Improving Availability & Staff Use of Linguistic Services to Meet the Health Care Needs of a Diverse Population
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Project Description

A framework from the Joint Commission was utilized to guide this project. The framework consists of 4 key components:
1. Building a foundation
2. Collecting and using data to improve services
3. Accommodating the needs of specific population
4. Establishing internal and external collaborations (Wilson-Stronks, et al., 2008)

Data is being collected and analyzed for planning and improving services. A team of internal and external stakeholders was created, and meets monthly to develop strategic initiatives and action plans related to the Hispanic population. Leadership is committed to operational procedures, resources, and staff education.

A Patient Navigator was added to augment a full-time hospital interpreter, telephone, and remote interpretation services. Project was implemented in January 2016. Use of linguistic services has improved with identification of patients requiring interpreters. Electronic Medical Record Audits indicate that overall interpreter utilization improved from 25% in January 2016, to 100% in June 2016, for those patients indicating Spanish as a preferred language (Interpreter services were accessed at least once during the admission). Actions have been taken to improve areas of vulnerability such as consents, changes in level of condition, and discharge planning. However, all three of these have improved over time.

HCAHPS Overall Rating Score for this patient population is also analyzed and is trending in positive direction.

Findings

Use of Interpreter Service for Change in Condition or Level of Care

Use of Interpreter Service for Discharge Education/Planning

Use of Interpreter Service for Patients with Spanish as Preferred Language

HCAHPS Overall Rating Top Box – Spanish Surveys

- Use of interpreter services has improved with identification of patients requiring interpreters.
- Electronic Medical Record Audits indicate that overall interpreter utilization improved from 25% in January 2016, to 100% in June 2016, for those patients indicating Spanish as a preferred language.
- Actions have been taken to improve areas of vulnerability such as consents, changes in level of condition, and discharge planning.
- HCAHPS Overall Rating Score for this patient population is also analyzed and is trending in positive direction.

Conclusion

Addressing the needs of this vulnerable population is improving this hospital’s ability to provide culturally competent care, reduce risk, and contribute to the overall quality plan.

Implications

- Ongoing education, transparency of data, and communication is vital to ensuring sustainability.
- Additional focus around discharge planning and patient / family education should be considered.
- Understanding quality data, gaps, and the needs of this and other vulnerable patient populations is essential as part of a population health strategy.

References