

Ensuring Proper Utilization of Interpreter Services in the Emergency Department.

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Background/ Triggers

- Large population of Non-English speaking patients in ED
- Observed under utilization and documentation of interpreter services (iPad, Dual Handset telephone, on site interpreters)
- Regulatory practice survey revealed gaps in utilization of interpreter services and required documentation

PICO Question

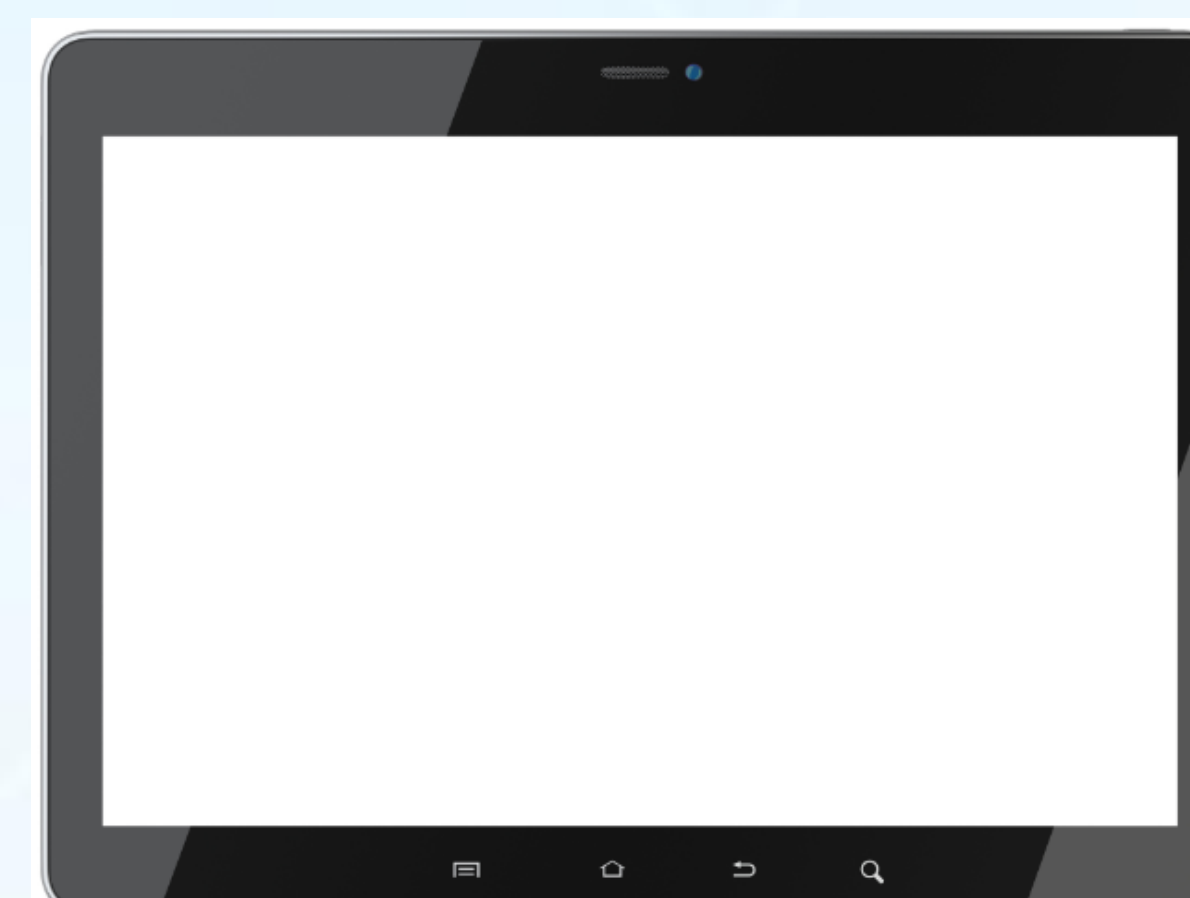
Will ED nurses with additional education on utilization of interpreter services demonstrate increased compliance with documentation of interpreter services (interpreter name and identification or refusal) in the emergency department?

Evidence

- Increased patient (96%) and provider (94%) satisfaction with use of interpreter services (Bagchi, A et. Al, 2011)
- Shorter provider to disposition time with in-person interpreter services (Grover, A. et. Al, 2011).
- Decreased 30 day readmission rate (from 17.8% to 13.4%) with use of interpreter services via dual-handset telephone (Karlner, L.S, 2017)

Implementation

- Partner with Interpreter Services to assist in data collection
- Analyze charts through random selection from October 29th 2017 through November 18th, 2017.
- Provide “bucket rounding” education to RNs November 5th through November 11th in the Cedar Crest Emergency Department
 - Present evidence about importance of interpreter usage
 - Discuss where to chart interpreter utilization and what needs to be charted per LVHN policy
 - Where in EPIC to document the use of interpreter services (General/Restraints→ Interpreter Services)
 - What in EPIC to document (type of service used and interpreter I.D. number)
- Measure chart compliance by chart review post education from November 26th 2017 through December 17th 2017
 - Chart review will look at patients that have a primary language other than English listed
 - Review charting under “Interpreter”
 - Review if charting is consistent with policy (i.e. interpreter I.D. number)



Results

- Pre-implementation data revealed 20% of RNs correctly documented the use of interpreter per LVHN policy from October 29th through Nov 18th.
 - 4 out of 20 charts- complete documentation of interpreter use and ID number (20%)
 - 8 out of 20 charts- documentation of interpreter use present, did not contain interpreter ID number (40%)
- 70.4% of ED RNs educated (88 of 125 RNs)
- Post Education Results pending vendor report.

Conclusion

- After education, nursing compliance with interpreter documentation should improve: vendor data will assist in validating effectiveness of education.

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