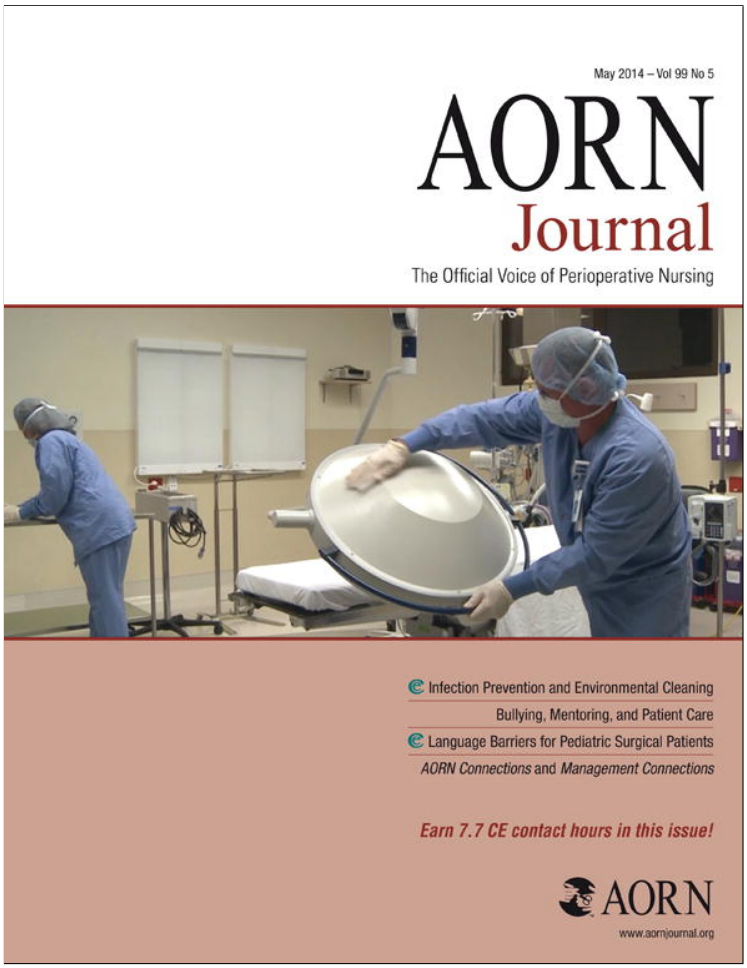

Overcoming Language Barriers for Pediatric Surgical Patients and Their Family Members

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Mercy Medical Center — Des Moines, Iowa, is a faith-based, not-for-profit, 656-bed medical center and a member of Catholic Health Initiatives. The mission of Mercy Medical Center and Catholic Health Initiatives is to "nurture the healing ministry of the Church . . . emphasizing human dignity and social justice [with movement toward] the creation of healthier communities."[1] The medical center's personnel work to accomplish this mission through actions. One example is the pediatric heart surgery program, which the medical center and clinical practice partners developed more than 30 years ago.

This award-winning program includes providing care to patients from a region in Mexico with a high incidence of congenital heart malformations.[2] A health care team from the medical center established clinics in two of the region's communities for the screening of pediatric patients selected to be a part of the program. Approximately 20 to 25 patients and their families receive physical, psychological, and financial support to travel to the medical center every March through October for surgical repair of the heart malformation and postoperative recovery. Follow-up care continues in the two clinics in Mexico. Preoperative and postoperative care takes place in the Mercy Children's Hospital. The pediatric intensive care unit has 19 inpatient beds. The general pediatric inpatient unit has 22 beds.

The Careful Nursing Philosophy and Professional Practice Model (ie, The Model) is the foundation for deciding which aspects of care are important to provide a patient-centered, family-focused Mercy experience. Nurses have created a therapeutic environment across the continuum of the inpatient stay. Using an evidence-based approach, the pediatric service line created a multidisciplinary team to expand on the previous organizational work around responding to patients' language needs and to develop tools to use at the clinics in Mexico during the screening process, throughout the hospitalization, and during postoperative care and follow-up. The multidisciplinary team specifically identified barriers to providing care for non–English-speaking pediatric patients undergoing heart surgery.

