

Project V.O.I.C.E – Valuing Opportunities for Inclusive Communication Excellence



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Background

DEFINE

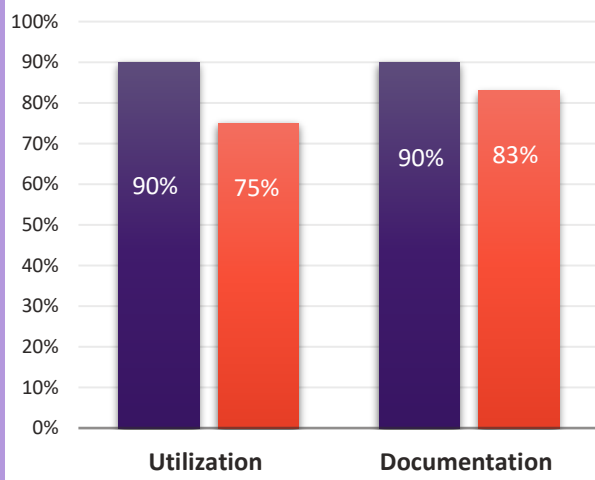
Interpreter services were underutilized and inconsistently documented in our inpatient units, impacting the patient experience and communication for patients with Limited English Proficiency (LEP). HCAHPS scores for “Nurses explain things in a way I could understand” were below target.

Goal: To increase interpreter utilization and documentation accuracy by 25% and improve HCAHPS scores in the targeted domain from a baseline of 50% to 80% by the end of FY25

MEASURE

Figure 1: FY24 Utilization & Documentation Baseline Data

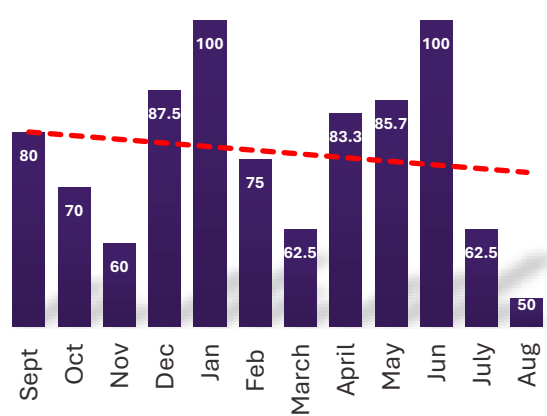
FY24 Utilization & Documentation Baseline



■ ALL patients that needed Interpreter Services
■ PEDIATRIC patients that needed Interpreter Services

Figure 2: FY24 HCAPHS Baseline Data

IMPU FY24 "Nurses Explain In A Way I Can Understand"



Methods

Approach:

- ✓ DMAIC Methodology was used: Define/Measure/Analyze/Improve/Control
- ✓ Process mapping and root cause analysis were completed
- ✓ Interprofessional collaboration across bedside nurses, providers and patient relations
- ✓ Standard Work – IMPU Language Services Process
- ✓ Established an organized education plan prior to go-live
- ✓ Partnered with Clinical Quality Lead for continue metrics surveillance

ANALYZE

Figure 3: Current Barriers



- **Convenience:** Convenience of utilizing staff and/or family members when communicating with patients
- **Accessibility/Awareness:** Accessibility of devices on the unit and quality of service over the phone. Awareness that patient needs language service
- **Availability:** Availability of live and physical interpreters – hours of operation
- **Lack of knowledge:** Unsure how to use device
- **Improper Documentation:** Poor charting practices – lack of documentation or missing information

IMPROVE

Figure 4: Universal Signage: Outside of Patient's Room and Census Board

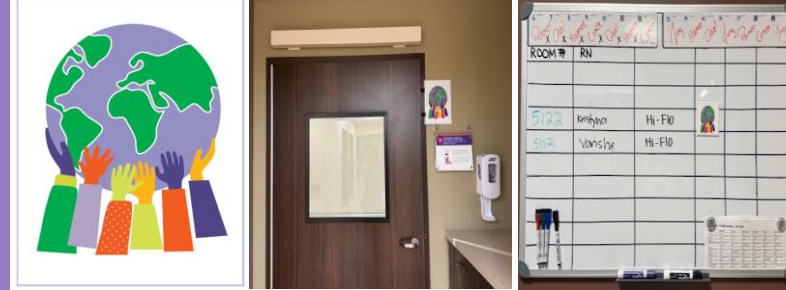


Figure 5: Language Services Standard Work

Step	Description	Key Point / Stage / Reason	Who
1	On admission verify the need of language service. Use dropdown Preferred Language Education Assessment on Admission Navigator.	Language Signage on HUC drawer, HUC & MEDICAL BILLING AND FINANCE, and HUC Board.	RN/PT/ Provider
2	Obtain language universal signage and magnet clips from the HUC drawer (on both sides of the HUC) and place on the top of the door and small signage on the pediatric census board.	Admission Navigator – Education Assessment	RN/PT/ Provider
3	If patient's primary language is Spanish, reach out via voicemail for interpreter availability.	Interpreter On-Site: 774-332-8009	RN/PT/ Provider
4	If patient's primary language is other than Spanish utilize interpreter on-site. Room Ready – place OUI in the room if available.	Utilization of live interpreters are preferred for Spanish speaking patients and families.	RN/PT/ Provider
5	During SBH/MD/PC/PA rounds identify patients that require language services during Multidisciplinary rounds. Utilize Pediatric Census board for quick identification reference.	Identifying patients that need language services during rounds will support the utilization of proper interpreter resources.	RN/PT/ Provider
6	During utilization of language services, complete the following EPIC Documentation: "Providers" in Communication tab - Interpreter Use Section. Complete all facts.	Interpreter Use: Time and Confirmed Interpreter Contact, Interpreter Name and ID, Type of Interpretation, Patient Declining Hospital Interpretation, Interpreter Remarks Note.	RN/PT/ Provider
7	Provider Documentation: During utilization of language services, complete documentation in provider notes.	Indicate "language services used" in the Provider Progress Note.	Provider
8	At discharge remove signage from room and pediatric census board. Place signage back in the appropriate HUC drawer. For all census board – remove from patient's name and place off to the side of the board.	Placing signage back at designated area will ensure resources are available for the next patient.	RN/PT/ Provider

