Background and Significance

- 20% of population does not speak English as primary language
- 1990 to 2000 an increase from 14 million to 21.4 million in limited English proficiency (LEP)
- Interpreters recommended by the Joint Commission
- Interpreters identified as family members, other patients, nonprofessional staff, friends

Successful communication takes place only when providers understand and integrate the information gleaned from patients, and when patients comprehend accurate, timely, complete, and unambiguous messages from providers in a way that enables them to participate responsibly in their care (The Joint Commission, 2010).

Literature Review

- Common languages spoken other than English: Spanish, Portuguese, Vietnamese, Cantonese
- Rights to request an interpreter
- Dissatisfaction with care, longer hospital stays, increase time in ER
- Rarer languages (Portuguese, Mandarin, Cantonese) cost more to provide interpreter
- Decrease or increase in testing, decrease in medication administration, misdiagnosis
- Untrained interpreters result in 50% encounters with misunderstanding
- Interpretation service- in person, videoconferencing, telephone

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<th>Language</th>
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<th>Limited English Proficiency (LEP)</th>
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Barriers

- Cost
- Inconsistency among part-time interpreters
- Perception among healthcare providers that interpreters increase physician time

Implications for Practice

- Educate patients on their rights to an interpreter
- Costs offset by avoiding errors/rehospitalization
- Budget for interpreters
- Share interpretation services
- Use videoconferencing, telephone services
- Educate healthcare providers
- Obligated to provide patients with information to enable them to give informed consent for treatment/procedures
- More research to determine actual outcomes of patients who did or did not receive interpretation services

Language Use in the US: 2011 Census