



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



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Results

Conclusions

Overview

Prior work has demonstrated associations between quality of discharge process and hospital readmissions.¹⁻² While previous investigation has identified patient level factors related to ED-post discharge outcomes, there is little empiric data on the ED-discharge process itself.³⁻⁴ This study adds to the current body of literature by directly observing the discharge process for non-English language preference (NELP) and English language preference (ELP) patients to inform further quality improvement efforts.

Individually, and likely limited by study sample size, there were few significant differences in whether a single discharge component was communicated to a patient based on language preference. When compared by domain, however, on average NELP patients had less of the 8 domains of discharge process verbally communicated to them (NELP mean: 4.26, 95% CI 3.57-4.96; ELP mean: 5.33, 95% CI 4.84-5.83; p-value= 0.0148). This reflects an area of needed quality improvement in the discharge process for NELP patients.

Furthermore, the lack of written discharge instructions in NELP patients' preferred language was noted to be significantly different from the ELP comparison group. Dedicated initiatives to add additional languages to the templated discharge instructions found in electronic health record systems are needed.

Introduction

Existing evidence suggests the discharge process contributes to >2/3 of hospital readmissions.¹⁻²

NELP patients have higher ED revisit rates, more frequent ED visits, and an increased likelihood of hospitalization compared to ELP patients.⁵⁻⁸

The study sought to directly observe patient discharge in the ED setting to provide additional insight into the process, individuals, and content involved. In describing communication during the discharge process for patients with an ELP versus a NELP, we aim to provide data that can help to identify existing gaps and support quality improvement efforts for all ED patients.

