Bridging the Language Gap

A QIP for Inclusive Care in our Paediatric A+E

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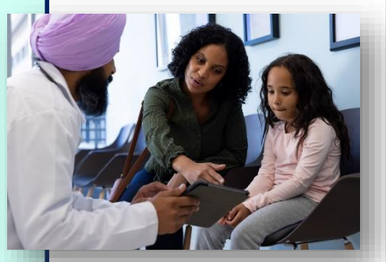
BACKGROUND

In our busy paediatric emergency department, language is often a barrier to giving great care. When pressed for time we default to English and deny every child the same opportunity.



In paediatric A+E departments across London, we regularly encounter patients and their families from diverse backgrounds every day, many of whom do not speak English as their preferred language.

Due to the time constraints in already stretched A+E departments, healthcare workers often default to English. This practice can hinder patients' and parents' understanding of diagnoses, investigations, and management as well as the overall quality of patient care we deliver to children in A+E.

AIM:

By the end of February 2025, interpreting services are offered and used to communicate with 8 out of 10 children and families who require language support (from a baseline of 3 out of 10).

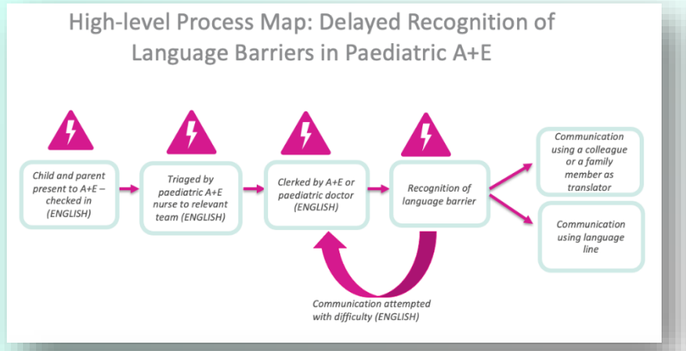
MEASUREMENT DEFINITION

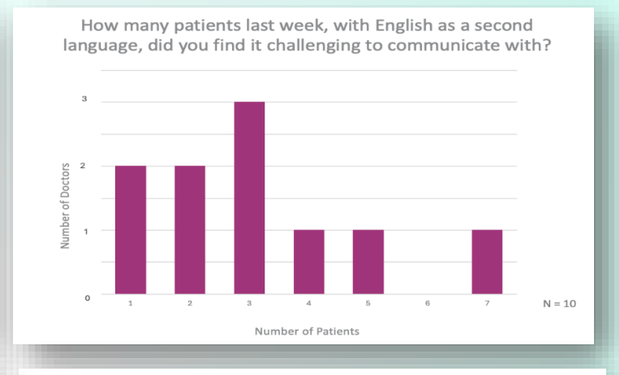
Each week, ask a random selection of doctors the following question after their shift:
On your last paediatric A+E shift, how many patients (or their families) did you encounter where language barriers impacted understanding/communication?
For each case, please indicate whether:
0: Interpretation services were not offered
1: Interpretation services were offered but not used
2: Interpretation services were offered and used

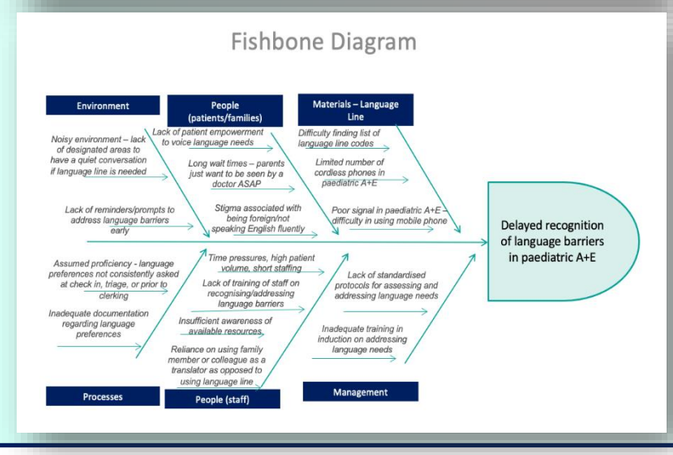
INCLUSION
- Children between 0-17 years
- Language barrier identified by the doctor – affects communication between the patient/family and a doctor

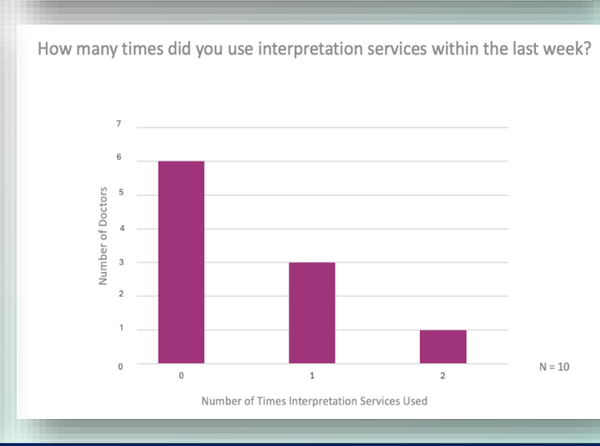
EXCLUSION
- Patients/families proficient in English
- Either the patient or one parent speaks English fluently
- Doctor and the patient/family speak the same language
- Patients being cared for in adult emergency department/urgent treatment centre

