Assessment of Interpreter Modalities in Relation to Unplanned Emergency Department 72 Hour and 30 Days Return Rates in Limited English Proficiency (LEP) patients

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Introduction

- Limited English Proficiency (LEP) patients tend to receive significantly lower quality of care when they are not provided with a certified medical interpreter.¹
- Additionally, interpreter errors can occur more often with untrained ad hoc interpreters,¹,²
- Language barriers may be particularly challenging in high acuity and fast-paced settings such as the ED.³

Methods

- This was a single-center, retrospective chart review of Spanish-speaking LEP and non-LEP ED patients between January and December 2019.
- Exclusion criteria: patients with altered mental status, a psychiatric chief complaint, transferred from an outside hospital, or left without being seen.
- 322 eligible LEP patients ≥ 18 years of age were compared to 180 non-LEP controls matched via SQL server by gender, race, ethnicity and date of visit.

Objectives

- The primary objective of this study is to compare unplanned 72 hours and 30 days return rate as a measure of quality of care when comparing LEP to English-speaking patients.
- The secondary objective was to analyze whether patients who used ad hoc interpreters (family members, friends, untrained individuals) were more likely to have an increase in these same metrics when compared to patients who used professional interpreter services.

Results

- Table 1. Demographic Data of Study Participants

Conclusion

- Our preliminary findings suggest that LEP patients overall have a greater number of unplanned return ED visits when compared to non-LEP patients.
- This may be due to the fact that only 10% of these encounters used a trained interpreter.
- This study provides insight into the important role of trained interpreters and represents an opportunity for improvement in how we can better serve our LEP patient population.

References