## **Supplemental Information**

SUPPLEMENTAL APPENDIX: **CURRENT PRACTICE OF** LINGUISTIC SERVICES PROVIDED BY PEDIATRIC HOSPITALISTS FOR LIMITED ENGLISH PROFICIENCY (LEP) PATIENTS AND FAMILIES ADMITTED TO INPATIENT SERVICE

Thank you for helping us understand the current practice of linguistic services provided by pediatric hospitalists in limited English proficiency (LEP) patients and families admitted to inpatient service. This survey will take approximately 6 to 9 minutes. Please answer the question based on YOUR experience. Participation is, of course, voluntary, and very much appreciated! Responses will be deidentified.

#### **DEFINITIONS**

Limited English proficient (LEP) patients: individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English can be limited English proficient, or "LEP." (Source: www.LEP.gov)

Interpreter Service: the process of converting spoken words from one language to another in real-time

Translation Service: the process of translating words or text from one language into another

#### **Hospital Demographics**

- How would you best classify your hospital?
  - Community Hospital with limited pediatric subspecialities
  - Community Hospital with significant pediatric subspecialities
  - Children's Hospital within hospital
  - Free standing children's hospital
- Does your institution have trainees (medical student, resident, or fellows)?
  - a. Yes
  - b. No

- How do you best classify the location of your hospital?
  - Urban
  - b. Rural
  - C. Suburban
  - Others: specify
- Within your division, what is the percentage of healthcare providers that are bilingual?
  - 0-5%
  - 6-10% h
  - 10-15% C.
  - 15-20% d.
  - e. >20%
  - f. Don't know
- Does your institution have a dedicated language access or interpreter services group, division, or department?
  - Yes а
  - No
  - Don't know

#### **Screening LEP Patient Population**

(Ad-hoc interpreter defined as family. friends or staff who are not certified interpreters)

- In your practice, how do you determine if the patient or family are limited English proficient? (CHECK ALL THAT APPLY)
  - It is usually flagged or documented in the medical record before the arrival to unit (example: registration staff)
  - Informed by another member of medical team eg, resident or nurse
  - Families self-identify as non-English speaking family
  - During the interaction, if the individual does not speak and understand English well enough to effectively participate in the conversation or interview or fully understand questions and answer them without difficulty, I assume they are LEP
  - Others: please specify "other"
- In your practice, how often is the documentation of patient's preferred

language in medical records accurate?

- **Always**
- b. 0ften
- Sometimes
- Rarely
- Never e
- I don't know where to find the preferred language in medical record.
- In your practice, how do you ensure that information about a patient's need for language services accompanies that patient throughout the continuum of patient's (ie, when transferred to another service another provider or higher level of care?) (CHECK ALL THAT APPLY)
  - It is flagged in the patient's medical record (eg,: an automated banner or a flag highlighting
  - It is coordinated by our Language access service or interpreter services
  - We use other procedures (eg, coded bracelet or magnets in room, signs in doorway)
  - We verbally mention while signing out patients to another service and or shift
  - We do not have specific procedures
  - Others: please specify "other"

#### **Interpreter Services**

Please answer the following question based on what YOU do in your practice.

Ad-hoc interpreter defined as family. friends or staff who are not certified interpreter.

- What percentage of your patients do not speak English "Very Well"?
  - None
  - 1-5%
  - 6-10%
  - 11-15% 16-20%

  - >20%

- 10. About what percentage of the encounters, you estimated in previous question take place in the presence of a trained interpreter (in-person, audio, video)?
  - a. 1-20%
  - b. 21-40%
  - c. 41-60%
  - d. 61-80%
  - e. 81-100%
  - f. I am not sure
- What types of interpreter services are offered at your hospital? CHECK ALL THAT APPLY
  - a. In-person interpreter employed by hospital
  - b. Certified agency contracted interpreter
  - c. Telephonic interpretation
  - d. Video remote interpretation
  - e. Sign language interpretation
  - f. Certified Bilingual staff
  - g. Other (SPECIFY): please specify "others"
- 12. From 1 to 6, please rank the most and least frequent type of interpreter service that you use (1 = most frequent and 6 = least frequent)
  - In-person interpreter employed by hospital
  - b. Certified agency contracted 16. interpreter
  - c. Telephonic interpretation
  - d. Video remote interpretation
  - e. Certified bilingual staff
  - f. Ad-hoc interpreters (friends, family, bilingual staff who are not certified interpreters)

If you answered, f in previous question, Ad-hoc interpreters

In your practice how often do you rely on adhoc interpreters for interpreter services?

- a. Always
- b. Often
- c. Sometimes
- d. Rarely
- e. Never
- 13. In your practice how often are interpreter services used during initial admission, daily rounding, and discharge?
  - a. Initial Admission Always Often Sometimes Rarely Never

- b. Daily Rounding Always Often
   Sometimes Rarely Never
- c. Discharge Always Often Sometimes Rarely Never
- 14. Do you agree or disagree with the following statement? "I visit and give updates more frequently Englishspeaking families than to non- English speaking Families"
  - a. Strongly agree
  - b. Somewhat agree
  - c. Neither agree or disagree
  - d. Somewhat disagree
  - e. Strongly disagree

15.

