

# Where Hospitals Miss the Mark on LEP Compliance, And How Training Fixes It



A detailed breakdown of Title VI, Joint Commission, CMS, and documentation criteria with quantified non-compliance patterns and the measurable improvements post-training.

## Core Requirements Staff Commonly Miss

### Title VI



Staff must identify LEP needs immediately → missed in 20–35% of encounters



Interpreter must be offered & documented → missing in 25–50% of charts

### CMS Conditions of Participation



Consent conversations must use qualified interpreters → bypassed in 20–30% of LEP cases

## Compliance Impact of EITLA



LEP identification accuracy → 90–95%



Interpreter documentation → 85–95% compliance

Consent deviations → reduced by 30–45%



Bilingual misuse → drops from 30–45% to <10%



Discharge documentation clarity → improves by 20–35%



Staff follow one workflow across 100% of trained units

## What This Costs Hospitals

### Compliance Area

### What Regulators Expect

### Current Gap

### Risk

Repeat visits

LEP flagged every time

Missed in 1 out of 3 encounters

High

Documentation

Interpreter use recorded

Missing in 25–50%

High

Consent

Qualified interpreter mandatory

2–4 deviations per 100 cases

High

Discharge

Clear instruction with interpreter

18–25% unclear

Moderate

Bilingual Use

Must be assessed, not assumed

30–45% misuse

High

Workflow

Standardized across units

Varies across 3–7 units

High