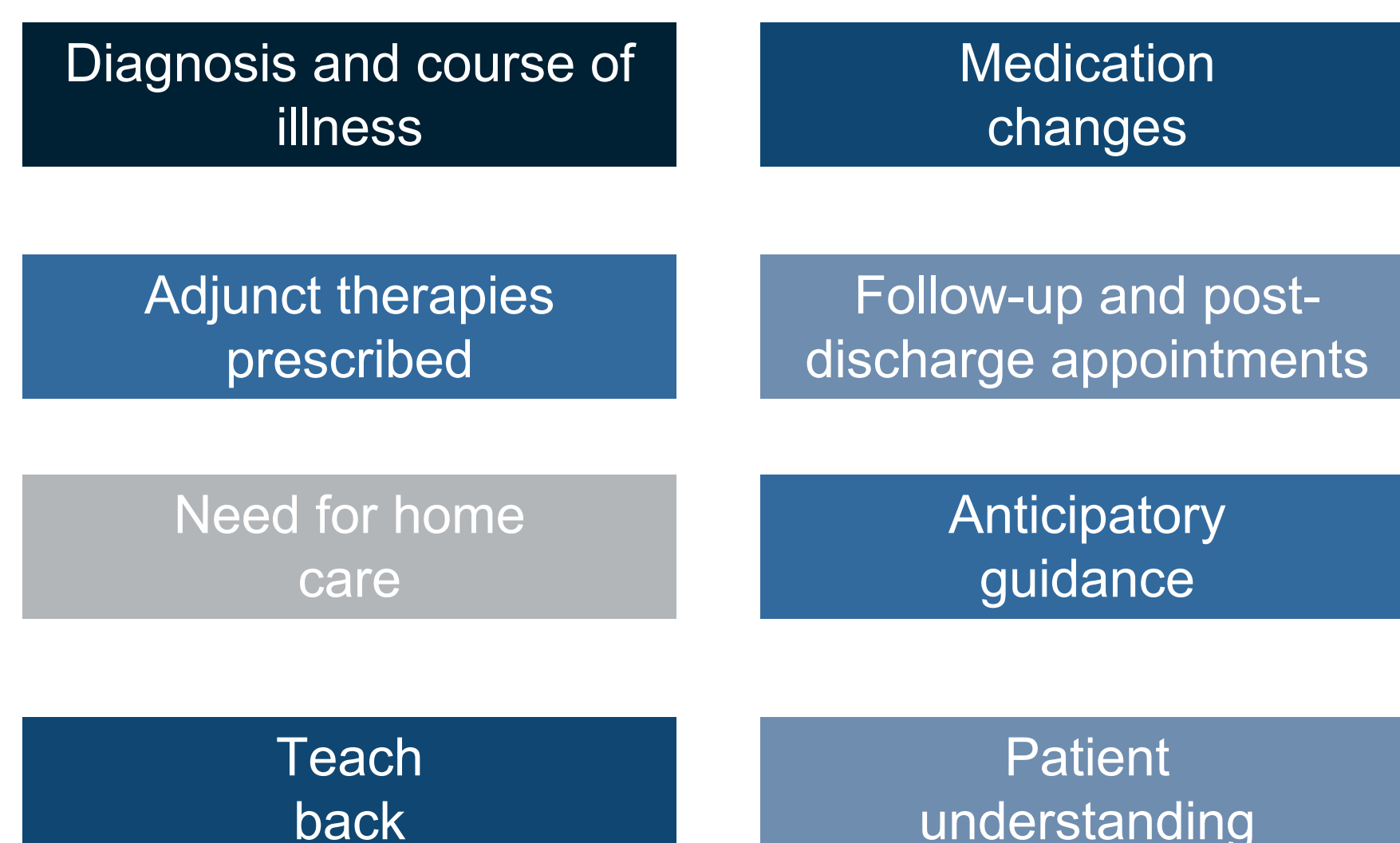
Methods

Study design: Prospective, observational, quality improvement

Setting: Emergency Department of a single, urban, level-one trauma, academic teaching hospital

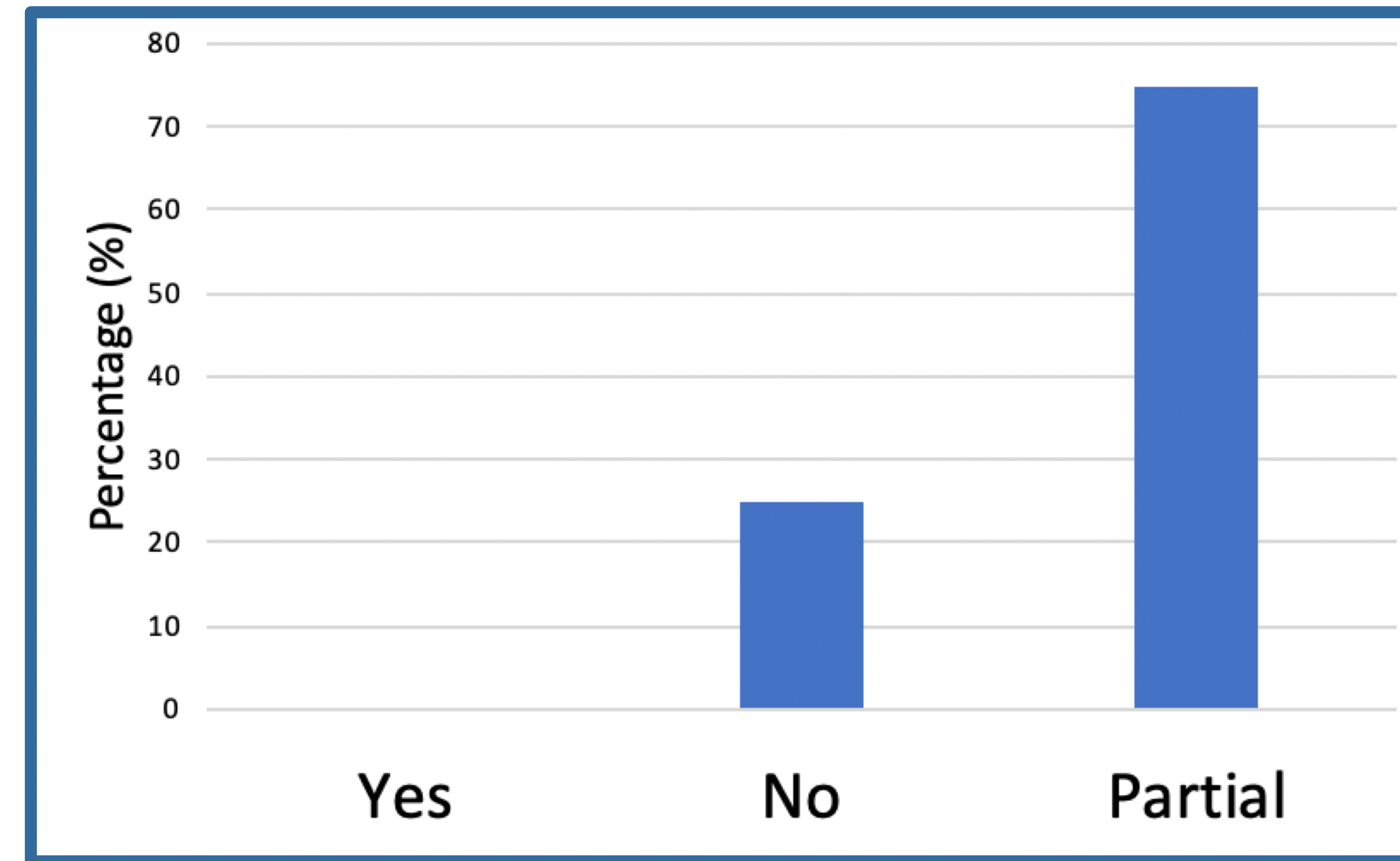
Participants: Adults ≥ 18 years old presenting to the Emergency Department, excluding patients under the age of 18, patients pending or with a high likelihood of admission or transfer, patients being roomed in the main ED for more than one hour prior to participation, patients lacking the capacity to participate, and patients impaired by acute substance intoxication

