U.S. Census Bureau (2019) *Language Use.* Retrieved from http://www.census.gov/topics/population/language-use.html

IMPROVING DOCUMENTATION OF INTERPRETER SERVICES IN THE EMERGENCY DEPARTMENT

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Introduction

- In the United States, there are over 67 million people who speak a primary language other than English and more than 25 million that have limited English proficiency (LEP) (Census Bureau, 2019).
- Patients with a limited proficiency in the English language are at an increased risk for medical errors, misdiagnoses, and decreased quality of care (Ali & Watson, 2018) .
- To reduce language barriers and promote healthcare equality, hospitals have adapted the use of in-hospital translators and third-party interpretation services.

Background and Significance

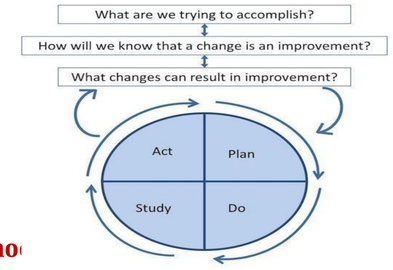
- Language barriers largely contribute to the 24.9% of delays in symptom recognition, obtaining consent, and determining onset of symptoms (Mowla, et al., 2017).
- Patients who are not provided interpreter services are half as likely to receive appropriate treatment than English speaking patients.
- Lack of language services not only places patients at risk for harm, but it violates their patient and civil rights.
- Use of family members for translation not only a question of morals and ethics, but many family members still struggle to speak the national language leading to further delays and misdiagnoses (Ngai et al., 2016).
- Presents as a complex challenge for emergency room providers when identification of symptoms and treatment has a small therapeutic window.
- At proposed site, recent metri data showed only a 20% compliance rate of nursing documentation of interpreter services.

Clinical Question

Does increasing awareness and knowledge of the current language assistance policy and interpreter service documentation improve nurse compliance of interpreter services documentation in the emergency department?

Aim

- Increase awareness of the policy guidelines, use of translators for patient care, and proper documentation process.
- Improve adherence to translation guidelines for LEP patients in the emergency department with an improvement in nursing documentation compliance rate of at least 20%.



Metho

Design: Quality improvement study with a pre/post design with retrospective data collection.
Setting: The study took place at an emergency department in northern New Jersey with 24-hour access to interpreting services.
Population: Patients, ages 21 and older, with a primary language other than English that request an interpreter upon arrival
Sample: 500 patients (250 pre-intervention/250 post-intervention)
Intervention: Over a two-week period, flyers were posted in the emergency department and staff was educated on hospital policy as well as where to find the translation services flowsheet during shift huddles.

Measures/Analysis:

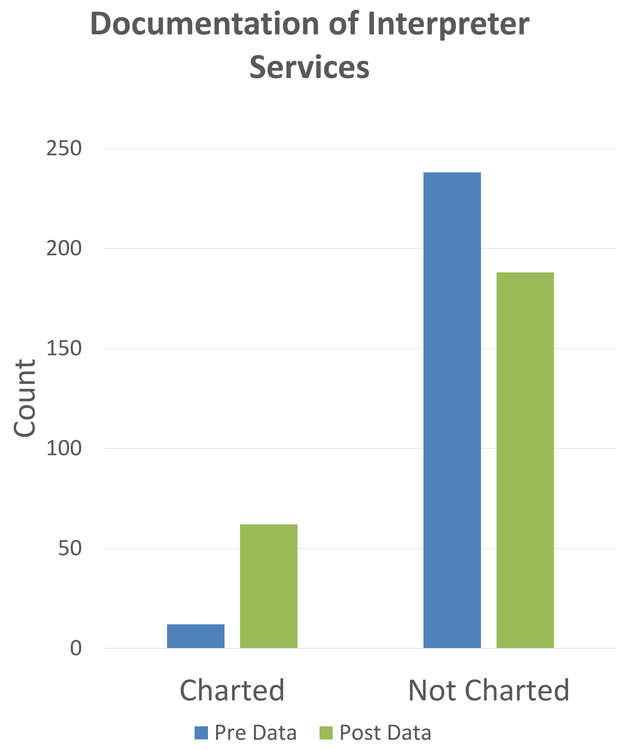
- Two weeks following the intervention period, a chart review was be conducted to assess documentation of interpreter services in the designated flowsheet for all patients who state a non-English primary language upon arrival to the emergency department.
- Using a two-population proportion test, department compliance rate was compared pre and post intervention to determine success rate of the project.

Results

- A Chi Square was used to determine the effectiveness of this project which yielded a p value of < 0.001 proving clinical significance.
- Results of this project demonstrated a 20% increase in interpreter documentation with an improvement of 5% compliance to 25% meeting projected goal.

Discussion/Implications

Impact on Healthcare Quality: Improved patient care and decrease in language barriers between patients and providers. Decrease stigma associated with patients presenting to the emergency department who have limited proficiency in the English language. Decreased burden on family members to be responsible to providing medical information about parent or loved one.



Policy: Increased staff awareness to policy awareness and improved compliance.
Patient Safety: Decrease in medical delays, reduction of risk in medication errors and misdiagnosis.
Economic: Cost-effectiveness with decrease in unnecessary admissions, shorter length of stay, and reduction in unnecessary testing.

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