

Comparison of emergency department discharge education among patients of different language preferences: a quality improvement initiative

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Background: The emergency department discharge process is complex with potential for transfer of incomplete, miscommunicated, or misunderstood information. Patients with a non-English language preference (NELP) are at higher risk of ED revisits and hospitalizations post-initial discharge. To better understand the ED discharge process, potential variation based on language preference, and existing areas for improvement, we observed the verbal and written communication provided to patients with English and non-English language preferences.

Methods: A random sample of adult (≥ 18 years) patients presenting to and discharged from an urban, academic emergency department from August 2023 to January 2024 were included in the study. All verbal and written discharge communication were recorded by a single observer during the ED visit. Transcripts were analyzed and categorized by eight key discharge process domains. Univariable comparison of English language preference (ELP) and NELP groups were made by chi-square and fisher exact tests.

Results: A total of 43 patients were included. Patients had a mean age of 47.7 years (SD 19.2) and were majority female (N=25, 58.1%). 24 patients had a NELP (55.8%) with 15 of those (62.5% of NELP) preferring Spanish. Written discharge instructions in a preferred language were universally provided to ELP patients (N=19, 100%), as compared to NELP patients whose written instructions were only partially (N=18, 75.0%) or not at all (N=6, 25.0%; $p < 0.001$) provided in a preferred language. On average NELP patients had completion of less of the 8 domains of discharge verbally communicated (NELP mean: 4.26 domains, 95%CI 3.57-4.96; ELP mean: 5.33 domains, 95%CI 4.84-5.83; $p = 0.0148$).

Conclusion: Significant barriers to high quality discharge communication exist for all patients, but were more pronounced for those with a NELP. Provider training and systems interventions focused on the content, delivery, and quality of discharge instructions are necessary to address language communication considerations during ED discharge.