

Seethalakshmi H. Davis¹, Julia Rosenberg, MD², Jenny Nguyen, BS³, Clara Warden, BA⁴, Gabriela Jenicek, MA⁴, Priscilla Ortiz, PhD⁴, Angela Frentress, CMI², Isabel Pachiarotti, CMI², Henry Dallmann, MA CMI⁵, Manuel Jimenez, MD MS⁵, K. Casey Lion, MD MPH⁶, Katherine Yun, MD MHS⁴

¹Swarthmore College ²Yale New Haven Children's Hospital ³Temple University School of Medicine ⁴Children's Hospital of Philadelphia ⁵Rutgers Robert Wood Johnson Medical School ⁶Seattle Children's Research Institute

BACKGROUND

- Language services are a critical component of healthcare for children in households with limited English proficiency (LEP)
- Previous research has focused largely on interpretation; less is known about translation (written communication)
- Translation is particularly important at the time of hospital discharge because families often need to follow complex instructions in order to avoid readmissions and errors

OBJECTIVE

- To describe how children’s hospitals translate inpatient discharge instructions for families with limited English proficiency
- To identify challenges and opportunities

METHODS

- Online survey of language services directors or equivalent at Children’s Hospital Association member acute hospitals (hereafter “CHA hospitals”) with available contact information
- Environmental scan of CHA hospitals’ language services policies obtained through examination of public-facing hospital websites

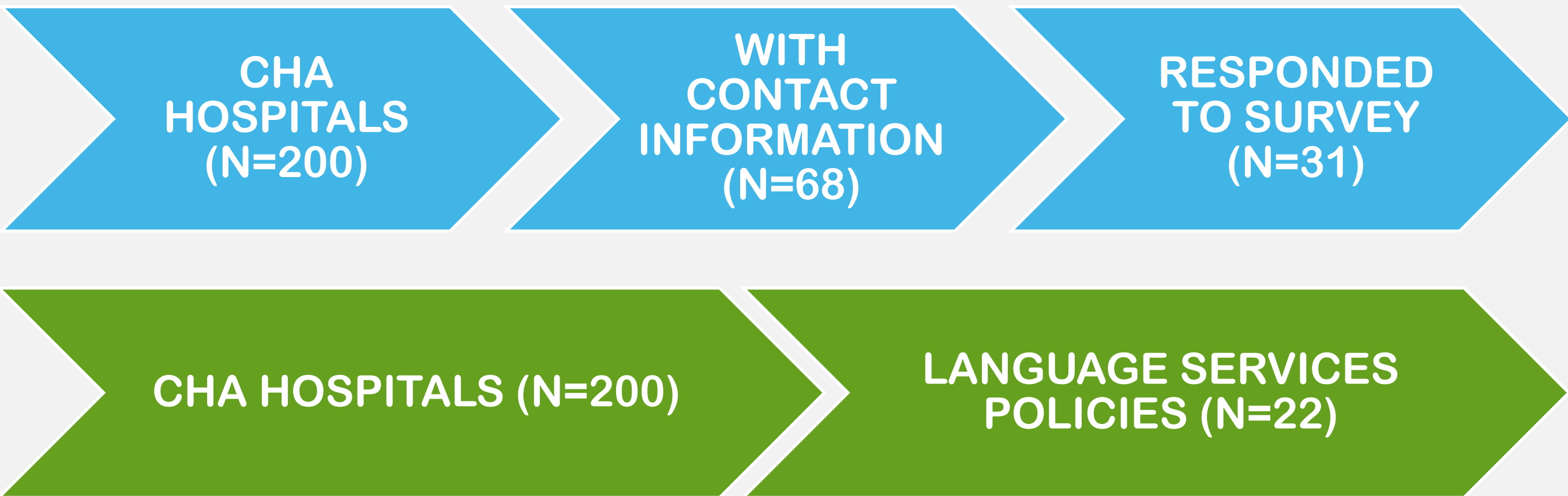
Data:

- Survey questions on inpatient language services
- CHA hospital language services policies
- County-level census data (2015 American Community Survey, 5-year estimates)

Analysis:

- Descriptive analysis of survey and census data
- Qualitative (content) analysis of open-ended survey responses and interpretation/translation policies

