

Background

- Children with health disparities experience longer hospital stays, higher mortality, and increased costs of care.
- Our institutional data demonstrated higher rates of CLABSI, CAUTI, HAPI and SSI among patients with preferred language-of-care other than English.

Aim

To apply standard quality processes to identify root causes and implement strategies to address language-of-care barriers.

Methods

- Randall Children's Hospital is a 167-bed community hospital.
- Our institution has a quality and operational model that utilizes Lean methodologies and includes Hospital Acquired Condition (HAC) committees:
 - CLABSI
 - CAUTI
 - SSI
 - HAPI
 - UE
- Lean methodologies applied to this quality improvement topic included A3 Problem-solving Tool, Standard Work Confirmation tools, and the Plan-Do-Check-Act Cycle.

Framework A3 Problem-Solving Tool

Problem Statement	Problem Owner	Start date	First meeting date	Rev date	Rev #
Box 1: Current condition and problems	Box 3: Ideal Condition				
Containment	Barriers				
Box 2: Problems and root causes	Hypothesis If... then... is measured by...				
	Box 4: Countermeasures to root causes				
	Action Plan				
	Who	What	By when?	Status	

Identified Key Language-of-Care Barriers

- Limited availability of electronic interpretation devices
- Under use of in-house interpreters
- Lack of staff knowledge on language-of-care resources
- Lack of standard work process

Countermeasures Implemented

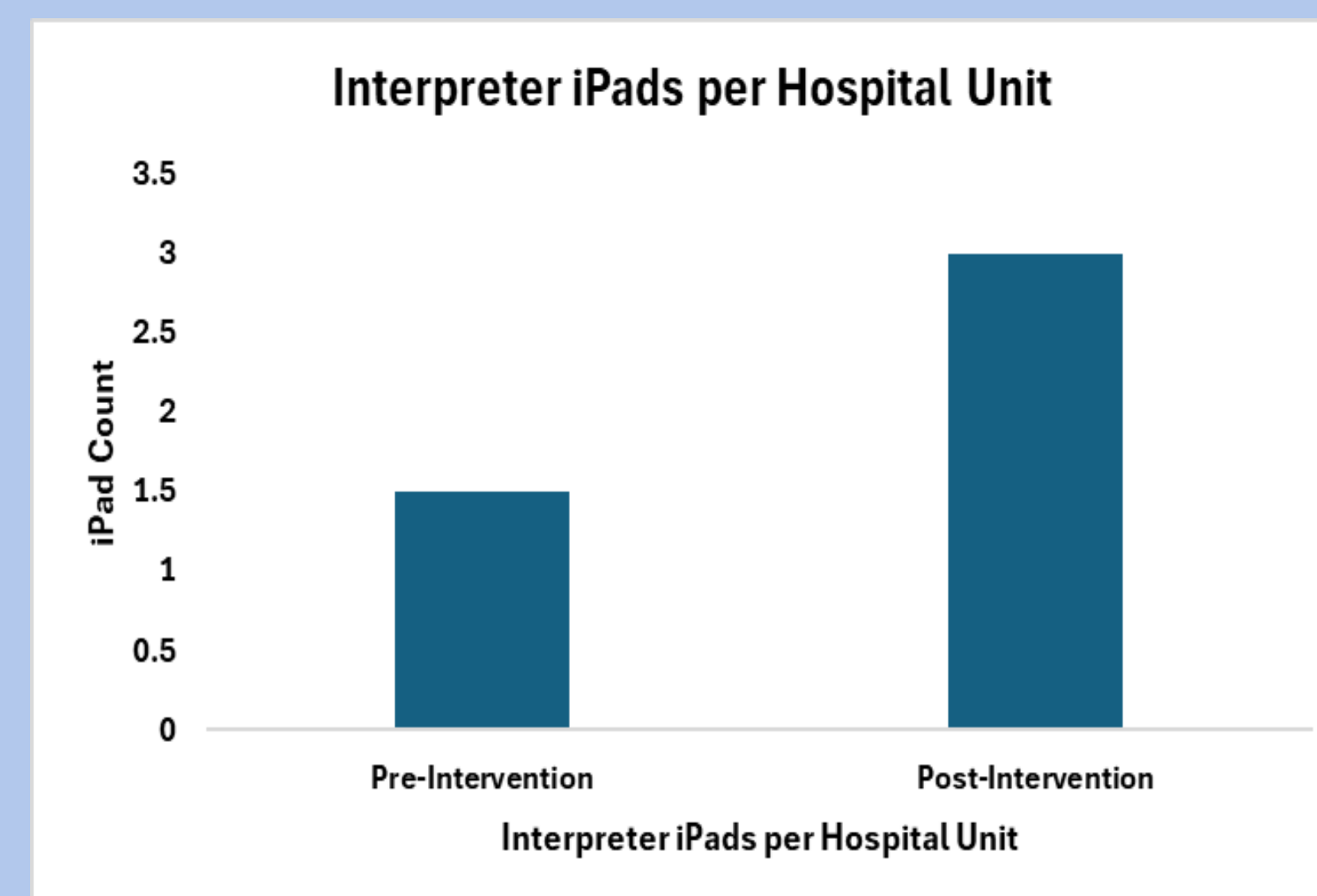
- Increased electronic interpretation capacity
- Implemented daily rounding by in-house Spanish interpreters
- Educated staff on use of intranet Interpreter Services resource page
- Increased availability of communication boards for uncommon languages for staff use throughout the hospital
- Developed standard work for language-of-care