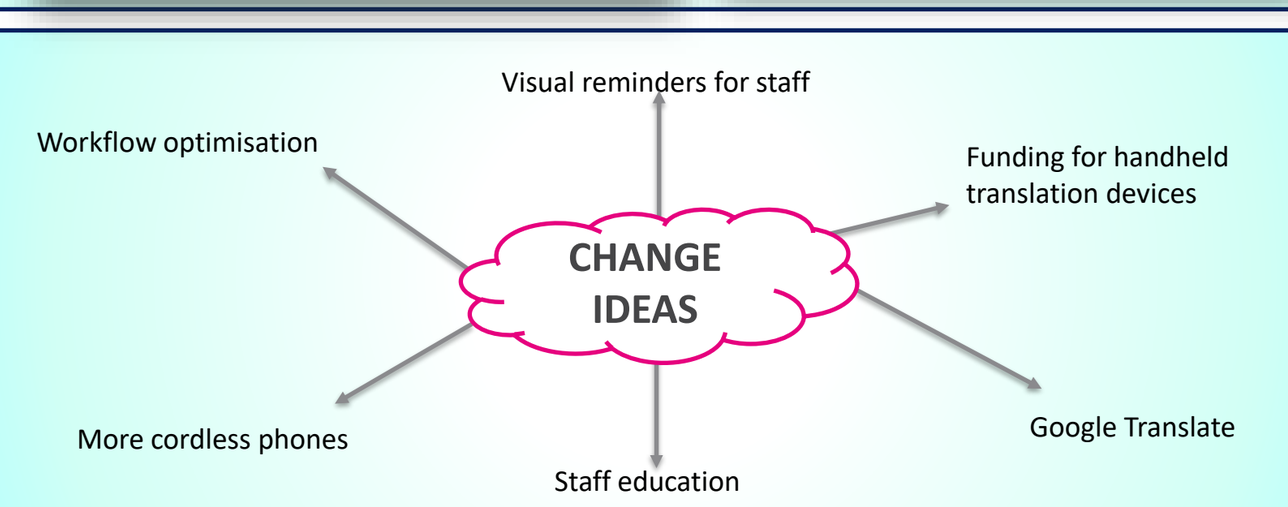
DIAGNOSTICS









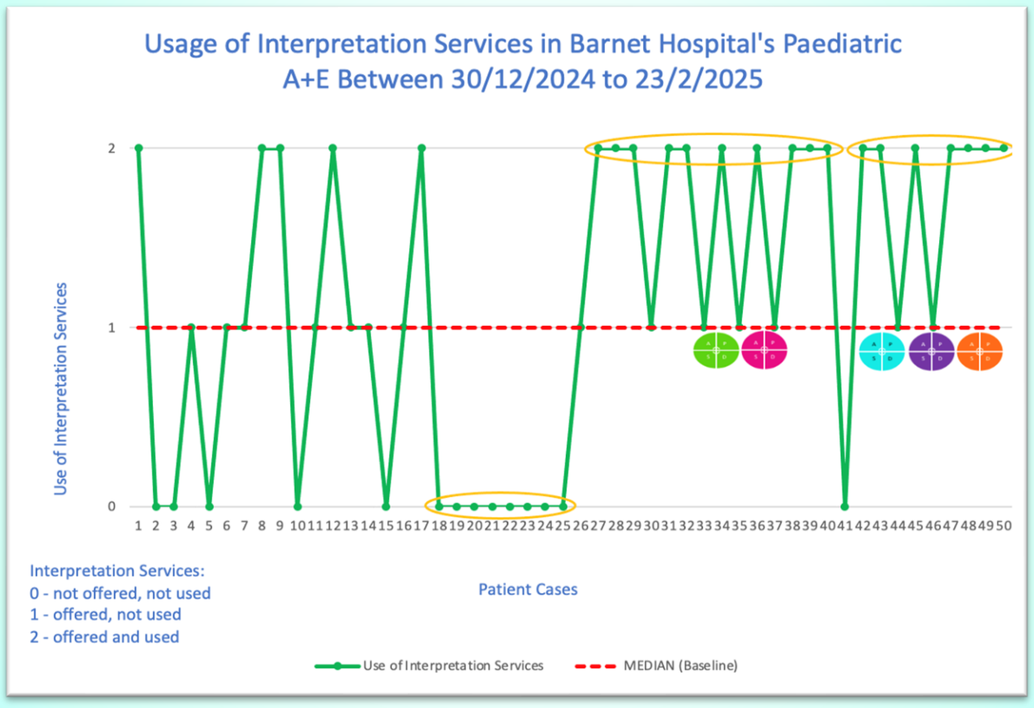


PDSA cycles

PDSA	PLAN	DO	STUDY	ACT
1.1.	Find a poster to promote DA Languages codes using a poster- with relevant 'DA Languages' language-specific codes on it.	Found it on our trust's intranet. Found the relevant departmental code. Printed it out and got it laminated.	No changes were required for the poster and it is ready to be displayed.	**EXTEND:** To consider the best places to display the poster in paediatric A+E.
1.2.	Trial poster of language codes by displaying the poster in the doctor's office and near the nurses' station in paediatric A+E.	Printed and put up posters in paediatric A+E 6th Feb 2025 and asked 3 doctors : 1. If they saw it? 2. If they used interpreting services over the weekend? 3. Anything else they would find helpful	2 doctors saw poster during shift and used interpreting services over the weekend. One used the poster to obtain language codes. The other suggested putting up poster in paediatric A+E resus as they needed to use an interpreter during the shift whilst in resus but instead had to look for codes on the trust's intranet.	**EXTEND:** In addition to putting the poster in the doctor's office and the nurses' station – to also put the poster in the paediatric A+E resus.
2.1	Trial of Google Translate with a colleague to evaluate its feasibility and effectiveness as a communication tool for non-English speaking families when interpretation services	1. Conducted a role-play scenario of a history-taking consultation where my colleague acted as the doctor (speaking in English) and I played the patient (speaking in Gujarati).	Google translate translated 7/10 sentences correctly from Gujarati to English during the history-taking exercise. I occasionally had to repeat a sentence if translated incompletely or incorrectly. It's an easy-to-use method of translation that is widely accessible and quick to use for everyone.	**ADAPT:** Trial a patient consultation using Google Translate.
2.2	Trial of Google Translate with a patient.	Spoke to a Pastho-speaking parent using Google Translate on my ward round on the postnatal ward. Consultation involved history-taking and explaining management. Parent was unfamiliar with how to use Google Translate. They did not have the app downloaded on their phone.	Google Translate was inadequate - it lacked an automated vocal translation function to Pashto and cannot be reliably used to ensure the accuracy required for translation in an acute clinical setting where history-taking is critical	**ABANDON:** google translate and consider other options.

PDSA	PLAN	DO	STUDY	ACT
3.1.	Engage Paediatric Emergency Medicine consultant to help with QI project locally.	Approached consultant with project details and shared my 3- minute QI pitch.	QIP idea well-received. Consultant agreed that this is something our hospital can and should improve on. Assisted in making relevant emergency department clinical and management contacts to engage them	**ADOPT:** Engage the clinical and management team in continuing the QIP
