.	Language barriers should be part of this assessment.
13.0 Delivering services The team delivers safe, efficient, and effective services.	Research indicates that language barriers can undermine the safety, efficiency and effectiveness of services.

* Usually abbreviated or summarized to maintain focus on language access.



REHABILITATION (6.0)	
Standard & Criteria/Guidelines*	PEI FLHSN Comment
13.4 The team takes all reasonable steps to keep clients safe from preventable adverse events, injuries or infections by educating clients and families on preventing risks.	This requires an understanding and availability of the appropriate language for communicating the information.
14.0 The use of medications is safe, efficient and effective, and promotes the best possible quality of life.	
14.2 The team gives its clients written and verbal information about how to use medication safely and properly.	This requires an understanding and availability of the appropriate language for communicating the information.

* Usually abbreviated or summarized to maintain focus on language access.



APPENDIX B

Language Access Resources & Tools

Studies & Reports

Andrulis, D., Goodman, N., & Pryor, C. (2002, April). *What a Difference an Interpreter can Make: Health Care Experiences of Uninsured with Limited English Proficiency*. The Access Project. Boston, MA.

Bowen, S. (2001). *Language Barriers in Access to Health Care*, Health Canada.

CRICO/RMF. (2006). *What Works: Effective Practices for Office-based Care*. See Language Interpretation (Section 6) of their website: <http://www.rmhf.harvard.edu/>

Ethical Force Program. (2006). *An Ethical Force Program Consensus Report. Improving Communication – Improving Care. How health care organizations can ensure effective, patient-centered communication with people from diverse populations*. American Medical Association.

Triad Research Inc. (2002). *Final Evaluation Report, Evaluation of the Language and Culture Facilitation Pilot Project for Seniors Residing at the Jewish Senior Apartment Complex and Seniors in the Community Who Speak Russian and Yiddish*, Calgary.

Weiss, L., Bauer, T., Hill, C., Fuld, J., & Bergman, J. (2006, May) *Language as a Barrier to Health Care for New York City Children in Immigrant Families: Haitian, Russian and Latino Perspectives*, Division of Health Policy and the New York Forum for Child Health, www.nyam.org/library/docs/LanguageBarrierReportMay2006.pdf

Wilson-Stronks, A. & Galvez, E. (2006). *Hospitals, Language, and Culture: A snapshot of the nation. Exploring cultural and linguistic services in the nation's hospitals*. The Joint-Commission. Oakbrook Terrace, IL.

Resource Guides

Hardt, E. (2001). *Research Issues on Medical Interpretation: Bibliography*. The National Council on Interpreting in Health Care, www.ncihc.org

Jacobs, E., Agger-Gupta, N., Chen, A. Hm, Piotrowski, A., & Hardt, E.J. (2003). *Language Barriers in Health Care Settings: An annotated Bibliography of the Research Literature*. The California Endowment, www.calendow.org

Sampson, A. (2006). *Language Services Resource Guide for Health Care Providers*, National Health Law Program.



Sample Policies, Standards & Toolkits

Improving Communication – Improving Care, Ethical Force Program Consensus Report, American Medical Association, Content Area 5b. Language

Office of Minority Health, *National Standards on Culturally and Linguistically Appropriate Services (CLAS)*, www.omhrc.gov/templates/browse.aspx?lvl=2&1v1ID=15

Paras, M. (2005). *Straight Talk: Model Hospital Policies and Procedures on Language Access*, California Health Care Safety Net Institute.

Roat, C.E. (2005). *Addressing Language Access Issues in Your Practice: A Toolkit for Physicians and Their Staff Members*, California Academy of Family Physicians.

Winnipeg Regional Health Authority, Policies on French Language Services
<http://www.wrha.mb.ca/about/policy.php>

Patient Information Pamphlets

American Hospital Association Award Winning Point-to-Talk Booklets
www.massgeneral.org/interpreters/pointtalk.asp

Web Sites & Portals

<http://cchsa.ca/Default.aspx> – Canadian Council on Health Services Accreditation website offers information on the standards, and ROPs

<http://www.patientsafetyinstitute.ca/index.html> – Canadian Patient Safety Institute website

www.calendow.org/reference/publications/cultural_competence.stm Offers manuals and workbooks. While the emphasis is on cultural competencies, language barriers are also included.

www.jointcommission.org/HLC/compiled_list.htm Includes addresses for toolkits, guidelines and standards, and training resources – while the focus is on addressing needs of Spanish population, there is great potential for cross-over

www.hablamosjuntos.org/mission.default.mission.asp Hablamos Juntos offers resources regarding language policy and practice in health care. While the focus is on the needs of Spanish-speaking population, there is great potential for cross-over



APPENDIX C

Evidence For Monitoring Communication Challenges

- Public signage is bilingual in health care facilities.
- Patient brochures, education material and patient/client consents are provided in appropriate languages and reading levels.
- Assessment tool to identify need for interpreter / Access to interpreters as required.
- Directories of French speaking staff, which include level of competency, are available.
- Client satisfaction tools reflect language requirements of population and allow for input on language needs.
- Patient safety education and communication materials, including medication information, are available in relevant languages and appropriate reading levels.
- Staff receive education / training on language and culture issues, in a manner which reflects current research evidence, in relation to quality of care and patient safety.
- The organization has routine data collection processes to identify and monitor language needs. Examples include community needs assessments, administrative data collection at service delivery entry points, and monitoring indicators.
- The organization strategic plan addresses access issues related to language and or culture. Examples could include goals or objectives related to HR planning, patient safety, or quality of care which address or take into account an access issue related to language or culture.