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The Impact of Native Language Status on the Frequency of Heart Failure Readmissions

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Introduction. Heart failure readmissions are costly and lead to poor health outcomes. The efficacy of discharge instructions or other outpatient interventions may be affected by patient's primary language status. The aim of this study is to look at the impact of primary language status on the frequency of heart failure admissions.

Methods. This study was a retrospective chart review of EMRs, on Epic software, at Jefferson academic medical center and community affiliate in Philadelphia, PA between March 2017 and October 2018. Patients were included if they had a principal diagnosis of HF or a diagnosis associated with "acute" heart failure within the first five problems on their discharge problem list. More detailed chart review was performed on ambiguous cases. A patient encounter was classified as 'readmission' for any in-hospital stay within 30-days, whether the patient was placed into 'observation' or 'inpatient' status.

Results. There were 2350 acute HF encounters; consisting of 1524 unique patients. Of those 1524, 1425 listed English as their primary language while 99 listed a different primary language. Of the 2350 encounters, 2209 of those were from English-speakers; 469 were thirty-day

readmissions (0.212 readmission rate). The non-primary English speakers made up 141 of the total 2350 encounters; 29 were thirty-day readmissions (0.206 readmission rate).

Conclusions. Our data, in contrast to other studies, suggests language barriers may not significantly influence HF readmission rates. Results may be regionally specific. Future studies are needed to further delineate the impact of primary language status on frequency of health care admissions.