

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.
- **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.
- **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.⁸ 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.
- **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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- **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.