Optimizing Patient Experience in the Emergency Department

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KEYWORDS

• Patient experience • Satisfaction • Communication • Empathy • Logic modeling • PFAC • Discharge

KEY POINTS

- Despite many experience challenges intrinsic to the emergency department (ED) care model, the ED represents a unique opportunity to create a positive first impression of a hospital or health system for patients and their families.
- Improved ED patient experience and, in particular, staff-patient communication have important implications for patient health outcomes, staff satisfaction, and risk management.
- Although perceived wait times are a major driver of ED patient experience, other factors, including perceived empathy and staff-patient communication, are greater contributors to overall satisfaction.
- Given the complexity of ED patient experience, consider logic modeling to develop a framework of the contexts, service delivery factors, and desired outcomes to guide improvement initiatives.
- Establishing formal communication training programs, ED patient call-back systems, and patient and family advisory councils are high-yield interventions to optimize ED patient experience.

BACKGROUND

As an emergency department (ED) visit often represents a patient's initial encounter with a health care system, it is a unique opportunity to establish a positive first impression. However, several factors intrinsic to the ED care model and environment make it a challenging area for improving the patient experience, including a lack of preexisting relationships among providers, staff, and patients; unpredictable waits; overcrowding; and limited privacy.[1–3]

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Despite these challenges, patient experience has recently been a growing area of focus for leaders at the ED, hospital, and health care system levels, especially given data suggesting that poor ED experiences can drive lower ratings of inpatient experience.[4,5] Not only do departmental efforts on patient experience lead to improvement in survey scores of patient experience, recent literature suggests that enhancing the ED patient experience also reduces risk management episodes, improves staff satisfaction (and subsequently decreases provider burnout), and increases revenue.[1,6–11] Perhaps most importantly, improvements in ED patient experience, and, particularly, provider and staff-patient communication, may lead to increased compliance with plans of care, and ultimately, improved objective health outcomes.[12,13]

Furthering the timeliness of a focus on the ED patient experience, the ongoing development of the Centers for Medicare and Medicaid Services (CMS) Emergency Department Patient Experience of Care (EDPEC) survey suggests that ED patient-reported experience data will soon be publicly reported, much like that of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey.[14–16] In addition, assuming that EDPEC will follow a similar incentive and penalty program to that of HCAHPS, Medicare reimbursement may soon be tied to total performance on the EDPEC survey.

CONTRIBUTING FACTORS

Although wait times are often cited as a critical driver of the ED patient experience, recent literature suggests that the key determinants are the quality of staff-patient communication, patients' perception of staff empathy and compassion, the quality of pain management, and patients' perception of technical competence.[1,3,17] Factors including the environment of care, privacy, cleanliness, noise, and food availability, among others, are likely less critical in forming patients' overall perception.[1,3]

Drivers of the Emergency Department Patient Experience

- Staff-patient communication
- Staff empathy and compassion
- Patient expectations
- Actual and perceived wait times/timeliness of care
- Environment of care/cleanliness
- Pain control and comfort
- Perceived staff technical skill and competence
- Convenience factors (ie, food availability, parking)

Although each of these have been studied extensively over the past decade, the relative importance of each of these themes has not been clearly established.[1,2]

Through logic modeling, a conceptual framework can be developed to allow for the visualization of the relationships between preexisting realities (ie, overcrowding), potential interventions, and expected outcomes related to themes within the ED patient experience[18,19] (**Fig. 1**).

