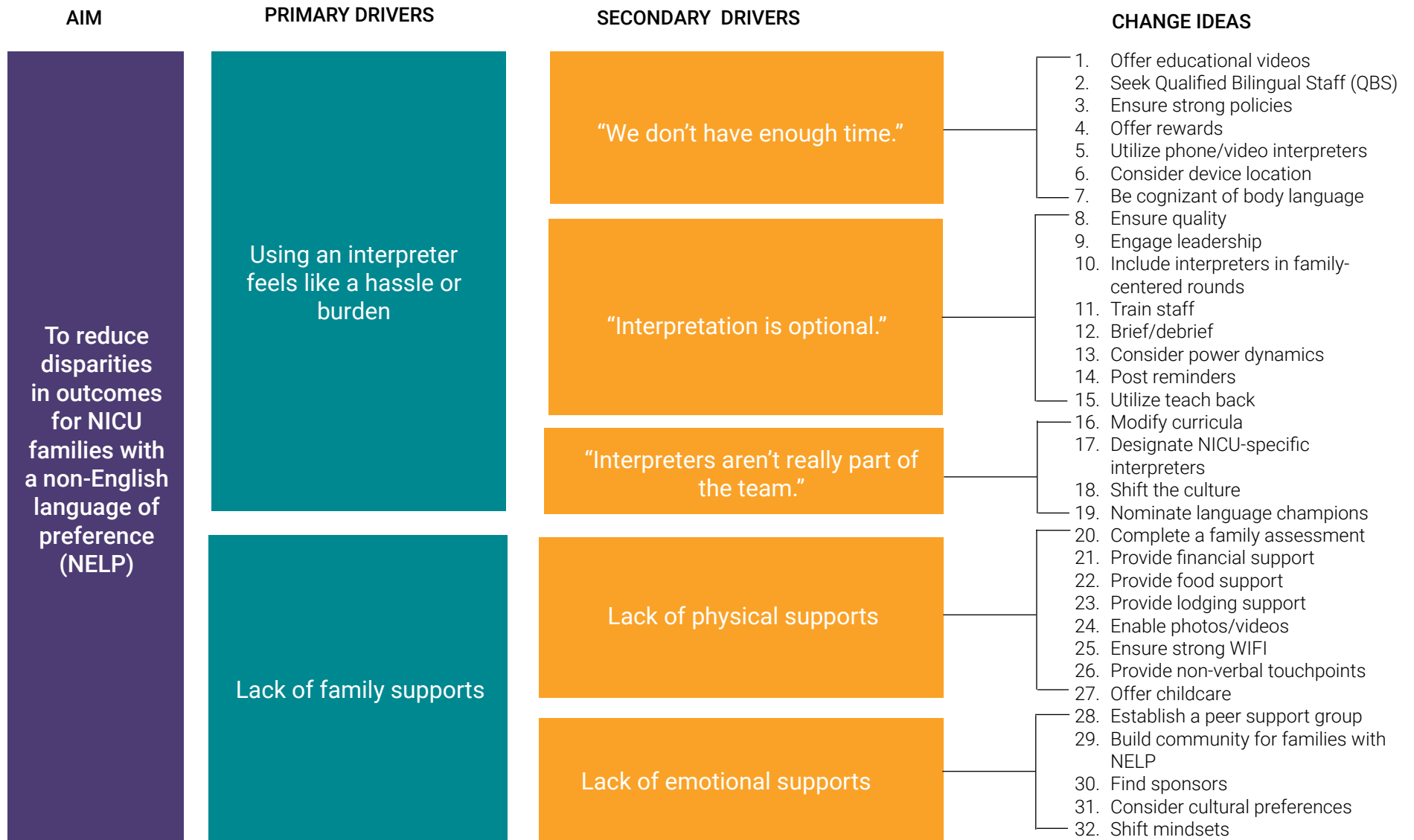


# Reducing Disparities for NICU Families with a Non-English Language of Preference (NELP)

This document aims to reduce the disparities that families with a non-English language of preference (NELP) experience in the NICU. Two primary drivers of disparity were identified and a list of action oriented, evidence-based or evidence-derived change ideas were formed. While many of the recommendations below may fall into the Social Worker's job description, it is important that multiple members of the team take ownership to care for patient families with a NELP to ensure they have the most supportive experience.



## Change Ideas to Reduce Disparities in Outcomes for NICU Families with a Non-English Language of Preference (NELP)

Using an interpreter feels like a hassle or burden | We don't have enough time

- 1. OFFER EDUCATIONAL VIDEOS:** Questions from families with a NELP may be answered through educational videos in their language of preference that could potentially break down medical jargon and be viewed multiple times to enhance comprehension . Please see a [curated list of videos](#) in Spanish that may benefit NICU families; this list is always growing and does not represent all available materials. Details of the videos on the playlist are found [here](#) and a printable flyer for families is available [here](#).
- 2. SEEK QUALIFIED BILINGUAL STAFF (QBS):** Qualified Bilingual Staff (QBS) are staff who have been appropriately assessed and who have been found to possess appropriate skills in a language other than English. They are different from certified healthcare interpreters as they can only use their language skills in direct conversations with patient families and cannot interpret for other providers on the team. QBS can provide language concordant care, which is tied to higher levels of patient/family satisfaction, and may reduce the time patient family interactions require . To incentivize and reward staff that bring this skill set, consider providing financial compensation to staff for this additional qualification. To learn more about QBS, [click here](#).
- 3. ENSURE STRONG POLICIES:** Hospitals should develop stronger policies that limit the use of alternative interpretation (unqualified interpreters, family members, google translate, etc) in order to ensure appropriate and quality interpretation. While phone and video interpreters are considered qualified interpreters, unqualified interpreters may actually increase the time required for each patient interaction as poor quality interpretation may cause confusion, require repetition, family dissatisfaction, or inhibit patient family comprehension causing misunderstandings and future delays. It may be appropriate to monitor activities to ensure adherence if hospitals are experiencing frequent use of alternative interpretation .
- 4. OFFER REWARDS:** To help reduce use of alternative interpretation, consider rewarding staff that frequently use an interpreter in order to foster the habit of calling for an interpreter. Rewards might be as simple as a free coffee from a local coffee shop if they call for an interpreter at least 10x a month or whatever rate may be appropriate for your population. Interpreter Services staff might be able to nominate "language access allies" or "language champions" in the unit and write their name on an information board in the unit, give them a shout out in a patient safety newsletter, or congratulate them with a small chocolate bar.
- 5. UTILIZE PHONE/VIDEO INTERPRETERS:** Phone and video interpreters are not the gold standard of care since they cannot access patient chart information or provide continuity of care. However, they do provide a fast path to accurate communication as long as they are empowered to be communication partners and provided with critical patient information such as the context of the situation, location and communication goal.
- 6. CONSIDER DEVICE LOCATION:** Consider a designated spot in the unit for all interpretation tablets to ensure they are always charged and staff are familiar with their location. Securing the tablet to an IV stand, or purchasing devices like the one [shown here](#) can provide a more mobile and visible option. This also provides stability for the interpreter behind the camera (device movements can make the interpreter dizzy!) and a consistent view of hand movement for individuals using American Sign Language. Alternatively, if sufficient interpreter tablets are in the unit, leaving the tablets by the bedside of a patient whose family members require interpretation may also reduce the time it takes to locate the device and begin a conversation.
- 7. BE COGNIZANT OF BODY LANGUAGE:** Be cognizant of body language that might communicate to family members that they are a burden or that communicating with them is taking too much time.

