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Lost in Translation: Mitigating the Effects of Language Barriers on Patient Outcomes

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Lost in Translation: Mitigating the Effects of Language Barriers on Patient Outcomes
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Background
The Agency for Healthcare Research and Quality has calculated nine percent of Americans are at risk for an adverse healthcare event in a medical facility due to a language barrier (Stoneking, 2016). Average length of stay for patients whose primary caregiver has limited English proficiency is 60% longer (Levas, 2011). Patients of lesser English proficiency meet two main barriers when seeking healthcare:
- May not know where to go or whom to see. The delay in seeking care may escalate their condition and need for urgent intervention.
- Busy medical professionals may become frustrated as additional time is required for instruction and to secure services of interpreter.

Clinical Problem
Wayne County is home to the largest migrant farmworker population in New York State (Rochester Regional Health and Wayne County Public Health, 2016). People from racial minority backgrounds are disproportionately afflicted by the Covid virus and are more likely to become severely ill and die.

Search for Evidence/Critical Appraisal
A literature search was conducted using CINAHL, Medline, Cochrane Library, PubMed, Google Scholar, and PsycINFO. Fifteen scholarly articles were included in the review.

Purpose/Goals
Reduce anxiety for staff and patients with limited English proficiency
Improve patient understanding and management of illnesses
Create better continuity of care
Reduce adverse events related to miscommunication
Improve patient satisfaction
Reduce readmissions for adult patients with a language barrier

Evaluation/Outcomes
Outcomes will be measured by a variety of methods including Q-reviews, Press Ganey scores, anonymous feedback boxes on units, Nursing Shared Governance meetings, HCAHPS Scores, chart reviews, throughput tracking, Safe Connect inputs and partnership with the Quality Analysis Department.

References