SPANISH LANGUAGE INTAKE FORM STUDY

Margaret J. Thacker, MD, MS; Tricia Soliz, MS, RN; Greg Hendey, MD
University Medical Center, Fresno and UCSF-Fresno Medical Education Program

Introduction:
Primarily Spanish speaking patients are becoming an increasing portion of emergency department (ED) populations. Language barriers contribute to a decrease in patient understanding and satisfaction in this population.

We hypothesized that the use of a bilingual health history form would improve the communication and satisfaction of Spanish speaking patients.

Objective:
To determine if the use of a bilingual health history and chief complaint (BHC) form would increase patients' perception of health care provider understanding and improve patient satisfaction.

Methods:
Primarily Spanish speaking, non-critical ED patients 218 yr were recruited into a two phase study.

In Phase I, patients were given a six question survey in Spanish, to measure patients overall satisfaction and their perception of how well health care providers understood their problems.

In Phase II, prior to being given the Phase I survey, patients completed a BHC form. The form was comprised of two carbon copy pages, a top sheet in Spanish supplemented with English on the bottom. The BHC form contained questions about the chief complaint and past medical history.

Also in Phase II, health care providers were asked to rate the helpfulness of the form.

Descriptive statistics were calculated and mean VAS scores were computed using Stata.

Results:
60/80 (75%) of subjects in Phase I and 34/106 (32%) of subjects in Phase II completed the survey.

Both groups had similar profiles regarding use of hospital interpreters and the ability of the health care provider to speak Spanish.

There was no difference in mean VAS scores for perception of health care provider understanding (7.4 vs. 7.5, p = 0.72) or in patient satisfaction (7.9 vs. 7.2, p = 0.05), before and after the BHC intervention.

Health care providers did not view the BHC form as helpful to their understanding and treatment of the patient (mean VAS = 87.4)

There was a positive correlation between patients' perception of how well their problem was understood and patient satisfaction.

LIMITATIONS:
The percentage of forms completed by patients and healthcare providers was lower than expected.

The lack of positive impact of BHC form may be due to:
- Inadequate training of study personnel on the use and implementation of the BHC form.
- Suboptimal questions or form design.

The positive impact observed in a few patient/physician interactions may have resulted from an increased number of total patients’ perceived interactions, rather than from any additional information garnered from the BHC form.

Conclusions:
Utilization of the BHC forms did not increase patient perception of health care provider understanding.
Utilization of the BHC forms did not increase patient satisfaction.
Health care providers did not find the BHC form helpful.

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