Caring for a Multilingual Population: Challenges and Resources

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Children’s Hospital Los Angeles
Where are we located?

https://www.chla.org/about-us
Los Angeles, California  
(Sunset/Vermont, Los Feliz)
Our Pediatric Patient Population

• Majority low-income, on Medi-Cal/Medicaid (99%)
• Majority Hispanic, Spanish-speaking only, includes multiple races
  – 49% of Los Angeles population, 75-80% CHLA population
• Other common ethnicities/languages in our population
  – Asian: Mandarin, Cantonese, Vietnamese, Korean, Tagalog
  – Middle Eastern: Armenian, Arabic, Farsi
Foreign-Born and Undocumented Immigrants

• >2 million undocumented immigrants in California (2012-2014)
  – 78% from Latin America, 13% from Asia
  – 800,000-100,000 estimated undocumented immigrants in LA County
• Nearly 1 in 10 California workers is an undocumented immigrant
• Many live with family members who are citizens
  – This status is often addressed in our clinic regarding legal needs
  – Documentation of ongoing medical care in the United States

https://censusreporter.org/profiles/16000US0644000-los-angeles-ca/
Transportation Issues

- Many of our patients do not have a car
- Many use public transportation to and from appointments
- Organization and coordination of multidisciplinary care, including interpretation services, is key to limit visits to the hospital
Our Resources for Language Interpretation

- In-person hospital medical interpreters
  - Inpatient and outpatient
- *We have a resident Spanish medical translator in our Neurology Clinic*
  - Available for all clinics and procedures
- Medical language services in other languages are scheduled ahead of time
  - In-person Mandarin/Cantonese
  - In-person Arabic
  - In-person Korean
  - In-person Vietnamese
Our Resources for Language Interpretation

- **Video Remote Interpretation (VRI)**
  - Laptop on wheels
  - iPads on wheels
  - Languages available on demand

- **Phone interpretation**
  - In clinic, on speakerphone
  - Can connect to outside lines for provider calls

- **Contracted agreement with CHLA**
  - Can use anywhere in the hospital
<table>
<thead>
<tr>
<th>Language</th>
<th>Male</th>
<th>Female</th>
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<tbody>
<tr>
<td>Amharic</td>
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<td>Arabic</td>
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<td>Haitian Creole</td>
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<td>Hindi</td>
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<td>Korean</td>
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<td>Mandarin</td>
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<td>Nepali</td>
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<td>Polish</td>
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<td>Portuguese (BRA)</td>
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<td>Punjabi</td>
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<td>Russian</td>
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<tr>
<td>Sign Language</td>
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<tr>
<td>Somali</td>
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<td>Spanish</td>
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<td>Swahili</td>
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<td>Tigrinya</td>
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<td>Ukrainian</td>
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<td>Urdu</td>
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<tr>
<td>Vietnamese</td>
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Our Resources for Language Interpretation

• Medical documentation is not only available in English, but is also usually readily available in Spanish
  – Check-in/Review of Systems forms
  – Consent forms for procedures and research studies
  – Educational resources (ex. Headache, epilepsy, neuromuscular)
  – Checkout paperwork

• Paperwork and instructions can be translated into other languages by our licensed medical interpreters
  – Discharge instructions
  – Medication titrations
Specific Language Resources - Spanish

• In-person interpreter in clinic for all providers during the week

• CHLA Culture and Language Services:
  – Weekend clinic availability
  – Inpatient Spanish interpreter on each hospital floor
    • Can conduct family meetings at set dates and times
Specific Language Resources - Spanish

- Licensed bilingual staff who have been certified for medical interpretation in Spanish
  - Front office staff
  - Administrative staff
  - Medical assistants
  - Nurses

- Many providers in our hospital have basic Spanish language skills
  - Can make sure entire message is translated, or for clarification
  - Simple instructions and questions
Specific Language Resources - Spanish

• All forms in the hospital are available in Spanish and English
  – Review of Systems/Questionnaires
  – Consent forms
  – Educational forms
  – Admission and discharge paperwork
• Signage in the hospital is bilingual in Spanish and English
• Our outpatient pharmacy and pharmacies in the area are able to print out prescription labels in Spanish if specified
Specific Language Resources - Arabic

