

LEFT WITHOUT BEING SEEN:

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UNDERSTANDING THE EXPERIENCE OF SPANISH-SPEAKING PATIENTS IN THE EMERGENCY DEPARTMENT



Understanding the factors contributing to why some Spanish-speaking patients leave the emergency department (ED) before being seen by a physician will help to reduce barriers to accessing healthcare and improve health equity. Spanish immigrant speakers are very hard-working people, but they can experience barriers to accessing healthcare including communicating with clinicians in their non-native languages and health literacy. By reviewing the literature, shadowing local healthcare providers in the community, and speaking with clinical experts, I've collected information that has allowed me to identify some of the potential reasons why Spanish speakers may leave EDs without being seen (LWBS). These reasons include discrimination, fear, unavailability of interpreters or the offer of interpretation services, insurance status, and limited health literacy.

FOCUS OF RESEARCH

- Between the ages of 19+” to “Patients aged 19+ years
- Clinical Presentation: headaches, chest pain, abdominal pain.
- Timeframe: pre-COVID



LESSONS LEARNED

Minimal English proficiency is not only a concern for patients but for physicians as well. After Covid-19, the Latinx community experienced declines in health literacy and access to healthcare resources. Additionally, social problems occurring in other states, such as Florida, have increased fear among Spanish-speaking patients, reducing their likelihood to seek medical care. Identifying ways to improve patient experience and access for Spanish-speaking patients is important for improving health equity in this population.

EXPERT CONSULTANTS

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LWBS REASONS

- Feeling of discrimination.
- Insurance
- Can't express themselves
- Lack of interpreters.



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DOLOR AQUI

“Dolor Aqui” as “Dolor Aqui” (“It hurts here”) is a research idea developed by Dr. Mariecely Luciano-Feijoo. As of August 2023, Drs. Luciano Feijoo and Joaquin Peralta are working to finalize the project scope and methodology. They will likely focus their research on Spanish-speaking patient experiences before COVID to reduce the confounding effect of the pandemic experience in the ED. Inclusion criteria are likely to include patients who visited the ED who were 19+ years of age and presented with common clinical complaints, including headaches, chest pains, and abdominal pain.

Since the focus of the research has been identified, the next step is waiting on the IRB to approve the project to start collecting data. Conducting this research will be a huge step toward understanding how EDs can help Spanish-speaking patients access timely, appropriate care, thereby improving health equity in our community.

POTENTIAL OUTCOMES OF RESEARCH:

This research may impact the way Spanish-speaking patients access emergency health care. The research team may choose to develop a survey for future Spanish-speaking patients to fill out. This survey might be built on information learned from the initial retrospective data analysis. Patients might be asked why they leave and how the ED could help them; this information could be used to confirm previous findings and identify patient preferences and needs. The research team may suggest changes be made to intake forms so patients can request interpreters rather than relying solely on clinicians requesting interpreters. Other tangible needs might be identified, including increasing the availability of technology in the hospital to allow for more virtual interpreter options, which are often more time and cost-efficient than face-to-face interpreting services. This could include purchasing tablet devices.