8. **ENSURE QUALITY:** Lack of language access harms the patient and family but it also harms the staff who want to be part of the highest quality organization since the Joint Commission requires interpretation and translation services for accreditation. If providers are not able to communicate with patient families, levels of frustration rise which could lead to burnout or poor staff retention. There is also a link between failure to provide language access and liability for negligence or medical malpractice . Protect your patient families and protect yourself by ensuring interpretation is not optional.
9. **ENGAGE LEADERSHIP:** Encourage and require perinatal leadership to utilize interpreters (especially in front of residents and medical students) to foster a hospital culture that promotes the use of interpreters consistently .
10. **INCLUDE INTERPRETERS IN FAMILY-CENTERED ROUNDS:** Encourage in-person/phone/video interpreters to be used during family center rounds. This practice will aid staff in forming the habit of using interpreters in other interactions as well. Often with English-speaking families, a brief synopsis is shared with the families at the end of rounds that summarizes the infant's progress and goals for the day. This synopsis could be highlighted through an interpreter for families with a NELP if interpreting every sentence feels unattainable.
11. **TRAIN STAFF:** Train staff on how to best use an Interpreter to increase satisfaction with interpreter services , . Ideas might include: where to look, how to request, how long to expect to wait, what information to share with the interpreter before a patient family encounter, etc. Avoiding jargon and acronyms as well as speaking in simple English may increase the ease of interpretation. Addressing the family directly (not the interpreter) and speaking at a normal volume (speaking loudly does not increase clarity) are also considered best practice.
12. **BRIEF/DEBRIEF:** Conduct a one-minute pre meeting and debrief between the medical interpreter and health care team to provide space for the interpreter's input to be voiced as it might otherwise go unheard.<sup>8</sup> Spending one minute framing the situation with patient background information may actually save time with the family. Ex: "We are in the NICU with an infant with suspected NEC, a potentially severe intestinal disease. We will be sharing the results of some tests with the baby's parents that don't look good. This may be difficult for them as they have had a child in the NICU previously who passed away from NEC." Remember, a remote interpreter is dropped into the conversation and has no context for the conversation. Debrief opportunities allow for interpreters to share insight around comprehension which empowers staff to tailor future family communication and training. Ex: "I don't think the parents understood the importance of the developmental care suggestions you explained. It might be helpful for a nurse or lactation consultant to share with them about the neurological benefits of skin to skin again today or tomorrow."
13. **CONSIDER POWER DYNAMICS:** Recognize the power dynamics of having to ask for an interpreter and direct staff to offer an interpreter more readily to family members . Empower families to ask for an interpreter whenever they need one without adding the burden on them.
14. **POST REMINDERS:** Language access is just as important as hand hygiene- you need this before entering the patient's room! Appropriate [signs](#) on beds or patient room doors or [NICU Family Member badges](#) (e.g. The family of this patient prefers a Spanish interpreter) can act as a reminder to staff and reduce the burden on families to ask for an interpreter. Sticky notes in the electronic health record or highlighted in the storyboard on the medical record can serve to further draw attention to the family's language of preference. Standardization of the location of this information is key to standardizing care.
15. **UTILIZE TEACH BACK:** Utilize teach back with the interpreter as many families may feel like a burden and/or be less likely to ask questions around comprehension, for example: "Just to make sure I've done a good job explaining the procedure, can you tell me what you understood about your baby's care in your own words?"

Using an interpreter feels like a hassle or burden | Interpreters aren't really part of the team

16. **MODIFY CURRICULA:** Modify medical and nursing training curriculum (including new hires and traveler nurses) to include working with an interpreter so that this process is viewed as integral to providing care from the very beginning .
17. **DESIGNATE NICU-SPECIFIC INTERPRETERS:** Have NICU-dedicated interpreters so that providers and interpreters can create meaningful co-worker relationships and minimize the "hassle" and time it takes to communicate .
18. **SHIFT THE CULTURE:** Shift the culture so that the interpreter is viewed as an important member of the team that should be well-informed and not a "burden."<sup>12</sup> This might include inviting them to huddles, holiday parties, or even birthday celebrations.
19. **NOMINATE LANGUAGE CHAMPIONS:** Nominate "Language Champions" who can promote the use of interpreters to strengthen the relationship with staff.<sup>6</sup>

Lack of family supports | Lack of physical supports

20. **COMPLETE A FAMILY ASSESSMENT:** Complete a family assessment on the cultural and social contexts that may impact families in order to determine the resources that the family prioritizes (perhaps receiving hotel vouchers is more important for them than WIC benefits).
21. **PROVIDE FINANCIAL SUPPORT:** Provide cash, bus tickets, gas vouchers, uber credit (whatever the family prefers) to alleviate the financial burden of consistently travelling to the hospital.
22. **PROVIDE FOOD SUPPORT:** As SNAP and WIC benefits are not sufficient, provide additional food assistance support (grocery store gift cards, hospital cafeteria credit, allowing parents to receive food trays at bedside while they are present, etc) for families.
23. **PROVIDE LODGING SUPPORT:** Offer hotel vouchers to nearby accommodations (keep in mind families may not have their own transportation), including Ronald MacDonald House Charities, to increase the opportunity for parents to be at bedside. Consider operating a shuttle bus from the hospital to nearby hotels for families that don't have their own transportation- particularly if offering vouchers for the hotel.
24. **ENABLE PHOTOS/VIDEOS:** Enable cameras at bedside or a system of daily photo updates on a secure portal to provide families with access to check in on their infants when they are not able to be physically present.
25. **ENSURE STRONG WIFI:** Ensure that the wifi connection is excellent in the NICU so that video interpreters will not experience delays or glitches in communication. Perform a sound check with family members at the beginning of each interaction as often the volume on the tablets is too low for family members to hear properly. Headphones can also be provided to the provider/family members if there is a worry about HIPPA violations with the tablet's volume.
26. **PROVIDE NON-VERBAL TOUCHPOINTS:** Offer non-verbal communication opportunities such as NICU manikins to practice skin to skin with tubes and lines or printed translated materials with diagrams to aid in comprehension.
27. **OFFER CHILDCARE:** Many NICU families have other children. Providing drop in childcare options for families, even if just for two hours a day, may allow for increased parental presence at bedside. Alternatively, if space for such a center is not available, providing cash which can be used for a babysitter may work for some families that live close by.

- 28. ESTABLISH A PEER SUPPORT GROUP:** Establish a NICU parent peer support group in languages other than English to allow parents to express their emotions and experiences in their language of preference. This group could also serve to reduce social isolation and inform parents about community services/resources.
- 29. BUILD COMMUNITY FOR FAMILIES WITH NELP:** Hold meetings with former NICU parents who have a NELP and NICU staff to discuss the patient-family experience and care including what went well and what could be improved upon. More [information on Family Advisory Councils can be found here](#). Family Centered Care Committees include multidisciplinary team members (both staff and families) that plan interventions, develop data points to measure progress ([see FCC Pilot](#)), and better integrate families into NICU care.
- 30. FIND SPONSORS:** Approach local restaurants about sponsoring dinner during family meetings.
- 31. CONSIDER CULTURAL PREFERENCES:** Recognize that there may be cultural preferences which might influence to whom families wish to interact with or ask questions. For example, some families may view the physician as an authority figure and not feel comfortable asking them questions about their child's care, but they may feel at ease with a patient advocate or spiritual care provider. Respect this perspective and allow for family preferences to be valued.
- 32. SHIFT MINDSETS:** Shift the mindset among staff to care for the entire family, not just the infant. This may look like reminding family members to eat lunch, refilling their water, holding the hand of a grieving parent, etc. Make mental health support for NICU families the norm due to the high risk of depression and anxiety faced by NICU parents .