HIGH-YIELD INTERVENTIONS

Given the aforementioned challenges in creating excellence in the ED patient experience, a focus on high-yield interventions that aim at factors amenable to rapid, measurable improvement is critical. Potential interventions can be categorized into 3 major themes: Systems Factors, Patient Factors, and Staff Factors. Although wait

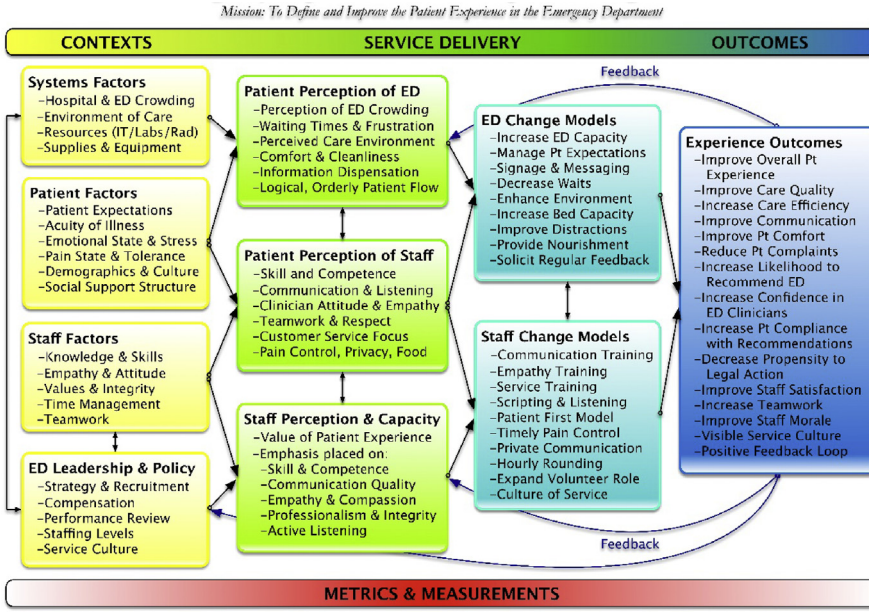

Fig. 1. Emergency department patient experience logic model.

and throughput times are significant drivers of the ED patient experience, these are discussed elsewhere and will not be a focus of this section.

Systems Factors

- Improve the Environment of CareED patients' perception of the quality of the medical care received is impacted by the environment in which it is received. Although a minimum of thorough cleaning of each ED bay between patient visits is necessary, a rotating deep cleaning schedule, by which each area of the ED is closed allowing for more intensive cleaning (eg, floor polishing, washing walls) can improve both appearance and infection control.Providing ED care in private bays, when possible, serves to enhance patients' perception of privacy and has the additional benefit of reducing rates of infection.[2] When private bays are impractical, using portable privacy screens for patients cared for in hallways, dedicated private conversation spaces so that sensitive discussions do not take place in public spaces, and reminding patients that their privacy is valued (ie, "I am going to close this curtain to give us some privacy") all serve to enhance the perception of privacy.Last, to maintain a professional environment, consider limiting wall postings throughout the ED to those that are directed toward patients and their families.
- Formalize Discharge TeachingCommunication with patients and their families at the time of discharge is critical in creating a positive last impression of their ED visit. When focused and clear, discharge teaching may have the added benefits of improving follow-up compliance and decreasing unnecessary revisits.[20]The ED discharge communication process should be formalized so that it is clear which staff member is responsible for delivering instructions and ensuring that all of a patient's questions have been addressed. A patient discharge checklist

can be used to empower patients to take ownership of their discharge plan, and safeguard against missed steps in the process (Fig. 2).

Patient Factors

- Provide Adequate NourishmentAlthough EDs do not require luxurious dining options, in light of the prolonged times that patients may spend in the ED, providing adequate food to patients is vital to allow them to participate in their care and

