

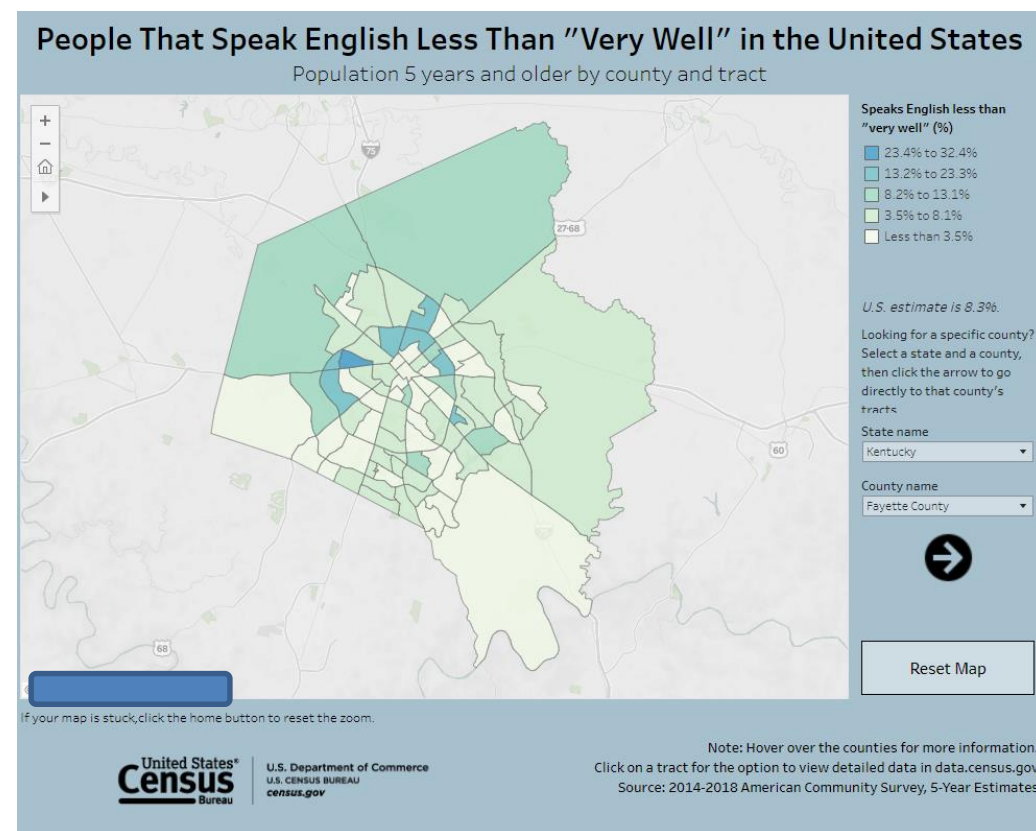
Conquering Babel

Development of an Electronic Tool for Use in the Operating Room for Limited English Proficiency (LEP) Patients

