Improving Health Literacy and Understanding for Non-English Language Preference Patients and Families
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Mentors and Team:
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Background and Significance:
Prior to interventions, our team found that in patients who underwent tonsillectomy at NCH, 33% of Non-English Language Preference (NELP) patients returned to the Emergency Department (ED) within 21 days, compared to 12.7% of English Language Preference (ELP) patients. Additionally, many of the reasons for return of NELP patients included symptoms that could have been managed with appropriate perioperative education and postoperative access. With this background, our team implemented multiple interventions for our NELP families, and are in the process of implementing additional augmented educational materials for our most common procedures and involving other surgical services in similar strategies.

Project Objectives:
Improve availability and utilization of perioperative educational resources for Non-English Language Preference patients and caregivers at Nationwide Children’s Hospital.

Methods:
Phase 1 of the project involved providing all NELP families with a set of language appropriate perioperative educational materials prior to surgical discharge. These includ a card with contact information for a language direct access line for questions, a translated medication chart with patient specific dosing information and translated written educational materials. Additionally, a phone call is made to each NELP family on postoperative day one reviewing instructions and answering any questions families may have.
Phase 2 of the project is ongoing and involves creating short educational videos about after care for our most performed procedures (ear tube placement, tonsillectomy, adenoidectomy, nasal surgery). These videos will be translated into our most utilized languages (Spanish, Somali, Nepali, and Arabic), and accessed directly on our website through a QR code and/ or web address. Additionally, the project will be rolled out to include other surgical services, starting with Orthopedic Surgery.

Outcomes:
In Phase 1 interventions, more than 150 patients and families were impacted over 18 months. In 2022, no NELP patients returned to the ED after tonsillectomy, compared with 3% of ELP patients. Our Phase 1 interventions do require that patients or families are literate in their preferred language, which may not be the case, particularly for Somali-prefering families. Given this, we believe Phase 2, where a series of short educational videos is available in multiple languages will allow even greater comprehension of expected outcomes and recommendations. This is an intervention that can be implemented across service lines throughout the institution. The impact of Phase 2 will be measured in recording the number of video views, as well as monitoring pre- and post- intervention Nurse Triage calls and ED visits.

Discussion and Conclusion:
Improving educational materials for NELP patients is an important aspect of delivering comprehensive and equitable care to all patients. Given the impact seen from a series of small interventions, we believe the availability of this information in a video format will allow for improved comprehension and postoperative outcomes for all families.