## Community Supports for NICU Families with a Non-English Language of Preference (NELP)

### Hand to Hold Organization - <https://handtohold.org/nicu-family-support/hand-to-hold-en-espanol/>

- Free access to virtual support groups, virtual mental health therapy, parent mentors, and private Facebook group

### Nursing Mother's Council - <https://www.nursingmothers.org>

- Free breastfeeding support by phone, text, email, or video chat

### Supporting Mamas - <https://supportingmamas.org>

- Free information and support for families experience perinatal depression or anxiety in Northern California

### GLO Preemies - <https://www.glopreemies.org>

- Free resources and support for low-income African American NICU families nationwide

### There with Care Organization (Bay Area) - <https://bayarea.therewithcare.org>

- Provides a range of free resources to address the financial, physical and emotional stresses families with a critically ill child

### Mighty Little Giants - <https://mightylittlegiants.org>

- Provides access to family support groups, food assistance and transportation support; primarily in southern California

### Project Sweet Peas - <https://www.projectsweetpeas.com>

- Provides access to private Facebook support group, remembrance care packages, and financial assistance to cover meals/gas expenses

### Miracle Babies (San Diego) - <https://www.miraclebabies.org>

- Provides access to parental support groups, maternal mental health support groups, transportation services, diapers, and care packages to Southern California families

### Alliance for Black NICU Families - <https://blacknicufamilies.org>

- Partners with NICU-related organizations to provide African American NICU mothers with breast pumps

### NEC Society - <https://necsociety.org>

- Offers educational resources to families with an infant diagnosed with NEC, including bereaved families

### Ronald McDonald House Charities - <https://rmhc.org>

- Provides temporary lodging for families traveling long distances for their child's medical care (only at specific locations)

### Postpartum Support International - <https://www.postpartum.net>

- Free access to virtual support groups, medical professionals, and multi-language educational resources on perinatal mood and anxiety disorders

### Caiden's Hope - <https://www.caidenshope.org>

- Provides families with financial support to cover expenses related to transportation, parking, airfare, lodging and meals; Social Worker must contact on families' behalf

## Acknowledgements

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## ANNEX A: How Can Each Member of the NICU Team Reduce Disparities in Outcomes for NICU Families with a Non-English Language of Preference (NELP)?

Below we present each change idea by healthcare role so that each NICU team member can clearly see how they might care for patient families with a NELP to ensure they have the most supportive experience. The numbers to the right of the change idea correspond to the numbered list included as part of the driver diagram on page one of this mini-toolkit. Detailed descriptions of each of these change ideas are presented in annexes B-G.

Nurse	Advanced Care Practitioner/Physician	Support Specialties (Lactation, Speech, OT, etc.)	Social Work	Administration/Management	Interpreter Services
<ul style="list-style-type: none"> <li>• Offer educational videos (#1)</li> <li>• Seek Qualified Bilingual Staff (QBS) (#2)</li> <li>• Utilize phone/video interpreters (#5)</li> <li>• Be cognizant of body language (#7)</li> <li>• Ensure quality (#8)</li> <li>• Include interpreters in family-centered rounds (#10)</li> <li>• Brief/debrief (#12)</li> <li>• Consider power dynamics (#13)</li> <li>• Utilize teach back (#15)</li> <li>• Shift the culture (#18)</li> <li>• Provide non-verbal touchpoints (#26)</li> <li>• Build community for families with NELP (#29)</li> <li>• Shift mindsets (#32)</li> </ul>	<ul style="list-style-type: none"> <li>• Seek Qualified Bilingual Staff (QBS) (#2)</li> <li>• Utilize phone/video interpreters (#5)</li> <li>• Be cognizant of body language (#7)</li> <li>• Ensure quality (#8)</li> <li>• Include interpreters in family-centered rounds (#10)</li> <li>• Brief/debrief (#12)</li> <li>• Consider power dynamics (#13)</li> <li>• Utilize teach back (#15)</li> <li>• Shift the culture (#18)</li> <li>• Provide non-verbal touchpoints (#26)</li> <li>• Build community for families with NELP (#29)</li> <li>• Shift mindsets (#32)</li> </ul>	<ul style="list-style-type: none"> <li>• Seek Qualified Bilingual Staff (QBS) (#2)</li> <li>• Utilize phone/video interpreters (#5)</li> <li>• Be cognizant of body language (#7)</li> <li>• Ensure quality (#8)</li> <li>• Include interpreters in family-centered rounds (#10)</li> <li>• Brief/debrief (#12)</li> <li>• Consider power dynamics (#13)</li> <li>• Utilize teach back (#15)</li> <li>• Shift the culture (#18)</li> <li>• Provide non-verbal touchpoints (#26)</li> <li>• Build community for families with NELP (#29)</li> <li>• Shift mindsets (#32)</li> </ul>	<ul style="list-style-type: none"> <li>• Seek Qualified Bilingual Staff (QBS) (#2)</li> <li>• Utilize phone/video interpreters (#5)</li> <li>• Be cognizant of body language (#7)</li> <li>• Ensure quality (#8)</li> <li>• Include interpreters in family-centered rounds (#10)</li> <li>• Brief/debrief (#12)</li> <li>• Consider power dynamics (#13)</li> <li>• Utilize teach back (#15)</li> <li>• Shift the culture (#18)</li> <li>• Build community for families with NELP (#29)</li> <li>• Shift mindsets (#32)</li> <li>• Complete a family assessment (#20)</li> <li>• Provide financial support (#21)</li> <li>• Provide food support (#22)</li> <li>• Provide lodging support (#23)</li> <li>• Offer childcare (#27)</li> <li>• Establish a peer support group (#28)</li> <li>• Find sponsors (#30)</li> <li>• Consider cultural preferences (#31)</li> </ul>	<ul style="list-style-type: none"> <li>• Offer educational videos (#1)</li> <li>• Seek Qualified Bilingual Staff (QBS) (#2)</li> <li>• Ensure strong policies (#3)</li> <li>• Offer rewards (#4)</li> <li>• Consider device location (#6)</li> <li>• Ensure quality (#8)</li> <li>• Engage leadership (#9)</li> <li>• Include interpreters in family-centered rounds (#10)</li> <li>• Train staff (#11)</li> <li>• Post reminders (#14)</li> <li>• Modify curricula (#16)</li> <li>• Designate NICU-specific interpreters (#17)</li> <li>• Shift the culture (#18)</li> <li>• Nominate language champions (#19)</li> <li>• Provide financial support (#21)</li> <li>• Provide food support (#22)</li> <li>• Provide lodging support (#23)</li> <li>• Enable photos/videos (#24)</li> <li>• Ensure strong WIFI (#25)</li> </ul>	<ul style="list-style-type: none"> <li>• Seek Qualified Bilingual Staff (QBS) (#2)</li> <li>• Ensure strong policies (#3)</li> <li>• Offer rewards (#4)</li> <li>• Consider device location (#6)</li> <li>• Engage leadership (#9)</li> <li>• Include interpreters in family-centered rounds (#10)</li> <li>• Train staff (#11)</li> <li>• Brief/debrief (#12)</li> <li>• Consider power dynamics (#13)</li> <li>• Designate NICU-specific interpreters (#17)</li> <li>• Shift the culture (#18)</li> <li>• Nominate language champions (#19)</li> <li>• Ensure strong WIFI (#25)</li> </ul>



## ANNEX B: Change Ideas for Nurses to Reduce Disparities in Outcomes for NICU Families with a Non-English Language of Preference (NELP)

