



Emergency Department Data Surveillance Project Newsletter

The EDDS Project is a joint effort of:



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Welcome

Welcome to the first issue of the Emergency Department Data Surveillance (EDDS) Project Newsletter for 2010! The newsletter will provide information on current topics of interest that can be discussed using ED data. A

more detailed description of the data is presented in reports available online at www.SanDiegoCountyEMS.com, www.hasdic.org, or www.sdchip.org. The most recent report available is the 2008 EDDS Aggregate Re-

port. If you want more information, have suggestions, or would like to submit an idea for the newsletter, please contact Holly Shipp at (619) 285-6429 or Holly.Shipp@sdcounty.ca.gov.

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Language Spoken Among Emergency Department Discharges

Knowing the principal language spoken among a hospital's patient population is critical to the health literacy of their patients. In order to have the best health outcomes, health-related decisions should be based on a clear and correct understanding of relevant health information and services. The ability to communicate health information to a patient in their native language will increase the patients ability to make appropriate health-related decisions.

However, simply translating health information, such as written medical instructions, into a patient's native language does not guarantee that non-English speakers will be able to read or understand it. To better ensure understanding, health information for those with limited English proficiency should be communicated plainly in their primary language.

Until recently, from a public health perspective, we have only been able to determine anecdotally what the language needs of ED patients in San Diego County were. Beginning with emergency department (ED) encounters occurring on or after January 1, 2009, hospitals were required by the Office of State-wide Health Planning and Development (OSHPD) to include a "principal language spoken" variable.

Principal language is defined as the language the patient primarily uses in communicating with those in the health care community. A child's language can be the language of the parent or caretaker used for communicating with the physician on the child's behalf.

During the three month period from January 1 through March 31, 2009, 87.7% of the 157,480 ED discharges had a

reported language spoken. The missing data were significant due to a delayed implementation of the reporting of this variable by one or more hospitals. However, all hospitals will be reporting language spoken for data submitted beginning in 2010.

Of the 138,209 ED discharges with a reported language spoken, 87.1% were

Kopp Act of 1983

"Access to basic health care services is the right of every resident of the state, and that access to information regarding basic health care services is an essential element of that right."

~Cal. Health & Safety Code § 1259 (1990)

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Language Spoken in the Emergency Department

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English-speaking, and 10.1% spoke Spanish as their primary language. The remaining 2.8% were distributed between approximately 45 additional languages, the most common of which are displayed in the table to the right.

Arabic (n=457, 0.3%), Tagalog (n=395, 0.3%), Vietnamese (n=310, 0.2%), and Russian (n=119, 0.1%) were the third-sixth most common languages spoken, together accounting for approximately one percent. Chinese, Serbo-Croatian, Japanese, and Persian were also among the top ten most common.

In addition to the languages already discussed, “newborn” was written in for 232 ED discharges. An additional 51 ED discharges had “non-speaking” written in for language spoken, 31 of which were children under the age of 15 years. As a reminder to hospitals, a child or infant’s language should be described as the language of the parent or primary caretaker.

Spanish-speaking ED discharges were significantly less likely to leave the ED against medical advice (AMA) than English-speaking ED discharges. During the first three months of 2009, 3.3% of Spanish-speaking ED discharges left AMA, compared to 4.8% of English-speaking ED discharges. Among Arabic-speaking ED discharges, 7.4% left AMA. This was

Ten Most Common Principal Languages Spoken Among Emergency Department Discharges, San Diego County, January-March 2009

Language	Number	Percent
English	120,316	87.1%
Spanish	13,942	10.1%
Arabic	457	0.3%
Tagalog	395	0.3%
Vietnamese	310	0.2%
Russian	119	0.1%
Chinese	112	0.1%
Serbo-Croatian	99	0.1%
Japanese	58	0.0%
Persian	57	0.0%

Source: HASD&IC, CHIP, CoSD HHS PHS EMS ED Database Jan-Mar 2009. Note: Percent refers to percent of all ED discharges with a reported language spoken. Does not include 19,271 with a missing language spoken.

noticeably higher than among English-speaking ED discharges, however not statistically significant due to the smaller numbers. Three percent of Tagalog-speaking and 1.9% of Vietnamese-speaking ED discharges left AMA.