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ASSESSMENT

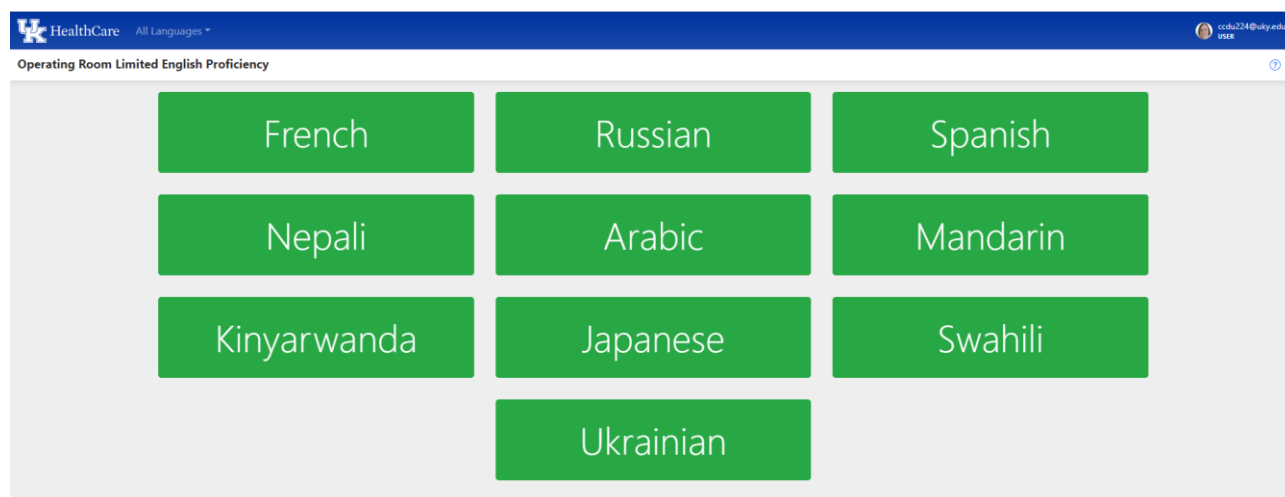
Research shows a correlation between patient satisfaction and outcomes when LEP patients have access to trained professional interpreters. Interpreter services are commonly used in the preoperative and postoperative settings, but there is a gap in services intraoperatively. A tool was developed to give LEP patients instructions in the operating room (OR). Professional interpretation can help avoid clinical errors, provide patient-centered care, and comply with legal mandates (Burkle, Anderson, Xiong, Guerra, & Tschida-Reuter, 2017). Poor communication with LEP patients can lead to lower patient satisfaction and negative clinical experiences. Resources at University of Kentucky Healthcare (UKHC) include bedside staff interpreters, video/audio remote interpreters, translated written material, and auxiliary aids. At UKHC, we see 2,000 LEP/ASL patients per week, LEP admissions increased 73% between 2016-2020. Of this population, Language Services receives about 45 calls a week to provide services for Perioperative Services.



LEP Population in Fayette County, KY (United States Census Bureau, 2021)

OBJECTIVES

- Enhance the patient experience and decrease anxiety for LEP patients in the OR
- Improve efficiency in the operating room once the patient leaves the holding area and anesthesia is induced
- Decrease errors in the pre-induction phase



Languages available on the LEP tool

PREPARATIONS AND PLANNING

A multidisciplinary team comprised of OR nurses, the Information Technology (IT) department, Language Services department and anesthesia providers collaborated on this project. In February 2021, Language Services and OR leadership met to discuss language services in the OR. A need was identified for a mobile tool that could be easily accessed with one hand. The MRI department has equipment with integral recorded prompts in different languages. After observing this software, we chose to base our tool on similar software. After the initial meeting, Language Services met with IT to see what audio recording options were available for LEP patients in the OR. After this assessment, IT began development. Afterwards, a platform was chosen. Options were iPads, workstations on wheels, or cell phones. Since iPads were limited and it would be difficult to access a workstation on wheels, the cell phone format was chosen. After some discussion, it was decided that an application for the phone, our LEP tool would be a website that we could add to the home screen on our phone. In March, a team of OR nurses, anesthesia providers and the manager from Language Services met to organize a list of common statements said in the OR to patients. Any phrases that were questions or could be viewed as an assessment were not used. Afterwards, our Language Services department gathered data on the most commonly translated languages at UKHC for use in the LEP tool.



