Empowering Hospitalized Patients with Limited English Proficiency (LEP) to Self-Advocate for Professional Interpreter Services

Sam Brondfield, MS41, Anisha Chandra, MS41, Steve Popper, MS41, Leslie Sheu, MS44, Saraswati Iobst, M.D.2, Leah Karlmer, M.D.2

1Equal contributors, PISCES Program, School of Medicine, University of California, San Francisco; 2Department of Medicine, University of California, San Francisco

The Problem

Limited English Proficiency (LEP) is an often overlooked risk factor for preventable, adverse events including longer hospital stays, higher readmission rates and decreased satisfaction

Professional interpreters are an important and effective intervention to improve patient safety and quality of care

However, <2% language discordant encounters use professional interpreters

A barrier to utilization is decreased awareness among hospitalized LEP patients of the effectiveness and availability of professional interpreting services

Project Goals

•Increase professional interpreter utilization by creation and implementation of a patient-centered intervention (LEP patient empowerment card) that would:

1) Educate LEP patients on the effectiveness and availability of free, 24/7 professional interpreter services

2) Serve as a bridge to the language barrier: LEP patients could give the card to providers to request a professional interpreter

Project Plan

•Meet with key stakeholders: 14M/L nurses, interpreter services, and patients to gain buy-in and ideas for card design

•Given high prevalence of Chinese-speaking LEP patients, chose to pilot intervention first in this population

•Designed LEP Empowerment card, met with interpreting services for feedback and translation approval

•Obtained pre- and post-intervention quantitative data on interpreter service usage broken down by language, as well as LEP floor census data

•Assessed efficacy of card through spot checks, informal meetings with key stakeholders, and interpreter use data

•Plan to adjust implementation protocol with iterative PDSA cycles based on feedback and first cycle results

Preliminary PDSA Cycle Results

Card used in 1st PDSA cycle

| In-House Chinese Interpreter Phone Calls Per Patient on 14ML 2.0 fold increase |
|-------------------------|----------------|----------------|
| Patients                | Calls          | Calls/PT       |
| Feb                     | 30             | 5              |
| Mar                     | 40             | 17             |

Qualitative Data: Selected Quotes from Interviews

Patients’ responses to pre-intervention interviews:

• LEP Patient: “I would ask for an interpreter. I do not know how.”

• LEP Patient: “[The card] should be given…when you first get admitted and get your paperwork.”

• LEP Patient: “Many people say that [the hospital will] charge for the service [of professional interpreting].”

• LEP Patient: “A card would be helpful. [It is] sometimes very difficult to ask for an interpreter when you don’t know how to ask for one in English.”

Interpreters’ responses to pre-intervention interviews:

• Interpreter: “Often the family will try to discourage the patient [from asking for an interpreter].”

• Interpreter: “I think many patients don’t even know that [interpreter services are available].”

Post-intervention feedback from providers given at staff meetings:

• Nurse: “The cards could be helpful in the ED to identify patients early on who need interpretation.”

• Nurse: “It doesn’t help to promote interpretation if the interpreters are not available.”

Post-intervention feedback from patient:

• LEP Patient: “The card was helpful. I have asked for an interpreter because of it.”

Lessons Learned

• 2-fold increase in in-house interpreter calls made per Chinese patient

• Several-fold increase in in-person interpreter time spent with Chinese patients

• Card distribution was a major limiting factor during implementation phase

• Patient barriers include not knowing about service and having to ask repeatedly

• Interpreters concerned about interpreter availability as a limiting factor

• Group in charge of distribution should be clearly defined; nurses felt primary distribution should be done by nurses or clerks on admission

• Cards should have large print and be easy to locate

• Use future PDSA cycles to fit cards more effectively into admission flow

• Cards may also be effective in other settings (e.g. Emergency)

Next Steps

1. Choose an upcoming month for 2nd cycle of implementation

2. Include 14 M/L clerks next cycle to address card distribution

3. Identify dual-handset phones on 14 M/L so they can be included in our data set

4. Conduct in-person audits of 14 M/L to more accurately assess card distribution

5. Interview clerks, nurses, and patient for feedback prior to next cycle

6. Conduct qualitative assessment of LEP patient awareness and availability of interpreters

7. Conduct qualitative assessment of LEP patient and provider experience with cards

8. Pilot card in other common languages including Spanish and Russian

Acknowledgements

We are indebted to Dr. Somnath Mookherjee for his guidance, Dr. Leah Karlmer for collecting discharge and dual handset phone data, Ellen Kynoch, RN & 14 M/L nursing staff for implementation and feedback, Tatyana Lutashkin & Alyes Wong of Interpreter Services, the internal Medicine residents, and the patients on 14.