- **OFFER EDUCATIONAL VIDEOS (#1):** Questions from families with a NELP may be answered through educational videos in their language of preference that could potentially break down medical jargon and be viewed multiple times to enhance comprehension . Please see a [curated list of videos](#) in Spanish that may benefit NICU families; this list is always growing and does not represent all available materials. Details of the videos on the playlist are found [here](#) and a printable flyer for families is available [here](#).
- **SEEK QUALIFIED BILINGUAL STAFF (QBS) (#2):** Qualified Bilingual Staff (QBS) are staff who have been appropriately assessed and who have been found to possess appropriate skills in a language other than English. They are different from certified healthcare interpreters as they can only use their language skills in direct conversations with patient families and cannot interpret for other providers on the team. QBS can provide language concordant care, which is tied to higher levels of patient/family satisfaction, and may reduce the time patient family interactions require . To incentivize and reward staff that bring this skill set, consider providing financial compensation to staff for this additional qualification. To learn more about QBS, [click here](#).
- **UTILIZE PHONE/VIDEO INTERPRETERS (#5):** Phone and video interpreters are not the gold standard of care since they cannot access patient chart information or provide continuity of care. However, they do provide a fast path to accurate communication as long as they are empowered to be communication partners and provided with critical patient information such as the context of the situation, location and communication goal.
- **BE COGNIZANT OF BODY LANGUAGE (#7):** Be cognizant of body language that might communicate to family members that they are a burden or that communicating with them is taking too much time.
- **ENSURE QUALITY (#8):** Lack of language access harms the patient and family but it also harms the staff who want to be part of the highest quality organization since the Joint Commission requires interpretation and translation services for accreditation. If providers are not able to communicate with patient families, levels of frustration rise which could lead to burnout or poor staff retention. There is also a link between failure to provide language access and liability for negligence or medical malpractice . Protect your patient families and protect yourself by ensuring interpretation is not optional.
- **INCLUDE INTERPRETERS IN FAMILY-CENTERED ROUNDS (#10):** Encourage in-person/phone/video interpreters to be used during family center rounds. This practice will aid staff in forming the habit of using interpreters in other interactions as well. Often with English-speaking families, a brief synopsis is shared with the families at the end of rounds that summarizes the infant's progress and goals for the day. This synopsis could be highlighted through an interpreter for families with a NELP if interpreting every sentence feels unattainable.
- **BRIEF/DEBRIEF (#12):** Conduct a one-minute pre meeting and debrief between the medical interpreter and health care team to provide space for the interpreter's input to be voiced as it might otherwise go unheard.<sup>8</sup> Spending one minute framing the situation with patient background information may actually save time with the family. Ex: "We are in the NICU with an infant with suspected NEC, a potentially severe intestinal disease. We will be sharing the results of some tests with the baby's parents that don't look good. This may be difficult for them as they have had a child in the NICU previously who passed away from NEC." Remember, a remote interpreter is dropped into the conversation and has no context for the conversation. Debrief opportunities allow for interpreters to share insight around comprehension which empowers staff to tailor future family communication and training. Ex: "I don't think the parents understood the importance of the developmental care suggestions you explained. It might be helpful for a nurse or lactation consultant to share with them about the neurological benefits of skin to skin again today or tomorrow."
- **CONSIDER POWER DYNAMICS (#13):** Recognize the power dynamics of having to ask for an interpreter and direct staff to offer an interpreter more readily to family members . Empower families to ask for an interpreter whenever they need one without adding the burden on them.

- **UTILIZE TEACH BACK (#15):** Utilize teach back with the interpreter as many families may feel like a burden and/or be less likely to ask questions around comprehension, for example: “Just to make sure I’ve done a good job explaining the procedure, can you tell me what you understood about your baby’s care in your own words?”
- **SHIFT THE CULTURE (#18):** Shift the culture so that the interpreter is viewed as an important member of the team that should be well-informed and not a “burden.”<sup>12</sup> This might include inviting them to huddles, holiday parties, or even birthday celebrations.
- **PROVIDE NON-VERBAL TOUCHPOINTS (#26):** Offer non-verbal communication opportunities such as NICU manikins to practice skin to skin with tubes and lines or printed translated materials with diagrams to aid in comprehension.
- **BUILD COMMUNITY FOR FAMILIES WITH NELP (#29):** Hold meetings with former NICU parents who have a NELP and NICU staff to discuss the patient-family experience and care including what went well and what could be improved upon. More [information on Family Advisory Councils can be found here](#). Family Centered Care Committees include multidisciplinary team members (both staff and families) that plan interventions, develop data points to measure progress ([see FCC Pilot](#)), and better integrate families into NICU care.
- **SHIFT MINDSETS (#32):** Shift the mindset among staff to care for the entire family, not just the infant. This may look like reminding family members to eat lunch, refilling their water, holding the hand of a grieving parent, etc. Make mental health support for NICU families the norm due to the high risk of depression and anxiety faced by NICU parents .

## ANNEX C: Change Ideas for Advanced Care Practitioners/Physicians to Reduce Disparities in Outcomes for NICU Families with a Non-English Language of Preference (NELP)

- **SEEK QUALIFIED BILINGUAL STAFF (QBS) (#2):** Qualified Bilingual Staff (QBS) are staff who have been appropriately assessed and who have been found to possess appropriate skills in a language other than English. They are different from certified healthcare interpreters as they can only use their language skills in direct conversations with patient families and cannot interpret for other providers on the team. QBS can provide language concordant care, which is tied to higher levels of patient/family satisfaction, and may reduce the time patient family interactions require. To incentivize and reward staff that bring this skill set, consider providing financial compensation to staff for this additional qualification. To learn more about QBS, [click here](#).
- **UTILIZE PHONE/VIDEO INTERPRETERS (#5):** Phone and video interpreters are not the gold standard of care since they cannot access patient chart information or provide continuity of care. However, they do provide a fast path to accurate communication as long as they are empowered to be communication partners and provided with critical patient information such as the context of the situation, location and communication goal.
- **BE COGNIZANT OF BODY LANGUAGE (#7):** Be cognizant of body language that might communicate to family members that they are a burden or that communicating with them is taking too much time.
- **ENSURE QUALITY (#8):** Lack of language access harms the patient and family but it also harms the staff who want to be part of the highest quality organization since the Joint Commission requires interpretation and translation services for accreditation. If providers are not able to communicate with patient families, levels of frustration rise which could lead to burnout or poor staff retention. There is also a link between failure to provide language access and liability for negligence or medical malpractice. Protect your patient families and protect yourself by ensuring interpretation is not optional.
- **INCLUDE INTERPRETERS IN FAMILY-CENTERED ROUNDS (#10):** Encourage in-person/phone/video interpreters to be used during family center rounds. This practice will aid staff in forming the habit of using interpreters in other interactions as well. Often with English-speaking families, a brief synopsis is shared with the families at the end of rounds that summarizes the infant's progress and goals for the day. This synopsis could be highlighted through an interpreter for families with a NELP if interpreting every sentence feels unattainable.
- **BRIEF/DEBRIEF (#12):** Conduct a one-minute pre meeting and debrief between the medical interpreter and health care team to provide space for the interpreter's input to be voiced as it might otherwise go unheard.<sup>8</sup> Spending one minute framing the situation with patient background information may actually save time with the family. Ex: "We are in the NICU with an infant with suspected NEC, a potentially severe intestinal disease. We will be sharing the results of some tests with the baby's parents that don't look good. This may be difficult for them as they have had a child in the NICU previously who passed away from NEC." Remember, a remote interpreter is dropped into the conversation and has no context for the conversation. Debrief opportunities allow for interpreters to share insight around comprehension which empowers staff to tailor future family communication and training. Ex: "I don't think the parents understood the importance of the developmental care suggestions you explained. It might be helpful for a nurse or lactation consultant to share with them about the neurological benefits of skin to skin again today or tomorrow."
- **CONSIDER POWER DYNAMICS (#13):** Recognize the power dynamics of having to ask for an interpreter and direct staff to offer an interpreter more readily to family members. Empower families to ask for an interpreter whenever they need one without adding the burden on them.

- **UTILIZE TEACH BACK (#15):** Utilize teach back with the interpreter as many families may feel like a burden and/or be less likely to ask questions around comprehension, for example: “Just to make sure I’ve done a good job explaining the procedure, can you tell me what you understood about your baby’s care in your own words?”
- **SHIFT THE CULTURE (#18):** Shift the culture so that the interpreter is viewed as an important member of the team that should be well-informed and not a “burden.”<sup>12</sup> This might include inviting them to huddles, holiday parties, or even birthday celebrations.
- **PROVIDE NON-VERBAL TOUCHPOINTS (#26):** Offer non-verbal communication opportunities such as NICU mannikins to practice skin to skin with tubes and lines or printed translated materials with diagrams to aid in comprehension.
- **BUILD COMMUNITY FOR FAMILIES WITH NELP (#29):** Hold meetings with former NICU parents who have a NELP and NICU staff to discuss the patient-family experience and care including what went well and what could be improved upon. More [information on Family Advisory Councils can be found here](#). Family Centered Care Committees include multidisciplinary team members (both staff and families) that plan interventions, develop data points to measure progress ([see FCC Pilot](#)), and better integrate families into NICU care.
- **SHIFT MINDSETS (#32):** Shift the mindset among staff to care for the entire family, not just the infant. This may look like reminding family members to eat lunch, refilling their water, holding the hand of a grieving parent, etc. Make mental health support for NICU families the norm due to the high risk of depression and anxiety faced by NICU parents .

