



**Children's Health Orange County (CHOC)**  
***Best Evidence and Recommendations (BEaR)***

**Communicating Effectively with Families with Limited English Proficiency**

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**Abstract**

In clinical settings, effective communication with children and families with limited English proficiency (LEP) is critical to ensuring positive patient outcomes and reducing risks such as misdiagnosis, adverse medication events, and procedural complications. This evidence-based practice (EBP) initiative focused on identifying best practices for improving communication with families of hospitalized oncology patients with LEP. A literature review revealed communication challenges including inconsistent access to interpreter services and technological issues with video remote interpretation (VRI). Barriers at the individual, interpersonal, and organizational levels were examined using the Socioecological Communication Model, highlighting the need for professional training, improved infrastructure, and greater cultural competence.

Recommendations for improving communication with LEP families include implementing patient satisfaction surveys, creating focus groups to better understand the concerns of LEP families, integrating a patient portal communication and translation app, and introducing a language service differential for certified nurses. Outcomes will be measured through feedback from both healthcare providers and families to assess communication improvements and identify remaining barriers. These interventions have significant implications for practice, emphasizing the need for ongoing assessment of communication strategies and the importance of culturally competent care in oncology settings to enhance patient satisfaction and safety for LEP families.

**Keywords**

LEP; translation; interpreter; nursing; communication barrier; culture; language; pediatric; oncology; speech; language; physicians; family- centered rounds

**PICO(T)**

What are best practices for communicating effectively with families of hospitalized oncology patients with limited English proficiency?



## **Background and Significance**

Effective communication with families of hospitalized oncology patients with limited English proficiency (LEP) is critical for delivering high-quality care. LEP families often encounter significant communication barriers, which can hinder their understanding of medical instructions, care plans, and treatment decisions. This can lead to confusion, poor health outcomes, and dissatisfaction with care. The communication gap between healthcare providers and LEP families increases the risks of misdiagnosis, adverse medication events, procedural complications, and emergency department (ED) revisits (Portillo, 2021).

Addressing this communication gap with LEP families is essential to improving patient satisfaction, safety, and overall health outcomes. When LEP families cannot effectively communicate with healthcare providers, the quality of care diminishes, resulting in preventable errors and complications. This issue is particularly significant in oncology settings where patients often require complex, high-stakes treatments. Ensuring that LEP families fully understand treatment protocols and care instructions is vital for reducing health disparities and promoting equitable access to healthcare.

Research shows that LEP families face an increased risk of adverse events due to communication barriers. LEP is associated with higher rates of misdiagnosis, procedural complications, and ED revisits, all of which undermine patient safety and satisfaction (Portillo, 2021). Enhancing communication with LEP families improves patient satisfaction, reduces risks, and promotes health equity. This initiative fosters a culture of continuous improvement, supporting the organization's commitment to compassionate, culturally competent care and its mission to drive excellence in pediatric healthcare outcomes.

## **Framework**

This EBP project utilized the "Translating Evidence into Practice: CHOC's Approach to EBP" model, adapted from the EBPI Model © 2007 Brown & Ecoff (Ecoff, Stichler & Davidson, 2020).

## **Search for the Evidence**

Databases searched for this review included PubMed, Google Scholar, CINAHL, ClinicalKey, and Elsevier. Key search words: LEP; translation; interpreter; nursing; communication barrier; culture; language; pediatric; oncology; speech; language; physicians; family- centered rounds. This search yielded 14 articles. Personal communication and a review of the organizational website was completed with Seattle Children's Hospital and Cooks Children's Hospital regarding their practices and policies supporting LEP patients and their families.



## Critical Appraisal and Synthesis of the Evidence

- The literature review identified communication challenges with barriers at individual, interpersonal, and organizational levels.
- These barriers were examined using the Socioecological Communication Model, highlighting the need for professional training, improved infrastructure, and greater cultural competence (Choe et al., 2019).
- Medical providers (physicians and nurses) have identified accessing interpreter services as one of their biggest challenges when communicating with LEP families (Chole, 2019).
- Children from families with language barriers have a higher risk of 72-hour Emergency Department revisits following evaluation for fever or respiratory illness, as well as increased hospitalizations during these revisits (Portillo, 2021).
- Higher resource utilization, longer lengths of stay, higher hospitalization and rehospitalization rates, and increased dosing errors after discharge have been reported in pediatric patients from LEP families. LEP is also associated with increased ED revisits (Portillo, 2021).
- Best practices for working with a medical interpreter include speaking slowly and directly to the LEP patient, allowing the interpreter time to accurately understand and convey both the provider's questions and the patient's responses (Bloom, 2023).
- Video Remote Interpreter (VRI) services are a viable and effective communication option for nurses, patients, and caregivers when caring for LEP individuals, as well as those with vision, hearing, and speech impairments (Bloom, 2023).
- A positive correlation was found between the Interagency Language Roundtable (ILR) and Clinician Cultural and Linguistic Assessment (CCLA) scores for providers with non-English language skills in an academic center. Providers proficient in multiple languages who passed a proficiency exam demonstrated improved communication outcomes (Alacron, 2024).
- Sezgin (2020) highlighted the lack of interpreter service accessibility and proposed a medical translation app to support Spanish-speaking families.
- Internal stakeholder meetings led to the creation of a focus group involving families with limited English proficiency to further address communication challenges.

## Practice Recommendations

- Collaborate with the language services team to engage LEP families in focus groups to better understand and address specific communication challenges.
- Educate clinical staff on available language services and best practices for using interpreters effectively.
- Integrate technology such as a patient portal and a medical translation app to improve communication.
- Implement a language service differential for certified nurses to encourage and reward proficiency in multiple languages.



- Include a nurse associate as a member of the Language Services Team to help evaluate communication challenges between healthcare providers and LEP families.
- Assess healthcare providers' comfort level in utilizing interpretation services.

### **Outcome Measures**

- Collect satisfaction surveys from healthcare providers who use Interpreter services.
- Evaluate healthcare providers' comfort level in utilizing interpretation services
- Measure patient and family satisfaction with interpretation services.
- Conduct a comprehensive analysis of feedback from focus groups with LEP families and use the insights to enhance communication practices.

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