

Improving Quality of Care for Spanish-Speaking Patients in a Dermatology Clinic

Theresa N. Tran BS¹, Brett D. McLarney PhD¹, Christina G. López BS¹, Afton Metkowski MD¹
 Sylvia Hsu MD¹, Kraftin E. Schreyer MD MBA², Dharmini S. Pandya MD³

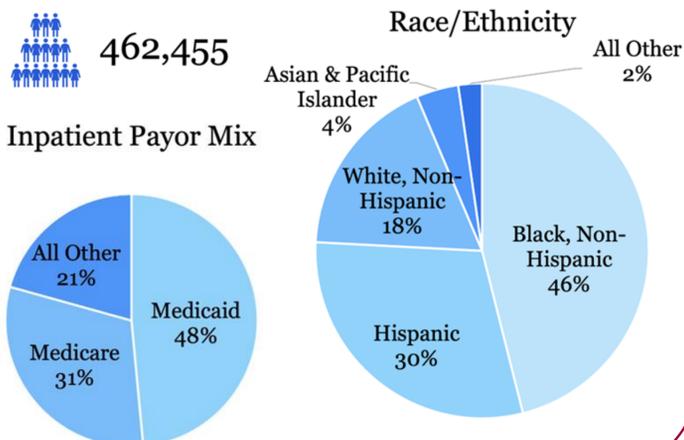
¹Lewis Katz School of Medicine at Temple University, Department of Dermatology, ²Temple University Hospital, Department of Emergency Medicine
³Temple University Hospital, Department of Internal Medicine,

This project was funded by the American Academy of Dermatology S040 – The Quality Improvement and Innovation Symposium.



Background

Temple University Hospital (TUH)¹



TUH Dermatology Clinic

- Average 400 patients/week
- Around 30% Hispanic
- Tried in-person, video or phone interpreters

Language barriers are detrimental to healthcare access, quality of care, safety, and patient satisfaction.²

Patients: "It has been difficult to get diagnosed. Different Spanish dialects. Some interpreters are difficult to understand."

Physicians: "Some translators have bad connections—difficult hearing, and they ask for everything to be repeated every second sentence."