GUIDING PRACTICE MODEL

According to Parker,[3] nurses must be open to applying their organization's chosen practice model and nursing theory to their nursing practice so that the professional care they provide reflects ongoing developments in nursing education and practice. Mercy Medical Center — Des Moines has embraced this thinking by applying The Model at the bedside.[4-7] The nursing practice concepts and 19 dimensions of The Model (Table 1) provide a contemporary foundation for how nurses can think

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TABLE 1. Careful Nursing Philosophy and Professional Practice Model[1-3]

Concepts	Dimensions	Examples
Therapeutic milieu	Caritas	Acting with loving kindness and compassion toward all patients and others, regardless of personal characteristics
	Inherent human dignity[a]	Respecting the fundamental value of all individuals
	Contagious calmness	Preserving and projecting an inner sense of calm, even in the most stressful situations
	Intellectual engagement	Thinking creatively and critically about all aspects of nursing practice
	Nurses' care for selves and one another	Being attentive to one's own health and the health of colleagues
	A safe and restorative physical environment	Ensuring physical safety for patients and maximizing the healing effects of their environment
Practice competency and excellence	Great tenderness in all things	Attending to patients and their family members with sensitivity, gentleness, and patience
	"Perfect" skill in fostering safety and comfort	Paying meticulous attention to all details of evidence-based patient care
	Watching and assessment	Being continuously observant of and alert to patients' conditions and needs, detecting adverse events as soon as possible
	Clinical reasoning and decision making	Understanding, analyzing, and making decisions about patient assessment data
	Patient engagement in self-care	Engaging patients in decision making about their care as possible and appropriate
	Nursing diagnoses, outcomes, and interventions	Making specific clinical judgments about patient problems, selecting outcome goals, and providing evidence-based interventions
	Patient family, friends, and community – supportive participation in care	Engaging the patients' family members or support group in their assessment and care as appropriate
	Health education	Providing patients and supportive others with knowledge to promote healing and health
Nursing management and influence in health systems	Support of nursing practice	Managers' support of the environment and practice excellence at all levels, including stewardship of resources
	Trustworthy collaboration	Taking initiative and enhancing professional relationships in the multidisciplinary team to achieve optimal patient outcomes
	Participative-authoritative management	Modeling Careful Nursing principles to colleagues, delegating to them within their scope of practice
Professional authority	Professional self-confidence	Having a strong sense of the value of professional nursing practice
	Professional visibility	Being willing to contribute to the promotion of professional nursing through professional organizations and all forms of media

[a] *Therese C. Meehan, PhD, e-mail communication, October 18, 2013.*

1. *Meehan TC. The Careful Nursing philosophy and professional practice model.* J Clin Nurs. *2012;21(19-20):2905-2916.*
2. *Meehan TC. The therapeutic milieu. CarefulNursing.com. http://www.carefulnursing.ie. Accessed February 5, 2014.*
3. *Meehan TC, Weldon JM.* The Careful Nursing Philosophy and Practice Model: one page summary. *University College Dublin, Dublin, Ireland and Mercy Medical Center, Des Moines, IA; 2013.*

about themselves as nurses, their patients, nurse-patient and family relationships, and the attitudes and actions they engage in to protect patients and foster health and healing (Therese C. Meehan, PhD, e-mail communication, October 18, 2013).

The Model provides the foundation for deciding which aspects of care are important for a specific patient population. The nurses at the facility strive to provide a "therapeutic milieu" (ie, therapeutic environment) composed of safe care processes. A therapeutic environment creates a calm atmosphere that supports healing and also honors the patient's inherent human dignity as well as spiritual and cultural preferences.[4-7] Applying the nursing process and practicing competently allows nurses to engage the patient and his or her family members in health care decisions and health education. At the heart of this care approach is the recognition of how nurses and other health care providers are multidisciplinary partners, working together to use evidence to plan, deliver, and evaluate the care they provide to meet the needs of the patient-family unit. Improving care issues, such as communication, requires multidisciplinary collaboration to create evidence-based interventions to meet the holistic needs of the patient and his or her family members. These efforts empower patients and their family members to be active in decisions about their care.[4-7]

Research on the use of interpreters in health care verifies that serious problems with miscommunication lead to inadequate identification of patients' symptoms and concerns when the clinician doubles as a medical interpreter.