- We have a special arrangement and a significant number of patients from Arabic-speaking countries
  - Kuwait
  - United Arab Emirates
- Fees for hospital visits, transportation, lodging, are all arranged in advance by the respective Embassy
- In addition: medical liaison, interpretation, cultural liaison are provided for both inpatient and outpatient visits in advance by the hospital
Center for Global Health at CHLA

- https://www.chla.org/global-health-program
- Services and Support for international patients coming to CHLA
Specific Examples - Kuwait

- Kuwaiti boy with diagnosis of DMD, mutation is 51-skippable
- All medical records in English, and all requested records (including genetic testing) provided via email
- Medical records reviewed by us
- Liaisons set up from Global Health for infusions on an outpatient basis, medical interpreter always accompanies patient
- All medical expenses paid by the Kuwati embassy for facility fees, clinic visit fees, infusion center fees, cost of eteplirsen (all at full price)
Specific Examples - China

• Chinese boy with diagnosis of DMD, mutation is 45-skippable
• All medical records in English, all requested records (including genetic testing) provided via email
• Medical records reviewed by us before clinic visit is scheduled
• Chinese interpretation set up ahead of time
• Patient can receive drug on a research basis if able to come to the United States
More Typical Examples from our Clinics

• **Most Common:** Spanish-speaking Medi-Cal (Medicare) patients with CCS (California Children’s Services)
• Spanish speaking patients are tagged ahead of time by our front office staff
  – Spanish interpretation readied at the time the patient is roomed
  – Providers all have equal use of the in-person Spanish interpreter, and a designated laptop for video remote interpretation (VRI)
• Discharge done by a designated bilingual point-person
• Follow-ups and calls are handled by bilingual office staff
• Social work services are in English, but can be translated by staff or with the assistance of video/phone interpretation
Multicultural and Multilingual Needs

• Providers continually educate themselves and each other regarding cultural practices and barriers to care
  – Weight management in Duchenne with Hispanic families
  – Medical decision-making (ex. Getting specific family member input)
Ongoing Challenges

• Translation accuracy
  – Many providers are somewhat proficient in Spanish, most times Spanish translation is accurate in our hospital
• However, translation into other languages (ex. Arabic, Korean) requires some cultural interpretation
  – Ex. Longer interpretation conversations during clinic visits
  – Need to double check with interpreter/cultural liaison at times
• Cultural interpretation important for family meetings (inpatient) or discussing goals of care (inpatient or outpatient)
PPMD and Treat NMD Multilingual Resources

- Family guide for diagnosis and management of DMD
  - Brochure with images, available for download/printing in multiple languages (Arabic shown)
PPMD and Treat NMD Multilingual Resources

- Electronic family guide for diagnosis and management of DMD
  - Electronic version for use on desktops, tablets, smartphones
  - Same content as printable brochure
  - 11 languages available
PPMD and Treat NMD Multilingual Resources

• DMD Guide for Android
  – App is available in English and German
  – Same information as in the DMD Family Guide
  – Effectiveness of app is being monitored as part of a study
PPMD and Treat NMD Multilingual Resources

• Imperatives for DUCHENNE MD: a guide for providers
  - A one-page summary of the imperative components of comprehensive multidisciplinary care for patients with Duchenne muscular dystrophy
  - Available at the Treat NMD website in multiple languages:
    • http://www.treat-nmd.eu/care/dmd/imperatives-dmd/

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PARENT PROJECT MUSCULAR DYSTROPHY | ENDDUCCHENNE.ORG
Emergency Medical Card w/ USB Drive

• Given to all Duchenne patients at CHLA
• Useful if non-English speaking and presenting to an outside facility
• Gives families peace of mind
• Included:
  – CHLA Duchenne Summary
  – PPMD Emergency Info (leg fractures, anesthesia, respiratory care)
  – PPMD Steroid Protocol
# Emergency Medical Card w/ USB Drive