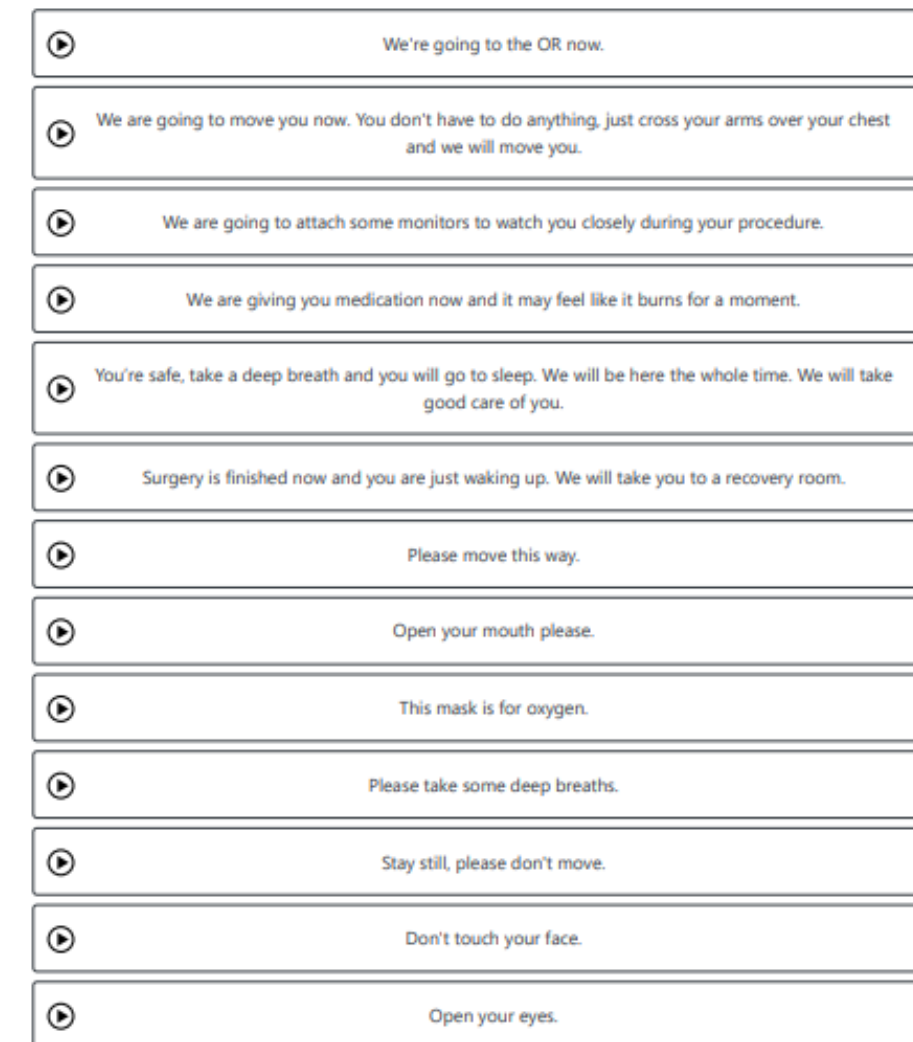
Photo of the LEP tool in use. (Photo by Charlotte Goff)

IMPLEMENTATION

- Upon completion of the LEP tool, a power point educational session was prepared including instructions on how to access the tool
- Education was set up for August 25, 2021 from 0700-0730 and 1430-1500 for OR staff and anesthesia providers with the power point
- During the educational session, it was noted that this was to supplement other language services and a list of other language services was provided
- After the education presentation, an email was sent out to anesthesia providers and OR staff with the power point presentation
- As new anesthesia providers and OR nurses are onboarded, they are given the power point and information on the LEP tool

OUTCOME

In September 2021, it was noticed that after UKHC changed electronic health records systems that there was no longer a "Language Barrier" code available for case postings. The code was added by our business manager and shared with the surgery schedulers in order to gather more data on our LEP patients. In February 2022, a Qualtrics survey was sent out to OR staff and anesthesia providers to assess how often the tool had been used and the functionality of the tool. As this tool is still in the early stages, data is limited, but feedback from providers is positive.



Prompts available on the LEP tool

IMPLICATIONS FOR PERIOPERATIVE NURSING

The implications of this LEP tool for perioperative nursing is that it addresses some of the disparities with LEP patients. With the increasing number of LEP patients, perioperative nurses need to adjust our practice to ensure that it is culturally sensitive. This should help to improve their patient experience and make the transition from the preoperative setting to the intraoperative setting more efficient.

REFERENCES

Burkle, C. M., Anderson, K. A., Xiong, Y., Guerra, A. E., & Tschida-Reuter, D. A. (2017). Assessment of the efficiency of language interpreter services in a busy surgical and procedural practice. *BMC Health Services Research*, 17(1), 456-456. <https://doi.org/10.1186/s12913-017-2425-7>

United States Census Bureau. (2021, October 8). People That Speak English Less Than "Very Well" in the United States. Retrieved from <https://www.census.gov/library/visualizations/interactive/people-that-speak-english-less-than-very-well.html>