

Understanding the impact of language barriers on patient safety in a paediatric emergency department: A rapid ethnography

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Background: There is a dearth of existing literature that explores patient safety risks arising from language barriers in paediatric emergency departments (PEDs). While majority of existing interventions focus on increasing interpreter uptake¹⁻⁴, they do not highlight how this is optimised for implementation in time pressured and dynamic clinical workflows. This study uses rapid ethnography to address this gap and highlight how patient safety inequities manifest in PED care pathways.

Objectives: This study aims to (i) understand and document the existing care pathway relevant to limited English proficient (LEP) children and their families in a large inner-London PED, (ii) appraise and document the current approaches employed to addressing language barriers, and (iii) examine strengths, weaknesses, and opportunities for improvement, to inform the development of future work.

Methods: We undertook six months of non-participatory observations in a single-site PED conducted under the approval of a service evaluation. Field notes captured staff-patient interactions across weekdays/weekend and day/night shifts. Data were then translated into swimlane process maps to locate pinch points in patient safety. Multilingual community members reviewed preliminary protocols to check resonance and made recommendations to the study design.

Results: Language needs were reactively defined; primary language was seldom flagged beyond triage, leading to a lack of language support downstream. Professional interpreters were requested inconsistently and were often used second to ad-hoc strategies such as family members, gestures, or translation apps. Safety consequences included inability to obtain accurate medical histories, delays and concerns around gaining informed consent, and ambiguous discharge instructions. Staff displayed a commitment to patient centered care but lacked uptake in the use of existing language support aids.

Conclusion: Unstandardised assessment of language needs and inconsistent interpreter uptake expose children and families with LEP to risks in the PED. There are inequities in access to information for patients and families with LEP coming into the department.

Exploring Language Barriers and their Influence on Patient Safety in a Paediatric Emergency Department: A Rapid Ethnography Study

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1 INTRODUCTION

There is a dearth of existing literature that explores patient safety risks arising from language barriers in paediatric emergency departments (PEDs). Majority of existing interventions focus on increasing interpreter uptake¹⁻³, but do not highlight how this is optimised for implementation in time pressured and dynamic clinical workflows. This study used rapid ethnography to address this gap and highlight how patient safety inequities manifest in PED care pathways.

3 RESULTS

Language needs were reactively defined; primary language was seldom flagged beyond triage, leading to a lack of language support downstream. Professional interpreters or other existing language support aids were used inconsistently and were often used second to ad-hoc strategies such as family members, translation apps, or gestures. Safety risks included inability to obtain complete medical histories, delays and concerns around gaining informed consent, and ambiguous discharge instructions (Figure 1). This leads to important concerns around safety netting.

2 METHODS

We undertook six months of non-participatory observations in a single-site PED. Field notes captured staff-patient interactions across weekdays/weekend and day/night shifts. Data were then translated into swimlane process maps to locate pinch points in patient safety. Multilingual community members reviewed preliminary protocols to check resonance and made recommendations to the study design.

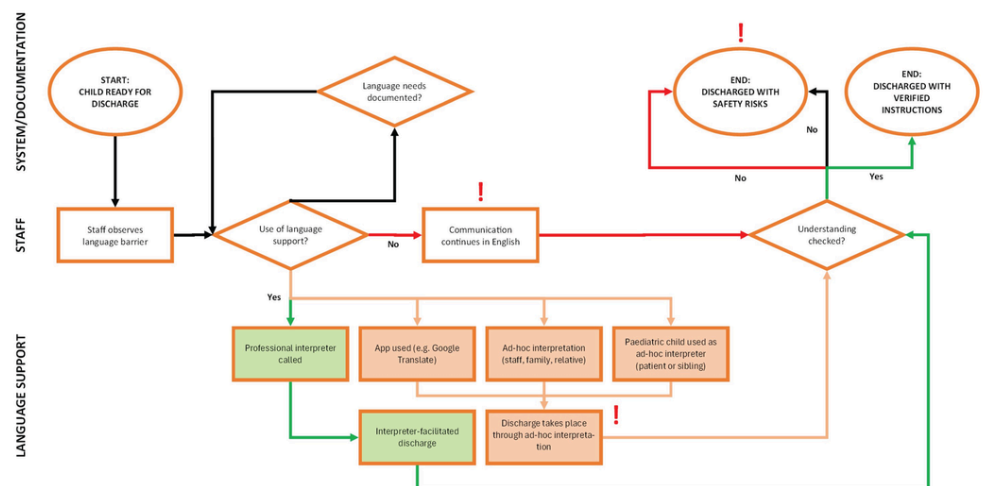


Figure 1 - Swimlane diagram of the discharge process for LEP patients and families

4 CONCLUSION

Unstandardised assessment of language needs exist from the point of entry to the emergency department. Inconsistent interpreter uptake expose children and families to safety risks in the PED, especially when obtaining history at triage and communicating discharge information. Future research should focus on co-designing targeted interventions with staff and families to introduce point of use language support. This can improve safety inequities for patients and families with limited proficiency in English.

¹ Lion, K.C., Brown, J.C., Ebel, B.E., Klein, E.J., Strelitz, B., Gutman, C.K., Hencz, P., Fernandez, J. and Mangione-Smith, R., 2015. Effect of telephone vs video interpretation on parent comprehension, communication, and utilization in the pediatric emergency department: a randomized clinical trial. *JAMA pediatrics*, 169(12), pp.1117-1125.

² Crossman, K.L., Wiener, E., Roosevelt, G., Bajaj, L. and Hampers, L.C., 2010. Interpreters: telephonic, in-person interpretation and bilingual providers. *Pediatrics*, 125(3), pp.e631-e638.

³ Gmünder, M., Gessler, N., Buser, S., Feuz, U., Fayyaz, J., Jachmann, A., Keitel, K. and Brandenberger, J., 2024. Caregivers with limited language proficiency and their satisfaction with paediatric emergency care related to the use of professional interpreters: a mixed methods study. *BMJ open*, 14(1), p.e077116.