3.2.	Champion an A+E and a Paediatric Resident Doctor to help with QI project locally.	Arranged a meeting with both doctors and shared my QIP idea.	Gained ideas for improvement and increased awareness amongst colleagues regarding importance of the project.	**ADOPT:** Engage the A&E service manager
3.3.	Engage A+E Assistant Service Manager.	Arranged a meeting and shared my 3-minute QI pitch.	QIP idea well-received and helped to discuss ideas for improvement.	**ADOPT:** Consider options for maintaining change/ improvements.
4.	To engage the nursing staff	Discussed QIP with three charge nurses. Discussed idea of optimising workflow: Adding a prompt on Cerner during nursing triage process for language preferences; need for interpreter; allowing doctors to see in the triage notes, prior to clerking, whether an interpreter is needed.	They see this as a real issue that impacts patient care. They agreed that adding a prompt at check in would be a feasible way to identify patients with a language barrier.	**EXTEND:** Discuss with A+E Assistant Service Manager.
5.	To discuss the workflow optimisation idea with the A+E Assistant Service Manager	Discussed with Assistant service manager - adding a prompt on Cerner during the nursing triage process for language preferences and need for interpreter, allowing doctors to see in the triage notes, prior to clerking, whether an interpreter is needed.	Received feedback that modifying something on Cerner is a complex and time-consuming process, requiring approval from multiple management stakeholders.	**ABANDON:** Challenging for the purposes of this project.

RUN CHART



CONCLUSIONS

This quality improvement project successfully met its aim of increasing the use of interpretation services for patients with identified language barriers, from 3 out of 10 at baseline to 8 out of 10 children. This improvement was a result of testing ideas and adopting the ones that had a positive impact, as demonstrated on the run chart with two statistically significant runs of consecutive data on or above the median (data points on median not included in run count). The data highlights the impact of structured interventions in raising awareness of the issue and encouraging the use of interpretation services among doctors.

REFLECTIONS & LEARNING

I learned that small-scale changes are vital in driving improvement, but sustaining them requires long-term strategies, especially with rotating training doctors and staff members. In addition, engaging multiple stakeholders is key to making effective change, however as I learned through this project it can be challenging with limited time and resource constraints.

To ensure sustainability, I plan to continue this work with a colleague in the next rotation to ensure the ongoing improvement with regards to this issue to ensure inclusive care in our paediatric A&E.

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Change CHAMPION