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Overcoming Language Barriers to Improve Prehospital Care

Ramsey Tate

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**Overcoming language barriers to
improve prehospital care**



*Ramsey Tale, MD
University of New Mexico*

Overcoming language barriers to improve prehospital care



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University of New Mexico

An international comparative study of EMS strategies in multilingual communities with different policy environments

Co - Investigators

Brian Moore, MD
New Mexico State EMS Director
PEM Fellowship Director, UNM

Peter Hodkinson, MBBCh, MPhil
Clinical Investigator, UCT

Prehospital language barriers

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Prehospital language barriers

Impacts triage decisions (eg, ALS vs BLS)
"Scoop and run" to higher level of care
On arrival in ED, more likely to:
undergo invasive procedures,
require more resources,
be admitted

EMS provider stress
Harm to bystanders
Harm to communities
Lack of confidentiality

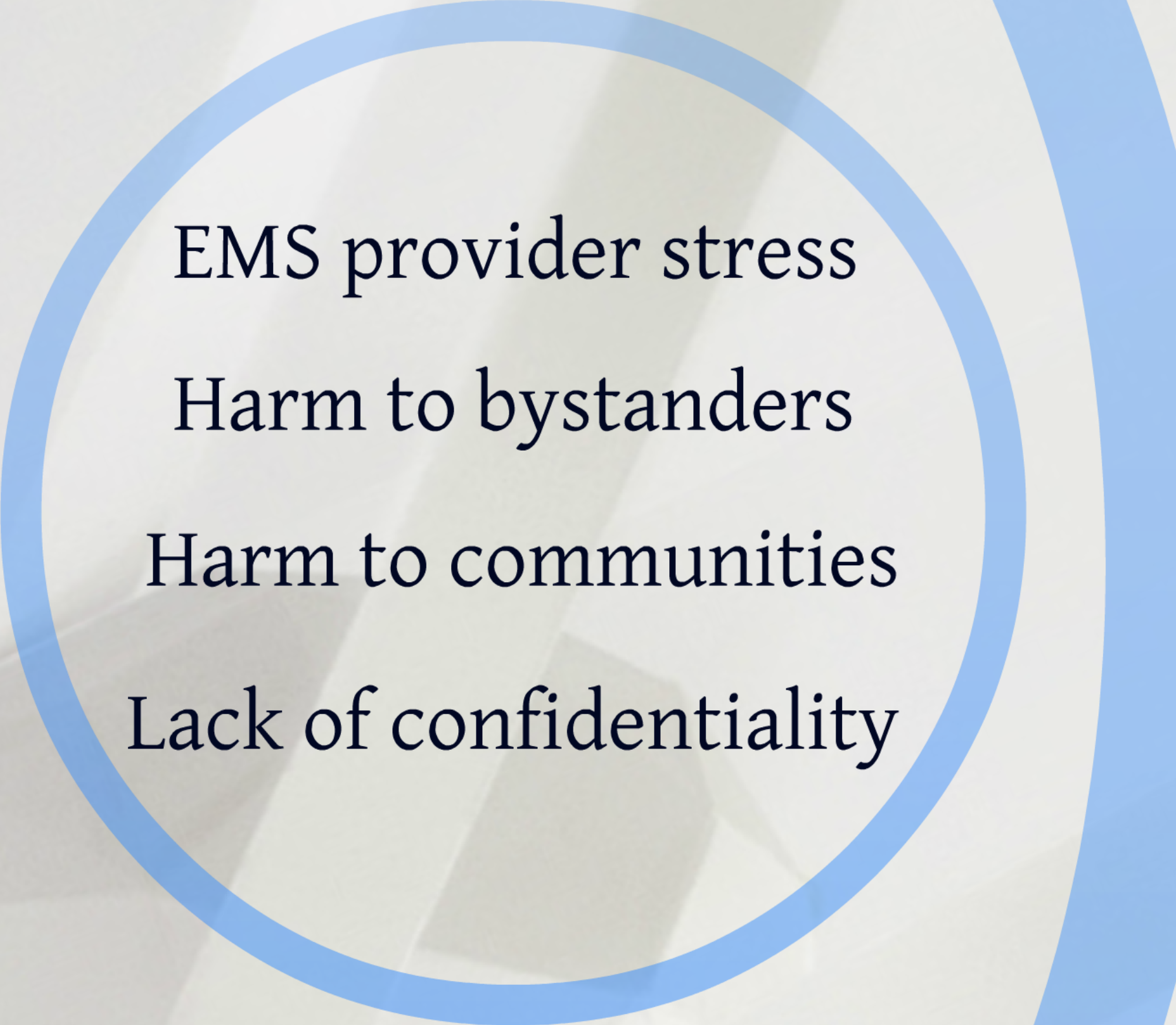
Minority language patients receive different care

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The background features a light beige color with several overlapping, semi-transparent geometric shapes in shades of grey and blue. A large, faint image of a microscope lens is visible in the center. A thick blue curved line runs across the top right and bottom of the slide. Two red square brackets are positioned on the left and right sides of the text.

