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.[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.

- **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."[12] 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.