Successful Communication is Dependent on Accessibility to Language Services and Consistency in Use

Results

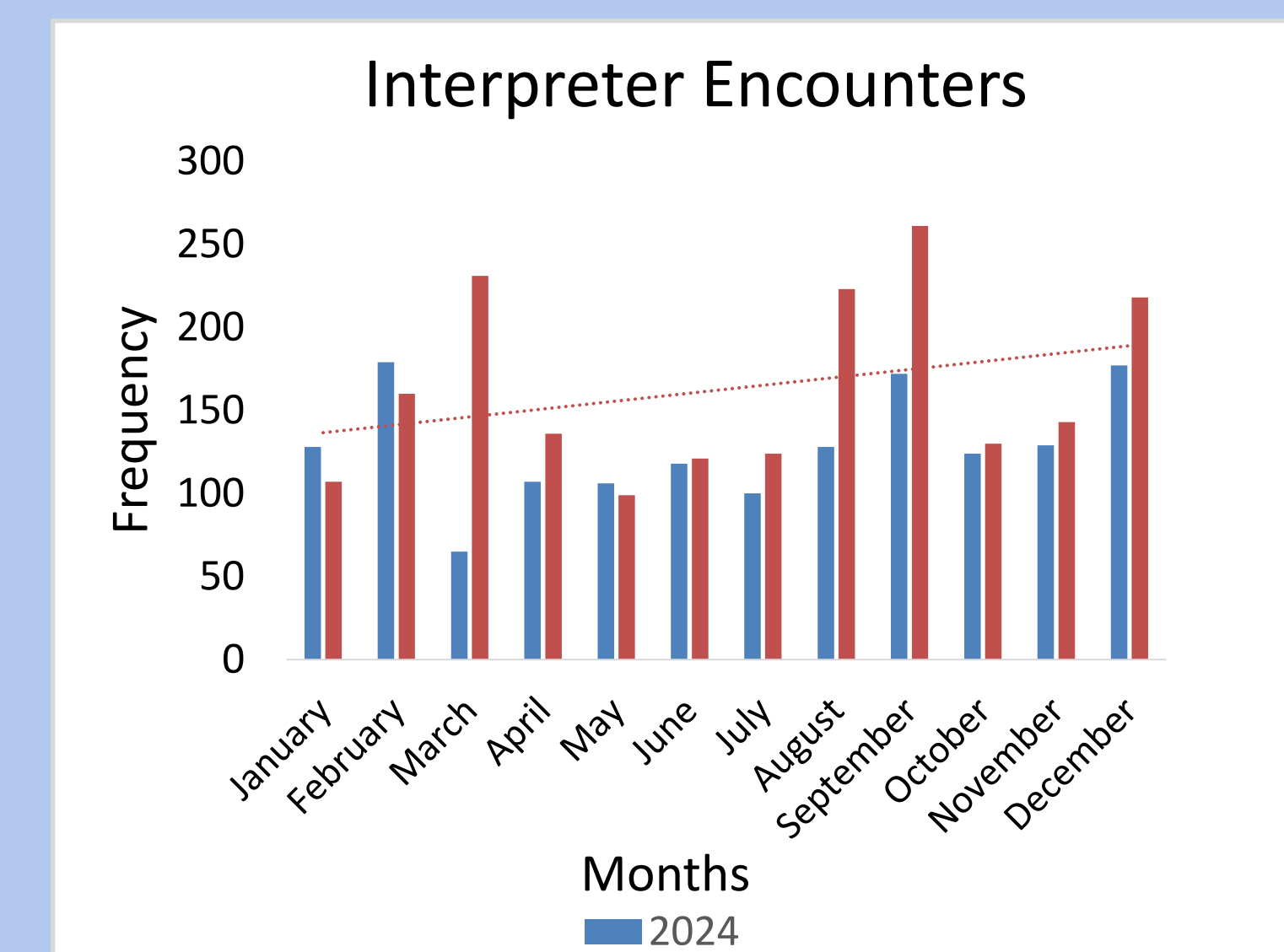
Intervention 1

Availability of interpreter-enabled tablets



Intervention 2

In-person interpreter encounters



Process Measure Tool

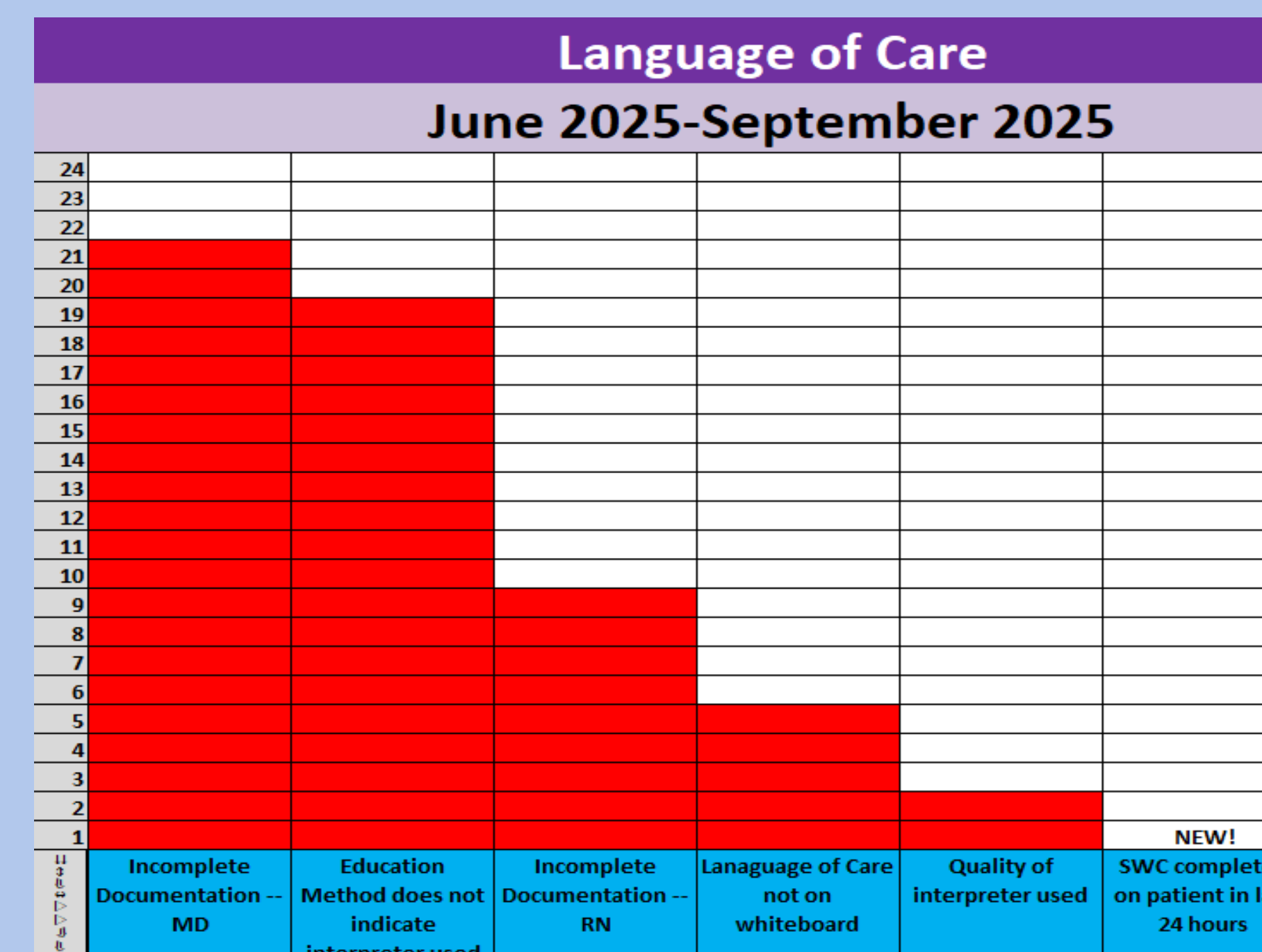
Standard Work Confirmation Tool

Language of Care Standard Work Confirmation Tool		RANDALL CHILDREN'S HOSPITAL LEGACY EMANUEL	
Date:	Unit:		
1. Review Epic for list of patients that are non-English speaking 2. Round with CN to confirm patients/parents that need interpreter 3. Round with bedside staff to review Epic documentation and interpreter SW for current shift 4. Review chart for documentation from variety of disciplines			
Room #			
Language of Care noted in Epic: note language			
Language of Care noted on white board			
Language Services were provided during encounter per policy with complete documentation			
MD			
RN			
Therapy			
Other			
Learning Needs Assessment : Language/Cognition question is complete			
Education documentation: Method of education includes "Interpreter"			
Is patient at risk for any HAC? (CLABSI, CAUTI, HAPI, SSI, UE)	Yes / No	Yes / No	Yes / No
If yes to HAC risk, there is a SWC completed in last 24 hours			
Notes/Barriers/Questions			

