

# DEVELOPMENT AND IMPLEMENTATION OF AN INTERPRETER ROUNDING MODEL TO IMPROVE COMMUNICATION ACCESS



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## BACKGROUND

- Number of foreign-language speakers has increased 192 percent from 1980-2018<sup>1</sup>
- Federal law requires interpretation services be provided to all patients who need them<sup>2</sup>
- Health systems often struggle to deliver due to patient volume and lack of reimbursement<sup>2</sup>
- Not using professional interpretation can lead to more medical errors<sup>3</sup>

## AIM

Observe the implementation of a new interpreter rounding model and assess the way interpreters are utilized to provide better patient-provider communication

## BARRIERS

Nurses  
Providers  
HUCs



- Unaware how to find an interpreter
- Coordination and timing
- Justifying calling

Patients



- Not used enough for routine cares
- Confusion about medications
- Could not ask questions

## MODEL DEVELOPMENT

- Interpreters receive lists of hospitalized patients requiring services and connect with the patient's provider, nurse, and unit coordinator twice a day to provide assistance and increase awareness of interpreter resources to the team

## THEMATIC ANALYSIS

Interpreting  
Language  
and Culture

- Teaching providers how culture can influence language
- Acting as a culture broker through different health care systems

Medication  
Discussions

- Asking questions about routine medications
- Facilitating discussion between nurses and patients

Subjective  
Symptoms

- Addressing pain after procedures
- Advocating for patient safety

## DISCUSSION

- Interpreters play a vital role in enhancing the provider-patient relationship by adding cultural knowledge
- Patients benefit from creating a connection with the rounding interpreter
- Advertises interpreter services to patient care team to involve interpreters for all clinical interactions
- Contribute to a system of medical safety by facilitating medication discussions
- Can be resource intensive to have an assigned interpreter round on all patients
- May not always get to connect with each care team
- Emergencies pull interpreters away

## NEXT STEPS

- Expand rounding model to other interpreter services including Somali
- Discuss implementation process with other health care systems
- Continue to advocate for increased interpreter access for foreign language patients

## REFERENCES

1. Zeigler K, Camarota S. 67.3 million in the United States Spoke a Foreign Language at Home in 2018. Center for Immigration Studies Reports. October 2019.
2. Nápoles AM, Santoyo-Olsson J, Karliner LS, Gregorich SE, Pérez-Stable EJ. Inaccurate Language Interpretation and Its Clinical Significance in the Medical Encounters of Spanish-speaking Latinos. *Med Care*. 2015 Nov;53(11):940-7.
3. Flores G, Laws MB, Mayo SJ, Zuckerman B, Abreu M, Medina L, Hardt EJ. Errors in medical interpretation and their potential clinical consequences in pediatric encounters. *Pediatrics*. 2003 Jan;111(1):6-14.

## ACKNOWLEDGMENTS

Thank you to the Regions Hospital Spanish Interpreters for welcoming us and sharing their stories!