



Saad Khalil Memorial Junior Fellow Quality Improvement Challenge

Project Submission Form

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Project Title: Increasing Intrapartum Interpretation Services																							
<p>1. Please describe the quality problem or issue: Patients with limited English proficiency require an interpreter to understand health care information. Use of interpreters improves patient satisfaction and quality of care. Literature review from hospitalized patients demonstrates that documentation of interpreters ranges from 17-34%. Concerns exist regarding suboptimal use and documentation of interpretation services on Labor & Delivery.</p>																							
<p>2. AIM Statement: The aim of this quality improvement project is to increase the percentage of documented interpretation services by 20% on Admission History & Physicals when admitted to Crouse Hospital Labor & Delivery for patients with limited English proficiency.</p>																							
<p>3. Team Members (please include title and role):</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">Name</th> <th style="width:33%;">Title</th> <th style="width:33%;">Role</th> </tr> </thead> <tbody> <tr> <td>Michaela Simmons</td> <td>DO, PGY-3</td> <td>Co-investigator</td> </tr> <tr> <td>Caroline Stroup</td> <td>MD, Assistant Professor</td> <td>Principal Investigator</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Name	Title	Role	Michaela Simmons	DO, PGY-3	Co-investigator	Caroline Stroup	MD, Assistant Professor	Principal Investigator												
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4. Abstract: Please include the following components

a. Background information:

- i. Include relevance of this project, institutional information, baseline data for planning, impact of this project, and/or added value of this project.

b. Methods:

- i. Include rapid change cycles used (PDSA, DMAIC, etc.), team composition, meetings, any innovative or effective methods that are data driven. Include any multidisciplinary aspects of team building or integration of services to achieve desired result(s).

c. Results:

- i. Include appropriate metrics pre and post intervention.

d. Sustainability plans or control of project:

- i. Include efforts or planning for sustainability of the project for institutional and patient benefit.

Background: Nearly one-half of all people in the US have difficulty understanding healthcare information. Language barriers are a common contributing factor. ACOG recommends providing interpreter services for all patient interactions when the patient's language is not the clinicians language. Literatures review demonstrates documentation of interpretation ranging between 17-34% for patients with limited English proficiency. Studies have shown that interpretation services improve patient satisfaction, comprehension, and quality of care while reducing readmissions and adverse events. This quality improvement project determined the frequency that interpretation services are documented for intrapartum admissions in patients with limited English proficiency and evaluates an intervention designed to increase the use of interpretation services.

Methods: Chart review from three prenatal offices identified patients with limited English proficiency and a due date in a selected six-month range. Data were extracted through chart review from hospital admission. The QI intervention was the creation of a section within Obstetric H&P for uniform documentation of interpretation services. Data were analyzed with SPSS Version 26 using Fisher's exact test. Data sub-analysis included evaluation of interpreter use for refugee patients. Documentation of refugee health examination or country of refugee camp verified refugee status.

Results: 46 women met the study criteria. The most common languages were Arabic (23.9%), Somali (17.4%), and Kinyarwanda (10.9%). This QI intervention demonstrated an increase in documentation of interpretation services from 21.9% to 78.6% ($p < 0.01$). Forty-three percent of women had documented refugee status. Refugee women had interpretation services documented less frequently than women without documented refugee status (25% vs 50%, $p = 0.13$). Additionally, documentation of interpretation services on intrapartum admission was lower in women who required readmission postpartum as compared to those who were not readmitted postpartum (20% vs 41.5%, $p = 0.63$).

Sustainability plans or control of project: This ongoing project has additional interventions including educational sessions for the OB/GYN department on effective use of an interpreter, and posted signage informing patients of their right to an interpreter in the most used languages. These interventions hope to create a culture and habit of using and documenting interpreters.

Due to the success of the initial intervention on the Obstetric H&P, the IT Department implemented this intervention across the electronic medical record for history & physical documentation across all specialties, which will hopefully provide increased utilization and documentation of interpretation services for all patients being admitted to the hospital.