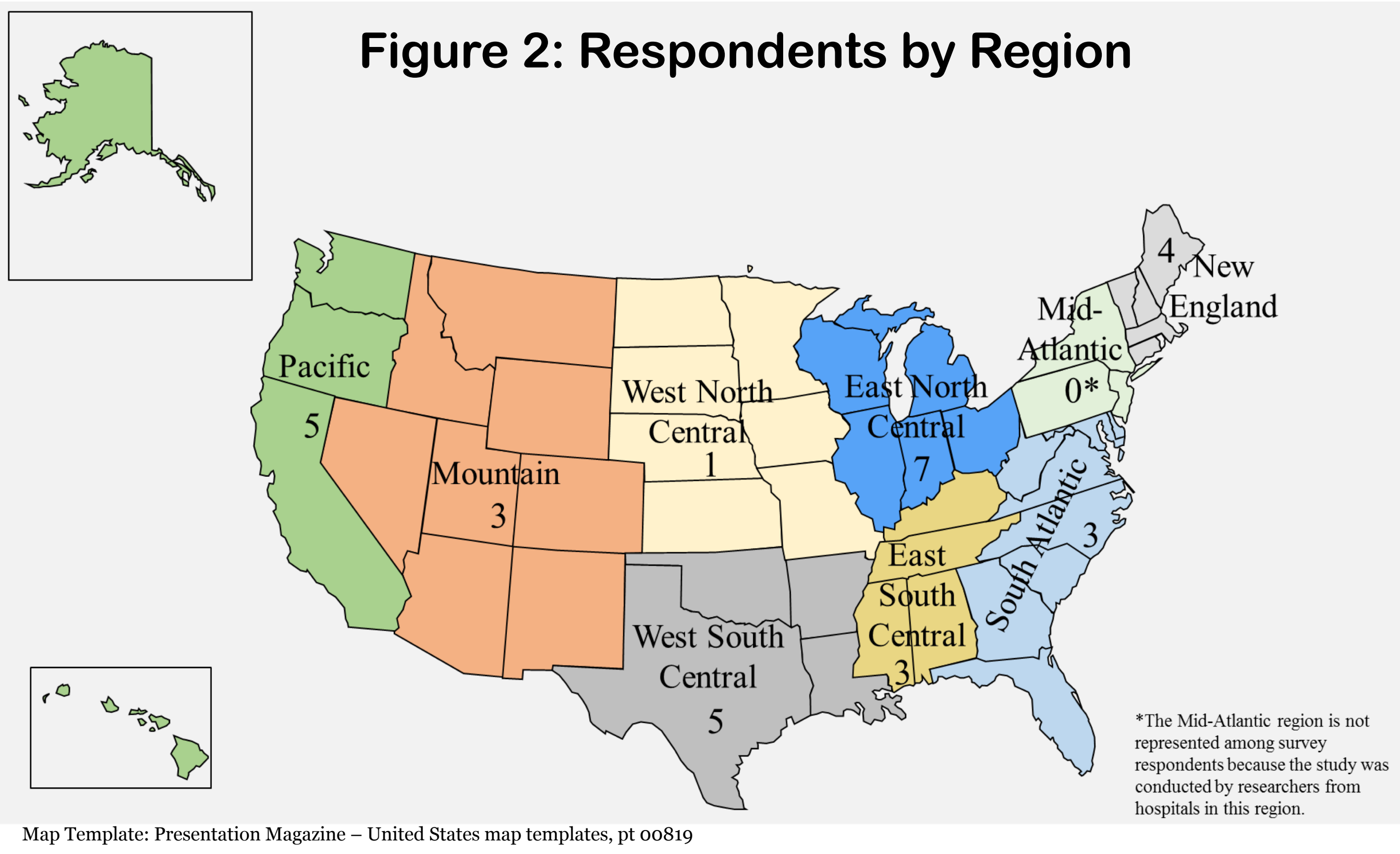
Figure 1: Data Collection



RESULTS

Hospital characteristics	N (%)
Teaching hospital ¹	22 (71%)
Interpretation policy	30 (97%)
Translation policy	25 (81%)
Translation services – in house (staff)	18 (58%)
Translation services - contracted	14 (47%)
Direct reimbursement for translation services ^a	0 (0%)
County-level characteristics	
≥15% of residents speak English less than “very well”	5 (16%)
≥20% of children live in poverty	23 (74%)

¹Defined as membership in the Council of Teaching Hospitals and Health Systems (COTH)
^aN = 29



1. There is variability in how hospitals define key terms, e.g., “vital documents” and “sight translation”.
2. Hospitals make different—and sometimes conflicting—recommendations regarding using or not using professional interpreters as translators.
3. Many hospitals recommend against the use of machine translation, i.e., translation software.
4. Many hospitals use libraries/archives of pre-translated documents, but criteria for determining which documents should be pre-translated and archived for future use varied significantly across institutions.

1. Difficulty translating documents into languages of lesser diffusion	“For Spanish I think [clinical staff understand how to access translation] very well; our EMR allowed us to load translated templates for most discharge education and instructions. With other languages staff struggle and end up piecing together different resources.”
2. Difficulty translating material quickly enough for patient discharge	“Many clinical staff are unwilling to wait for the translation of the discharge instructions and end up discharging the patient before the translation is complete. We provide on-site interpreters to interpret when the nurse reviews the discharge instructions with the patient, but clinical staff don't want to wait for the written instructions to be complete before sending the patient home.”
3. Financial constraints	“There are certain resources that we have put together in English that might be a lengthy document/booklet. Getting something like this translated can be extremely expensive, especially if it is updated frequently!”
4. Difficulty ensuring that translation services are being used to the fullest extent possible	“Training all inpatient staff on the current resources has been difficult. We don't have a large population with LEP in some departments so many staff members need the service infrequently.”

DISCUSSION & CONCLUSIONS

- The provision of translated materials remains challenging
- Hospitals experience many of the same challenges
- Approaches to overcoming these challenges vary across institutions
- There is also variation in the degree to which translation is embedded in hospital policy and practice

Limitations:

- Survey responses reflect the perspective of one person and may not necessarily reflect actual practice
- Our sample is limited to a small number of CHA hospitals; policies and practice may be different at adult hospitals and other institutions

ACKNOWLEDGEMENTS

We thank the respondents who share their knowledge and Patty Hencz and Juan Kraus at Seattle Children’s for their input and expertise. The William L. Huganir Summer Research Stipend on Population Issues from Swarthmore College supported this work.