Minority language patients receive different care

Bilingual urban center (English and Spanish)

New Mexico



Trilingual rural areas (English, Spanish, and Navajo/Puebloan)

Title VI and federal directives

Urban center with specialized pediatric and trauma care

Language barriers

ALS and BLS dispatch

Telephonic interpreter services

Trilingual urban and rural communities (English, Afrikaans, and Xhosa)



Western Cape

Western Cape Provincial Languages Act

Aims and Hypotheses

Specific Aims of the Study

1. Describe self-reported utilization of telephonic interpreter services by EMS personnel
2. Identify barriers
3. Describe informal strategies
4. Describe EMS field decision-making

Specific Hypotheses of the Study

1. Western Cape EMS personnel, who have a more robust legal mandate to provide multilingual services, utilize telephonic interpreter services more readily than New Mexico EMS personnel.
2. EMS dispatchers choose to rely on field medics to triage patients when encountering communication barriers rather than utilize telephonic interpreters and that, in turn, EMS field medics rely on informal language strategies or rapid visual assessments to make triage decisions.
3. EMS field personnel choose to triage pediatric patients to higher levels of care if unable to understand information from patient or caregivers due to language discordance.

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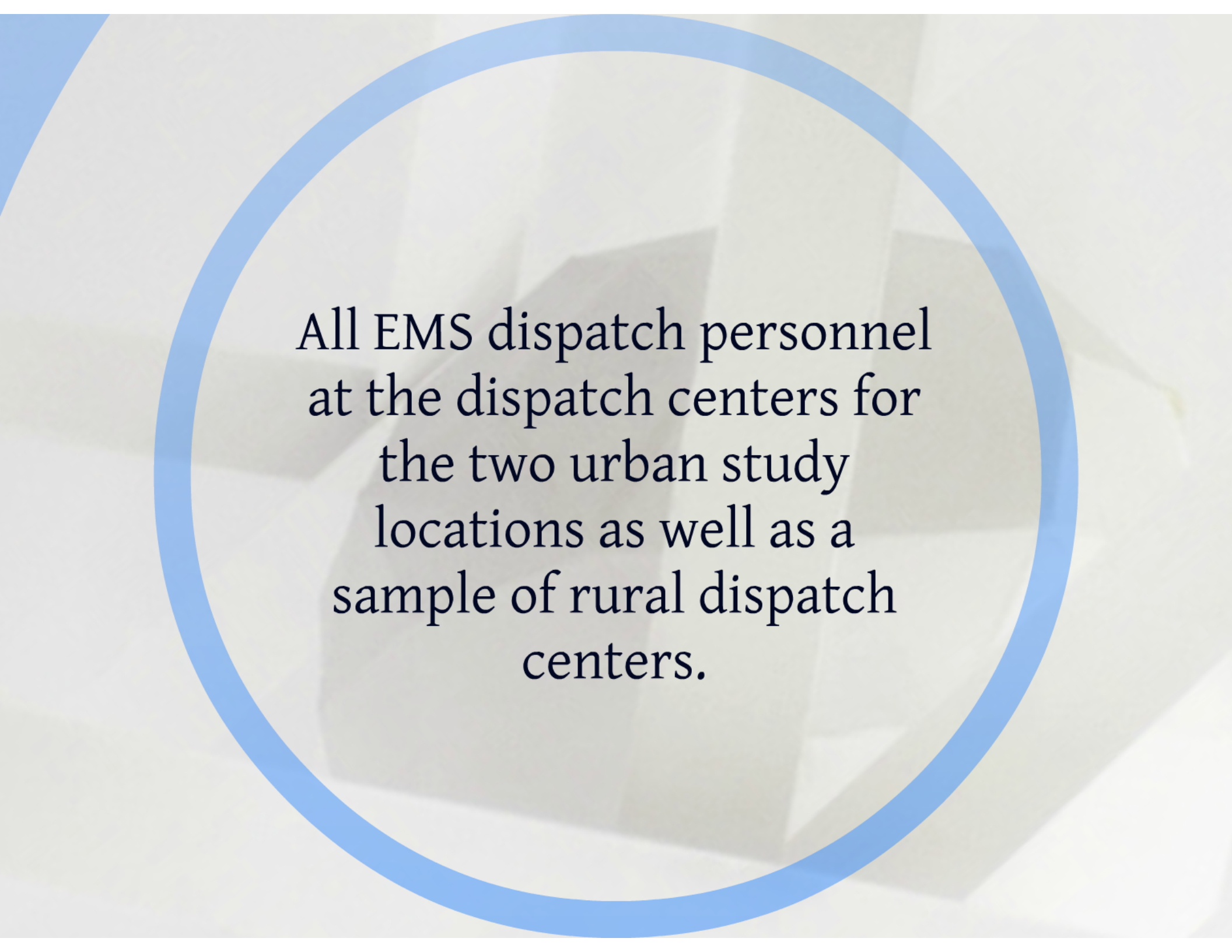
Dispatcher survey

All EMS dispatch personnel at the dispatch centers for the two urban study locations as well as a sample of rural dispatch centers.


40 dispatchers in urban New Mexico
35 dispatchers in urban Western Cape
25 dispatchers from rural sites in each country
total sample size of 125

Key domains:

1. Awareness of policy
2. Formal vs. informal strategies
3. Perceived barriers
4. Perceived stress
5. Perceived adequacy of formal training



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Field medic interviews

Anticipated sample size: 40 interviews

Key domains:

1. Awareness of policy mandates
2. Use of formal vs. informal strategies
3. Perceived barriers
4. Use of different triage strategies
5. Use of different triage strategies with pediatric vs. adult patients
6. Perceived adequacy of formal training

EMS providers (BLS and/or ALS)

Adult and pediatric patients

Dispatched by one of four communication centers
(Cape Town, Albuquerque, one rural county in New Mexico, and one rural district in Western Cape)

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Next steps?

Pending IRB approval at UNM and UCT
Case study in Pediatric Emergency Care
Intervention study