



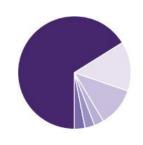


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# 1. Background

- Language barriers between healthcare providers and patients are becoming more prevalent worldwide (1).
- Effective interpreter communication can ensure patients receive access to high-quality and equitable healthcare, particularly within an Emergency Department (ED) (2).



The top languages spoken at home are:

English (47%)
Arabic (108,000, 10% of people)
Vietnamese (81,000, 8%)
Assyrian Neo-Aramaic (23,000, 2%)
Cantonese (19,000, 2%)
Mandarin (19,000, 2%)



The top five countries of birth, other than Australia, were:

Vietnam, Iraq,

Lebanon, India, China



35% people born overseas

Figure 1. South Western Sydney Local Health District's Community Snapshot (3)



811

Presentations to emergency departments



483

Occasions of service supported by our interpreters

Figure 2. ED Presentations and Occasion of Services across a single 24-hour Period (3)

## 2. Objectives

**Knowledge Gap:** Limited evidence on the quality, effectiveness, and direct conversation between patients-interpreters within an Australian metropolitan Hospital's ED

**Research Question:** What are the enablers and barriers to engaging interpreters in patient care conversations within a Metropolitan Hospital's ED?

### 3. Methods

### A Parallel mixed methods approach:

Data Collection Tool	Participants	Analysis Approach
Semi-structured Focus Groups	Interpreters (n=6)	Thematic Analysis
Semi-structured Interviews	Clinicians and consumer representatives (n=5)	Thematic Analysis
Secondary data collection	Patient Experience Survey [Data records (n=30-50)]  Metropolitan Hospital's ED Interpreter Data [Data records (n=1)]	Descriptive statistics

#### 4. Conclusion

The research study possess a range of benefits for the metropolitan Hospital, these include:

- Improving communication practices between interpreters, clinicians and patients.
- Enhancing patient experience, care satisfaction and health outcomes
- Developing a tool to reduce communication errors (3).
- Identifying opportunities to enable equitable access to healthcare for culturally and linguistically diverse (CALD) communities (4).

#### References

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If you have any questions, feedback or would like research updates, please scan the QR code.

