

Breaking Down Communication Barriers

Patient-Centered Care with a pH Monitoring Device (Bravo capsule)

Judith Iannuzzi, MSN, RN-BC



INTRODUCTION

Background

In healthcare, patient-centered care not only includes respecting patients and meeting the needs of patients and family members, it also includes using their native language for interactions, instructions, and consent. This is essential for promoting optimal outcomes, establishing a rapport, and improved quality of care. When communication barriers persist, patients are less satisfied with clinical encounters, have decreased comprehension of medication instructions, and are less comfortable with post discharge care regimens.

Purpose

The purpose of this quality improvement project is to ensure we are using patient centered care when patients are having a pH monitoring device (Bravo capsule) placed.

Framework:

- The plan-do-study-act is a quality improvement tool that helps organizations enhance the quality of their products and services.



ThePhoto by PhotoAuthor is licensed under CCYSA.

OBJECTIVES OF POSTER

After reviewing the poster, the learner will:

- Understand the purpose of the Bravo capsule study
- Understand the importance of educating patients in their preferred language
- Be empowered to advocate for patients with language barriers

METHODS

At the Virtua Marlton Hospital, patients come in on Tuesdays for an esophagogastroduodenoscopy to place the pH monitoring system. The pH monitoring system is an interactive device used to measure the effectiveness of anti-reflux medications and reflux symptoms. In the pre-procedure area, patients are taught how to use the pH monitoring system and dairy with verbal and written instructions, reviewing a video, and a return demonstration. When there is a language barrier, instructions are provided with an interpreter, but the written instructions and diary were only in English.

The patient coming in for the procedure only spoke Cantonese. While we were able to provide the instructions verbally with the interpreter, in order for her to be successful with the pH monitoring system the instructions, diary, and recorder needed to be in her preferred language. The patient's family member at the bedside spoke English and Cantonese. This RN, with the help of the family member, created instructions for the bravo capsule, diary, and recorder. The instructions were written in English and Cantonese to ensure accuracy of the instructions and were reviewed by the family member. Even though the verbal instructions were provided in Cantonese prior to the procedure, the pH study is 96-hours long and the patient would need written instructions readily available to reference during that time.



RESULTS

The patient was able to successfully use the written instructions, diary and recorder in Cantonese during her 96-hour study. After completing her reflux study, the patient was able to start a medication regimen more tailored to her reflux symptoms.



CONCLUSIONS

Interpretation:

The use of patient-centered care can directly impact a patient's outcome and treatment plan based on the results of the pH monitoring system. Patients having instructions they can read and understand is crucial to the successfulness of the study.

Relevance:

The use of interpreters in health care is not a new practice and serves an excellent purpose. Nurses have a responsibility to their patients to use their preferred language in written form when providing instructions. This scenario was a perfect example of how it can affect patient outcomes and rapport.

Limitations and Future Directions:

While this was only one patient, this situation can and will happen again. This opened the door to having written instructions in multiple languages for the pH monitoring system.

REFERENCES

Espinoza, J., & Dennington, S., (2021). How should clinicians respond to language barriers that exacerbate health inequity? *AMA J Ethics* 2021; 23 (2): E109-116.

Kwame, A., & Petruka, P.M., (2021). A literature-based study of patient-centered care and communication in nurse-patient interactions: barriers, facilitators, and the way forward. *BMC Nursing*, 2021 20(1), 158.

ACKNOWLEDGEMENTS

Contributors:

Dolores Buonocore, RN Director SPA and PACU Marlton

Contact Information:

Judith Iannuzzi, MSN, RN-BC
Jlannuz1@virtua.org