## ANNEX D: Change Ideas for Support Specialties (Lactation, Speech, OT, etc.) to Reduce Disparities in Outcomes for NICU Families with a Non-English Language of Preference (NELP)

- **SEEK QUALIFIED BILINGUAL STAFF (QBS) (#2):** Qualified Bilingual Staff (QBS) are staff who have been appropriately assessed and who have been found to possess appropriate skills in a language other than English. They are different from certified healthcare interpreters as they can only use their language skills in direct conversations with patient families and cannot interpret for other providers on the team. QBS can provide language concordant care, which is tied to higher levels of patient/family satisfaction, and may reduce the time patient family interactions require. To incentivize and reward staff that bring this skill set, consider providing financial compensation to staff for this additional qualification. To learn more about QBS, [click here](#).
- **UTILIZE PHONE/VIDEO INTERPRETERS (#5):** Phone and video interpreters are not the gold standard of care since they cannot access patient chart information or provide continuity of care. However, they do provide a fast path to accurate communication as long as they are empowered to be communication partners and provided with critical patient information such as the context of the situation, location and communication goal.
- **BE COGNIZANT OF BODY LANGUAGE (#7):** Be cognizant of body language that might communicate to family members that they are a burden or that communicating with them is taking too much time.
- **ENSURE QUALITY (#8):** Lack of language access harms the patient and family but it also harms the staff who want to be part of the highest quality organization since the Joint Commission requires interpretation and translation services for accreditation. If providers are not able to communicate with patient families, levels of frustration rise which could lead to burnout or poor staff retention. There is also a link between failure to provide language access and liability for negligence or medical malpractice. Protect your patient families and protect yourself by ensuring interpretation is not optional.
- **INCLUDE INTERPRETERS IN FAMILY-CENTERED ROUNDS (#10):** Encourage in-person/phone/video interpreters to be used during family center rounds. This practice will aid staff in forming the habit of using interpreters in other interactions as well. Often with English-speaking families, a brief synopsis is shared with the families at the end of rounds that summarizes the infant's progress and goals for the day. This synopsis could be highlighted through an interpreter for families with a NELP if interpreting every sentence feels unattainable.
- **BRIEF/DEBRIEF (#12):** Conduct a one-minute pre meeting and debrief between the medical interpreter and health care team to provide space for the interpreter's input to be voiced as it might otherwise go unheard.<sup>8</sup> Spending one minute framing the situation with patient background information may actually save time with the family. Ex: "We are in the NICU with an infant with suspected NEC, a potentially severe intestinal disease. We will be sharing the results of some tests with the baby's parents that don't look good. This may be difficult for them as they have had a child in the NICU previously who passed away from NEC." Remember, a remote interpreter is dropped into the conversation and has no context for the conversation. Debrief opportunities allow for interpreters to share insight around comprehension which empowers staff to tailor future family communication and training. Ex: "I don't think the parents understood the importance of the developmental care suggestions you explained. It might be helpful for a nurse or lactation consultant to share with them about the neurological benefits of skin to skin again today or tomorrow."
- **CONSIDER POWER DYNAMICS (#13):** Recognize the power dynamics of having to ask for an interpreter and direct staff to offer an interpreter more readily to family members. Empower families to ask for an interpreter whenever they need one without adding the burden on them.

- **UTILIZE TEACH BACK (#15):** Utilize teach back with the interpreter as many families may feel like a burden and/or be less likely to ask questions around comprehension, for example: “Just to make sure I’ve done a good job explaining the procedure, can you tell me what you understood about your baby’s care in your own words?”
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- **SHIFT MINDSETS (#32):** Shift the mindset among staff to care for the entire family, not just the infant. This may look like reminding family members to eat lunch, refilling their water, holding the hand of a grieving parent, etc. Make mental health support for NICU families the norm due to the high risk of depression and anxiety faced by NICU parents .

## ANNEX E: Change Ideas for Social Work to Reduce Disparities in Outcomes for NICU Families with a Non-English Language of Preference (NELP)

- **SEEK QUALIFIED BILINGUAL STAFF (QBS) (#2):** Qualified Bilingual Staff (QBS) are staff who have been appropriately assessed and who have been found to possess appropriate skills in a language other than English. They are different from certified healthcare interpreters as they can only use their language skills in direct conversations with patient families and cannot interpret for other providers on the team. QBS can provide language concordant care, which is tied to higher levels of patient/family satisfaction, and may reduce the time patient family interactions require. To incentivize and reward staff that bring this skill set, consider providing financial compensation to staff for this additional qualification. To learn more about QBS, [click here](#).
- **UTILIZE PHONE/VIDEO INTERPRETERS (#5):** Phone and video interpreters are not the gold standard of care since they cannot access patient chart information or provide continuity of care. However, they do provide a fast path to accurate communication as long as they are empowered to be communication partners and provided with critical patient information such as the context of the situation, location and communication goal.
- **BE COGNIZANT OF BODY LANGUAGE (#7):** Be cognizant of body language that might communicate to family members that they are a burden or that communicating with them is taking too much time.
- **ENSURE QUALITY (#8):** Lack of language access harms the patient and family but it also harms the staff who want to be part of the highest quality organization since the Joint Commission requires interpretation and translation services for accreditation. If providers are not able to communicate with patient families, levels of frustration rise which could lead to burnout or poor staff retention. There is also a link between failure to provide language access and liability for negligence or medical malpractice. Protect your patient families and protect yourself by ensuring interpretation is not optional.
- **INCLUDE INTERPRETERS IN FAMILY-CENTERED ROUNDS (#10):** Encourage in-person/phone/video interpreters to be used during family center rounds. This practice will aid staff in forming the habit of using interpreters in other interactions as well. Often with English-speaking families, a brief synopsis is shared with the families at the end of rounds that summarizes the infant's progress and goals for the day. This synopsis could be highlighted through an interpreter for families with a NELP if interpreting every sentence feels unattainable.
- **BRIEF/DEBRIEF (#12):** Conduct a one-minute pre meeting and debrief between the medical interpreter and health care team to provide space for the interpreter's input to be voiced as it might otherwise go unheard.<sup>8</sup> Spending one minute framing the situation with patient background information may actually save time with the family. Ex: "We are in the NICU with an infant with suspected NEC, a potentially severe intestinal disease. We will be sharing the results of some tests with the baby's parents that don't look good. This may be difficult for them as they have had a child in the NICU previously who passed away from NEC." Remember, a remote interpreter is dropped into the conversation and has no context for the conversation. Debrief opportunities allow for interpreters to share insight around comprehension which empowers staff to tailor future family communication and training. Ex: "I don't think the parents understood the importance of the developmental care suggestions you explained. It might be helpful for a nurse or lactation consultant to share with them about the neurological benefits of skin to skin again today or tomorrow."
- **CONSIDER POWER DYNAMICS (#13):** Recognize the power dynamics of having to ask for an interpreter and direct staff to offer an interpreter more readily to family members. Empower families to ask for an interpreter whenever they need one without adding the burden on them.
- **UTILIZE TEACH BACK (#15):** Utilize teach back with the interpreter as many families may feel like a burden and/or be less likely to ask questions around comprehension, for example: "Just to make sure I've done a good job explaining the procedure, can you tell me what you understood about your baby's care in your own words?"

