

Implementation of Interpreter Rounds Through a Spread of Innovations Model

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REASON FOR ACTION

Our Problem: The use of professional interpreters is associated with improved quality of health care of patients with limited English proficiency. The Center for Medicare and Medicaid Services and the Joint Commission require institutes to provide access to interpreter services.

CURRENT STATE

Baseline data at The University of North Carolina Medical Center (UNCMC) over a three month period demonstrated that there was only a 57% compliance of providing a daily interpreter for patients who selected Spanish as their preferred language.

TARGET STATE

To ensure each patient with a preferred language of Spanish has access to an interpreter daily at least 76% of the time.

THE GAPS BETWEEN CURRENT & TARGET STATE

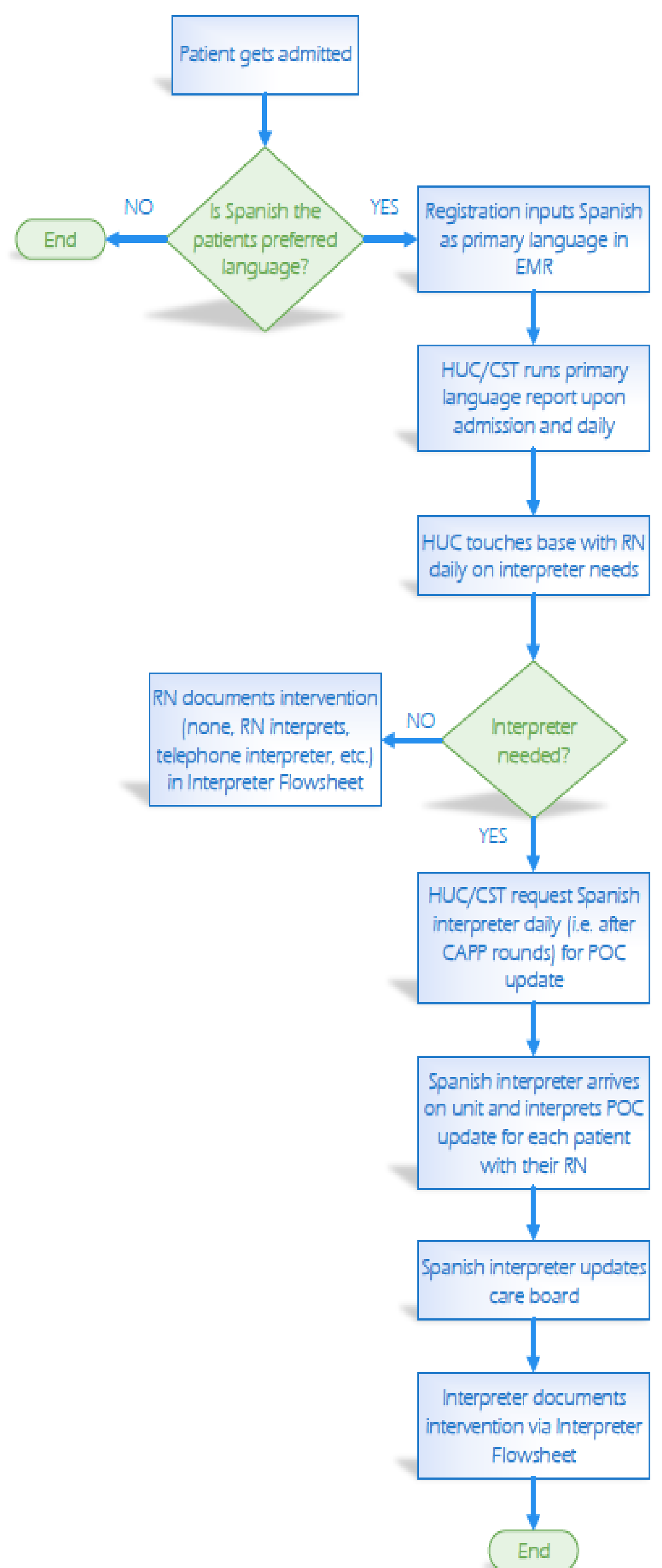
Gap	Root Cause
Lack of knowledge on use of interpreter system	No standard education on requesting an interpreter
Lack of staff knowledge on interpreter importance	No standard on when to request an interpreter
Long wait time for interpreter to arrive	Interpreter calls are not prioritized based on need
Unclear how to become interpreter certified	Lack of education - certified vs fluent, bilingual vs interpreter
Interpreters not called every day for patients with a preferred language of Spanish	No standard set for how often interpreters should be called

