Speaking Together: A Language-Based Health Equity Initiative to Improve Discharge Communication in the Pediatric Emergency Department

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- **Location:** Boston Children’s Hospital, Boston, Massachusetts

**WHAT PROBLEM (GAP IN QUALITY) DID THE PROJECT ADDRESS?**

Discharge communication is critical for safely transitioning patients from the emergency department (ED) to home, and is a particular challenge for families with limited English proficiency (LEP). Only 32% of families with LEP were discharged from our ED with written discharge instructions in their preferred language.

**WHAT DID THE PROJECT AIM TO ACCOMPLISH?**

Our objective was to increase the proportion of persons with LEP who receive and comprehend discharge instructions in their preferred language to 75% by Nov. 2020.

**MEASURES:**

- **Measure Name:** Receipt of preferred-language discharge instructions for LEP patients
  - **Goal:** Increase percentage of LEP patients who receive written discharge instructions in their primary language from ~25% to 75%
  - **Unit of Measurement:** Proportion receiving discharge instructions in preferred language
  - **Data Source:** Chart Review
  - **Collection Frequency:** Weekly

- **Measure Name:** 72-hour return visits to the ED resulting in discharge for LEP patients
  - **Goal:** Reduce the proportion of total 72-hour ED revisits resulting in repeat ED discharge by LEP patients by 20%
  - **Unit of Measurement:** Proportion of LEP visits with a 72-hour revisit resulting in discharge
  - **Data Source:** EHR
  - **Collection Frequency:** Weekly

**NOTABLE CHANGE STRATEGIES:**

- **Strategy #1:** We created a discharge process map and cause-and-effect diagram to identify discharge communication challenges for patients with LEP.
- **Strategy #2:** We utilized an impact-effort matrix to prioritize interventions for Plan-Do-Study-Act (PDSA) cycles, including 1) educating providers to optimize discharge for LEP patients, 2) placing signs in the ED publicizing interpreter services, and 3) translating discharge instructions for common diagnoses.
2021 Part 4 Exemplars: DEI

The Small Group QI Project Application pathway reflects a structured, well-designed quality improvement project based on accepted improvement science and methodology. Physicians engaged in such QI work in their practice or setting may receive 25 points of MOC Part 4 Credit.

**DATA:**

**Percentage of discharge instructions given in preferred language**

- Mean = 35%
- UCL = 64.4
- LCL = 14

*20 chart sample of patients with Spanish as their preferred language and/or with a discharge diagnosis of asthma*

**Percentage of LEP patients discharged home who returned to the ED within 72 hours and were discharged home again**

- Mean = 5.1
- UCL = 36.2
- LCL = 4.6

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**OUTCOME:**

Three rapid PDSA cycles were instituted from Sep. 2019 - Sep. 2020. Data collection began in Jan. 2019. Special cause variation in mean was not observed of persons with LEP who received preferred language discharge information (32.9%, Fig 1), nor in mean of LEP visits with a 72-hour revisit resulting in discharge (4.8%, Fig 2). 100% of parents reported receiving all the information they needed to care for their child at the start and end of the project.

This project successfully established recurring provider education for discharging patients with LEP, publicized interpreter services, and translated discharge instructions in non-English languages, but fell short of our primary aim. Possible explanations for this include cost barriers and EMR limitations that delayed availability of translated instructions. Multiple measures were impacted by a lack of data and patient volume secondary to the COVID-19 pandemic. Finally, while parents with LEP consistently reported receipt of sufficient discharge information, these numbers were small as they required follow-up calls with an interpreter, which is a challenge for patient-centered outcome evaluation for interventions involving families with LEP.

This project illustrates challenges inherent in achieving equitable systems for marginalized patients and highlights process solutions that may allow ED providers to move from describing health care disparities to addressing them.

**QUESTIONS?**

To learn how to create your own quality improvement project, visit [https://www.abp.org/content/your-own-qiproject](https://www.abp.org/content/your-own-qiproject) or contact our MOC Support Center at 919-929-0461 or moc@abpeds.org.