



Speaking Together

National Language Services Network

Quality Improvement and Interpreter Services Partnering to Improve Care for LEP Patients

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Interpreter Stakeholders Group

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Context:

1. Focus on ST2: appropriate language services at *nursing* admission and discharge
2. Focus on the use of professional interpreters (telephonic and in-person)
3. Build foundation for continuous quality improvement
 - a) Language preference documentation
 - b) Documentation by providers

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Strategies

- Build foundation elements
- Strong unit champions
- “Failure analyses”
 - Identify Trends
 - 1:1 follow-up
 - Strategies directly linked to trends

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Examples

- ***Significant utilization of family members***
 - Instituted interpreter rounding. Created daily inpatient lists by language in the EMR and protocol for rounding, which involves having interpreter staff round on units caring for LEP patients to touch base with nursing staff and patients.
 - Developed and disseminated scripting for talking with family members

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Examples continued

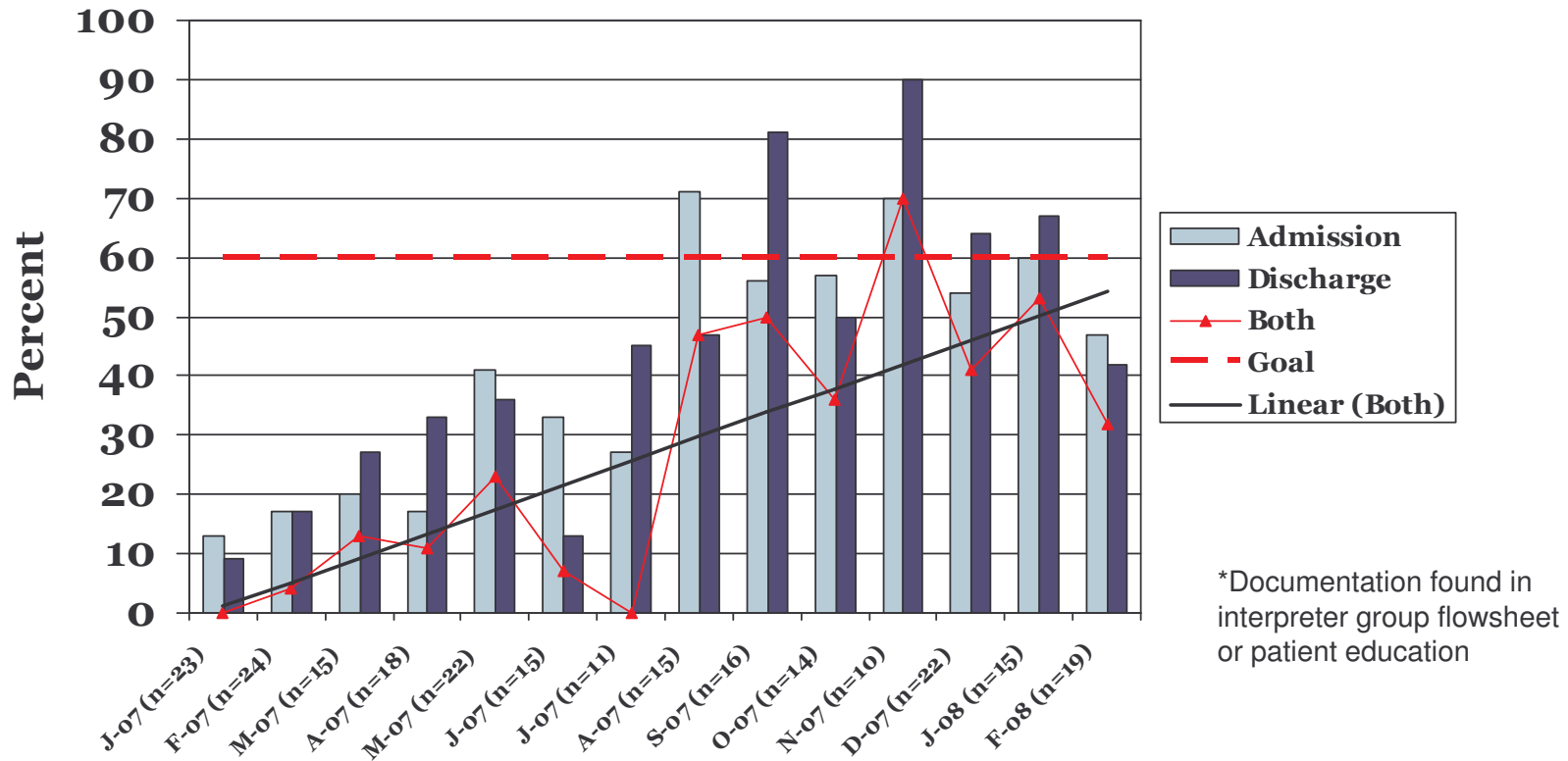
- ***Significant number of failures after hours and on-weekends from ED***
 - Modify report form in EMR to include language as a prompt for admitting nurse
- ***Significant failures for Spanish speaking patients when Spanish staff interpreter in the ER weekday evenings/nights***
 - Workflow changes for ED interpreter

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Results

Documented* Interpreter Use for Patients with Limited English Proficiency (LEP) Admitted to Pilot Units



*Documentation found in interpreter group flowsheet or patient education

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Next Steps

- How and where will we spread our *Speaking Together* learning throughout Regions Hospital?
 - Birth Center
- Obtain baseline data
- Unit champion and unit practice council engagement
- Education
- Quality Improvement techniques