THE IMPORTANCE OF COMMUNICATION

Communication is key to the ability of health care team members to provide quality care to participants in the pediatric heart surgery program. Improving communication and overcoming language barriers, in addition to providing culturally sensitive care, have been central initiatives of the program. A multidisciplinary team of surgeons and other physicians, anesthesia professionals, nurses, patient care technicians, respiratory therapists, medical imaging technicians, dieticians, physical therapists, chaplains, and personnel from the Interpretation Services Department, Child Life Department, and other ancillary services worked together to extend the pediatric heart surgery program to patients from Mexico. Personnel from the Interpretation Services Department were instrumental in providing the resources to develop evidence-based interventions to care for patients of all ages who are non-English speaking. This multidisciplinary approach to improve communication across the care continuum for the patient and his or her family members reflects the application of the appropriate dimensions from The Model. A review of the literature validated the importance of using professional interpretation services.[8-11]

Two seminal articles in the literature describe the importance of good communication in the medical context, even for a monolingual encounter. Cicourel[12] identified how language plays a central role in the communication and transfer of information in the health care setting. The author suggested that health care providers should choose applicable words to better convey information to the patient, thus improving the transfer of information.[12] Individualizing language chosen to communicate with a patient will help avoid miscommunication between the patient and health care provider related to social status, cultural background, and language problems. Shuy[13] described how communication breaks down between the patient and the health care provider when there are differences in the level of language used to communicate each side of the care situation. Health care providers tend to use medical terminology instead of speaking to the patient in a

language the patient can understand; this may lead to miscommunication.[13]

More recent research on the use of interpreters in health care verifies that serious problems with miscommunication lead to inadequate identification of patients' symptoms and concerns when the clinician doubles as a medical interpreter.[8-11] The authors noted that, unfortunately, clinicians do not always have the necessary grasp of medical terminology in another language to accurately translate health care information.[8-11] Leanza[9] defined the role of community interpreters and made recommendations for training interpreters in health care terminology. Karliner et al[10] discussed how professional interpreters in medical consultations were preferred because of the improved communication, resource utilization, clinical outcomes, and satisfaction with care. According to Valero Garcés,[11] professional interpreters maintain an impartial role and use specific strategies to completely and accurately convey all of the information between the patient and his or her family members and the health care provider.

Studies describe how the use of interpreters to overcome a language barrier improved the health care process and that using interpreters improves communication of information and decision making provided to the patient's family members during care conferences.

In addition to demonstrating the importance of appropriate language and communication strategies to optimize the experience between the patient and the health care provider, the literature also describes safety aspects to consider. One study describes an increased risk of serious medical events for pediatric patients who have a language barrier.[14] Another study describes the problems affecting quality and safety of care when there are differences in language and culture between the patient and the health care team.[15] Another study describes how the use of interpreters to overcome a language barrier improved the health care process.[16] Yet another study demonstrates that using interpreters improves communication of information and decision making provided to the patient's family members during care conferences.[17] According to Hampers et al,[18] decreased resource utilization and delays in care occurred for patients with language barriers who were not provided interpretation services.

IDENTIFYING CULTURAL DIFFERENCES AND LANGUAGE BARRIERS

Medical center personnel sometimes struggle with understanding cultural and language differences of non–English-speaking patients and their family members. The Model's therapeutic milieu practice concept and human dignity dimension sensitize medical center personnel to respecting the fundamental value of the patient and his or her family members. The Midwest community population served by Mercy Medical Center – Des Moines has at least 16% non–English-speaking residents, representing about 60 different ethnic groups.[19] In addition, the medical center supports the pediatric heart surgery charity care program in an underprivileged, rural community with predominately Spanish-speaking Yucatan residents. Other family members may speak Yucatec Mayan or German, thereby adding to the complexity of the communication pathway. Patients who are treated as part of the charity program are identified and screened in their Mexican community and then brought to the medical center in Iowa for surgical correction. This community of people has inherent barriers for understanding cultural and language differences of patients and their family members. In addition to language barriers, other challenges that team members encounter with this patient population include a lack of familiarity with the modern US health care environment, lack of literacy, differing cultural practices and etiquette, and

having the right people available at the right times (eg, interpreters) to address language barriers.