- From 1 to 5, please rank the most and least common barriers to using interpreter service in your practice?
  - (1 = Most common and 5 = Least common)
  - a. Not knowing how to access the language access service
  - b. Interpreter and Interpreter device not available when needed
  - c. They are time consumingd. I do not think they contribute much
  - e. Not realizing before rounds that a family needs interpreter service
  - f. Please mention any other barriers you think of that's not mentioned above .
- In the past 6 months, have you experienced a communication challenge with an LEP patient that created a patient safety problem?
  - a. Yes
  - b. No
  - c. If clicked yes, please explain:
- 17. How many times in the past six months 20. have you asserted or advocated on behalf of an LEP patient (example, to get an interpreter on rounds or to make sure the doctor or nurse explained things more clearly using interpreter)
  - a. Never
  - b. Once
  - c. 2-5 times
  - d. >5 times
  - e. Did not encounter a LEP family in last 6 months

# TRANSLATIONAL SERVICES DEFINITIONS

a. Computer assisted translation software- uses human translation with

- the aid of computerized tools. That is, a human translator is the one reading and deducing the meaning of the source text and transferring it into the target language.
- Machine translation-feeding a text to a computer algorithm that translates it automatically into another language.
- c. Freelance contract translatorshospital have contract with other companies and will send the document to them to be translated by a certified translator
- d. Hospital hired translators- personnel hired by hospitals to translate the documents into targeted languages
- 8. Does your hospital provide document translation services for admitted LEP patients?
  - a. Yes
  - b. No
  - c. Don't know
- 19. What type of translation service have you used to take care of LEP patients? CHECK ALL THAT APPLY
  - a. Computed assisted translation software (example SDL trados, Lokalise, Phrase etc.)
  - Machine Translation service (example: google translate, Microsoft translation, amazon, Bing etc.)
  - c. Freelance contract translators
  - d. Certified hospital hired translators
  - e. I have never used one
- f. Others, please explain "others"
   0. Which of the following preprepared documents are available for you in languages beside English languages?
   CHECK ALL THAT APPLY
  - a. Patient education materials
  - b. Consent forms
  - Instructions indicating availability of language services
  - d. Menus for patient meals
  - e. We do not have preprepared translated documents
  - f. Don't know
  - g. Other (SPECIFY), please explain "Others"
- How often do you provide patient specific discharge instructions documents to LEP patients in their

preferred language? (including diagnosis, medications, follow up appointments)

- a. Always
- b. Often
- c. Sometimes
- d. Rarely
- e. Never
- 22. From 1 to 5, please rank the most and least common barriers to providing information in non-English language to your patients and families? (1 = Most common and 5 = Least common)
  - a. Not knowing how to access translation service
  - b. Translation service not available 27. at my institution
  - c. Translation service not timely
  - d. Poor quality translation service
  - e. Not a standard practice
  - f. If you have other barriers that has not been mentioned above, please enter it here?
- 23. In your practice what are the barriers to providing information in non-English language? CHECK ALL THAT APPLY
  - Not knowing how to access translation service
  - Translation service not available at my institution
  - c. Translation service available but not timely
  - d. Poor quality translation service
  - e. Not standard practice
  - f. Others: SPECIFY, please explain "others"

#### Training and Data

24. Did you ever receive dedicated training how to communicate with LEP patients during residency or fellowship? (example: educational session, workshops, training modules)

- a. Yes
- b. No
- 25. Did you receive training (examples: handbook, work instructions, educational modules or sessions) at your current practice location on how to access interpreter services?
  - a. Yes
  - b. No
- 26. How often do you receive updated or refresher courses?
  - a. Annually
  - b. Once every 2-5 years
  - c. Only at initial employment
  - d. Others: SPECIFY
  - How would you rate the quality of this 32. training?
    - a. Excellent
    - b. Good
    - c. Fair
    - d. Poor
    - e. Very Poor
- 28. What type of metrics or information relating to language and interpreter service does your institution collect?

  CHECK ALL THAT APPLY
  - a. Primary language of patient
  - b. Primary language of patient and care giver
  - c. Use of language assistance services
  - d. Funds or staff time spent on language access services
  - e. Number of bilingual staff
  - f. Cost of interpreter services
  - g. Cost of translations services
  - h. Safety events involving LEP patients
  - i. I don't know
  - j. Others; SPECIFY, please explain "Others"

### **Respondent Demographics**

- 29. How do you best classify your race?
  - a. White or Caucasian

- b. Black or African American
- c. Asian
- d. Native Hawaiian or Pacific Islander
- e. American Indian or Alaska native
- f. Other, please explain "Others" How do you best classify your
- 30. How do you best classify your ethnicity?
  - a. Hispanic or Latino
  - b. Non-Hispanic or Latino
- 31. How do you best classify your gender?
  - a. Male
  - b. Female
  - c. Other, please explain "others"How long have you been practicing as
    - a hospitalist?
    - a. < 2 years</li>b. 3-10 years
    - c. 10-20 years
    - d. 20 + years
- 33. Which of the following setting best describes your primary practice location?
  - a. General pediatric ward
  - b. Step-down unit
  - c. Newborn nursery
  - d. Subspeciality inpatient wards
  - e. Emergency room
  - f. Delivery room
  - g. Others: SPECIFY, please explain "Others"
- 34. Do you speak more than one language?
  - a. Yes
  - o. No
- 35. Did you undergo a certification or assessment process before serving as an interpreters or translators for LEP individuals?
  - a. Yes
  - b. No
  - c. I do not serve as an interpreter