The patients’ region of residence varied for each of the five principal languages spoken among San Diego County ED discharges. English-speaking patients were relatively evenly distributed between the six regions. Spanish-speaking patients were most likely to live in the South (30.7%) and Central (24.6%) regions of the County. More than three-quarters (77.5%) of all Arabic speaking patients lived in the East region, most often in El Cajon (48.5%) or Harbison-Crest (20.0%). Nearly half of all Tagalog-speaking patients lived in the South region (44.3%) of the County. Vietnamese-speaking patients were most likely to live in the North

Central (42.6%) and Central (39.0%) regions.

These data are preliminary findings based on the first three months of 2009. The results are expected to be refined as more data becomes available, and as hospitals become more familiar with the coding procedures.

Nearly half of all American adults have difficulty understanding and using health information, leading to a higher rate of hospitalization and use of emergency services among patients with limited health literacy.

~IOM, 2004

Kopp Act of 1983

All general acute care hospitals must provide language assistance to Limited English Proficient (LEP) groups that equal 5% or more of:

- the population of the geographic area served by the hospital.

OR

- the actual patient population of the hospital.

~Cal. Health & Safety Code § 1259 (1990)

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Health Literacy San Diego

The Community Health Improvement Partners and San Diego Council on Literacy have been working on a joint health literacy initiative that aims to improve health literacy in San Diego County.

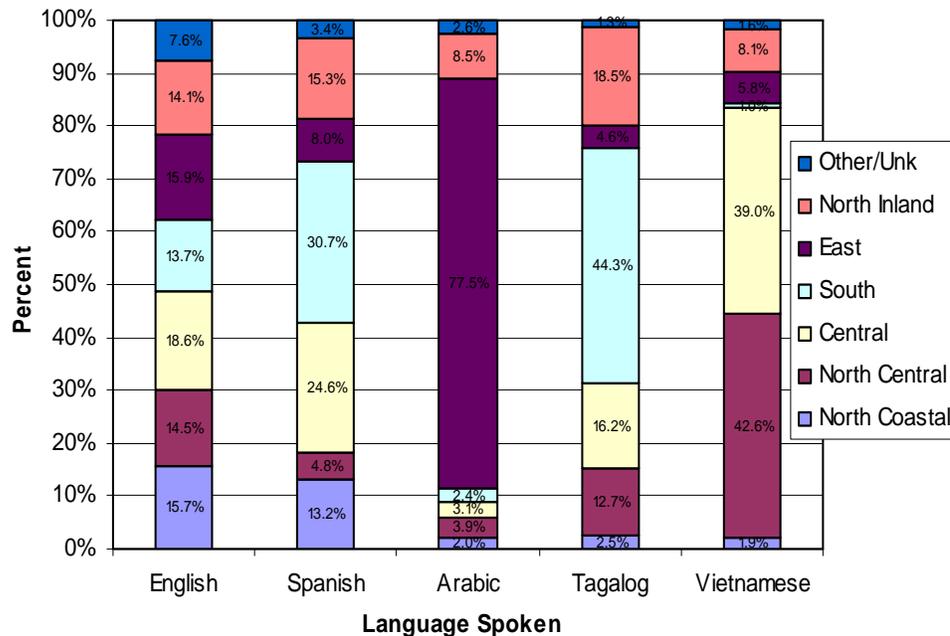
Most recently they launched their Health Literacy San Diego website,

www.healthliteracysd.org.

This website provides information on resources for healthcare and literacy providers, their health literacy plan and other important information. Please visit the site for more information!

Language Spoken in the Emergency Department

Five Most Common Languages Spoken Among ED Discharges by Region of Residence, San Diego County, January—March 2009



Source: HASD&IC, CHIP, CoSD HHSA PHS EMS, ED database, Jan-March 2009.

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Individual hospitals interested in hospital-specific language spoken data can get this information in the upcoming January-June 2009 confiden-

tial individual hospital reports, or can contact Holly Shipp at 619-285-6429 or Holly.Shipp@sdcounty.ca.gov for specific analyses.

Historical Data

Currently, three and a half years of ED discharge data are available for a total of 2,085,246 records.