Helping patients and their family members, who are not native to the United States and do not speak English, navigate through a medical center in a modern, complex health care environment is often challenging and time consuming. Some of the hometown Mexican communities are smaller than the hospital. This adds to the complexity of their stay in the modern facility because they need to navigate around the facility through multiple floors and wings of the large building. Many of these patients and their family members come from communities in which cold water is the only option in their home. They have different etiquette for common activities, such as where to throw toilet paper (ie, flushing vs disposal in a waste basket). Addressing the lack of literacy and negotiating different cultural norms add to the cultural barriers during the hospital stay. Addressing Yucatan traditions and beliefs may be difficult for medical center personnel and chaplains related to a lack of understanding of the patient's practices at home.

Another example is addressing the Yucatan cultural norm of not questioning a person who is considered an authority or expert, because doing so is considered rude or inappropriate. Face-to-face direct communication is considered threatening in some cultures.[20] This cultural norm in particular is a challenge to overcome when a health care provider asks the patient and his or her family members, "Do you have any questions?" Rarely will a patient and his or her family members ask direct questions to clarify what is happening, even if they are confused and do not understand a situation. Asking for an interpreter in these situations also would be considered inappropriate by the patient and his or her family members if this service is not offered.[20]

Another barrier is not always having the right people in the right positions throughout the patient's hospitalization to provide interpretation. It is difficult to have an interpreter available around the clock to assist with communication between the patient, family members, and health care personnel. The exact time when a test, intervention, procedure, or surgery is going to be performed may be unpredictable. When care needs to be timely and there is not someone available to assist with communication needs, the patient and his or her family members may experience feelings of fear and frustration. Medical center personnel also experience frustration related to the inability to communicate with the patient and his or her family members, especially if a signed consent is needed to proceed or critical decisions need to be made quickly.

Communication during the critical care postoperative phase is another challenge. The pediatric intensive care unit can be a fast-paced environment in which decisions need to be made quickly. Sometimes action needs to occur quickly during a time of critical need, and these acute care situations do not always allow time to explain what is happening before or during the situation. Untimely education may occur after the fact, when time allows and interpretation services are available.

Other barriers include culturally appropriate hospitality and nursing assessment. It is important to keep the patient and his or her family members comfortable during the long hours and multiple days or weeks of their stay in an unfamiliar environment. Assessments with subjective measures are challenging with a language barrier. For example, assessing postoperative pain in the pediatric population has always been tricky because it is subjective. Adding a language barrier to the assessment makes it much more difficult for the patient to express the level of pain.

Discharge education also presents a challenge for nursing personnel. The nurse must instruct the patient and his or her family members about postoperative activity and restrictions, wound care instructions, medication regimens, and necessary follow-up care. Mistakes in this communication could slow down recovery, lead to postoperative

TABLE 2. Evolving Regulatory Requirements

Regulation	Effect on providing care to non–English-speaking patients in the United States
Title VI Civil Rights Act (1964)	Prohibits discrimination of people on the basis of race, color, or national origin
Health and Human Services National Standards on Culturally and Linguistically Appropriate Services in Healthcare (2000)	Describes the national standards for providing culturally and linguistically appropriate health care services for minorities
Section L of Common Language Access in Executive Order 13166 (2000)	Describes the national standards and guidance for protecting limited English-proficient individuals
Title III Americans with Disabilities Act (ADA) (1990) and ADA Amendments Act (2008)	Describes the national standards and guidance for protecting individuals with disabilities
The Joint Commission standards (2010)	Describes how to effectively advance communication, cultural competency, and patient/family-centered care

complications, or require follow-up care when the patient is at home, where modern medicine may not be conveniently available.

RESOLVING BARRIERS

In 2001, Mercy Medical Center – Des Moines added an Interpretation Services Department. The department was established as a response to the changing population in the local community, evidence-based guidelines, and evolving regulatory requirements (Table 2). Initial development of services helped improve the quality and consistency of interpretation services offered (eg, initiatives, plans, programs, support). In 2010, the organization had a multidisciplinary team review the existing processes and make improvements that would benefit all patients with communication barriers, again demonstrating the applicability of The Model. The goal was to broaden the scope of services beyond non–English-speaking patients. These changes included

- documenting in the medical record all interpretation services provided,
- auditing performance of the clinician in providing the appropriate and necessary language services,
- educating physicians and nurses about the process and the importance of providing the correct interpretation services, and
- improving the consistent use of interpretation services resources.