- **SHIFT THE CULTURE (#18):** Shift the culture so that the interpreter is viewed as an important member of the team that should be well-informed and not a "burden."<sup>12</sup> This might include inviting them to huddles, holiday parties, or even birthday celebrations.
- **BUILD COMMUNITY FOR FAMILIES WITH NELP (#29):** Hold meetings with former NICU parents who have a NELP and NICU staff to discuss the patient-family experience and care including what went well and what could be improved upon. More [information on Family Advisory Councils can be found here](#). Family Centered Care Committees include multidisciplinary team members (both staff and families) that plan interventions, develop data points to measure progress ([see FCC Pilot](#)), and better integrate families into NICU care.
- **SHIFT MINDSETS (#32):** Shift the mindset among staff to care for the entire family, not just the infant. This may look like reminding family members to eat lunch, refilling their water, holding the hand of a grieving parent, etc. Make mental health support for NICU families the norm due to the high risk of depression and anxiety faced by NICU parents .
- **COMPLETE A FAMILY ASSESSMENT (#20):** Complete a family assessment on the cultural and social contexts that may impact families in order to determine the resources that the family prioritizes (perhaps receiving hotel vouchers is more important for them than WIC benefits).
- **PROVIDE FINANCIAL SUPPORT (#21):** Provide cash, bus tickets, gas vouchers, Uber credit (whatever the family prefers) to alleviate the financial burden of consistently traveling to the hospital.
- **PROVIDE FOOD SUPPORT (#22):** As SNAP and WIC benefits are not sufficient, provide additional food assistance support (grocery store gift cards, hospital cafeteria credit, allowing parents to receive food trays at bedside while they are present, etc) for families.
- **PROVIDE LODGING SUPPORT (#23):** Offer hotel vouchers to nearby accommodations (keep in mind families may not have their own transportation), including Ronald MacDonald House Charities, to increase the opportunity for parents to be at bedside. Consider operating a shuttle bus from the hospital to nearby hotels for families that don't have their own transportation- particularly if offering vouchers for the hotel.
- **OFFER CHILDCARE (#27):** Many NICU families have other children. Providing drop in childcare options for families, even if just for 2 hours a day, may allow for increased parental presence at bedside. Alternatively, if space for such a center is not available, providing cash which can be used for a babysitter may work for some families that live close by.
- **ESTABLISH A PEER SUPPORT GROUP (#28):** Establish a NICU parent peer support group in languages other than English to allow parents to express their emotions and experiences in their language of preference. This group could also serve to reduce social isolation and inform parents about community services/ resources.
- **FIND SPONSORS (#30):** Approach local restaurants about sponsoring dinner during family meetings.
- **CONSIDER CULTURAL PREFERENCES (#31):** Recognize that there may be cultural preferences which might influence to whom families wish to interact with or ask questions. For example, some families may view the physician as an authority figure and not feel comfortable asking them questions about their child's care, but they may feel at ease with a patient advocate or spiritual care provider. Respect this perspective and allow for family preferences to be valued.



## ANNEX F: Change Ideas for Administration/Management to Reduce Disparities in Outcomes for NICU Families with a Non-English Language of Preference (NELP)

- **OFFER EDUCATIONAL VIDEOS (#1):** Questions from families with a NELP may be answered through educational videos in their language of preference that could potentially break down medical jargon and be viewed multiple times to enhance comprehension . Please see a [curated list of videos](#) in Spanish that may benefit NICU families; this list is always growing and does not represent all available materials. Details of the videos on the playlist are found [here](#) and a printable flyer for families is available [here](#).
- **SEEK QUALIFIED BILINGUAL STAFF (QBS) (#2):** Qualified Bilingual Staff (QBS) are staff who have been appropriately assessed and who have been found to possess appropriate skills in a language other than English. They are different from certified healthcare interpreters as they can only use their language skills in direct conversations with patient families and cannot interpret for other providers on the team. QBS can provide language concordant care, which is tied to higher levels of patient/family satisfaction, and may reduce the time patient family interactions require . To incentivize and reward staff that bring this skill set, consider providing financial compensation to staff for this additional qualification. To learn more about QBS, [click here](#).
- **ENSURE STRONG POLICIES (#3):** Hospitals should develop stronger policies that limit the use of alternative interpretation (unqualified interpreters, family members, google translate, etc) in order to ensure appropriate and quality interpretation. While phone and video interpreters are considered qualified interpreters, unqualified interpreters may actually increase the time required for each patient interaction as poor quality interpretation may cause confusion, require repetition, family dissatisfaction, or inhibit patient family comprehension causing misunderstandings and future delays. It may be appropriate to monitor activities to ensure adherence if hospitals are experiencing frequent use of alternative interpretation .
- **OFFER REWARDS (#4):** To help reduce use of alternative interpretation, consider rewarding staff that frequently use an interpreter in order to foster the habit of calling for an interpreter. Rewards might be as simple as a free coffee from a local coffee shop if they call for an interpreter at least 10x a month or whatever rate may be appropriate for your population. Interpreter Services staff might be able to nominate “language access allies” or “language champions” in the unit and write their name on an information board in the unit, give them a shout out in a patient safety newsletter, or congratulate them with a small chocolate bar.
- **CONSIDER DEVICE LOCATION (#6):** Consider a designated spot in the unit for all interpretation tablets to ensure they are always charged and staff are familiar with their location. Securing the tablet to an IV stand, or purchasing devices like the one shown [here](#), can provide a more mobile and visible option. This also provides stability for the interpreter behind the camera (device movements can make the interpreter dizzy!) and a consistent view of hand movement for individuals using American Sign Language. Alternatively, if sufficient interpreter tablets are in the unit, leaving the tablets by the bedside of a patient whose family members require interpretation may also reduce the time it takes to locate the device and begin a conversation.
- **ENSURE QUALITY (#8):** Lack of language access harms the patient and family but it also harms the staff who want to be part of the highest quality organization since the Joint Commission requires interpretation and translation services for accreditation. If providers are not able to communicate with patient families, levels of frustration rise which could lead to burnout or poor staff retention. There is also a link between failure to provide language access and liability for negligence or medical malpractice . Protect your patient families and protect yourself by ensuring interpretation is not optional.
- **ENGAGE LEADERSHIP (#9):** Encourage and require perinatal leadership to utilize interpreters (especially in front of residents and medical students) to foster a hospital culture that promotes the use of interpreters consistently .
- **INCLUDE INTERPRETERS IN FAMILY-CENTERED ROUNDS (#10):** Encourage in-person/phone/video interpreters to be used during family center rounds. This practice will aid staff in forming the habit of using interpreters in other interactions as well. Often with English-speaking families, a brief synopsis is shared with the families at the end of rounds that summarizes the infant’s progress and goals for the day. This synopsis could be highlighted through an interpreter for

families with a NELP if interpreting every sentence feels unattainable.

- **TRAIN STAFF (#11):** Train staff on how to best use an Interpreter to increase satisfaction with interpreter services. Ideas might include: where to look, how to request, how long to expect to wait, what information to share with the interpreter before a patient family encounter, etc. Avoiding jargon and acronyms as well as speaking in simple English may increase the ease of interpretation. Addressing the family directly (not the interpreter) and speaking at a normal volume (speaking loudly does not increase clarity) are also considered best practice.
- **POST REMINDERS (#14):** Language access is just as important as hand hygiene- you need this before entering the patient's room! Appropriate [signs](#) on beds or patient room doors or [NICU Family Member badges](#) (e.g. The family of this patient prefers a Spanish interpreter) can act as a reminder to staff and reduce the burden on families to ask for an interpreter. Sticky notes in the electronic health record or highlighted in the storyboard on the medical record can serve to further draw attention to the family's language of preference. Standardization of the location of this information is key to standardizing care.
- **MODIFY CURRICULA (#16):** Modify medical and nursing training curriculum (including new hires and traveler nurses) to include working with an interpreter so that this process is viewed as integral to providing care from the very beginning .
- **DESIGNATE NICU-SPECIFIC INTERPRETERS (#17):** Have NICU-dedicated interpreters so that providers and interpreters can create meaningful co-worker relationships and minimize the "hassle" and time it takes to communicate .
- **SHIFT THE CULTURE (#18):** Shift the culture so that the interpreter is viewed as an important member of the team that should be well-informed and not a "burden12." This might include inviting them to huddles, holiday parties, or even birthday celebrations.
- **NOMINATE LANGUAGE CHAMPIONS (#19):** Nominate "Language Champions" who can promote the use of interpreters to strengthen the relationship with staff.  
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- **PROVIDE FINANCIAL SUPPORT (#21):** Provide cash, bus tickets, gas vouchers, uber credit (whatever the family prefers) to alleviate the financial burden of consistently travelling to the hospital.
- **PROVIDE FOOD SUPPORT (#22):** As SNAP and WIC benefits are not sufficient, provide additional food assistance support (grocery store gift cards, hospital cafeteria credit, allowing parents to receive food trays at bedside while they are present, etc) for families.
- **PROVIDE LODGING SUPPORT (#23):** Offer hotel vouchers to nearby accommodations (keep in mind families may not have their own transportation), including Ronald MacDonald House Charities, to increase the opportunity for parents to be at bedside. Consider operating a shuttle bus from the hospital to nearby hotels for families that don't have their own transportation- particularly if offering vouchers for the hotel.
- **ENABLE PHOTOS/VIDEOS (#24):** Enable cameras at bedside or a system of daily photo updates on a secure portal to provide families with access to check in on their infants when they are not able to be physically present.
- **ENSURE STRONG WIFI (#25):** Ensure that the wifi connection is excellent in the NICU so that video interpreters will not experience delays or glitches in communication. Perform a sound check with family members at the beginning of each interaction as often the volume on the tablets is too low for family members to hear properly. Headphones can also be provided to the provider/family members if there is a worry about HIPPA violations with the tablet's volume.

