Saint Francis Care Medical Center, Hartford, CT

A Research Simulation with Ob/Gyn Residents to Assess Current Language Service Practices

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Background: Saint Francis Care has a commitment to the highest levels of quality and safety, with emphasis on the critical domains of communication, teamwork, transition in care, medication use, and minimally invasive procedures. Health equity is a board-level priority, and effective communication, including appropriate language services, is an equity and safety concern. Enhancing access to appropriate language services is a systemwide initiative, led by the Curtis D. Robinson Center for Health Equity, a Saint Francis institute. As part of that effort, an education, simulation, and evaluation activity with Ob/Gyn residents served as an initial demonstration for systemwide implementation.

Methods: The specific target was to enhance the use of the Martti video remote interpreter device to improve the services for patients with limited English proficiency (LEP). Fifteen Ob/Gyn residents participated in a pretest session, an educational session, and a simulation activity in which 5 residents worked with a patient with LEP and accessed language services. The remaining 10 residents served as observers, participated in a discussion assessing the activity and current hospital medical standards, and provided recommendations for other training focused on language services. Following the discussion, a posttest about the Martti video remote interpreter device was administered.

Results: A total of 5/5 residents used the Martti video remote interpreter device within 1 minute of a patient encounter; 2/5 residents accurately reached the diagnosis; 3/5 residents continued interaction with patient throughout the encounter; and 2/5 residents checked to see whether there were questions regarding the diagnosis. No residents accurately described the Martti process using the translation service. A total of 3/5 residents described Martti prior to having the translator present; 7/15 residents improved their scores from preassessment to postassessment; and 6/15 scores remained the same.

Conclusions: Issues with language and communication between physicians and patients have been identified as potential barriers to providing equitable care. Our project increased awareness about the importance of language services in our hospital.

FINAL WORK PLAN – Saint Francis Care Medical Center

Team Charter/Objectives	At Saint Francis, health equity is a board-level priority, and effective communication is an equity and safety concern. Discussions with community members, residents, and clinicians indicated that health equity issues can be reflected in simple but important ways such as access to language services. Language barriers impact the use of health services for patients with LEP. They can cause patients to avoid seeking care, leave the hospital against medical advice, not have a regular primary care provider, and not comply with medical recommendations. LEP patients are more likely than English-speaking patients to experience medical errors caused by communication errors. And LEP patients who experience medical communication errors are more likely to be harmed more severely when compared to English speaking patients.
Project Description	A 10-question assessment about language service guidelines, protocol, and how to use the Martti device was administered and followed by a presentation about the Martti video remote interpreter. Two patient case scenarios were identified for Ob/Gyn residents to do in simulation lab. The observers completed an 8-item checklist of measureable items based on language service/Martti and best practice guidelines to check the residents' use of the protocol during the simulation and to serve as points of discussion after the exercise. The postsimulation discussion focused on the importance of the language service, the simulation activity (what went well/what was difficult), quality outcomes, how medical errors can be avoided, and how language barriers can impact health outcomes. An assessment was conducted following the simulation activity and discussion.

Vision Statement	We will identify the specific factors that impact the effective utilization of the Martti device among physicians, obtain insight on how physicians would like to use the Martti device to effectively treat and diagnose their patients, and produce recommendations and improvements to our current language service use guidelines that promote equitable care for all patients**.**
Success Factors	Once Martti was implemented, residents effectively communicated with the patient. Martti was implemented in a timely fashion, without delay in patient care. Increased awareness regarding other translation services, including "language boxes" and record translation, was achieved through this project.
Barriers	The barriers we encountered were the availability of bilingual simulation patients; the ability of residents to fully participate, given other duties within the 80-hour work week; operating the Martti video remote interpreter device; budgetary support for learning health systems; significant change to executive leadership; and scheduling sessions with residents and leadership.
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	The simulation could have been improved by more attention to realistic context (ie, without the Martti device positioned at the bedside). The simulation was limited by a small sample size and should be expanded to include other residents, faculty, and ancillary staff. One of the requested languages was not available with Martti; this challenge could have been circumvented by having multiple language services available for translation, as well as different modalities.

Scott & White Healthcare, Temple, TX

CLER: One Institution's Experience and the Importance of Integrating the C-Suite in Graduate Medical Education

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Background: With CLER, the entire institution is held accountable, including the C-suite, quality and safety personnel, and the nursing staff. Plans were made to tackle the anticipated CLER visit as an opportunity rather than an accreditation visit. This approach required a team effort consisting of house staff, program coordinators, program directors, faculty members, safety and quality staff, and the C-suite to work collaboratively with the DIO.

Methods: We created handouts for house staff, program directors, faculty, the C-suite, and nursing staff, and we developed a badge holder insert with descriptions of the 6 focus areas: patient safety, professionalism, fatigue management/duty hours, quality improvement, transitions in care, and supervision. Meetings included the CLER advisory group consisting of house staff, coordinators, program directors, faculty, and GME staff. We prepared presentations to nursing executives, the chair caucus, the GMEC board of directors, and the Academic Operations Council. Updates were shared at GMEC meetings.

Results: Excellent team representation contributed to dissemination of information to all concerned. We received timely support and input from the board of directors and C-suite. Program directors, faculty, and house staff led each of the groups in disseminating information and coordinating the team for the actual site visit. We observed a coherent, enthusiastic, and common platform response during the site visit—a proactive approach rather than a reactive one.

Conclusions: Our project paved the way for developing better relationships with house staff and understanding institutional goals, policies, and quality and safety projects. It will be very useful and critical for the success of the GME programs.

Editor's note: The team at Scott & White conducted an extensive preparation for the CLER visit that they detailed in their poster, and that information is presented in the abstract. As a result of the CLER visit, they selected transitions in care for their NI IV project, and that information is presented in the Work Plan.