Abstract

Establishing Linguistic Care Guidelines for Home-based Nurses to Improve Linguistic

Competence in Care Delivery Through the Utilization of Interpreter Services

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Staff and care providers in home-based healthcare often face communication challenges when caring for patients from diverse linguistic and cultural backgrounds, impacting patient safety and the efficiency of care delivery. The Doctor of Nursing Practice (DNP) project aimed to establish guidelines for Homebase Health Care, LLC nurses to enhance linguistic competence in care delivery through effective interpreter service utilization.

The PDSA Cycle Model was utilized for this quality improvement project. The project's activities took place during the project site's operating hours. Several tools were utilized such as the ABC Toolkit and the Chart Audit and Data Collection Sheet necessary for the project implementation, data collection, evaluation, and analysis.

The quality improvement project result showed that there is a statistically significant difference in the utilization of interpreter services before and after the implementation of the ABC Toolkit suggesting that the implementation of the ABC Toolkit has had a statistically significant impact on the utilization of interpreter services.

The project successfully met its goals by training personnel in interpreter services, leading to increased utilization over five weeks. This highlights the importance of interpreter services for linguistically competent care and the need for institutions to prioritize their use, training, and monitoring for better outcomes with limited English proficiency patients. To build on this success, the next steps should expand cultural and linguistic competency training, including using the ABC toolkit, for a more comprehensive approach to serving diverse patient populations.

ESTABLISHING LINGUISTIC CARE GUIDELINES FOR HOME-BASED NURSES TO IMPROVE LINGUISTIC COMPETENCE IN CARE DELIVERY THROUGH THE UTILIZATION OF INTERPRETER SERVICES

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BACKGROUND

The problem identified at the project site is the lack of guidelines on how to efficiently use interpreter services to improve nurses' linguistic competence. Homebase Health Care, LLC was the selected project site. The facility is in Las Vegas, Nevada that provides home visiting services to patients of various races and ethnicities needing home-based care.

PURPOSE AND HYPOTHESIS

The Doctor of Nursing Practice (DNP) project aimed to establish guidelines for Homebase Health Care, LLC nurses to enhance linguistic competence in care delivery through effective interpreter service utilization.

In staff and care providers working at Homebase Health Care, LLC, will the establishment of linguistic care guidelines to utilize interpreter services compared to the patient's family members' language interpretation improve the effective utilization of interpreter services by staff and care providers within 4 weeks of implementation?

METHODS

The project's activities took place during the project site's operating hours. Several tools were utilized such as the ABC Toolkit and the Chart Audit and Data Collection Sheet necessary for the project implementation, data collection, evaluation, and analysis.

RESULTS

Across the study, 150 patients with limited English proficiency attended, with providers using interpreter services 34 times, averaging 23% usage. For a 5-week period, 30 times the ABC toolkit has suggested that an interpreter service shall be utilized per patient encounter. Weekly variations were seen: Week 1 had 10% interpreter services utilization (3 out of 29 patients with limited English proficiency), Week 2 had 19% (7 out of 37 patients), Week 3 peaked at 27% (9 out of 33 patients), Week 4 had 24% (7 out of 29 patients), and Week 5 peaked at 36% (8 out of 22 patients).

In addition to this, the result showed that there is a statistically significant difference in the utilization of interpreter services before and after the implementation of the ABC Toolkit suggesting that the implementation of the ABC Toolkit has had a statistically significant impact on the utilization of interpreter services.

Increased interpreter services utilization correlated with higher attendance to patients with limited English proficiency, suggesting better care, especially for patients with language barriers.

CONCLUSIONS

The quality improvement project result showed that there is a statistically significant difference in the utilization of interpreter services before and after the implementation of the ABC Toolkit suggesting that the implementation of the ABC Toolkit has had a statistically significant impact on the utilization of interpreter services.

The project successfully met its goals by training personnel in interpreter services, leading to increased utilization over five weeks. This highlights the importance of interpreter services for linguistically competent care and the need for institutions to prioritize their use, training, and monitoring for better outcomes with limited English proficiency patients. To build on this success, the next steps should expand cultural and linguistic competency training, including using the ABC toolkit, for a more comprehensive approach to serving diverse patient populations.

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EVIDENCED-BASED CULTURAL COMPETENCY TRAINING PROGRAM FOR NURSES WORKING IN A SKILLED NURSING FACILITY: QUALITY IMPROVEMENT INITIATIVE TO INCREASE PATIENT SATISFACTION

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