After defining the best-practice process, the multidisciplinary team sets expectations for consistent, standardized delivery of applicable, evidence-based care depending on the needs of the individual patient and his or her family needs and

TABLE 3. Interpretation Services Tools

Interpretation services department personnel with documented proficiency levels for language pairs
Corporate policy and protocol
Communication assessment plan
Translation telephone
Hospital-wide personnel competencies (eg, completion of didactic education, review of corporate policy, and case study using communication assessment plan)
Bilingual community volunteers
Picture books (eg, photographs, Spanish-language descriptions of how to navigate around the medical center)
Language boards
Multicultural hospital personnel

Patient Sticker

Mercy MEDICAL CENTER DES MOINES
A member of Mercy Health Network

Communication Assessment Plan
Spanish Version

Assessment/Reassessment Date: _____ Time: _____

Communication Assessment (Evaluación de la Comunicación)	
Preferred Spoken Language Spanish	**Idioma Hablado de Preferencia Español**
Name of Person with Language Barrier: _____ Relationship to Patient: ❑ Self ❑ Family Member ❑ Friend/Companion ❑ Other _____	Nombre de la Persona con la barrera del idioma: _____ Relación al Paciente: ❑ Mismo(a) ❑ Miembro de la familia ❑ Amigo (a)/Compañero (a) ❑ Otro (a) _____
Do you want Mercy to provide professional language services for your visit? (No charge for this service) ❑ Yes, I would like the following: ❑ Interpreting service (in person or by phone) ❑ Written translation of documents ❑ No, I do not desire professional language services for this visit (check any that apply) ❑ I prefer to have family/visitors provide communication assistance ❑ I prefer to use another method of communication (specify)_____	**¿Gusta que Mercy le provea servicios profesionales para la comunicación en su idioma durante su visita?** (Es un servicio gratuito) ❑ Sí, me gustarían los siguientes: ❑ Servicios de Interpretación (ya sea en persona o por teléfono) ❑ Traducciones escritas de documentos ❑ No, no deseo servicios profesionales para la comunicación durante esta visita (marque cualquiera que aplique) ❑ Prefiero que mi familia/visitas provean la asistencia para la comunicación ❑ Prefiero usar otro método de comunicación (especifique)_____

Communication Plan - For staff use: Please indicate all services requested/initiated
Plan para la Comunicación – Para el uso del Personal: Por favor indique todos los servicios pedidos/ empezados

- ❑ Interpretation Services ordered: 515-247-8255 (Se ordenaron Servicios de Interpretación)
- ❑ House Supervisor informed (after hours): 515-490-5903 [Fue informada la supervisora encargada del hospital (fuera del horario de servicios)]
- ❑ Telephone Equipment ordered: 515-247-8255 (Se ordeno el equipo telefónico)
- ❑ Communication board obtained: Mercynet (Se obtuvo un cartelón para la comunicación)
- ❑ Clipboard at bedside (Una tablilla con sujetapapeles al lado de la cama)
- ❑ Language-specific documents provided, as available (Fue proveído (a) con documentos en su idioma, como estén disponibles)
- ❑ Other (Otro): _____

I have provided information about my communication needs and preferences for assistance during my visit, and agree to the plan above. I understand that I or the facility may request additional assistance at any time during my visit.
(He proveído información acerca mis necesidades para la comunicación y preferencias con el tipo de asistencia que me gustaría recibir durante mi visita, y estoy de acuerdo con el plan indicado arriba. Entiendo que yo u la facilidad podemos pedir asistencia adicional durante mi visita.)

