



# Pediatric Discharge Content: Assessment of Discharge Preferences and Written instructions for English and Spanish-Speaking Patient Families



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## Objectives

Although professionally trained medical interpreters are for the most part incorporated into patient care, written discharge guidance for hospitalized pediatric patients are often written and printed without including complete information that would ensure positive discharge outcomes. The objective in our study was to determine the completeness of written pediatric discharge guidance of both English proficient and Spanish-speaking families with limited English proficiency (LEP) in order to demonstrate that Spanish-speaking families with limited English proficiency (LEP) receive less complete written discharge guidance than English-speaking families. With our findings we hope to incorporate improvement in discharge planning to improve patient care.

## Methods

We conducted a retrospective review of written discharge guidance provided to 100 English and 100 Spanish-speaking families at Mattel Children's Hospital and Santa Monica Medical Center to assess the inclusion of key elements:

- 1) Admission and discharge diagnoses
- 2) Medication list at discharge
- 3) Pending test results
- 4) Follow-up tests that need to be completed
- 5) List of follow-up appointments
- 6) 24/7 telephone contact number if problems arise
- 7) Number to call for assistance getting needed appointments
- 8) Immunizations given
- 9) Admit and discharge dates.

In addition, we assessed whether or not the After- visit summary and patient education was provided in the language the Electronic medical record had designated as the patient's preferred language. We then compared the completeness of discharge guidance (number of key elements) between English- versus Spanish-speaking families.