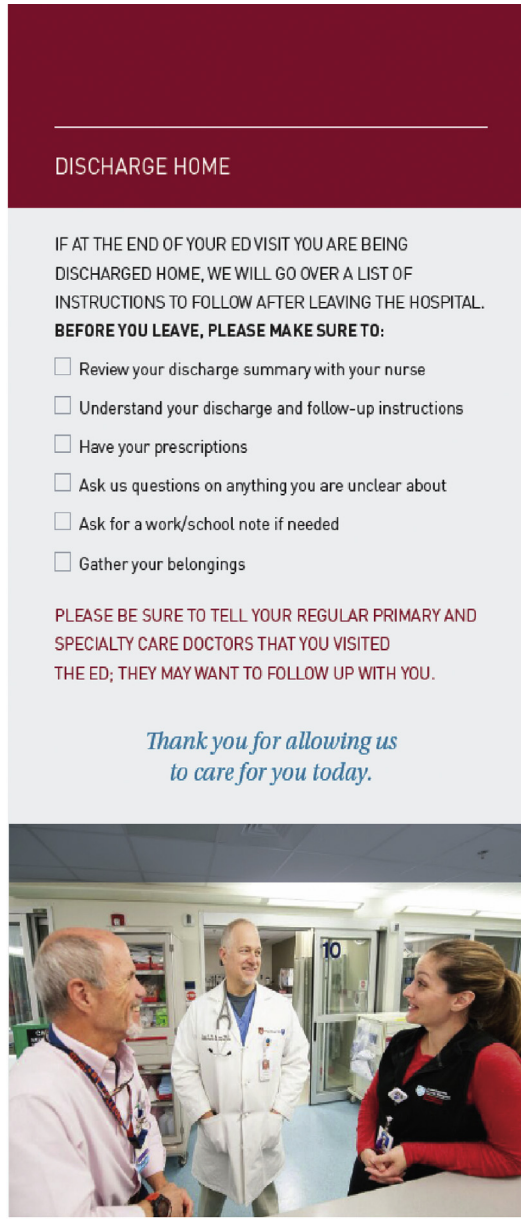

Fig. 2. Sample patient ED discharge checklist.

comprehend management decisions. Patients who are kept "NPO" (nothing by mouth) without medical necessity are more likely to become impulsive or aggressive toward staff and other patients and, given accompanying psychological changes, may be unable to appreciate positive aspects of their ED patient experience.[21] If no 24-hour-per-day food service is available, readily accessible vending machines, from which patients or family members can purchase a variety of food and beverage options, serves to mitigate this risk.

- Enhance Patient ComfortAlthough overcrowding, privacy limitations, and other factors create comfort challenges for ED patients, simple low-resource gestures such as the offering of a warm blanket or pillow can substantially improve patients' perception of compassion.[11]
- Focus on PerceptionAlthough research demonstrates that wait times are an important contributor to ED patient experience, perceived waiting times are stronger determinants of patient experience than actual waiting times.[11,22,23] Given this, distractions such as mobile device charging stations, welcome materials or signage to orient patients and their families to the ED, and accessible Web-based health promotion tools (ie, smoking cessation or healthy diet resources) may improve patient experience through decreasing perceived wait times. Although limited research suggests that isolated interventions like providing bedside personal televisions has little effect on the overall ED patient experience, a comprehensive approach to improving perceptions of wait times may be of greater benefit.[24]
- Provide Timely Acknowledgment of PainMuch like patients who have not received adequate nourishment, those who are in significant pain are not likely to focus on positive aspects of their ED experience, and more importantly, they cannot adequately engage in care decisions or comprehend management plans. To avoid delays in pain medication administration, a management pathway beginning at triage can expedite appropriate analgesia. This intervention, by which patients reporting a given pain score on initial evaluation trigger a process by which standardized analgesic orders are placed, serves not only to improve patient experience, but also to decrease the likelihood of patients leaving without being seen by a provider.[1,25,26] Importantly, in creating such a pathway, emphasis must be placed on ensuring that all patients, regardless of race, ethnicity, age, or sex, are treated equally, as extensive evidence exists suggesting under or delayed treatment of pain in minority and female patients.[27–29]

Staff Factors

- Teach a Communication ToolboxAs discussed more extensively in *Best Practices in Patient Safety and Communication*, staff-patient communication is among the most significant drivers of the ED patient experience.[1,3,11] Specific aspects of provider or staff-patient communication, including acknowledging all visitors with the patient, introducing all members of the care team, and providing realistic estimates of wait times, are particularly high-yield. Tools such as the Studer Group's AIDET (Acknowledge, Introduce, Duration, Explanation, Thank You) or EMPATHY (Eye contact, Muscles of facial expression, Posture, Affect, Tone of voice, Hearing the whole patient, Your response) can be helpful reminders for staff to be mindful of their communication techniques.[30,31]
- Sit DownThe simple act of providers sitting down while conducting patient encounters has dramatic effects on patients' impressions of their caregivers and their perception of time spent at the bedside. Research suggests that providers

who sit at the bedside may require less time than those who stand.[32] Reduce the burden of sitting by ensuring that every ED bay is equipped with a stool or folding chair that is marked clearly to be used for providers only.

