

1. (see *Dialogue Interpreting* p. 147)

Table 2.

The following are real patient safety reports from one hospital in our study that illustrate key issues related to language assistance.

Delays	1	Patient arrived in hemodialysis unit to do stat chest X-ray; patient had no identification wristband and could not verify because he did not speak English.
	2	Patient did not have a stress test because a Spanish interpreter was not available. This delayed discharge for at least 24 hours.
	3	New patient arrived in infusion unit for first IP taxol appointment without orders, consent, or a recent physician's note. Patient did not speak English. Interpreter and MD called. Delay in treatment resulted.
Medical Errors	4	Patient is Ethiopian speaking. On multiple occasions, there had been a failure to provide an interpreter. She has been using family members to translate, and they are not always available. This is unacceptable, as we have had issues with medications (i.e., which to take, when) and I believe her worsening diabetes is a direct result of my inability to have effective clinical meetings with her.
	5	Patient came down with his mother for a KUB film. Most exams that are automatically scheduled are chest exams and so I performed one in error. Usually I verify the exam with the patient but he was 11 years old and his mother could not speak English. Immediately after I realized I had done the wrong exam, I called the doctor and had him reorder the exam and I performed the correct one.
	6	Informed consent obtained with no Spanish interpreter in emergency room; patient did not understand the procedure when asked by interpreter.
	7	Patient was just admitted to the step-down unit from the Medical Intensive Care Unit and was reported to be AOx3 (awake and alert) but Greek speaking primarily. Patient was found on the floor, cardiac monitor

Table 2.

The following are real patient safety reports from one hospital in our study that illustrate key issues related to language assistance.

attached, and foley still attached to bed. Patient gestured she was going to the bathroom unassisted.

LEP patient arrived in the step-down unit s/p thoracic surgery.

Hypertension in OR and upon arrival to recovery room, 205/97. Patient

- 8 with history of CVA in past month, no past medical history or medication list available. Anesthesia unable to give proper report or orders for hypertension management due to lack of information.
-

Wasserman, M., Renfrew, M. R., Green, A. R., Lopez, L., Tan-McGrory, A., Brach, C., & Betancourt, J. R. (2014). Identifying and preventing medical errors in patients with limited English proficiency: key findings and tools for the field. *J Healthc Qual*, 36(3), 5-16.

2. Competencies for Healthcare Interpreters (see *Dialogue Interpreting* p. 153)

Core Competencies for Healthcare Interpreters by Dina Refki, Maria Paz Avery and Angela Dalton

<http://www.ijhssnet.com/journals/Vol 3 No 2 Special Issue January 2013/8.pdf>

La Interpretación en los Servicios Públicos: Caracterización como género, contextualización y modelos de formación. Hacia unas bases para el

diseño curricular by Maria Abril Marti (pp. 693-704)

<http://hera.ugr.es/tesisugr/16235320.pdf>