COMMUNICATION

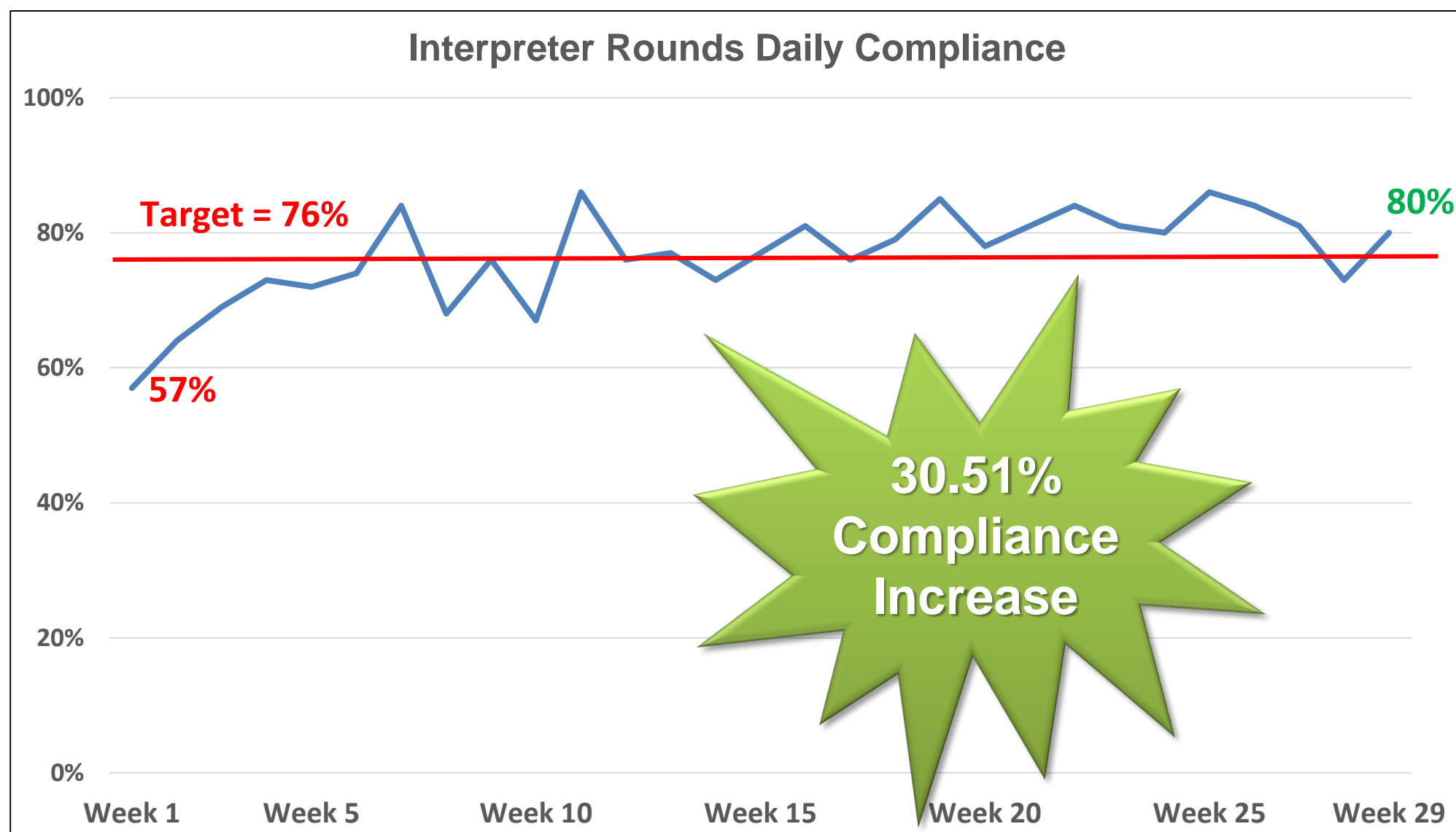
¿Alguien se ha comunicado con usted el día de hoy a través de un intérprete?

Has anyone used a Spanish interpreter to communicate with you today?

PROCESS MAP



RESULTS



SUSTAINMENT

- EMR flowsheet created to improve transparent documentation of interpretation needs & actions
- Developed EMR compliance report for unit-based monitoring
- Identified unit champions for sustainability & continuous improvement