Signature of Patient/Guardian/Companion _____
(Firma del Paciente/ Tutor legal/ Acompañante)

Signature of Staff person completing the assessment and plan: _____
(Firma del Empleado que lleno la evaluación de la comunicación y el plan)

White – Patient Chart Copy Yellow – Patient's Copy

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Figure 1. Completing the elements of the Communication Assessment Plan (CAP) during the patient's admission assessment helps health care personnel choose the appropriate interpretation resources for patients and family members based on their individual needs. ***Reprinted with permission from Mercy Medical Center – Des Moines, IA.***

implemented interpretation process improvements. Table 3 describes the improvements that were implemented. This multidisciplinary team revised the corporate policy and developed a Communication Assessment Plan (CAP)[21] to improve the process. Completing the elements of the CAP (Figure 1) during the patient's admission assessment helps health care personnel choose the appropriate interpretation resources for patients and their family members based on their individual needs.

Interpretation Services Department personnel have the medical knowledge to convey complete messages accurately among the health care provider, patient, and family members.

The organization's multidisciplinary team evaluated the competency of clinical personnel throughout the medical center in providing the necessary language resources at the time the process updates were made. It became clear that all clinical personnel needed a review of how to provide appropriate language resources based on individual patient and family needs (eg, completion of didactic education, review of corporate policy and patient scenario using the CAP). Language resources were made available in the chart and on the medical center's intranet. Some of these language resources included adding more certified interpreters with extended hours of interpretation services coverage and the creation of language boards in multiple languages. Clinicians use the CAP to help determine which communication tools and resources would benefit each specific patient and family members so health care professionals can provide the best care possible throughout the patient's hospital stay. Throughout this review of organizational processes, a separate multidisciplinary team focused on the needs of the pediatric population, keeping in mind the unique needs of Yucatan patients and their family members. This team developed tools specific to the pediatric population, their family members, and the type of care delivered.

Interpretation Services

Mercy Medical Center — Des Moines has an experienced in-house Interpretation Services Department dedicated to functioning with excellence according to the *National Standards of Practice for Interpreters in Health Care*.[22] Interpretation Services Department personnel are available to assist with any communication needs for patients and their family members. It is especially effective to have an interpreter present to facilitate understanding with both verbal and nonverbal communication. Cultural differences make it even more important for health care personnel to be aware of nonverbal communication when identifying the needs of patients and their family members in providing the best care possible. Interpretation Services Department personnel also have the medical knowledge to convey complete messages accurately among the health care provider, patient, and family members. For this reason, using family members to interpret is not a good solution. Health care providers cannot be confident that the family member interpreting for them knows the correct medical terminology in the other language. Furthermore, using family members to interpret may jeopardize the patient's confidentiality.

Telephonic interpretation is an available option when Interpretation Services Department personnel are not available. Telephone interpreters are available 24 hours a day, seven days a week, 365 days a year. The interpretation telephone has two handsets. The English-speaking clinician speaks into one handset to the interpreter on the telephone. The non—English-speaking patient or family member listens to the interpretation through a separate handset. If the telephone interpreter cannot gauge intent, he or she asks more questions to get behind the meaning of the exchange. One drawback is that

"The Heart Book"

Figure 2. ***The Heart Book*** **is one piece of preoperative patient eduction that provides patients and their family members with descriptions of the entire surgical care process.** ***Reprinted with permission from Mercy Medical Center – Des Moines, IA.***

the telephone interpretation service does not allow for interpretation of nonverbal communication (eg, body language). Furthermore, telephone interpretation can be a hindrance when too much background noise makes it difficult to hear either side of the conversation. Multiple voices speaking in a stressful situation adds to confusion about what message to interpret.

Cultural and Religious Support

Spanish-speaking community volunteers are also available to provide emotional and cultural support to patients' family members. The medical center is larger than some of the communities of origin, so the support of the volunteers is invaluable for helping the patients and their family members learn to feel comfortable in the strange environment of a different culture. The community volunteers also may assist with religious support when the hospital chaplains are not able to provide support related to language and cultural differences. For example, the chaplain may not be Catholic and may not be able to pray the rosary with the family. A Spanish-speaking community volunteer of Catholic faith would be paired with a Catholic family, so the volunteer would be able to pray the rosary with the family in a time of need.