Analysis: 8 discharge domains

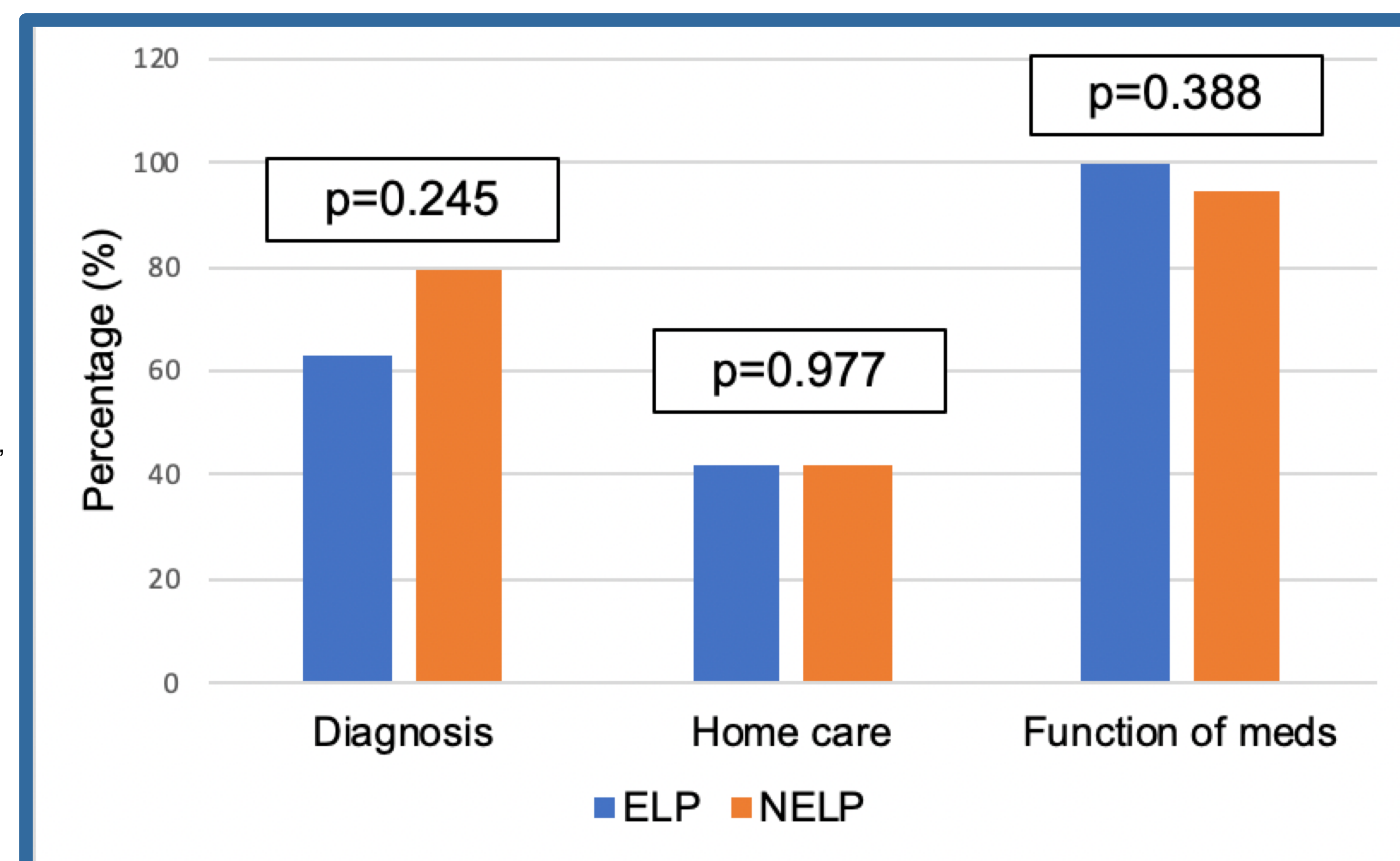


Characteristic	Total N=43 (%)
Sex	Male 18 (41.9)
	Female 25 (58.1)
Mean Age (SD)	47.7 (19.2)
Preferred language	English 19 (44.2)
	Spanish 15 (34.9)
	Arabic 2 (4.7)
	Burmese 2 (4.7)
	Other 5 (11.6)
Insurance by type	Public 21 (48.8)
	Private 10 (23.3)
	Uninsured 12 (27.9)