## ANNEX G: Change Ideas for Interpreter Services to Reduce Disparities in Outcomes for NICU Families with a Non-English Language of Preference (NELP)

- **SEEK QUALIFIED BILINGUAL STAFF (QBS) (#2):** Qualified Bilingual Staff (QBS) are staff who have been appropriately assessed and who have been found to possess appropriate skills in a language other than English. They are different from certified healthcare interpreters as they can only use their language skills in direct conversations with patient families and cannot interpret for other providers on the team. QBS can provide language concordant care, which is tied to higher levels of patient/family satisfaction, and may reduce the time patient family interactions require. To incentivize and reward staff that bring this skill set, consider providing financial compensation to staff for this additional qualification. To learn more about QBS, [click here](#).
- **ENSURE STRONG POLICIES (#3):** Hospitals should develop stronger policies that limit the use of alternative interpretation (unqualified interpreters, family members, google translate, etc) in order to ensure appropriate and quality interpretation. While phone and video interpreters are considered qualified interpreters, unqualified interpreters may actually increase the time required for each patient interaction as poor quality interpretation may cause confusion, require repetition, family dissatisfaction, or inhibit patient family comprehension causing misunderstandings and future delays. It may be appropriate to monitor activities to ensure adherence if hospitals are experiencing frequent use of alternative interpretation.
- **OFFER REWARDS (#4):** To help reduce use of alternative interpretation, consider rewarding staff that frequently use an interpreter in order to foster the habit of calling for an interpreter. Rewards might be as simple as a free coffee from a local coffee shop if they call for an interpreter at least 10x a month or whatever rate may be appropriate for your population. Interpreter Services staff might be able to nominate “language access allies” or “language champions” in the unit and write their name on an information board in the unit, give them a shout out in a patient safety newsletter, or congratulate them with a small chocolate bar.
- **CONSIDER DEVICE LOCATION (#6):** Consider a designated spot in the unit for all interpretation tablets to ensure they are always charged and staff are familiar with their location. Securing the tablet to an IV stand, or purchasing devices like the one shown [here](#), can provide a more mobile and visible option. This also provides stability for the interpreter behind the camera (device movements can make the interpreter dizzy!) and a consistent view of hand movement for individuals using American Sign Language. Alternatively, if sufficient interpreter tablets are in the unit, leaving the tablets by the bedside of a patient whose family members require interpretation may also reduce the time it takes to locate the device and begin a conversation.
- **ENGAGE LEADERSHIP (#9):** Encourage and require perinatal leadership to utilize interpreters (especially in front of residents and medical students) to foster a hospital culture that promotes the use of interpreters consistently.
- **INCLUDE INTERPRETERS IN FAMILY-CENTERED ROUNDS (#10):** Encourage in-person/phone/video interpreters to be used during family center rounds. This practice will aid staff in forming the habit of using interpreters in other interactions as well. Often with English-speaking families, a brief synopsis is shared with the families at the end of rounds that summarizes the infant’s progress and goals for the day. This synopsis could be highlighted through an interpreter for families with a NELP if interpreting every sentence feels unattainable.
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- **BRIEF/DEBRIEF (#12):** Conduct a one-minute pre meeting and debrief between the medical interpreter and health care team to provide space for the interpreter’s input to be voiced as it might otherwise go unheard.<sup>8</sup> Spending one minute framing the situation with patient background information may actually save time with

the family. Ex: "We are in the NICU with an infant with suspected NEC, a potentially severe intestinal disease. We will be sharing the results of some tests with the baby's parents that don't look good. This may be difficult for them as they have had a child in the NICU previously who passed away from NEC." Remember, a remote interpreter is dropped into the conversation and has no context for the conversation. Debrief opportunities allow for interpreters to share insight around comprehension which empowers staff to tailor future family communication and training. Ex: "I don't think the parents understood the importance of the developmental care suggestions you explained. It might be helpful for a nurse or lactation consultant to share with them about the neurological benefits of skin to skin again today or tomorrow."

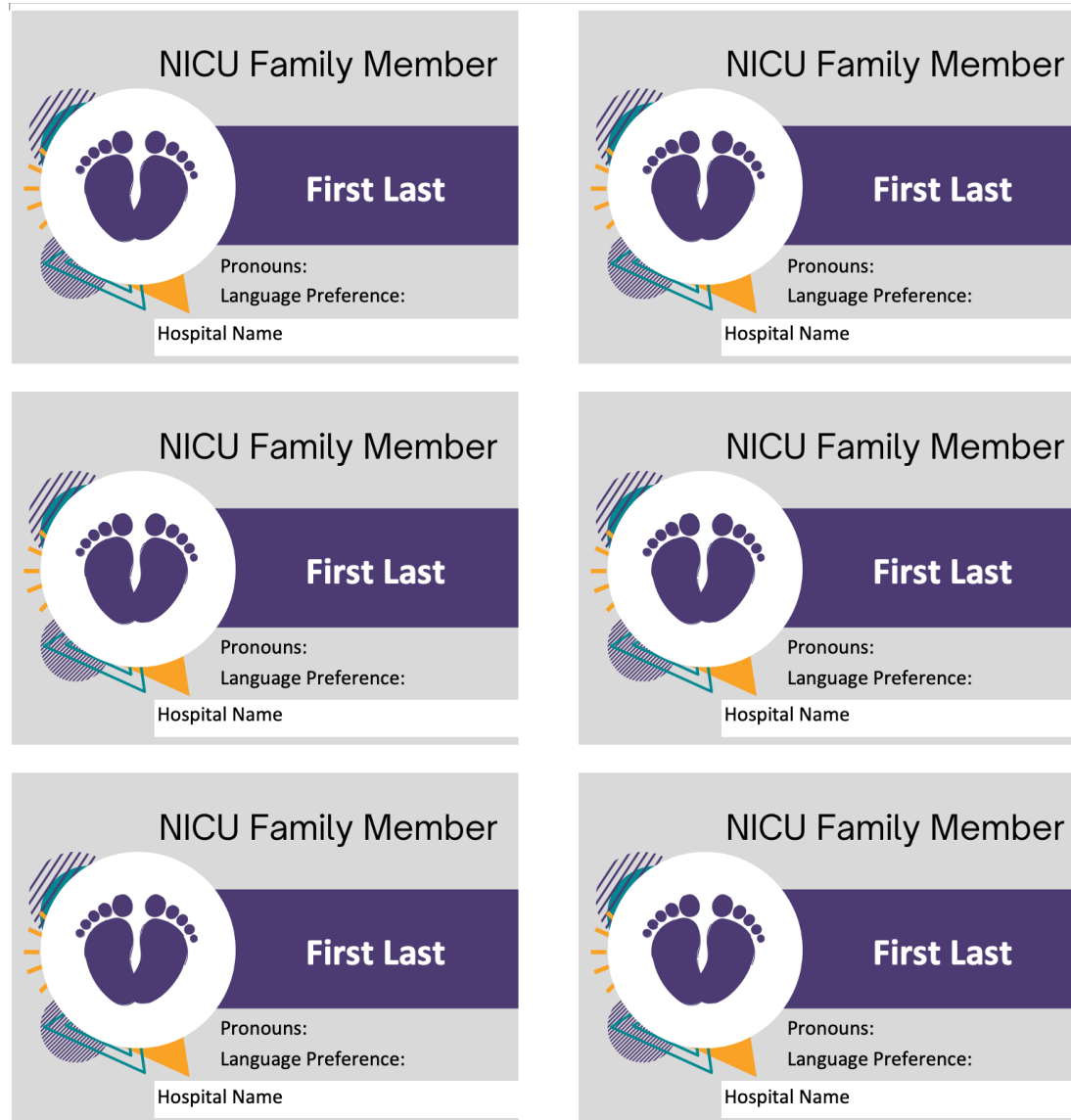
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- **NOMINATE LANGUAGE CHAMPIONS (#19):** Nominate "Language Champions" who can promote the use of interpreters to strengthen the relationship with staff.  
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- **ENSURE STRONG WIFI (#25):** Ensure that the wifi connection is excellent in the NICU so that video interpreters will not experience delays or glitches in communication. Perform a sound check with family members at the beginning of each interaction as often the volume on the tablets is too low for family members to hear properly. Headphones can also be provided to the provider/family members if there is a worry about HIPPA violations with the tablet's volume.