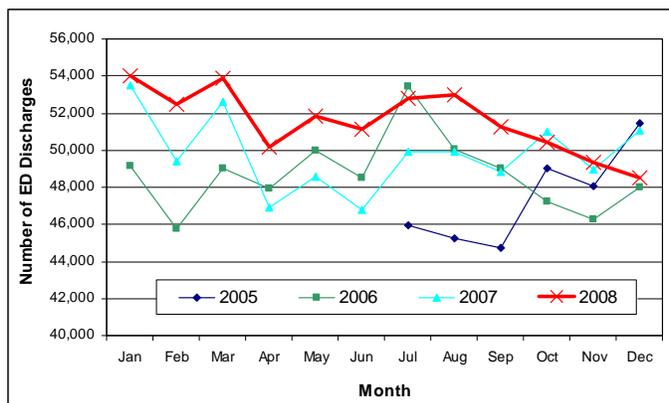
Total Number of ED Discharges

July – Dec 2005:	284,480
Jan – June 2006:	290,338
July – Dec 2006:	293,981
Jan – June 2007:	297,774
July – Dec 2007:	299,716
Jan – June 2008:	313,593
July - Dec 2008:	305,364

See the 2008 EDDS Annual Report for more detailed information. The 2008 EDDS Annual Report can be found at: www.SanDiegoCountyEMS.org, www.hasdic.org, or www.sdchip.org.

January - December 2009 data are currently being collected and processed.

Total Number of ED Discharges by Month and Year, San Diego County, July 2005—December 2008



Source: HASD&IC, CHIP, CoSD HHSA PHS EMS, ED database July 2005-Dec 2008



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For Copies of EDDS Reports:
www.SanDiegoCountyEMS.com
or
www.sdchip.org
or
www.hasdic.org



EDDS Project Description

The Community Health Improvement Partner's Suicide Prevention Work Team, in collaboration with the County of San Diego's Emergency Medical Services (EMS) and the Hospital Association of San Diego and Imperial Counties (HASD&IC) conceptualized and coordinated the implementation of the Emergency Department Data Surveillance (EDDS) project.

Emergency department (ED) discharge data describe all patients who were treated and discharged from participating emergency departments in San Diego County. ED data does not represent all patients who go to the emergency department; patients who were admitted to the hospital from the ED are not included. The information contained in this database is collected from billing data, so if a patient presents to the ED and is admitted to that same hospital, all information is transferred to the inpatient record and the patient becomes part of the hospital inpatient discharge database.

Emergency department data that are reported to Emergency Medical Services (EMS) do not contain unique identifiers, such as social security number. Each record represents a visit to the ED; multiple visits for the same person cannot be identified. Therefore, this report represents the number of *encounters* (visits), not the number of *people* who use the ED.

Currently, 16 out of the 18 civilian San Diego County EDs voluntarily report data, representing more than 97% of all ED discharges in San Diego County. These data represent medical encounters for less severe non-fatal injury or illness than seen among hospital discharges.

Current Data Reporting Status

All emergency department (ED) discharge data for participating hospitals have been reported for the first, second, and third quarters of 2009 (January–September). Fourth quarter data for 2009 (October–December) are

due to EMS on February 15, 2010.

Hospitals are asked to submit their data to Holly Shipp at Emergency Medical Services at the same time they submit to OSHPD.

If an extension has been filed with OSHPD, please notify Holly of the anticipated date of submission by calling 619-285-6429 or emailing: Holly.Shipp@sdcounty.ca.gov.

Thank you!

Kopp Act—What must a hospital do?

According to the Kopp Act of 1983, all general acute care hospitals must:

- Develop and annually review its language assistance policies.
- Make sure interpreters are available on a 24-hour basis.
- Develop and post notices to patients about 1) the availability of interpreters and 2) how to complain to state authorities.
- Tell its employees of the hospital's requirement to provide an interpreter

- when a patient requests one.
- Identify and record each patient's primary language in his/her records.
- Consider creating community advisory groups.
- Review all patient materials, to see which need to be translated.

~ *State and Federal Requirements for Language Access: Language Access Advocacy Project, California 2004*