Perceiving barriers to adequate discharge instructions among Spanish-speaking patients

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Background

Over 35 million individuals over the age of 5 speak Spanish at home (census data 2009-2013). 40% of which reportedly speak English less than “very well.” The language barrier presents multiple challenges for patients with limited English proficiency (LEP):

- A barrier to obtaining adequate healthcare
- Decreased satisfaction with care
- Increased expenses for diagnostic testing
- Higher adjusted odds ratio for readmission compared with English speakers.

Of particular concern are potential inadequacies in communicating discharge instructions and clarifying treatment plans and appropriate follow-up.

Objectives

1. Explore current rates of compliance among medical staff in regard to implementation of translational services during discharge.
2. Identify barriers to effective medical communication with Spanish-speaking patients with LEP during the discharge procedure.
3. Determine areas where patient satisfaction can be improved from current protocols.

Methods

We conducted an IRB-approved cross-sectional study of patients of children 0-18 years of age admitted at Kosar Children’s Hospital under the Just For Kids (JFK) Hospitalist service whose primary language was selected as Spanish.

The study employed the administration of a 14-item questionnaire (in Spanish) about compliance with and effectiveness of current interpretive services used upon discharge from the hospital.

Specific aspects of discharge were addressed, such as effectiveness of communication of medication changes, pediatrician follow-up visits, and reasons for seeking medical care on an emergent basis after discharge.

Descriptive analysis were performed using Microsoft excel.

Results

In a four month period, 9 families completed the survey while admitted to the Just For Kids Hospitalist service. Of the 9, six (67%) reported poor ability to understand English. The most widely used translational modalities included professional interpreter (56%), interpreter phone (44%). Of note, patients were able to select multiple modalities if they were used.

Among the 6 families with poor understanding of English, 5 had discharge instructions relayed either via translator phone or in person through a professional interpreter.

Seven surveys (78%) stated good understanding of discharge diagnosis and 6 (67%) reported complete understanding of medication changes. Seven patient families received instruction on PMD follow-up and six understood criteria that necessitated a return visit to the emergency department. Overall, seven families described “very good” overall understanding of discharge instructions with two more reporting it as only “good.”

Limitations

This study was limited by its small sample size: a larger sample size, expanded beyond the JFK Hospitalist service to include other specialty and subspecialty services at Kosar Children’s Hospital will likely yield more meaningful results. Furthermore, this is a self-reported survey, and it is uncertain if self-reported understanding is directly associated with lower rates of hospital readmission, ED visits, and greater compliance with PMD follow-up. Further studies involving following the patients’ medical records after discharge will be needed to assess that association.

Conclusions

1. The survey demonstrated that there is currently good adherence to acceptable translational modalities among Spanish-speaking patients with LEP who are discharged under the care of the Just For Kids Hospitalist service.
2. These Spanish-speaking patient families universally self-reported either good or very good overall understanding of discharge instructions.

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References