
CBE ID

1824

Title

L1A: Screening for preferred spoken language for health care

Project

Person and Family-Centered Care

Endorsement Status

Endorsement Removed

Is Under Review

No

Previous Endorsement Cycle

Full Year 2016

Removal Date

Mon, 04/03/2017 - 20:00

Initial Endorsement

Thu, 08/09/2012 - 19:37

Steward

Department of Health Policy, The George Washington University

1.0 New or Maintenance

Maintenance

1.1 Measure Structure

Single Measure

1.3 Electronic Clinical Quality Measure (eCQM)

No

1.6 Measure Description

This measure is used to assess the percent of patient visits and admissions where preferred spoken language for health care is screened and recorded.

Hospitals cannot provide adequate and appropriate language services to their patients if they do not create mechanisms to screen for limited English-proficient patients and record patients' preferred spoken language for health care. Standard practices of collecting preferred spoken language for health care would assist hospitals in planning for demand. Access to and availability of patient language preference is critical for providers in planning care. This measure provides information on the extent to which patients are asked about the language they prefer to receive

care in and the extent to which this information is recorded.

1.7 Measure Type

Process

1.8 Level of Analysis

Clinician: Group/Practice, Facility

1.9 Care Setting

Urgent Care - Ambulatory, Inpatient/Hospital

1.14 Numerator

The number of hospital admissions, visits to the emergency department, and outpatient visits where preferred spoken language for health care is screened and recorded

1.15 Denominator

The total number of hospital admissions, visits to the emergency department, and outpatient visits.

1.20 Types of Data Sources

Claims Data, Other, Paper Records

6.1.2 Current or Planned Use(s)

Public Reporting, Quality Improvement (Internal to the specific organization), Quality Improvement with Benchmarking (external benchmarking to multiple organizations), Regulatory and Accreditation Programs

6.1.3 Current Use(s)

Public Reporting, Quality Improvement (Internal to the specific organization), Quality Improvement with Benchmarking (external benchmarking to multiple organizations), Regulatory and Accreditation Programs

Exclusions

There are no exclusions. All admissions, visits to the emergency department, and outpatient visits, including:

- Scheduled and unscheduled visits
- Elective, urgent and emergent admissions
- Short stay and observation patients
- Transfers from other facilities

Planned Use

Public Reporting, Quality Improvement (Internal to the specific organization), Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

Risk Adjustment

No risk adjustment or risk stratification

Target Population

Women

Steward Organization

Department of Health Policy, The George Washington University

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