Table 1. Demographic characteristics of study participants

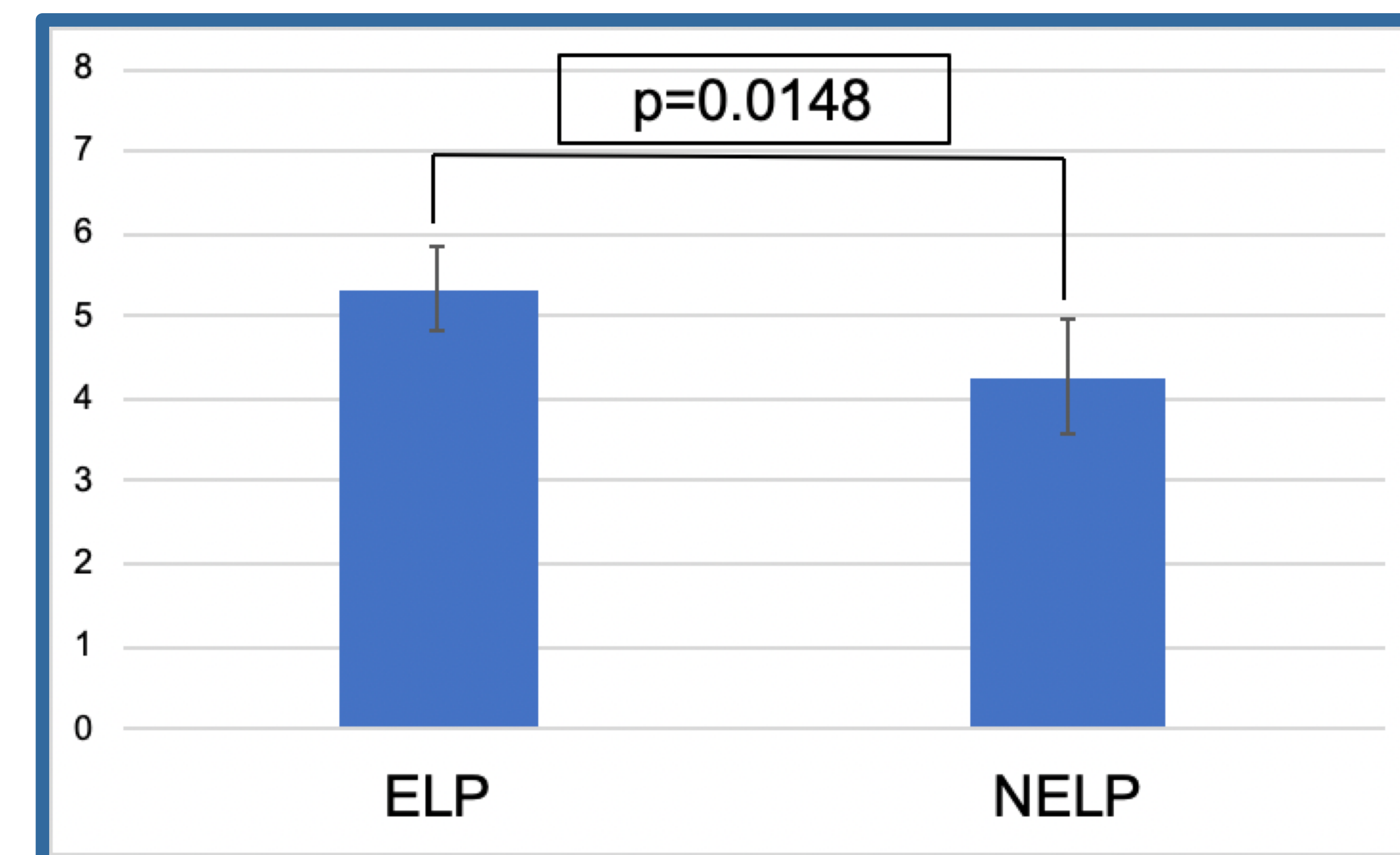


Graph 1. Are after-visit summaries provided in the preferred language for NELP patients?



