

Swedish Medical Center, Seattle, WA

In Their Own Words: Improving Interpretation and Language Access

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Background: In 2015, Swedish Medical Center recorded 114,282 patient requests for interpretation in 143 different languages. CHNAs and interviews with community leaders identified the importance of cultural and linguistic competency when designing healthcare services. Our goal was to reduce language barriers for the most-used languages and improve the care experience for limited English proficiency (LEP) communities at Swedish.

Methods: We began by reviewing CHNAs and having discussions with various LEP community stakeholders about their experiences at Swedish. We developed an in-language patient satisfaction survey for baseline and compiled translated forms and documents. Once we reviewed the data, we created a communication plan for units and clinics that would engage charge nurses, and we distributed language aids. We created updated forms and documents and developed a training program to internally share and educate caregivers. Postintervention, we again conducted the patient satisfaction survey.

Results: LEP patients' knowledge of how to use interpretive services increased from baseline to postintervention, and LEP patients' reported ease of communication also improved. This intervention showed that we could raise awareness through project presentation to leadership and staff, that we should develop interpreter services training and embed a presentation about these services in the monthly and yearly new provider and resident orientation, and that we should include language scenarios in the Culture of Safety training.

Conclusion: LEP patients and staff alike have frustrations when it comes to the impact of communication limitations on patient care. We believe that the interventions developed in this project have the potential to improve numerous patient/staff interactions and patient experiences. Although data collection to support this conclusion has been difficult, we received positive feedback from the nursing staff regarding the compilation and organization of frequently used documents. Our hope is that our Interpretive Services Department can build upon this work to sustain, scale, and spread our efforts to the entire Swedish Health Services system.

PROJECT MANAGEMENT PLAN – In Their Own Words: Improving Interpretation and Language Access

Vision Statement	Our vision is to improve engagement, bridge communication gaps, and deliver culturally responsive care to the limited English proficiency (LEP) communities we serve.
Team Objectives	Our objectives were to reduce language barriers for the most-used languages and to improve the care experience for LEP communities at Swedish. Our project targets were the top 5 non-English speaking communities: Spanish, Chinese (Cantonese and Mandarin), Vietnamese, Somali, and Amharic. Our project scope was First Hill Campus Inpatient Units (medical/surgical, postpartum, and pediatric units) and Outpatient Clinics (First Hill and Cherry Hill Family Medicine Resident Clinics). Our project assumptions were that lack of culturally sensitive menus (translated menus, special diets) for inpatients, lack of translated forms/documents for clinical communication, need for universal signage for wayfinding, and limited and suboptimal user experience of interpreter services all contribute to impaired communication and suboptimal hospital experiences for LEP patients. Our measures of success were increased use of interpreter services and translated forms, increased awareness of the organization's language support and resources, improved patient satisfaction scores, increased physician satisfaction when providing care to LEP patients, and meeting communities' cultural needs as part of culturally competent care.
Success Factors	The most successful part of our work was presenting our project to Swedish executive leadership and administrative teams, as well as getting the unexpected approval of including an interpreter services presentation during new provider orientation as part of onboarding training. We were inspired by the passion and engagement of our own teammates. This project was driven, planned, and executed purely by residents who voluntarily dedicated time to support and contribute to the project with the goal of doing the right thing for our LEP patients.

Barriers	The largest barrier encountered was that the resources for data extraction and analysis (technical or operational) were not as rich as the group had originally anticipated. We worked to overcome this challenge by acknowledging missing gaps and remaining flexible to adjust project approaches while keeping our goals on target.
Lessons Learned	The single most important piece of advice to provide another team embarking on a similar initiative is to have a strong leadership sponsor to help manage change and clear system obstacles for the project.

The Christ Hospital Health Network, Cincinnati, OH Smoking Cessation Project

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Background: Our aims were to design a smoking cessation program and to standardize the documentation of smoking status with the goal of improving the health of a subset of underserved patients in the internal medicine clinic.

Methods: We educated residents and nursing staff in how to review and record smoking status in the patient’s chart during each visit, created an algorithm that residents and nurses could follow when educating patients on smoking cessation, and implemented follow-up phone calls by a nurse after the patient agreed to stop smoking. We collected data from 2010–2015 of all the patients in the medical residency clinic and assessed their smoking status. After the implementation of the smoking cessation program, we looked at the data from February 2016 to February 2017 to assess improvement of smoking documentation.

Results: Comparing the preintervention and postintervention data showed improved smoking status documentation. From preintervention to postintervention, the number of documented current smokers decreased from 1,684 to 584, the number of patients documented as former smokers decreased from 1,173 to 634, the number of patients who had never been assessed decreased from 227 to 1, and the number of patients documented as never having smoked decreased from 1,621 to 769. Creating a follow-up program called the “Don’t Do It” protocol helped to support patients in their efforts to quit smoking. This intervention included close nursing follow-up with phone calls to monitor progress and to document any medication side effects.

Conclusion: Patients benefit from improved documentation and follow-up in their smoking cessation efforts. The smoking cessation project increased smoking status documentation and smoking cessation counseling. A long-term goal is to screen patients for lung cancer with low-dose CT scans who should qualify for screening with correct smoking history documentation. This project will be continued as a quality improvement project by future residents with the goal of decreasing the number of smokers.

PROJECT MANAGEMENT PLAN – Smoking Cessation Project

Vision Statement	Lung cancer, coronary artery disease, and chronic obstructive pulmonary disease are the 3 leading causes of death in Hamilton County, Cincinnati, OH. The Smoking Cessation Project is a sustainable program in the Internal Medicine Resident Clinic at The Christ Hospital that will improve documentation of smoking status and involve the design of a smoking cessation program that includes educating nursing staff and medical residents in smoking cessation clinical skills. The implementation will have a meaningful positive impact on the established underserved population from the Internal Medicine Residency Clinic community by improving early detection of lung cancer.
Team Objectives	Our objective was to design a smoking cessation program and to standardize documentation of smoking status. Our project requirements were to educate residents and nursing staff on how to review and record smoking status in a patient’s chart during each visit, to create an algorithm that residents and nursing staff can follow when educating a patient on smoking cessation, and to implement follow-up phone calls by a nurse after the patient has agreed to stop smoking. Our goal was to achieve 100% documentation of smoking status in our clinic patient population. A long-term goal was to provide low-dose CT scans at no charge to high-risk patients once their smoking history was documented correctly.