Visual Aids

Personnel from the pediatric, surgical, child life, and interpretation services departments created two books, *The Picture Book* and *The Heart Book*, to help with patient and family member education (Figure 2). To serve as visual aids, these books contain simple pictures with brief descriptive phrases in Spanish. *The Picture Book* is filled with photographs and descriptions of how to navigate around the medical center, and *The Heart Book* is filled with photographs and descriptions of the entire surgical care process. The books are explained by the interpreter to help bridge the communication gap and mitigate communication barriers. Both books help English-speaking personnel communicate about some repetitive care tasks for which interpretation has been provided previously and some level of understanding has been established.

Language boards also may be used in a manner similar to *The Picture Book*. The language boards help personnel communicate with visual aids. These boards can be very helpful to English-speaking personnel after the interpreter has previously provided information and some level of understanding has been established about repetitive care being provided or tasks to be completed. For example, after a live interpreter has explained frequently performed tasks such as measuring vital signs, administering medications, or changing the patient's dressings, the health care provider can use pictures on the language board to explain the tasks each time they are performed again.

Multicultural Personnel

To enhance the services provided to patients and their family members who have limited English proficiency, the medical center also uses multicultural health care personnel. The community that

TABLE 4. Perioperative Considerations for the Non–English-Speaking Pediatric Patient Undergoing Cardiac Surgery

Preoperative care

- Establish a therapeutic relationship with the patient and his or her family members with assistance from Interpretation Services Department personnel and using other language aids.
- Provide a safe and calm environment, with consideration for the developmental needs of the pediatric patient.
- Assist in performing and documenting a complete and thorough preoperative assessment of the patient in his or her home country.
  - Use language aids to enhance preoperative education of the patient and family members in their home country.
  - Assist the patient and his or her family members with understanding travel arrangements.
  - Review the preoperative assessment and provide patient and family member education on their arrival at the medical center with assistance from Interpretation Services Department personnel.
  - Perform routine pediatric preoperative care with assistance from Interpretation Services Department personnel.
  - Provide the RN circulator with a transfer of care report to include the patient's cardiac and surgical diagnoses.

Intraoperative care

- Provide the patient with safe and thorough intraoperative care with assistance from Interpretation Services Department personnel and using other language aids until the patient is anesthetized.
- Provide a safe and calm environment, with consideration for the developmental needs of a pediatric patient.
- Communicate to all members of the surgical team
  - the patient's language barriers,
  - a description of the patient's condition,
  - the patient's cardiac and surgical diagnoses, and
  - all medications taken or administered preoperatively.
- Create a collaborative plan of care with the anesthetic, cardiac, pediatric, and surgical teams.
- Provide family members with updates on progress with assistance from Interpretation Services Department personnel.
- Provide the postanesthesia care unit (PACU) nurse with a transfer of care report that includes the patient's cardiac and surgical diagnoses

Postoperative care

- Provide safe and thorough PACU nursing care with assistance from Interpretation Services Department personnel and using other language aids.
- Continue discharge planning and education to the patient and his or her family members with assistance from Interpretation Services Department personnel and using other language aids.
- Ensure that all members of the postoperative team are aware of the patient's heart disease diagnoses.
- Update family members on the patient's condition and allow family members to be with the patient in the PACU if this is safe and practical.
- Provide discharge instructions to the patient's family members based on the interdisciplinary plan of care with the help of Interpretation Services Department personnel and using other language aids.

the medical center serves has a diverse cultural population. Approximately 10% of the physicians, nurses, and ancillary team members of the medical center are culturally and linguistically diverse (Mercy Medical Center – Des Moines, unpublished human resources data, October 29, 2013). Being able to identify with the patient and his or her family members through cultural and personal experiences during direct patient care is an added strength of the multidisciplinary and multicultural care team. Although these staff members do not have documented proficiency levels in multiple languages that allow them to serve as interpreters, they are able to build caring relationships and trust with patients and their family members because they can identify with each other on a cultural level.

IMPLEMENTING CARE CONSIDERATIONS

The pediatric cardiac perioperative team provides care during all three phases of the perioperative process: preoperative, intraoperative, and postanesthesia recovery (Table 4). An interpreter is present for the patient and his or her family members before surgery, during surgery, and in the postanesthesia care unit.

