

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



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BACKGROUND

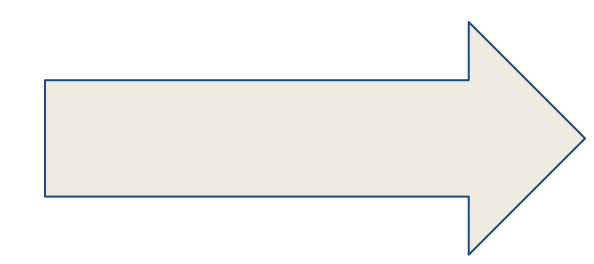
- Number of foreign-language speakers has increased 192 percent from 1980-2018¹
- Federal law requires interpretation services be provided to all patients who need them²
- Health systems often struggle to deliver due to patient volume and lack of reimbursement²
- Not using professional interpretation can lead to more medical errors³

AIM

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

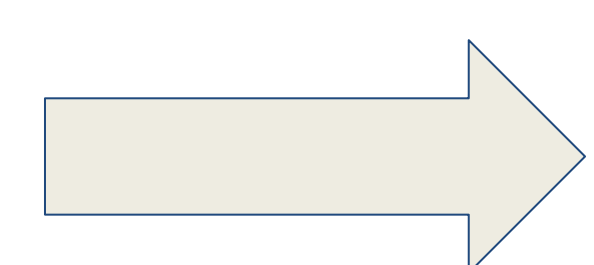
BARRIERS

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

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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

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