

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.
6
- **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.