

Breaking Babel: Implementing a Universal Interpreter Symbol at the Bedside for Equitable Care

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Background

- Research indicates that patients with limited English proficiency (LEP) experience an increased risk of adverse events, longer hospital stays, and lower perceptions of safety, all while being less likely to voice concerns.^{1, 2, 3}
- Advocate Children's Hospital (ACH) recognized an opportunity to enhance the care of LEP patients and families thus improving adherence to the language services policy.
- The ACH Professional Governance Council conducted a literature search to explore best practices for preventing interpreter-related safety events. While no definitive solutions were identified, the current literature supports the consistent use of interpreter services as an effective strategy to help mitigate adverse outcomes when caring for LEP patients. However, there remains a gap in the evidence regarding the most effective methods for early and consistent identification of interpreter service needs.

Purpose

- This initiative aimed to enhance patient safety by increasing compliance with the language services policy through greater awareness and understanding, promoting the use of approved interpreter services, and ensuring proper documentation of language service use during patient encounters.

Methods

The Professional Governance team embarked on a journey to elevate interpreter services use through:

- Implementation of the "Universal Interpreter Symbol" sign hung directly outside or within the patient care area (i.e., room or bed).
 - The symbol preexisted within the healthcare organization and was vetted by language services, risk, and compliance.
- Improved and increased access to language services.
 - Allocation of additional video interpreters in areas of need.
- Cross-campus collaboration with adult campuses to create a universal approach to the problem and show continuity in shared spaces and services.
 - Educated Professional Governance teams at adult hospitals on the campuses for congruent implementation.
- Comprehensive education on policies, procedures, and documentation provided to nursing, interprofessional teams, and support staff.
 - In-person education via rounding in patient units.
 - SBAR sent to all teammates at ACH.
 - Unit education during staff meetings, huddles, and rounding by the unit-based professional governance council members.
 - Interdisciplinary education during pediatric department, leadership, and provider meetings.



Figure 1. Universal Interpreter Symbol

Results

- Interpreter related safety events were compared before and after implementing the Universal Interpreter Sign and education. On average, this hospital experienced a rate of 0.95 safety events per 100 admissions of LEP patients and families before implementing the Universal Interpreter Sign and widespread education. Following implementation, the safety event rate dropped to 0.258 safety events per 100 admissions of LEP patients and families, a reduction of nearly 75%.

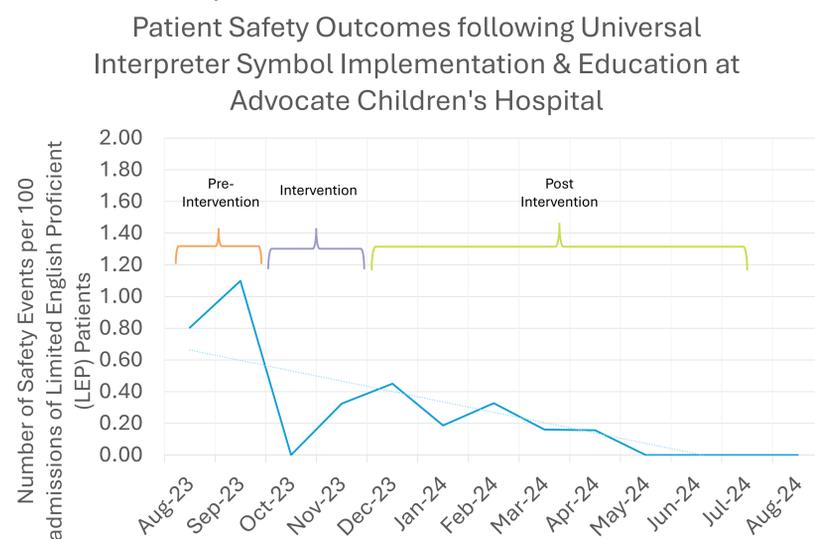


Figure 2. ACH Interpreter Related Safety Event Rate per 100 Admissions

Conclusions & Practice Implications

- Achieving health equity, especially for patients with LEP, remains a persistent challenge in healthcare.
- The use of an interpreter to provide safe and equitable care is a basic human right that all patients deserve.
- Early identification of language needs, prior to patient interactions, can help mitigate disparities and inequalities with LEP patients.
- This can be achieved through the intentional use of the Universal Interpreter Symbol, a simple and effective tool.
- Organizational support and interprofessional collaboration were key to success.
- This initiative created meaningful opportunities for the clinical nurses and laid the foundation for future efforts.

References

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