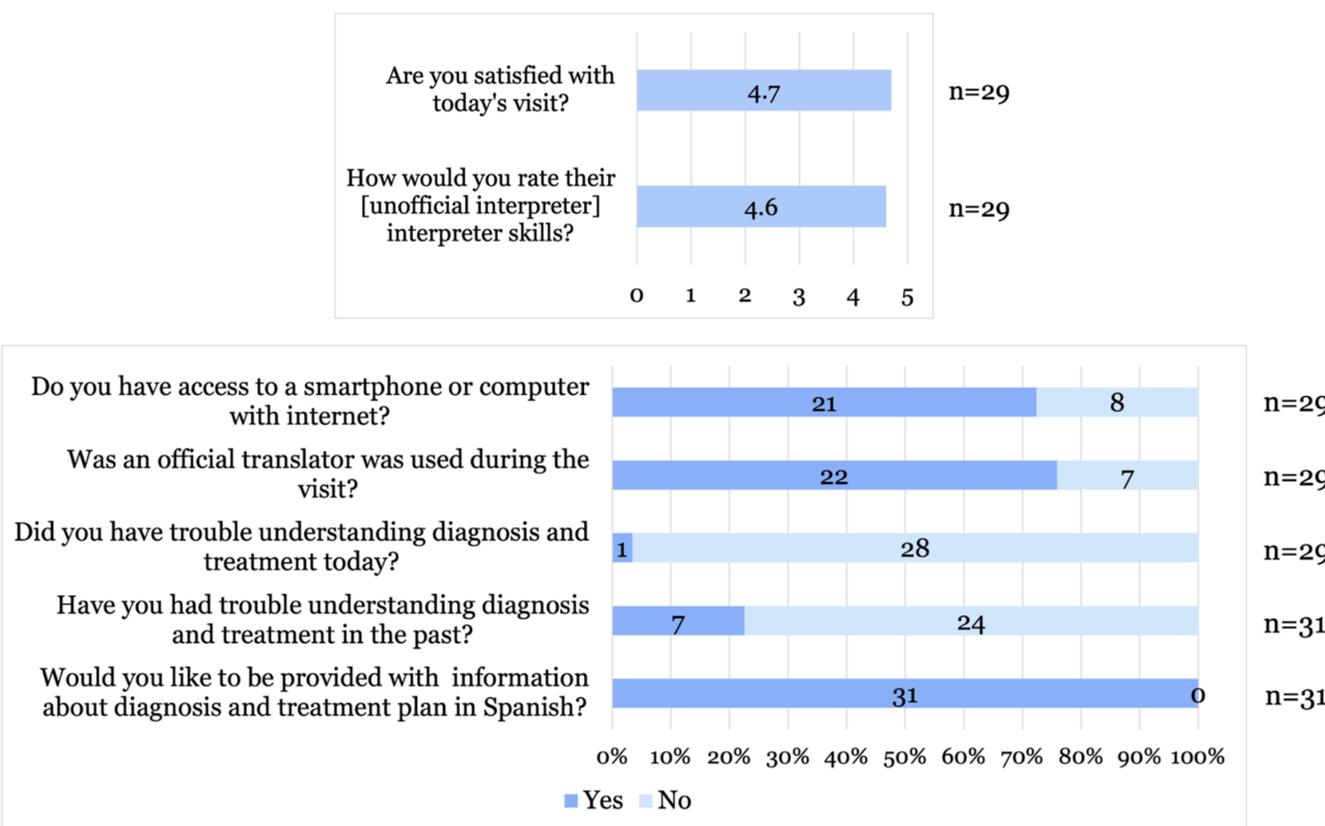
Goal

To provide information equitably for our Spanish-speaking patients without compromising clinic flow.

Approach

- Baseline data**
 - Independent observations for clinical process and flow.
 - Patient surveys for baseline information.
- Information bank**
 - Draft easy-to-read explanations of 10 common diagnoses and treatment plans with checkboxes to tailor to the individual patients.
- Translation**
 - Send information bank to TUH interpreter services for translation / interpretation.
- Pilot Trial**
 - Utilize handouts and QR codes to provide supplemental info to patients and to track engagement outside of clinic.
- Outcomes**
 - Survey patients regarding intervention satisfaction and diagnosis and treatment understanding.

Baseline Data



Information Bank & Translation

- Information bank**
 - atopic dermatitis
 - acne
 - seborrheic dermatitis
 - melasma
 - psoriasis
 - alopecia
 - skin cancer
 - tinea
 - lichen planus
 - pityriasis rosea
- Translation**
 - Ongoing.

SEBORRHEIC DERMATITIS

Overview

- Commonly known as dandruff
- Red, scaly patches and flaking that mainly affects the scalp, central face, and chest.
- In infants, it usually resolves within a few months. In adults, this condition can last for years.
- Certain neurological conditions can worsen seborrheic dermatitis.
- May be related to an inflammatory reaction of skin to malassezia yeast. This yeast lives on everyone's body, but some people have skin that is more sensitive.

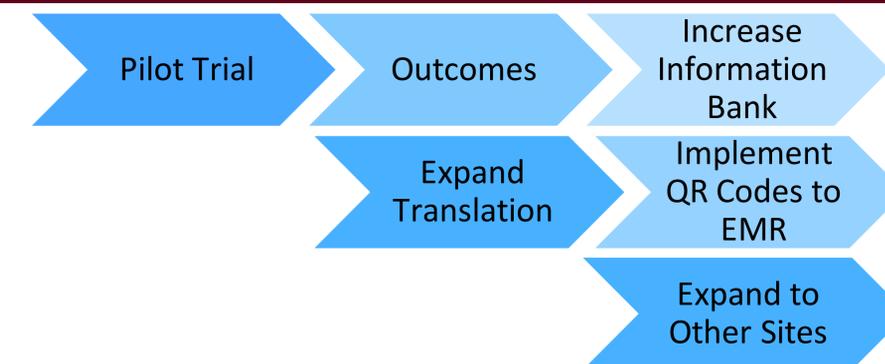
Treatments

- Hydrocortisone
 - For use on the face or chest 1-2 times a week as needed.
 - Topical steroids reduce inflammation—can cause skin thinning, acne, or lightening of the skin if over used.
- Clobetasol or betamethasone
 - Only used on the scalp 1-2 times a week as needed.
 - Topical steroids reduce inflammation—can cause skin thinning, acne, or lightening of the skin if over used.

Challenges

- Initial survey was not specific enough to provide guidance on project aims and needed to be re-conceptualized.
- It is difficult to measure satisfaction objectively.
- Small sample size, and variation in survey administrator and interpreter skill levels may impact survey data.

Next Steps



References

- "Temple University Hospital Community Health Implementation ..." *Templehealth.org*, Oct. 2019, <https://www.templehealth.org/sites/default/files/inline-files/2019-2022-temple-university-hospital-community-health-implementation-plan.pdf>.
- Hernandez, Claudia, Mayra Cruz, and June K. Robinson. "Spanish-speaking patient health educational preferences." *Archives of dermatology* 147.2 (2011): 242-244.