Preoperative Care

Communicating preoperative care begins at the clinic of origin. Having this preoperative education start in the patients' clinic setting allows them and their family members to prepare for the differences in culture before coming to the United States. There, patients and their family members receive copies of *The Picture Book* and *The Heart Book* to serve as an illustrative guide about the cultural differences and care expectations. When they arrive at the medical center, many health care providers work together to prepare the patient and his or her family members for surgery. Interpreters are available during the preoperative phase to assist with this communication. A volunteer from the community who is fluent in Spanish also is assigned to the family; this volunteer reviews the books with the family. Together, they address questions about the cultural differences and what to expect about the care process of their loved one and their stay in the United States.

The nurse liaison receives updates throughout surgery and works with the interpreter to communicate to the patient's family members about the progress of the surgical procedure and the patient's status.

Intraoperative Care

After the patient is transported from the preoperative area to the OR, his or her family members wait in the surgery waiting room. If the patient is not an infant or toddler, an interpreter dons a disposable cover suit (ie, bunny suit) to accompany the child into the surgical environment and to facilitate communication between the surgical team members and the child until the patient is anesthetized. The interpreter then waits in the surgery waiting area with the patient's family members. A community volunteer is usually with the family members as well. The surgical team communicates with the nurse liaison, who is stationed in the surgery waiting area. The nurse liaison receives updates throughout surgery and works with the interpreter to communicate to the patient's family members about the progress of the surgical procedure and the patient's status.

Postoperative Care

After surgery, while the patient is in the postanesthesia care unit, an interpreter is available again to provide communication between the patient and the clinical care team or between the team and the patient's family members. The interpreter tries to be available as long as possible in the recovery phase until the patient is transferred to critical care and settled after admission. For example, providers may ask "Do you understand?" to be sure the information presented was comprehensible. To address cultural differences and aid family members in posing questions that they may consider impolite or inappropriate, the interpreter asks questions from the "I" or neutral point of view. For instance, "Did I explain this well?" or "Was this clear?" This phrasing helps the health care team be sure that the patient and his or her family members understand the intent of the communication and feel comfortable asking additional questions. The interpreters are obligated by their professional ethics and national practice standards[22] to interpret content, intent, and register (ie, degree of formality). If Interpretation Services Department personnel are not available, personnel

from the surgical and pediatric teams will use telephone interpretation to assist with communication needs.

In addition, during this phase of care, *The Picture Book*, *The Heart Book*, and language boards are available to help with communication needs. These visual aids provide a quick and easy way to communicate more than just preoperative information. One way that health care personnel use the language board in the postoperative environment is to determine the patient's pain level. The pictures are very simple and inexpensive yet provide an expressive way to aid in nurse-patient communication to determine whether pain is present. Nurses also use the pain tool to determine whether pain management therapy is effective. Personnel use other pictures in the book or on the board when explaining what is happening with the patient's care. For example, there are pictures of how to use the washing machine to help explain to family members how to use this modern convenience. Some of the pictures in these books work best in conjunction with previous explanation from an interpreter.

IMPLICATIONS FOR PRACTICE

Using The Model, evidence-based nursing practice, and interpretation services tools, the multidisciplinary team at Mercy Medical Center — Des Moines is able to provide comprehensive, patient-centered, family-focused care throughout the continuum. This care approach is important to provide the appropriate, culturally sensitive, and safe care that non—English-speaking pediatric patients and their family members deserve. Using evidence-based interpretation services interventions has the potential to improve patient outcomes; improve satisfaction for the patient, his or her family members, and health care personnel; and reduce the risk of safety breaches in the health care environment. The charitable heart program for pediatric patients is one of the many ways the personnel at Mercy Medical Center — Des Moines perform their organizational mission. Providing this care using The Model and interpretation services tools allows multidisciplinary health care team members to provide the best care possible, helps the patient achieve positive outcomes, and helps the patient's family members cope with this very stressful but rewarding time in their lives. The Yucatan patients and their family members who participate in the pediatric heart program have frequently expressed their pleasure and appreciation of the variety of communication strategies available to them from personnel who make the effort to greet them in Spanish and use *The Picture Book* and communication boards when necessary. They have also expressed gratitude for the community volunteers who serve as patient navigators and the interpreters who provide accurate and complete interpretations of complex medical subjects. AORN

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