

BACKGROUND

- 1 in 5 people in the U.S. speak a language other than English at home (U.S. Census Bureau).
- LEP patients are more likely to experience:
- Miscommunication and misdiagnosis
- Longer hospital stays
- Lower patient satisfaction scores
- Poor follow-up and lower medication adherence

PURPOSE

Demonstrate the clinical and legal benefits of professional interpreter use.

Highlight negative outcomes associated with untrained or ad hoc interpretation.

Share evidence-based best practices for interpreter use and documentation.

Promote staff awareness and compliance with hospital policy and national standards.

METHODS

1. Always offer a professional interpreter—never use family, friends, or untrained staff.
2. Document the interaction clearly.
3. Train staff on how to access services efficiently and respectfully.
4. Include interpreter needs in appointment scheduling workflows.



RESULTS

- Improved patient understanding of care plans.
- Reduction in documentation errors.
- Decreased patient grievances related to communication.
- Higher satisfaction scores in LEP populations.
- Stronger alignment with Joint Commission and CMS standards.

CONCLUSIONS

Using trained interpreters is not just best practice—it's a patient safety imperative and legal requirement. When properly implemented, interpreter services dramatically improve outcomes, reduce liability, and promote health equity.

REFERENCES

U.S. Department of Health and Human Services. (LEP Guidance)

The Joint Commission. (2022). "Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care."

National Council on Interpreting in Health Care (NCIHC)