## Name

<table>
<thead>
<tr>
<th>Summary</th>
<th>Action</th>
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<tbody>
<tr>
<td>I cannot walk on my own without assistance.</td>
<td></td>
</tr>
<tr>
<td>I cannot sit on my own.</td>
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<tr>
<td>I cannot talk.</td>
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<td>I am not normally intellectually challenged.</td>
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<tr>
<td>I cannot read English, my primary language.</td>
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<tr>
<td>I live with a mother/father, grandparents.</td>
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<tr>
<td>My heart function is good.</td>
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<tr>
<td>My fast heart rate is often checked.</td>
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<tr>
<td>My test echocardiogram was on level</td>
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<tr>
<td>I use do not use a BPAP / CPAP at night.</td>
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<tr>
<td>My condition is</td>
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<td>My treatment is</td>
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<td>My test pulse oxymetry was</td>
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<tr>
<td>I have never had a stroke or surgery.</td>
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<tr>
<td>I have had heart failure.</td>
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<tr>
<td>I have had heart surgery.</td>
<td></td>
</tr>
</tbody>
</table>

## Address and Phone Number

**Location:**
Leigh Marie Harris PLLC, MD (my neurologist)
Alina Leo, RN (my nursing home manager)
Children's Hospital of Los Angeles
4640 Sunset Blvd MS 82
Los Angeles, CA 90027

**Emergency Contact:**
323-381-6919 (Alina's direct line)
323-381-2477 (the clinic's line)
323-381-1109 (the phone number)

**Emergency Contact Information:**
Leigh Marie Harris, MD
a@harrismd.com
518-866-8666

## Controlled Substance

**My Medications:**
Phone number:

**Pharmacology:**
My medications:

## Orthopaedic Surgery

**My Orthopaedic Surgeons:**
Phone number:

## Orthodontic Surgery

**My Orthodontist:**
Phone number:

## Medications

<table>
<thead>
<tr>
<th>Steroid</th>
<th>Prednisone formulation</th>
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<tbody>
<tr>
<td>Vitamin</td>
<td>D3 (5 doses) weekly and only dose on week</td>
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<tr>
<td>Calcium</td>
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<tr>
<td>Folic acid</td>
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<tr>
<td>DHEA</td>
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<tr>
<td>Other</td>
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## Allergies

**Medication Allergies:**

**Contact Information:**
Contact Parent Project Muscular Dystrophy: 800-714-5437

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## PPMD Emergency Information

### RESPIRATORY CARE:
- Risk: Respiratory failure. Please only give oxygen with close monitoring of CO2 levels. Breathing may need to be supported (with BiPAP, for example).
- If oxygen levels are low, assisted coughing (with cough assist device or Ambu bag) may help.
- Take your equipment (cough assist, BiPAP, etc.) with you to the hospital or emergency room.
- Alert your neurovascular team that you are going to the ER/hospital.

### NEUROMUSCULAR CENTER/DOCTOR

**Emergency Information Card For Parents of Boys with Duchenne:**

**Parent Project Muscular Dystrophy:**

**PJ Nicholoff Steroid Protocol**

### Background/Assessment

Normal basal secretion of cortisol from the adrenal gland is approximately 5-7 mg/dl/day or 8-10 mg/day for adults. This amount increases during minor illnesses or surgery to approximately 50 mg/dl (5x normal physiologic secretion). These small increases with uncomplicated surgery return to baseline in 24 hours. Procedures producing greater surgical stress have been shown to increase cortisol responses to 75-150 mg/dl (10x normal physiologic secretion), which return to baseline in about 5 days.

### Anesthetic Precautions:
- Avoid intravenous anesthesia.
- IV anesthesia is considered to be safe (with close monitoring).
- People with Duchenne should not receive succinylcholine.
- Local anesthetics & Nitrous Oxide are safe for minor dental procedures.

### IF VOMITING AND/OR UNABLE TO TAKE DAILY CORTICOSTEROIDS FOR 24 HOURS:
- Go to a hospital emergency room; bring the PJ Nicholoff Steroid Protocol (ParentProjectMD.com).PJ
- Request substitute IV corticosteroids until oral medications are tolerated.Avoid doses of deflazacort equal to 5 mg of prednisolone.
- Notify clinicians that high liver enzymes (AST/ALT) are normal for people with Duchenne.

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## CHLA Duchenne Summary

## PPMD Steroid Protocol
In Conclusion...

- Multilingual patient interactions are challenging and do require additional time and resources
- Resources available and infrastructure in place for optimal care
- Continues to be a work in progress
- Many improvements in a short amount of time at CHLA
References

• https://www.chla.org
• https://censusreporter.org
• http://www.ppic.org
• http://www.treat-nmd.eu/care/dmd/imperatives-dmd/
Special Thanks

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• The Multidisciplinary Neuromuscular Clinic at CHLA