
English Proficiency and Sepsis Mortality



Sepsis is a leading cause of hospital deaths. Despite initiatives like the Surviving Sepsis Campaign and Centers for Medicare & Medicaid Services Severe Sepsis and Septic Shock Management Bundle (SEP-1), healthcare disparities persist. Previous studies revealed disparities in sepsis outcomes by age, sex, race, and ethnicity, but limited English proficiency (LEP) and its impact on sepsis outcomes have been understudied.

A new study assessed the association between LEP and inpatient sepsis mortality. The hypothesis was that patients with LEP would experience higher mortality rates, potentially due to communication barriers and biases. The study contributes to understanding health inequities, focusing on LEP, impacting millions of patients and suggesting avenues for targeted interventions.

The study is a retrospective cohort analysis of sepsis patients admitted to a large New England tertiary care centre from January 1, 2016, to December 31, 2019. The inclusion criteria were patients meeting the Centers for Disease Control and Prevention's sepsis criteria, receiving antibiotics within 24 hours, and being admitted through the emergency department.

The study included 2,709 patients meeting the criteria, with an average age of 65 years. Among them, 56.2% were men, and 12.1% had LEP. Unadjusted mortality rates were 19.6% for EP patients and 21.1% for LEP patients, with no significant overall difference in mortality odds. However, when considering race and ethnicity, a significant increase in mortality odds for LEP patients was observed in the non-Hispanic White subgroup and this difference remained significant in adjusted analyses. No significant differences were found in mortality between LEP and EP groups in the racial and ethnic minority subgroups.

Overall, findings from this study show that LEP did not show a significant overall association with sepsis mortality. However, subgroup analysis revealed a notable increase in mortality among individuals identifying as non-Hispanic White with LEP, suggesting a potential language-based inequity in sepsis care. The study emphasises the need for further research to understand the factors contributing to this disparity and its relevance in various healthcare settings and to develop equitable care models for patients with limited English proficiency.

Source: [JAMA](#)

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