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# **The impact of language barriers on prehospital emergency care: A narrative systematic review**

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# **Disclosure of commercial relationships**

Ramsey C. Tate, MD, FAAP

No financial conflict of interest to disclose

# Background

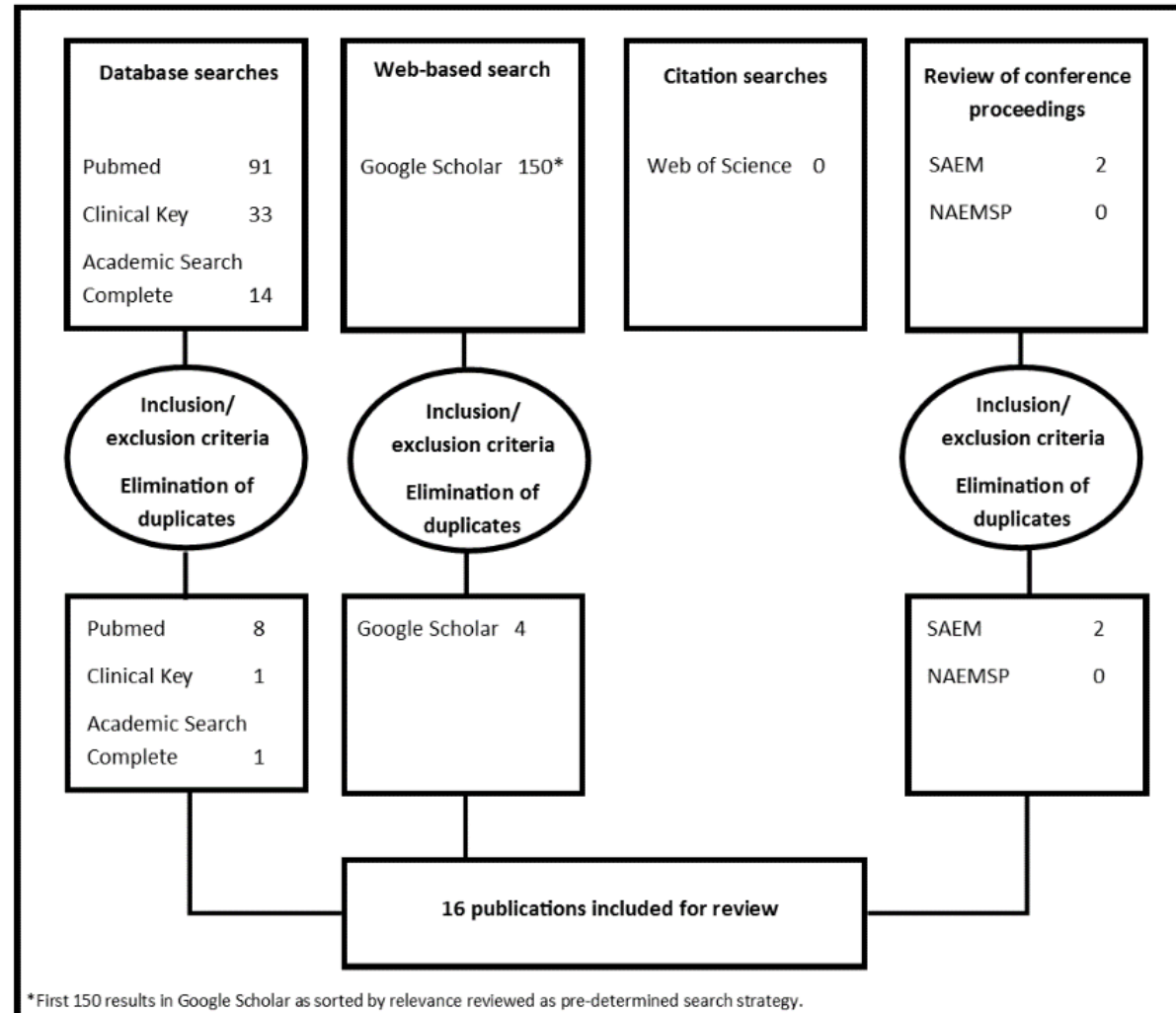
Emergency medical services (EMS) care relies on accurate and efficient communication across a series of interactions



Impact of language barriers in other healthcare settings is well-documented

**Objective:** To review the existing literature on the impact of language barriers on prehospital care

# The 4-pronged search strategy identified 16 eligible publications



# Results

Language barriers impede EMS activation by minority-language speaking populations

- Decreased acculturation associated with less intention to use EMS (Yip et al., 2011, Ong et al., 2011)
- Uncertainty of how and why to access 911 (Watts et al., 2010, Subramaniam et al., 2010)
- Language discordance cited as barrier to calling EMS (Yip et al., 2011, Ong et al., 2011, Watts et al., 2010, Sasson et al., 2013)
- Single study found no association of EMS utilization with language (Smith et al., 2010)

# Results

EMS dispatchers are delayed and less accurate in dispatching resources for language-discordant callers

- Less accurate dispatch of ALS/BLS and delays in dispatch (Meischke et al., 2010, Meischke et al., 2013)
- Cardiac arrest slower to be recognized and less likely to receive bystander CPR (Bradley et al., 2011, Heward, 2004)

Language barriers may affect treatment and transport decisions in the field

- May have shorter on-scene times (Grow et al., 2008, Sterling et al., 2013) . . . OR  
may have longer on-scene times (Weiss et al., 2013)

# Conclusions

Existing literature of the impact of language barriers on prehospital care is heterogenous and exploratory

Existing literature dominated by a single research group

Unable to relate language barriers to patient-level or system-level outcomes