EFFECTING CHANGE

ED providers want to treat patients and their families well, but face significant challenges in their attempts to provide an excellent patient experience given the factors intrinsic to ED care listed previously, as well as production pressure, and measureable decreases in their experience of compassion over time (referred to in some sources as "compassion fatigue").[33,34] Critical to providing an excellent ED patient experience is creating a departmental culture in which all staff value its importance, and feel empowered to take steps to improve individual patients' experiences. Although the development of a reward program (ie, public recognition or financial incentives) for those who excel in discrete and measurable patient experience standards may be beneficial, all ED staff need to be equipped with the necessary skills and tools to succeed in this realm.

To address the need for formal training for ED staff, particularly regarding communication techniques, a variety of interventions have been successful, leading not only to improved patient experience but also decreased staff burnout.[35,36] Hands-on programs in which ED staff practice specific communication skills related to expectation setting, conflict resolution, acknowledgment of patient concerns, and staff-patient collaboration, may be particularly high-yield in promoting culture change.[37]

PATIENT PERSPECTIVES

Patient and Family Advisory Council

Obtaining useful data about the drivers of the ED patient experience and the perspectives of a particular ED's patients are difficult, and can frustrate traditional data-gathering methods.[38] Although many EDs use a post-visit survey tool to better understand patient experiences, survey data may be limited by poor response rates and nonresponse bias.[39] Further, ED leadership rarely has the opportunity to delve into responses to gain a deeper understanding of patients' perspectives or ideas.

To increase direct patient input into improving the ED patient experience, an ED Patient and Family Advisory Council (PFAC) may be developed. Through the formation of a group of dedicated patients, family members, and selected ED clinical and administrative staff, an ED PFAC can serve multiple purposes[40]:

1. Gain unique insight into the existing ED patient experience.
2. Discover novel patient-driven approaches to improving the ED patient experience.
3. Receive feedback on existing initiatives, focusing efforts and resources.
4. Strengthen relationships with community members who have demonstrated interest in ED patient experience improvement (or concerns about the existing experience).

Emergency Department Patient Call-Back Program

A call-back program, through which patients who were discharged from the ED are contacted by phone by a trained staff member (ie, a nurse or advanced practice provider) following discharge, is another critical method of obtaining patient experience feedback. Unlike survey administration, which may be delayed several weeks following the ED visit, patient call-backs should be conducted within a short time

from discharge, capturing patients' feedback while it is still fresh. In addition, by allowing for open-ended responses, feedback is not limited to numeric ratings.

The development of a formal ED patient call-back program serves 3 main goals:

1. Improve perception of the ED visit and significantly increase ratings of the ED experience.[41,42]
2. Reinforce discharge planning, including follow-up instructions and therapy compliance.[42]
3. Identify clinical deterioration or other issues warranting return to the ED.[42]

SUMMARY

Patient experience in the ED is a growing area of focus for departmental, hospital, and health care system leaders. With the ongoing development and upcoming release of the Centers for Medicare and Medicaid Services EDPEC survey, this emphasis will only increase. Although a variety of factors including the environment of care and adequacy and timeliness of pain control contribute to the ED patient experience, data suggest that staff-patient communication and, specifically, the expression of compassion and empathy, is of particular importance. Notably, although wait and throughput times affect ED patient experience, perceived wait times, as opposed to actual wait times, have a larger effect. Given these findings, initiatives to improve ED patient experience should focus on staff-provider communication techniques, the expression of empathy, and the reduction of perceived waits.

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