As part of the surgical process patients are screened in the pre-anesthesia services department (PAS) prior to surgery. The preanesthesia nurse calls all outpatients and same day admit patients prior to surgery to obtain necessary information. Often phone messages are left. The nurses will continue to make multiple calls trying to reach patients. If repeated calls are not answered and no return calls are received, then the patient’s health history is taken the day of surgery. The problem is contacting the patients. We see a very diverse patient population and we are encountering patients that are not returning the phone calls. When messages are left on the answering machine it is left in English. Is language a barrier to patients returning calls?

Our hypothesis is: Patients whose primary language is non-English will return phone messages at a lower rate then patients whose primary language is English.

The research was conducted over a 90 day period. The PAS nurse documented on the boarding ticket every attempt to reach the patient and if message was left. When patient contact was made it was recorded. We looked at incorrect numbers, interpreter used for obtaining history, number of patient call backs, primary language, number of calls to reach patient, if day of service histories were necessary and if we had delays or canceled cases.

Compared to English speaking patients, Non-English speaking patients required almost twice as many calls on average to produce contact. In addition, Non-English speaking patients were less likely to return telephone calls than were the English speaking patients. Furthermore, the percentage rate of day of surgery interviews and delays were higher for Non-English speaking patients.

We have changed our process to help indentify linguistic needs for our patients. This will provide safer quality care. There is disparity in the quality and quantity of research involving effect of language barriers and the health care system.