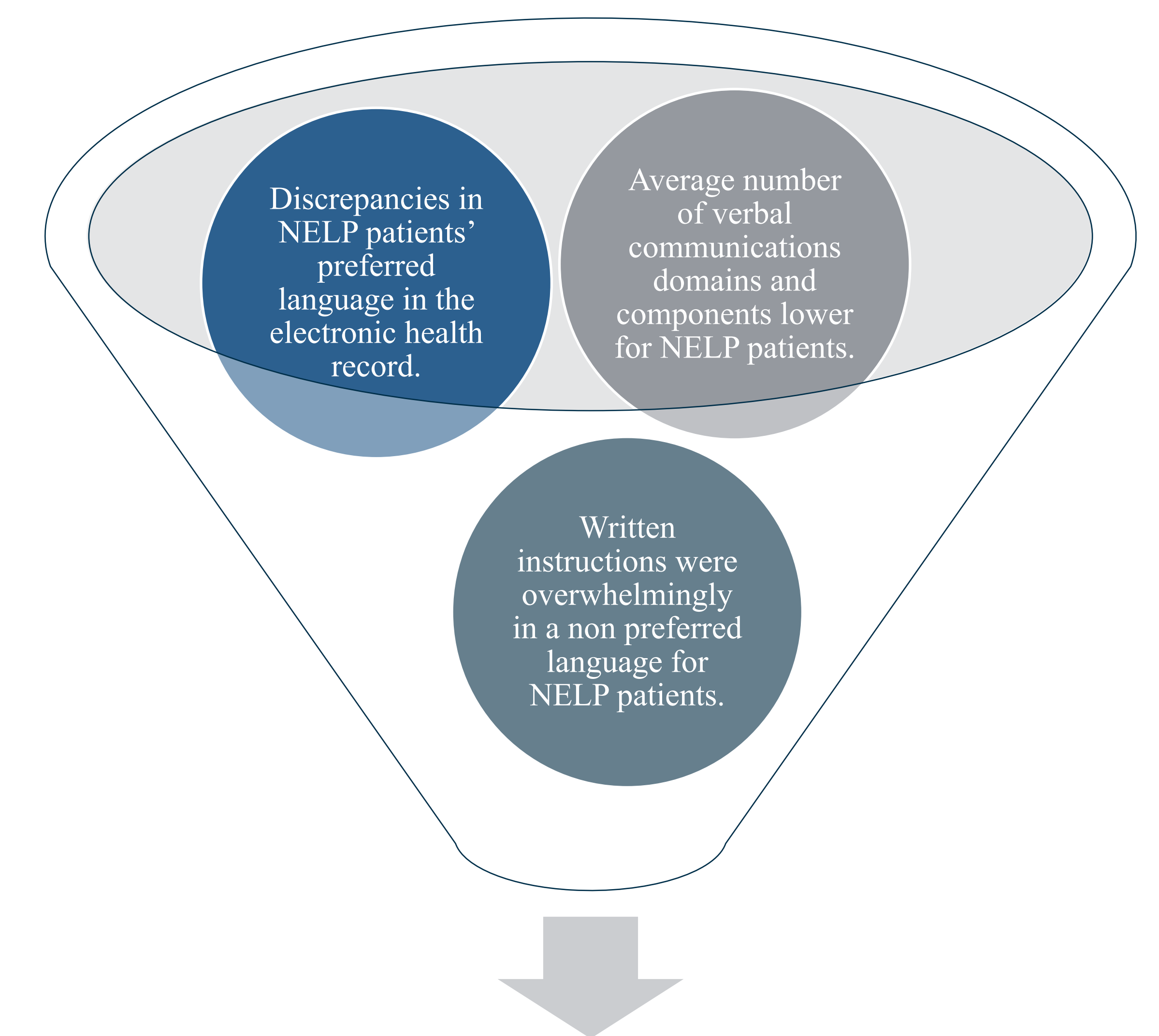
Graph 2. Verbal communication of diagnosis, home care plan and function of new medications between ELP and NELP patients

Verbal communication of all three discharge characteristics was comparable among ELP and NELP patients. This trend was similar for all discharge characteristics aside from whether the provider allowed for patient questions.



Graph 3. Mean number of discharge domains communicated verbally to ELP and NELP patients

While there was no statistical difference in unique discharge communication domains observed between NELP and ELP patient groups, as a summed whole, the average total number of discharge communication domains (total N=8) included in patient discharge processes were less among NELP patients as compared to ELP patients, p-value=0.0148.



Opportunities for interventions to address ongoing gaps in discharge communication for NELP patients

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