Results

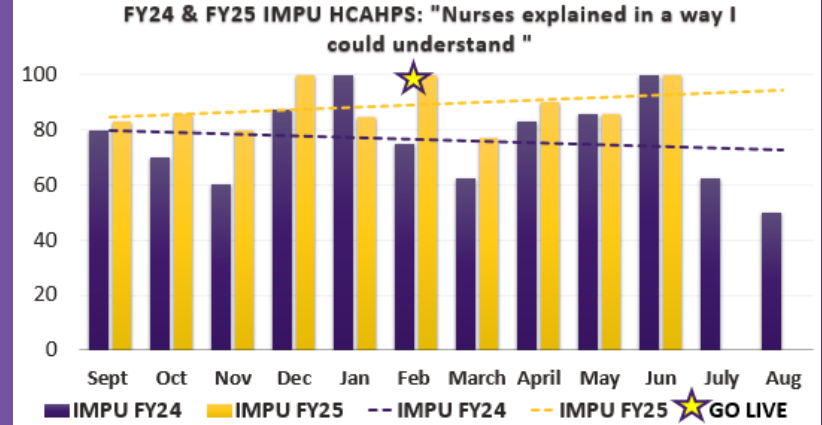
Post-Intervention Results:

- All patients who needed Language Services increased from FY24 90% to FY25 97%
- Pediatric patients who needed Language Services increased from FY24 75% to FY25 91%
- Pediatric Documentation improved from 83% to 100%

Figure 6: Project V.O.I.C.E Dashboard

	FY24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	FY25 Total
IMPU (SAB)														
Number of ALL patients who needed interpreter services	79	5	8	10	8	9	10	8	13	9	9	7		96
% utilization	90%	100%	88%	90%	100%	89%	100%	100%	100%	100%	100%	100%	NA	97%
Number of accurate documentation	72	5	7	9	8	8	10	8	12	9	9	7		91
% accurate documentation	90%	100%	100%	78%	100%	100%	90%	88%	92%	100%	89%	100%	NA	94%
Number of PEDI patients who needed interpreter services	16	2	1	0	2	2	0	1	0	2	0	1		11
% utilization	75%	100%	100%	NA	100%	50%	NA	100%	NA	100%	NA	100%	NA	91%
Number of accurate documentation	12	2	1	0	2	1	0	1	0	2	0	1		10
% accurate documentation	83%	100%	100%	NA	100%	100%	NA	100%	NA	100%	NA	100%	NA	100%

Figure 7: FY24 & FY25 HCAHPS



CONTROL

Figure 8: Control Plan

Metric	Baseline (Aug 2024)	Goal	Control Limit	Review Process	Frequency	Process Owner	Threshold for Action	Recommended Action Steps
Outcome Metric: HCAHPS Top Box score for "Nurses explained in a way I could understand"	50%	Increase by 20% (Goal = 70%)	< 65%	Monthly review of HCAHPS report; track scores on shared dashboard	Monthly	Clinical Practice Specialist, Patient Experience Team	• If the score falls below 65% for 2 consecutive months	Re-educate staff on use of interpreter services and teach-back methods; re-engage in unit huddles; conduct spot audits and targeted rounding
Process Metric: Interpreter Utilization & Documentation	Utilization 73% Documentation 83%	>90%	<80%	EPIC report of LEP encounters with interpreter modality used.	Monthly	Unit Champion	• 1 month <75% or 2 consecutive month <80%	Rapid huddle review, re-disseminate SBAR/Tip Sheet, refresh quick tips

PHASE II

Project V.O.I.C.E

Phase II

- Standardize hospital-wide report
- Create a clear, leader-friendly dashboard
- Identify units and departments within scope
- Implement and integrate into unit workflows
- Transition ownership to Guest services

Conclusions

- ❖ Improved interpreter service use, better documentation and measurable improvement in patient satisfaction scores
- ❖ **Lesson Learned:** Small process change (like signage) have big impacts, unit champions involvement is key in reinforcing behavior and interprofessional collaboration drives success
- ❖ **Future Recommendations:** PHASE II in Project V.O.I.C.E – expanding universal signage throughout Huntley Hospital and across campus and continue nurse driven education

References

- Gupta, K. M., Campeggio, D., Madu, C., et al. (2023). Improving identification of interpreter need in the pediatric emergency department. *Pediatrics*, 151(3), e2022057330.
- Gutman, C. K., Rojas, C. R., Waidner, L., et al. (2025). Strategies to increase professional interpreting in clinical settings: A systematic review. *JAMA Network Open*, 8(7), e2521492
- Kane, J., Rangel Rodriguez, L., Lopez, L., et al. (2025). Improving interpreter presence for pediatric hospital medicine patients and families. *Pediatrics*, e2024067375.