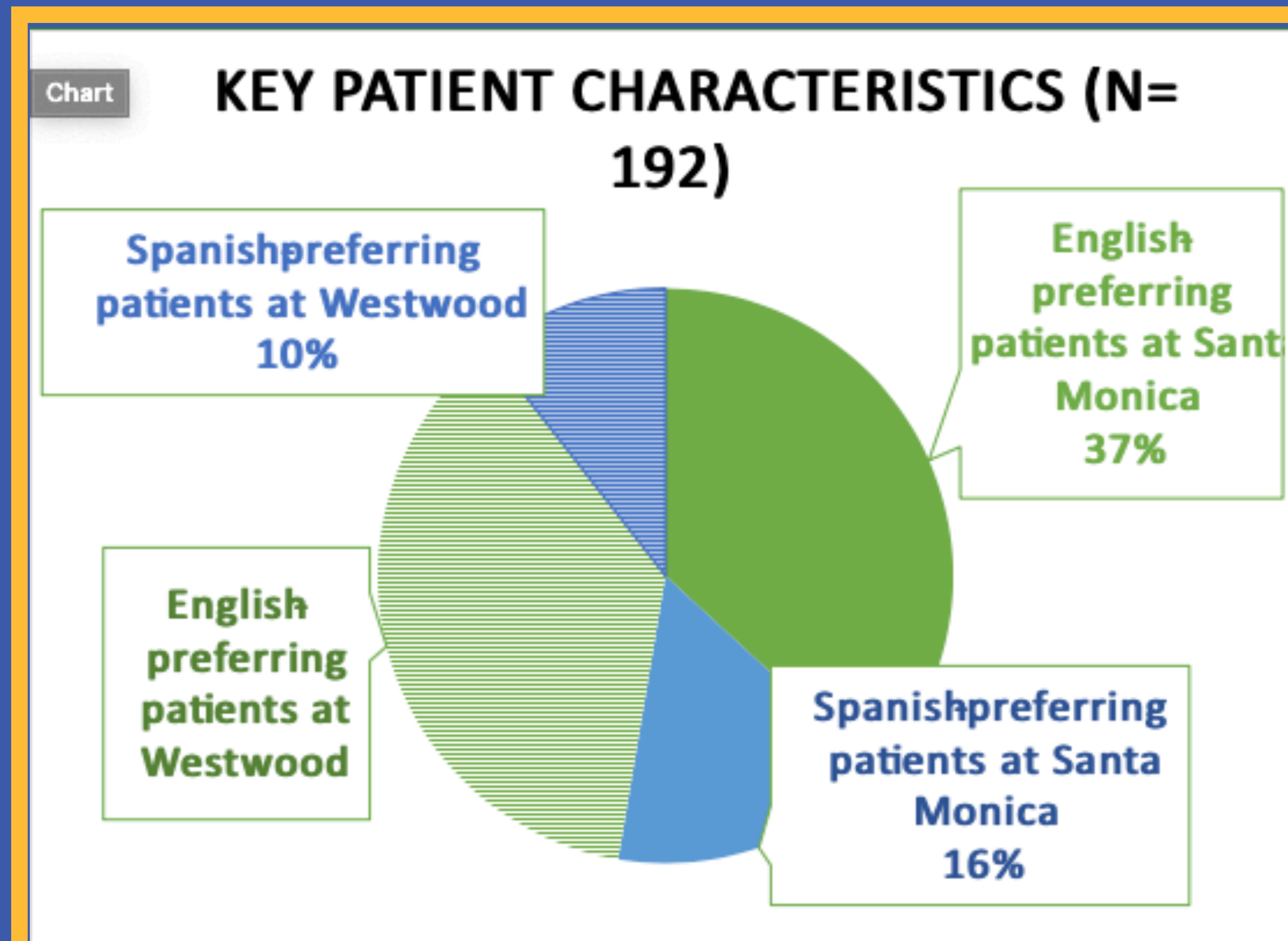


Figure 1. Patient characteristics

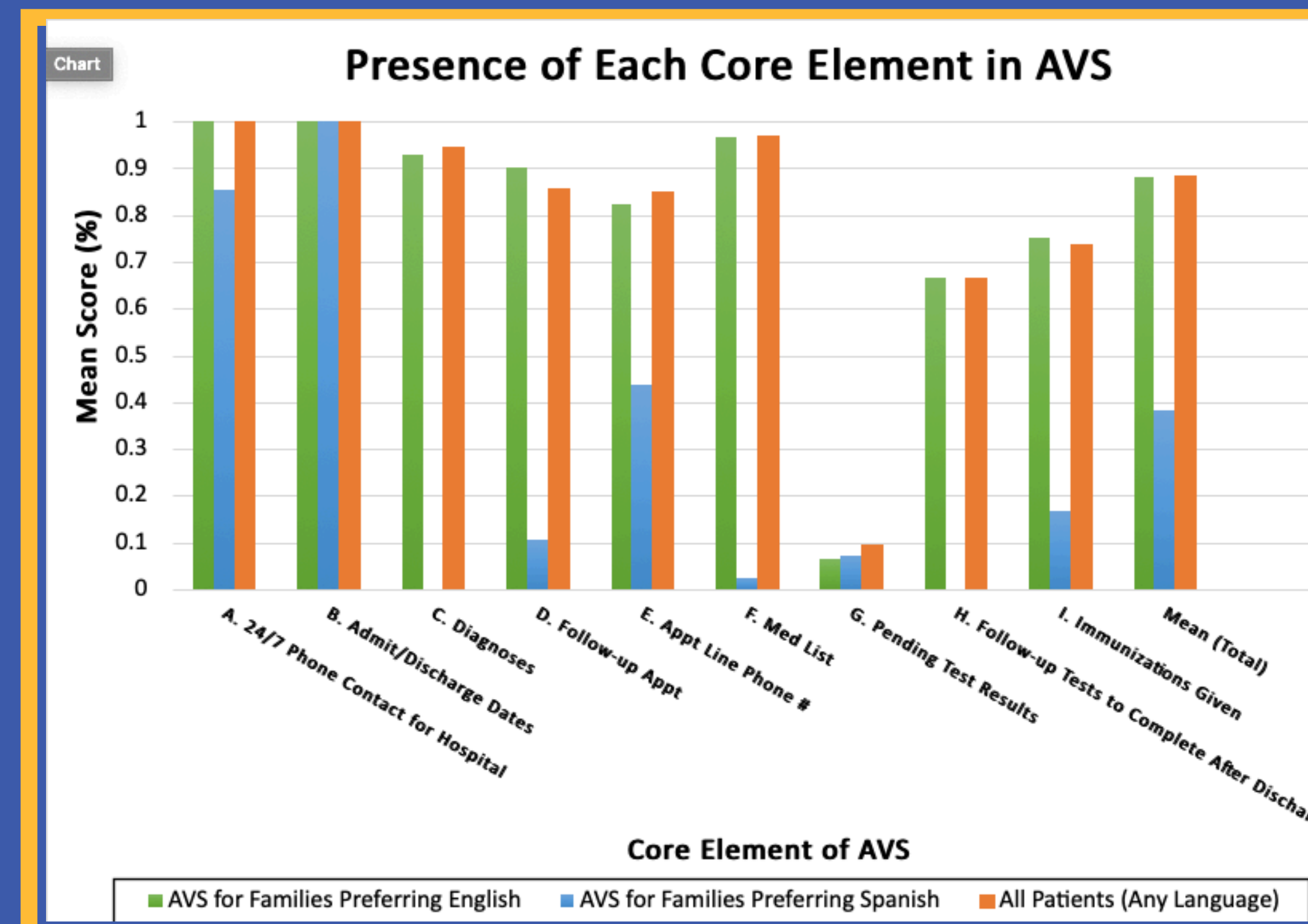


Figure 2. Core elements in AVS

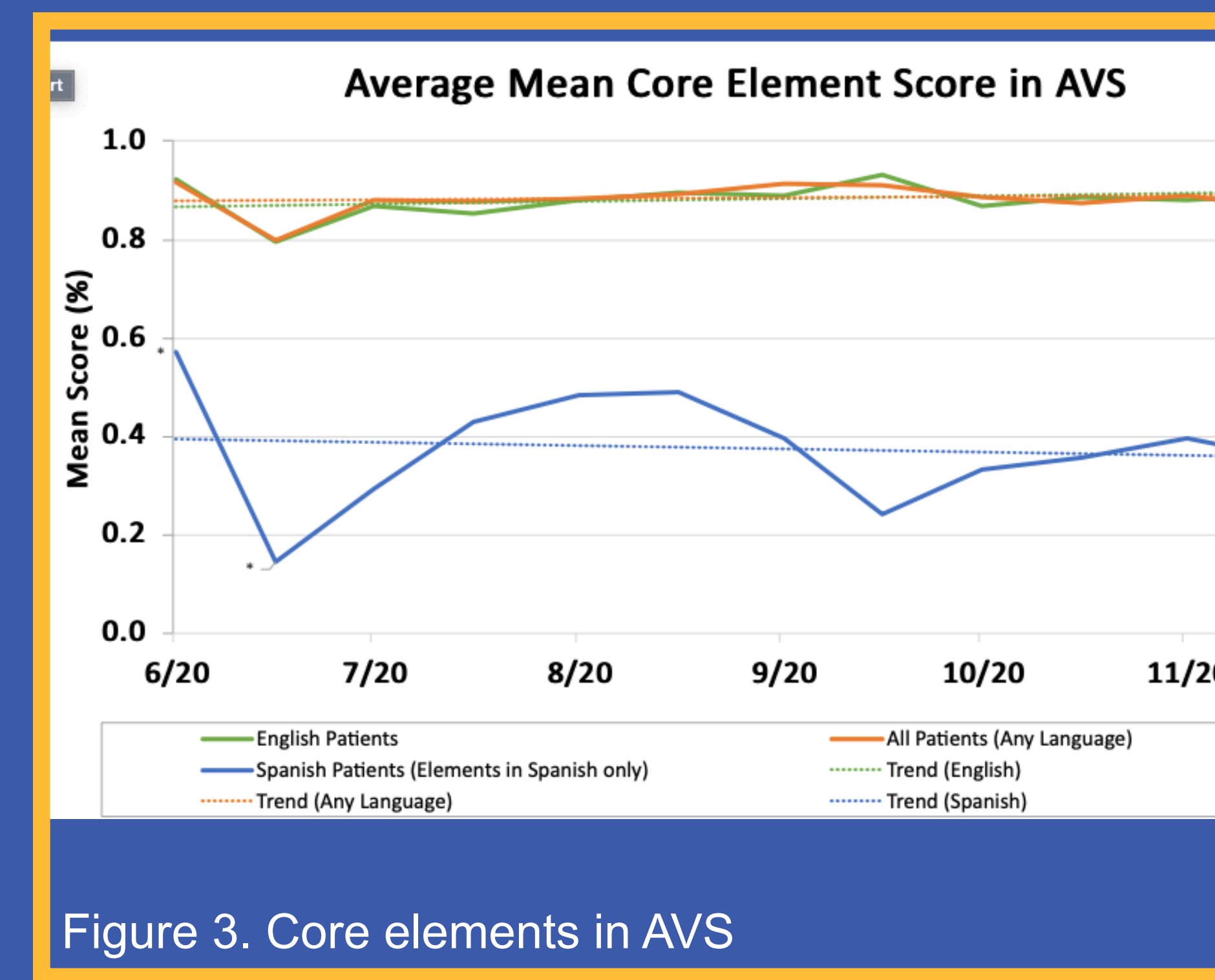


Figure 3. Core elements in AVS

## Results

When evaluating discharge guidance for the presence of key elements in any language, there was a significant difference between English speaking and Limited English Proficiency Spanish-speaking families discharge summary regardless of the patient's length of stay and admitting diagnosis.

Statistical results are still pending but qualitative collection of data collected demonstrate a critical need for improvement in discharge planning in all of the 9 key elements assessed in this study.

## Discussion

Few Spanish-speaking families with LEP receive a complete written discharge guidance in their preferred language. Language-appropriate discharge guidance with a complete explanation of return precautions, follow-up appointments as well as any changes in medical care were identified as an area for improvement efforts to work toward improving care provided to families with LEP. This would be essential for culturally and linguistically competent provider/health systems and overall improved patient care and satisfaction and could also decrease return to the emergency department at a later time.

It is critical to understand both why institutions are not providing adequate translated discharge instructions and how institutions providing translations are able to do so. Currently, the EMR has the ability to prepare certain documents for patient in Spanish but it definitely will require a deeper analysis.

The next step will be implementation

## References

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