

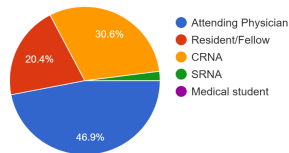
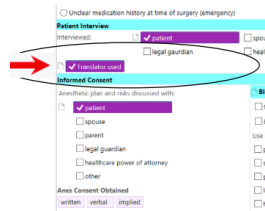
INTRODUCTION

Limited English proficient (LEP) patients represent a population vulnerable to inadequate informed consent. Utilization of translation services has shown to decrease communication errors, increase patient comprehension, improve clinical outcomes, and increase patient satisfaction. Appropriate use of trained interpreters mitigate pitfalls that result in miscomprehension of relevant clinical information. Our project aimed to improve appropriate use of translation services when obtaining informed consent for LEP patients.

METHODS

Initially, a survey was sent out within the Department of Anesthesiology to assess current informed consent practice for non-English proficient patients. All participation was voluntary, and participants remain anonymous. We further obtained data where we identified all non-English proficient patients (determined as preferred language other than English listed in Epic) undergoing a procedure requiring anesthesia services and examined the correct documentation of use of translation services for non-English proficient patients. The intervention arm consisted of a grand rounds presentation regarding the importance, needs, legalities and precedence of handling proper informed consent for LEPs as well as tutorial sessions to install and utilize certified mobile video translators were carried out regularly for 4 weeks. Finally, the same EMR query data was conducted for 3 months after the intervention to produce our conclusions.

Demographics:

Anesthesia Chart Documentation

RESULTS

PRE-INTERVENTION:

Date Range: September 2021, September 2022
(575 Limited English Proficiency records pulled)

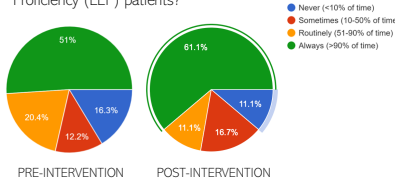
16.4 % records WITH DOCUMENTATION OF TRANSLATION SERVICES UTILIZATION.

POST-INTERVENTION:

Date Range: January - March 2023
(1000+ Limited English Proficiency records pulled)

24.0 % records WITH DOCUMENTATION OF TRANSLATION SERVICES UTILIZATION.

How often do you utilize certified in-person translator and/or video translator when obtaining consent for Limited English Proficiency (LEP) patients?



I found the grand rounds presentation given to the department on 11/29/22 regarding patients with Limited English Proficiency (LEP) helpful



Problem...

1. We are appropriately using certified interpreters (video or in person) BUT NOT DOCUMENTING in the EMR

OR

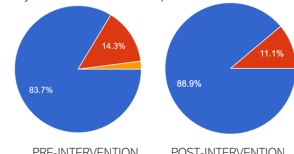
2. We are NOT APPROPRIATELY USING certified interpreters and not documenting in the EMR

Solutions...

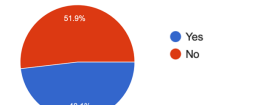
1. Downloading the "Voyce Global" mobile application for ease of access to certified interpreter

2. Proper documentation in EPIC via clicking the "translator used" icon in our anesthesia preoperative evaluation.

I am aware/used the certified video translator system available at cooper



I have the voice translator application currently installed on my smart device



DISCUSSION

Survey demographics were obtained. 92.5% of respondents found our intervention useful. 48% had downloaded the VOYCE app to their phone. Pre-intervention, 51% of respondents stated they always utilize appropriate translation services whereas post-intervention the number increased to 61.1%. The number of providers who said never decreased from 16.6% to 11.1%. Data pulled from Epic pre-intervention revealed a 16.38% compliance while post-intervention Epic records revealed a 46% increase in documented translator usage.



CONCLUSION

While we report an increase in compliance of documentation and self-reported use of services, there are limitations. Accuracy of EPIC data extracted requires the listing of patients' preferred native language to be correct and does not account for whether the patient is actually fluent in English as a second language. Surveys run the risk of bias due to the selection and self-reported response process. Despite the overall improvement in our department, we will continue education the importance of translator services as appropriate use of translation services is critical to safe care of LEP patients.

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