

Supplemental Guidance to New Hampshire Health Care Facility Discharge Data Submission Manual for 7.2 Non UB-04 Specific Data Element Primary Language Spoken

Provided by New Hampshire Hospital Association & New Hampshire Department of Health & Human Services

The NEW HAMPSHIRE HEALTH CARE FACILITY DISCHARGE DATA SUBMISSION MANUAL item **7.2 Non UB-04 Specific Data Elements** states, “The health care facility shall also submit information regarding primary language spoken as the health care facility has coded it.” In that this is a new requirement for reporting which began January 2010, the New Hampshire Hospital Association and the New Hampshire Department of Health and Human Services recognize the need for further guidance to standardize the collection of this element.

Defining the Data Element “Primary Language”

“Primary language” for the purposes of this data collection is analogous to “preferred language spoken” “preferred language”, “patient language”, “assessment of patient language and communication needs”, or any similar terminology. How the patient is questioned about this data element can alter the response. National standards put forward by the Institute of Medicine (IOM) and the Health Research and Education Trust (HRET); as well a feedback from local hospitals suggests the following question:

1. *What language do you feel most comfortable speaking with your doctor or nurse? Alternatively, What language do you prefer to discuss your medical care?*

Hospital may want to ask the following additional question for the practical purpose of scheduling necessary interpreters and to comply with Federal Regulation, Title VI of the Civil Rights Act of 1964, requiring patient notification of the right to interpretation services:

2. *Our hospital provides interpreters at no cost to you. Do you need an interpreter today?*

For reporting purposes, the sought after data element is the response to the first question, “What language do you feel most comfortable speaking with your doctor or nurse?”

Coding and Reportable Languages Specifications

As of January 1, 2011, the UB-04 will include the new data element, ‘Preferred Language Spoken’. This new code, B7 in the code-code field (FL81), will use ISO 639-2 codes maintained by the Library of Congress, http://www.loc.gov/standards/iso639-2/php/English_list.php to populate the field. This may simplify reporting for many hospitals.

Other reporting considerations:

- Data element should **not** have a default to English, but to “undetermined” (ISO 639-2 coding = [und].)
- When the first point of hospital contact with the patient is from a department/office with no direct patient contact to ask the question (ex. Lab), the field should be coded as “No Linguistic Content”, ISO 639-2 code [zxx]. (In ISO 639-2, The identifier [zxx] (no linguistic content) may be applied in a situation in which a language identifier is required by system definition, but the item being described does not actually contain linguistic content.)

- ISO 639-2 recommends use of the language codes in lower case, but they should be considered case-insensitive and are unique codes regardless of case. Approximately 22 languages listed in ISO 639-2 have two code sets. DHHS recommends using the first listed code, or bibliographic code, for NH Discharge Data reporting.
- ISO 639-2 does not distinguish between various Chinese languages. Therefore, ISO 639-3 coding should be used to distinguish between Cantonese and Mandarin as is listed in the chart.
- Farsi is not on the ISO 639-2 code list; therefore, ISO 639-3 coding is used. Clarification of languages not listed on ISO 639-2 or 639-3 can be found at www.ethnologue.com.
- ISO 639-2 is a large list of languages. While hospitals may choose to include the entire list as part of their drop down choices, some hospitals may want a shorter list. Below is a list of the more commonly encountered languages in New Hampshire. If hospital is using a limited list, a method for capturing a language not on the list is recommended.

ISO 639-2	Language Name	ISO 639-2	Language Name
alb	Albanian	nep	Nepali
sgn	American Sign Language	pol	Polish
ara	Arabic	por	Portuguese
bos	Bosnian	pan	Punjabi
eng	English (key to capture)	rus	Russian
pes	Farsi (Iranian Persian)	spa	Spanish
fre	French	som	Somali
gre	Greek	tam	Tamil
guj	Gujarati	urd	Urdu
hin	Hindi	vie	Vietnamese
ind	Indonesian	yue	Yue Chinese (Cantonese)
kin	Kirundi/Kinyarwanda	und	Undetermined
cmn	Mandarin Chinese	zxx	No Linguistic Content

For More Information:

Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement
 INSTITUTE OF MEDICINE • REPORT BRIEF • AUGUST 2009

COLLECTING DATA ON LANGUAGE NEEDS FOR QUALITY IMPROVEMENT

“Compelling evidence exists that patients with limited English-language proficiency encounter significant disparities in access to health care, decreased likelihood of having a usual source of care, increased probability of receiving unnecessary diagnostic tests, more serious adverse outcomes from medical errors, and drug complications. To enhance effective communication between patients and health care entities, the primary focus should be on collecting data on spoken language need.”

<http://www.iom.edu/~media/Files/Report%20Files/2009/RaceEthnicityData/Race%20Ethnicity%20report%20brief%20FINAL%20for%20web.pdf>