Version 9.25.25

Process Measure Outcome

Standard Work Observation Missed Compliance



Conclusions

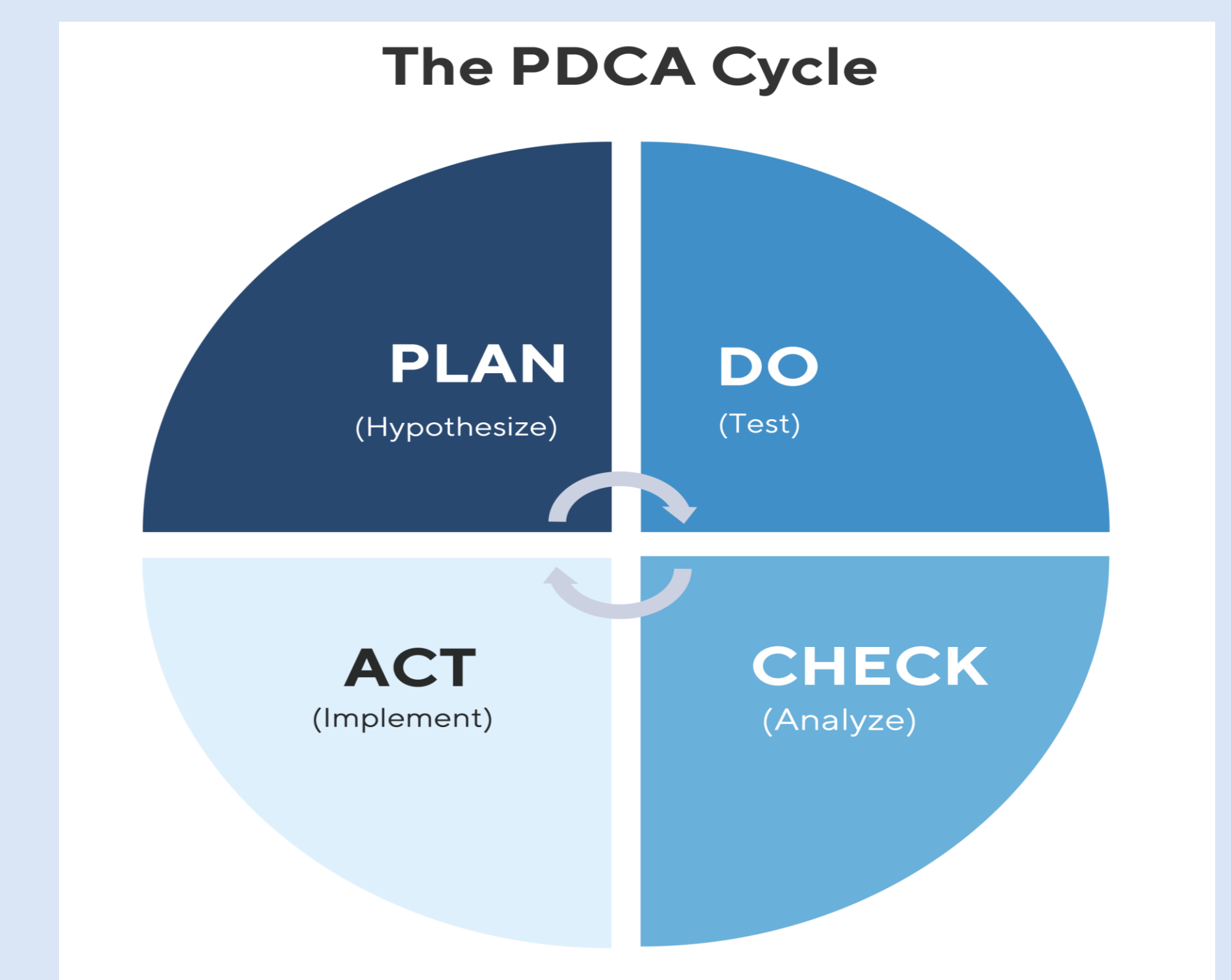
- There was a 50% expansion of interpreter-enabled iPads
- In-house interpreter utilization increased by 15% in the first 3 months
- Interpreter encounters increased by 27% over the past year

Discussion

- Implementing structured, proactive language of care processes increased access to interpreter services.
- Findings reinforced that addressing language needs must be a core component of safety culture and harm elimination.

Implications for practice

- Hospitals should capture and monitor HAC process data for non-English speaking patients
- Hospitals should consider patients with language other than English as high-risk for harm and identify mitigation strategies
- Proactive Safety Huddles should be considered for patients with language other than English
- Future focus on enhancement of printed discharge/teaching materials to follow both language of care and health literacy



Contact

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