

## Background

### Problem Statements:

- (1) There is a lack of training on the proper use of Language Interpretation Services (LIS) by physicians and advanced practice providers for patients with Limited English Proficiency (LEP) in Thomas Jefferson University Hospital (TJUH) Emergency Department (ED).
- (2) There is a lack of awareness about existing policies/guidelines on using LIS.
- (3) There is an existing training module on proper LIS utilization that lacks the consideration of cultural and linguistic nuances when serving LEP patients.

### Project AIM:

Evaluate the effectiveness of a modified training module on the use of LIS in a hospital setting in improving ED staff care for LEP patients.

## Baseline Metrics

- In a cross-sectional, IRB-approved survey delivered to TJUH ED staff, the following data were obtained:

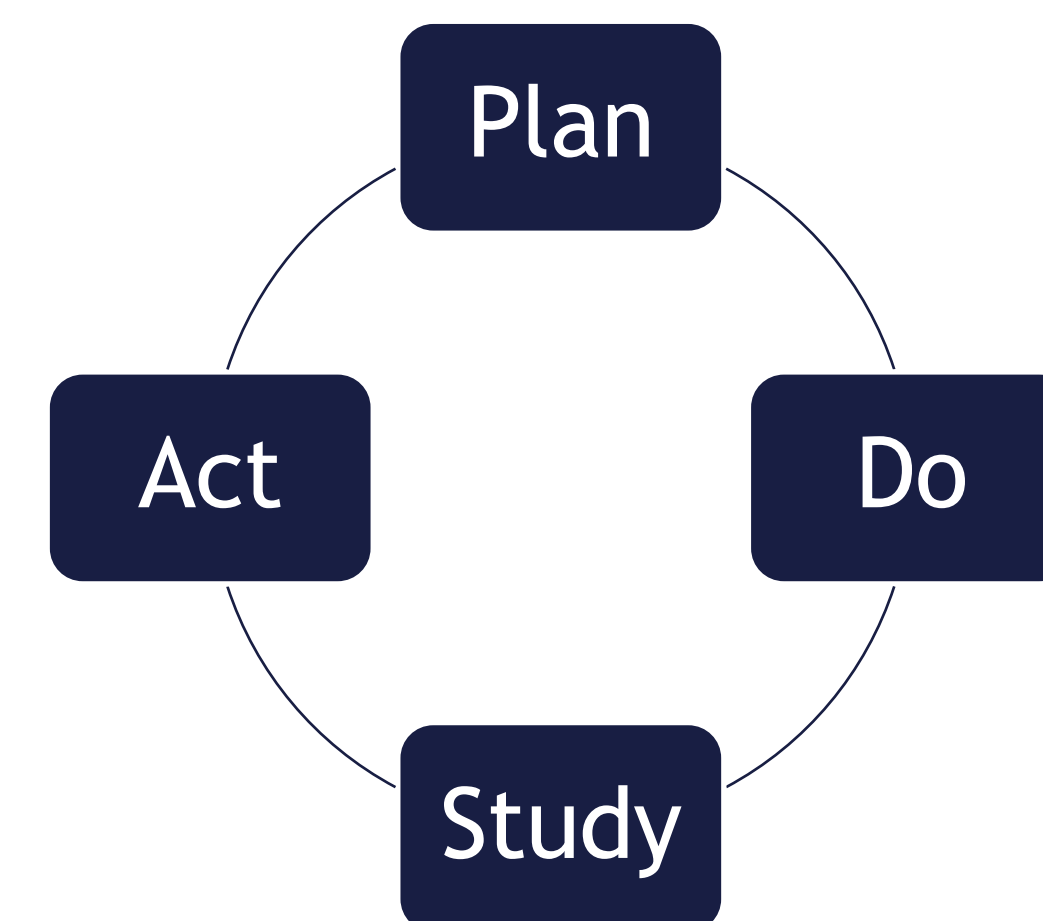
70% of ED staff have not received formal training on working with an interpreter.

ED staff are not using the interpreting modality they would prefer.

47% of ED staff were unsure if the ED has a language assistance policy.

- 61% had not read it.
- 46% are unsure of where it can be found for reference.

## Interventions



LIS is not commonly and effectively utilized by ED staff when serving LEP patients. We plan to implement a modified training module on LIS use for patient-facing ED staff.

Expansion of the training module to clinical and non-clinical staff:

- In additional specialties and divisions at TJUH.
- Across the Jefferson Enterprise, spanning Pennsylvania, New Jersey, and Delaware.

Modify the existing LIS training module to include actionable tips to enhance cultural sensitivity and patient comfort and implement the module in a group of emergency medicine residents.

Evaluate the effectiveness of the implemented training module via a pre- and post-test survey to assess:

- Level of comfort with using LIS when caring for LEP patients.
- Awareness of a language assistance policy.



## Challenges

- Locating the language assistance policies/guidelines.
- Reaching the appropriate offices and representatives for collaboration.

## Future Directions

- Ongoing collaboration with the Diversity & Inclusion Office at SKMC, the Health Equity and Chief Experience Office, and Guest Services at Jefferson Health Center City to **implement** and **incorporate** the training module into:
  - Other divisions in the hospital:
    - Both clinical and non-clinical staff.
  - The JeffMD curriculum at SKMC for clinical students:
    - Prepare students for inevitable LEP encounters.
    - Enhance clinical competency.
    - Improve cultural sensitivity.

## Linkage to Healthcare Disparities

- Multiple studies show that language assistance in the acute care setting is underutilized.
- Language barriers have been demonstrated to increase the risks to patient safety, and LEP patients have been shown to experience differences in care as measured by:
  - Unplanned ED revisit
  - LEP patients were 24% more likely to revisit in 72h
  - Number of diagnostic tests.
  - Follow-up referral.
- It is our hope that improving communication with LEP patients at Jefferson will prioritize health equity for this vulnerable population and increase patient safety.