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Use of Language-Adapted Resources in the Non-English Speaking Patient Population

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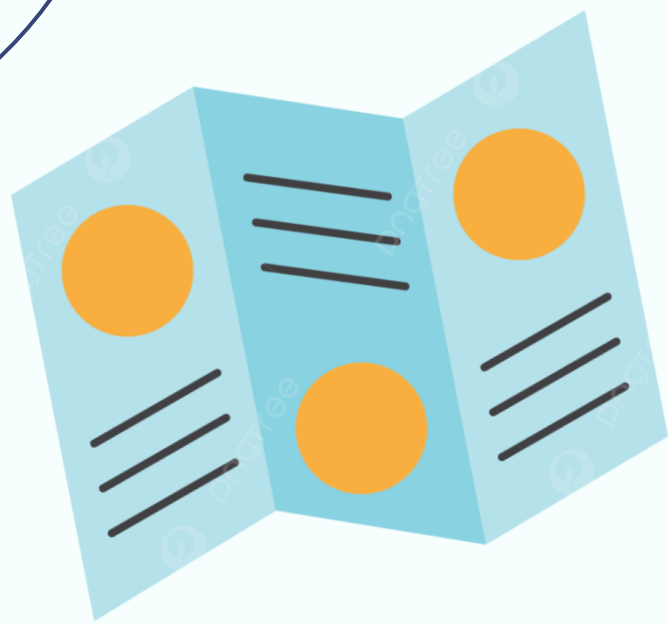# Use of Language-Adapted Resources in the Non-English Speaking Patient Population

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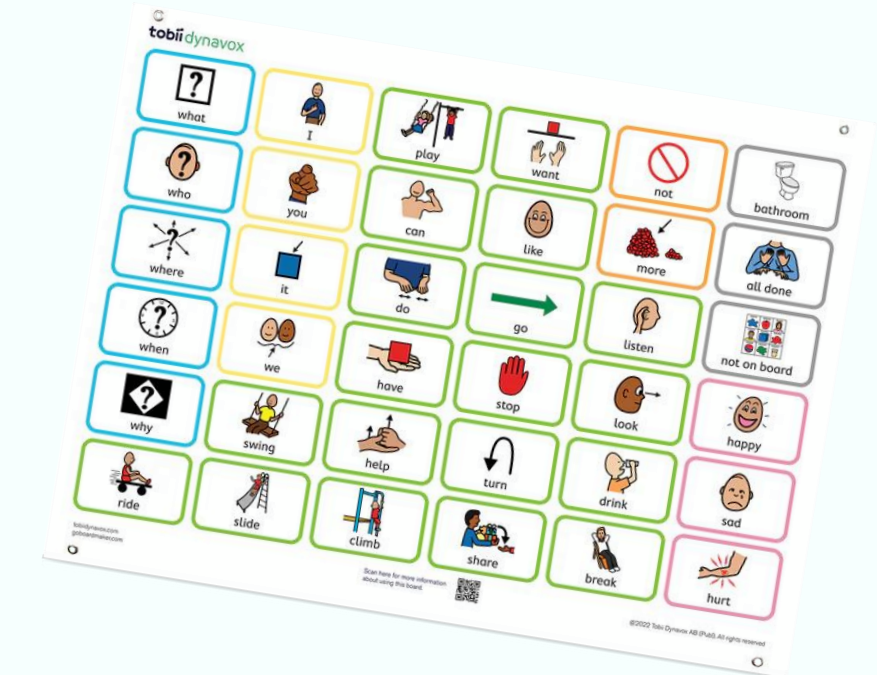
BACKGROUND

Across the healthcare field, it is essential that patients and families can both communicate and understand the care they receive. A lack in this can lead to delays in care, missed findings, unnecessary care and costs, and even preventable emergencies. Limited research surrounds the impact that language barriers pose as well as methods to address this.

PROBLEM

Within the Non-English speaking patient population, how do language-adapted resources compared to English-only resources influence care throughout a patient's hospital stay?

LITERATURE REVIEW

Title: Implications of Language Barriers for Healthcare: A Systematic Review
Purpose: Investigate the barrier and challenges language barriers have on access to healthcare and pose possible solutions to address these barriers.
Method: Published studies were gathered from PubMed and Medline that looked into the implication language barriers have on the healthcare system. A total of 14 studies were identified from both developed and developing countries.
Results: Results across all of the selected studies revealed that language barriers created miscommunication between medical professionals and their patients. This miscommunication decreased the quality of delivered care, ultimately harming patient satisfaction. Online translation tools (Google Translate and Medibabble) were a useful tool in translating health information at no extra cost to the patient or facility.
Conclusion and Evidence level: This systematic review ultimately concluded that language barriers have a potent impact on quality of healthcare, patient safety, and overall patient satisfaction with care. They posed that online translation tools are useful to swiftly translate patient care information that is easy to use and readily available at no extra cost to patients. This article is an evidence level 4.

Title: Influence of Language Barriers on Outcomes of Hospital Care for General Medicine Inpatients
Purpose: Determine how patients' primary language influences hospital outcomes, including hospital costs, length of stay, and odds for 30-day readmission or mortality
Method: Adult patients admitted to the General Medicine Service at the University of California, San Francisco Medical Center were chosen at random over a two year time period. Administrative data collected from hospital billing databases looked at patient demographics, insurance costs, diagnoses, admission & discharge dates. Mortality was collected from the National Death Index.
Results: It was found that while both English and non-English speaking patients had similar length of stay, costs, and mortality odds. Non-English speaking patients had much higher readmission odds.
Conclusion and Evidence level: This article concluded that while language barriers did not seem to impact care efficiency or mortality, but it had a significant impact on readmission rates. These barriers are likely present throughout their hospital stay, especially at the time of discharge when care needed at home is missed.. This article is an evidence level 4.

Title: Overcoming Language Barriers in Paramedic Care
Purpose: Develop, implement, and evaluate a digital communication tool that helps paramedics to obtain (and give) essential information from (and to) patients of a foreign language.
Method: Development of a communication tool using an action-oriented research approach, along with the development of two control groups and one interventional group. Data collected from a Rescue Service Case Protocol, questionnaires, and the communication device itself evaluate the level of communication between paramedics and patients as well as the quality and quantity of information collected.
Results: Utilization of this digital communication tool to address language barriers was shown to improve communication and data collection between paramedics and patients. When this tool was used, longer scene response times were shown as well, correlating to this increase in communication and ability to collect pertinent data that otherwise would be left out.
Conclusion and Evidence level: Few studies have looked into the impact that language barriers pose specifically within emergency medicine and care. Continued research in this area would prove beneficial in increasing patient safety and provision of care in this crucial field. This article is an evidence level 2.

NEXT STEPS

The next steps for this project would be to emphasize the need for further research on the effect that specific language adapted tools have on overall patient care and satisfaction in the hospital setting. These tools include, but are not limited to, patient menus, communication boards, and informational sheets. Further research should also look into the benefit that digital translation tools may have in the hospital environment.

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