AIM

• To increase the percentage of morning rounding encounters with professional IPs for LEP families on the pediatric inpatient ward to 75% by January 1st, 2017

METHODS

• We used the Institute for Healthcare Improvement’s Model of Improvement, Plan-Do-Study-Act cycles, and run chart analysis
• Baseline data was collected September-October 2014
• Post-intervention data was collected October 2014 through August 2016 through daily forms completed by the medical team (see Figure 2) and patient satisfaction surveys

RESULTS

• 530 confirmed morning rounding encounters with IPs since start of initiative
• 62% of LEP rounding encounters had care plans discussed in the family’s preferred language with an IP during most recent PDSA cycle, up from 0% at baseline
• 20% of IP encounters have been associated with a change in management
• Form completion rates highest with weekly in-person and email check-ins with trainees
• No difference in average reported rounding time with or without IPs (average 2 hrs 8 mins)
• Patient satisfaction for LEP patients was high and comparable to EP patients during data collection through November 2015

CONCLUSIONS

• Maintaining the presence of an interpreter requesting system significantly increased the use of interpreters during morning rounds at our institution
• Despite the challenge of frequently rotating team members, culture change promoting language-concordant care may be occurring
• Discussion of care plans with LEP patients in their preferred language with in-person interpreters may be associated with changes in management without increasing duration of rounds

NEXT STEPS

• Address optimal timing of encounters with interpreters through continued collaboration with Interpreter Services
• Restart weekly in-person check-ins with medical team
• Continue working with the rapid turnover of medical students and residents through improved orientation, culture change, and increased awareness of the benefits of utilizing IPs

REFERENCES

1. Flores G. The impact of medical interpreter services on the quality of health care: a systematic review. Med Care (Rev) 1999;56:255-299