## ANNEX H: Tools to Reduce Disparities for NICU Families with a Non-English Language of Preference (NELP)

On pages 22-29 we have included the following tools to reduce disparities for NICU Families with a Non-English Language of Preference. These tools are referenced throughout this mini-toolkit and are also available on the NELP Resource Bundle page of the CPQCC website.

1. Customizable NICU Family Badge Template
2. Print-and-Go NICU Family Badge Templates
3. Playlist of Spanish Language NICU Education Videos - Flyer for Families
4. Playlist of Spanish Language NICU Education Videos - Information Sheet for NICU Staff
5. Signage for Infant's Crib/Room Indicating NELP Family Status

## TOOL 1: Customizable NICU Family Badge Template



This is a **PREVIEW** of the Customizable NICU Family Badge Template. To download a customizable version of this tool for use in your unit (in Word document format), please visit the NELP Resource Bundle page on the CPQCC website at: <https://www.cpqcc.org/NELP-resource-bundle>

TOOL 2: Print-and-Go NICU Family Badge Template - Option 1



TOOL 2: Print-and-Go NICU Family Badge Template - Option 2



NICU Family Member

**Familiar de bebé en UCIN**

Language Preference:  
Spanish/ Español

Por favor devuelva al personal antes de irse.

This badge template features a central graphic of two purple footprints inside a white circle, surrounded by colorful abstract shapes. The text is arranged in a structured layout: 'NICU Family Member' at the top, 'Familiar de bebé en UCIN' in a dark purple box, 'Language Preference: Spanish/ Español' below, and 'Por favor devuelva al personal antes de irse.' at the bottom.



NICU Family Member

**Familiar de bebé en UCIN**

Language Preference:  
Spanish/ Español

Por favor devuelva al personal antes de irse.

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NICU Family Member

**Familiar de bebé en UCIN**

Language Preference:  
Spanish/ Español

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This badge template features a central graphic of two purple footprints inside a white circle, surrounded by colorful abstract shapes. The text is arranged in a structured layout: 'NICU Family Member' at the top, 'Familiar de bebé en UCIN' in a dark purple box, 'Language Preference: Spanish/ Español' below, and 'Por favor devuelva al personal antes de irse.' at the bottom.



NICU Family Member

**Familiar de bebé en UCIN**

Language Preference:  
Spanish/ Español

Por favor devuelva al personal antes de irse.

This badge template features a central graphic of two purple footprints inside a white circle, surrounded by colorful abstract shapes. The text is arranged in a structured layout: 'NICU Family Member' at the top, 'Familiar de bebé en UCIN' in a dark purple box, 'Language Preference: Spanish/ Español' below, and 'Por favor devuelva al personal antes de irse.' at the bottom.



NICU Family Member

**Familiar de bebé en UCIN**

Language Preference:  
Spanish/ Español

Por favor devuelva al personal antes de irse.

This badge template features a central graphic of two purple footprints inside a white circle, surrounded by colorful abstract shapes. The text is arranged in a structured layout: 'NICU Family Member' at the top, 'Familiar de bebé en UCIN' in a dark purple box, 'Language Preference: Spanish/ Español' below, and 'Por favor devuelva al personal antes de irse.' at the bottom.



NICU Family Member

**Familiar de bebé en UCIN**

Language Preference:  
Spanish/ Español

Por favor devuelva al personal antes de irse.

This badge template features a central graphic of two purple footprints inside a white circle, surrounded by colorful abstract shapes. The text is arranged in a structured layout: 'NICU Family Member' at the top, 'Familiar de bebé en UCIN' in a dark purple box, 'Language Preference: Spanish/ Español' below, and 'Por favor devuelva al personal antes de irse.' at the bottom.



TOOL 2: Print-and-Go NICU Family Badge Template - Option 3

 <p><b>NICU Family Member</b></p> <p>Language Preference: _____</p> <p>Please return to staff before discharge.</p>	 <p><b>NICU Family Member</b></p> <p>Language Preference: _____</p> <p>Please return to staff before discharge.</p>
 <p><b>NICU Family Member</b></p> <p>Language Preference: _____</p> <p>Please return to staff before discharge.</p>	 <p><b>NICU Family Member</b></p> <p>Language Preference: _____</p> <p>Please return to staff before discharge.</p>
 <p><b>NICU Family Member</b></p> <p>Language Preference: _____</p> <p>Please return to staff before discharge.</p>	 <p><b>NICU Family Member</b></p> <p>Language Preference: _____</p> <p>Please return to staff before discharge.</p>



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¡Escanea el código  
QR para ver  
videos sobre  
cómo cuidar de tu  
bebé en la UCIN!



Incluye videos sobre la  
lactancia materna,  
sondas de  
gastrostomía, contacto  
piel con piel y más.



# Playlist of Spanish Language NICU Education Videos - Information Sheet for NICU Staff

CPQCC has compiled a library of videos in Spanish to help NICU families with a Spanish language of preference in their NICU journey. Use the QR code to view the playlist and find a description of videos provided below.

## INTRODUCTION TO THE NICU

### **“Bienvenidos a la Unidad de cuidados intensivos neonatales..”**

Brief explanation on the importance of washing hands, the role of various NICU staff, and the parent’s role in baby’s care

## FEEDING & LACTATION

### **“Lactancia materna”**

Quick overview about the benefits of breastfeeding, how to correctly breastfeed, and the important indications of a well fed baby

### **“Nutrición de bebés prematuros: necesidades nutricionales y fortificación”**

Information about the necessary nutritional needs of premature babies and the importance of utilizing human milk fortifiers to increase calorie intake

### **“Nutrición de bebés prematuros: El aumento de la producción de leche”**

Focuses on the benefits of breastfeeding, the frequency of pumping, and ways to increase mother’s milk production

## SKIN-TO-SKIN

### **“Care for baby: Spanish - Boston Medical Center”**

Explains the importance of skin to skin

### **“Una técnica sencilla para disminuir la mortalidad infantil: Kangaroo mother care”**

Explains kangaroo care, the importance of partaking in kangaroo care, and encourages mother to do it often

## EQUIPMENT COMMONLY USED IN THE NICU

### “UCIN Cuartos y Equipos”

Briefly explains what an incubator is and the possibly alarms that may go off

### “Que es una incubadora y para que sirve?”

What is an incubator and what’s its purpose

### “Incubadora vs cunas de calor radiante”

Explains the purpose of an incubator and radiant warmer as well as the different types of incubators

### “Fototerapia en bebés”

Explains why bili lights are used and the importance of phototherapy for babies with jaundice

### “VPP o Ventilacion con Presion Positiva”

Focuses on providing an overview of PPV and why it is utilized

### “Sondas de gastronomia”

Answers the following questions: Why is a G-tube used? How do you take care of a G-tube and the skin surrounding it? How do you feed through a G-tube?



SCAN TO  
VIEW VIDEO  
PLAYLIST

# TOOL 5: Signage for Infant's Crib/Room Indicating NELP Family Status



**Please use an interpreter to best communicate with this NICU family.**

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**SCAN ME**



To learn more about working with families with a non-English language of preference, scan the QR code!



**Please use an interpreter to best communicate with this NICU family.**

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quality care collaborative

**SCAN ME**



To learn more about working with families with a non-English language of preference, scan the QR code!

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