Improving the Emergency Department Patient Experience

The following summaries of recent peer-reviewed studies and articles describe the impact of various emergency department practices on the patient experience, patient safety, quality, and outcomes.

**COMMUNICATION—CARE TRANSITION**

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<th>Study</th>
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<th>Conclusion</th>
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- Obtaining information about patients’ outpatient clinicians  
- Sending summary clinical information to downstream clinicians  
- Performing modified medication reconciliation  
- Providing patients with effective education and written discharge instructions  
- These best practices establish core expectations for communication with downstream providers. |

**COMMUNICATION—DISCHARGE**

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| Samuels-Kalow, M. E., Stack, A. M., & Porter, S. C. (2012). *Effective discharge communication in the emergency department*. Annals of Emergency Medicine, 60(2), 152-159. | To review and analyze the existing literature and recommend best practices on communicating emergency department discharge instructions. | Emergency department patients need structured discharge content, presented verbally, with written and visual cues to enhance recall.  
- Written discharge instructions need to be provided in the patient’s language and at an appropriate reading level.  
- Understanding of discharge instructions should be confirmed before the patient leaves the emergency department. |

**COMMUNICATION—PROVIDER**

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| Johnson, M. B., Castillo, E. M., Harley, J., & Guss, D. A. (2012). *Impact of patient and family communication in a pediatric emergency department on likelihood to recommend*. Pediatric Emergency Care, 28(3), 243-246. | To identify the specific emergency department patient experience variables that most strongly predict satisfaction as measured by the likelihood to recommend rating. | A strong correlation was found between nurse and physician communication variables and emergency department patients’ likelihood to recommend.  
- Keeping the patient informed was the communication variable with the strongest correlation to patients’ likelihood to recommend.  
- Increased daily census and increased median daily wait times did not impact study findings. |
### COMMUNICATION—PROVIDER (continued)

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| Locke, R., Stefano, M., Koster, A., Taylor, B., & Greenspan, J. (2011). *Optimizing patient/caregiver satisfaction through quality of communication in the pediatric emergency department*. *Pediatric Emergency Care*, 27(11), 1016-1021. | To examine if patient/family caregiver-provider communication is associated with an increased frequency of the highest possible emergency department patient satisfaction scores. | - Achieving optimal patient/caregiver satisfaction scores in the pediatric emergency department is highly dependent on the quality of interpersonal interactions and communication.  
- Wait time and other throughput variables are less important than perceived quality of the health interaction and interpersonal communication.  
- Primary drivers of satisfaction and willingness to return or refer others to the emergency department include: being informed about delays, ease of the insurance process, overall physician rating, registered nurse attention to needs, control of pain, and successful completion of post-discharge phone call to a family caregiver. |

### EVIDENCE-BASED LEADERSHIP

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  - Emergency department patient satisfaction scores increased from the 14th to the 99th percentile  
  - Attrition of staff nurses reduced from a vacancy of 16 FTEs to 2 FTEs  
  - Emergency department volumes increased  
  - The percentage of patients who left without being seen decreased to below 2% |

### HANDOFF—BEDSIDE

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- Patients perceived that participating in bedside handover enhanced individual care.  
- Hearing handover conversations reassured patients about the competence of nurses and the continuity of care. |
### HANDOFF—ELECTRONIC

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| Watkins, L. M., & Patrician, P. A. (2014). *Handoff communication from the emergency department to primary care*. *Advanced Emergency Nursing Journal*, 36(1), 44-51. | To evaluate the effectiveness of an electronic handoff communication template to notify primary care providers that follow up care is needed for patients discharged from the emergency department. | - The study supports an electronic template as a useful form of handoff communication in the emergency department.  
- After the electronic template, Emergency Provider Written Plan of Discharge (eEPWPD), was implemented, there was a 50% increase in the number of patients who received additional needed diagnostic testing post-discharge.  
- After eEPWPD implementation, there was a 43% improvement in primary care provider follow-up with discharged emergency department patients. |

### LEAN PRINCIPLES

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- The average “door to bed” time declined from 65 minutes (FY09) to 22 minutes (FY13).  
- Walkouts declined by more than 50%, from an average of 3.3% per month to less than 1.5%.  
- Patient satisfaction scores have risen from the lowest quartile to as high as the 99th percentile, and have remained at or above the 90th percentile for 7 of the past 9 quarters. |

### OPEN VISITATION ACCESS

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| Nuss, T., Kelly, K. M., Campbell, K. R., Pierce, C., Entzminger, J. K., Blair, B. K., . . . Walker, J. L. (2014). *The impact of opening visitation access on patient and family experience*. *The Journal of Nursing Administration*, 44(7/8), 403-410. | To describe how Baylor Health Care System implemented a system-wide approach to open access for visitation (focusing on inpatient and emergency units) and the impact on patient experience. | - A system-wide policy sanctioning the presence of a primary support person 24 hours a day, 7 days a week with patient permission enhanced the patient experience.  
- As a result of open access visitation:  
  - patients and families felt more informed  
  - nursing staff were more courteous and respectful and explained things in a way that could be understood  
  - staff attitude toward visitors was markedly improved  
  - comfort and accommodations for guests were extended and improved. |
## PAIN MANAGEMENT

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| Schwartz, T. M., Tai, M., Babu, K. M., & Merchant, R. C. (2014). Lack of association between Press Ganey emergency department patient satisfaction scores and emergency department administration of analgesic medications. *Annals of Emergency Medicine, 64*(5), 469-481. | To explore the relationship between Press Ganey emergency department (ED) patient satisfaction scores and ED administration of analgesic medications, including amount of opioid analgesics received, among patients who completed a patient satisfaction survey. | ▪ Overall Press Ganey ED patient satisfaction scores were not primarily based on in-ED receipt of analgesic medications or opioid analgesics; other factors appear to be more important.  
▪ Satisfaction with physician and nurse care, satisfaction with information provided, and waiting time being less than expected are predictors of overall satisfaction score.  
▪ ED clinicians can administer analgesic medications in the ED according to clinical and patient factors without being concerned about Press Ganey ED patient satisfaction scores. |
▪ The NIAP was associated with high levels of parental satisfaction.  
▪ No adverse events were reported. |
| Finn, J. C., Rae, A., Gibson, N., Switt, R., Watters, T., & Jacobs, I. G. (2012). Reducing time to analgesia in the emergency department using a nurse-initiated pain protocol: a before-and-after study. *Contemporary Nurse, 43*(1), 29-37. | To test the effect of a nurse-initiated pain protocol (NIPP) intervention in the emergency department. | ▪ After implementation of the NIPP, compliance with pain assessment increased from 58% to 95%.  
▪ There was a statistically significant reduction in time-to-analgesia with the NIPP: 47% of patients received analgesia within 30 minutes after the NIPP was instituted as opposed to 20% meeting that criterion without such a protocol in place. |
▪ The protocol did not result in any increase in adverse effects. |
# PAIN MANAGEMENT (continued)

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- Adherence to pain management protocols needs to be monitored regularly in order to optimize pain management.  
- Ongoing education for nurses and emergency department physicians regarding interpreting a pain scale and uses and contraindications of analgesics (especially opiates) were essential to sustain pain management practices. |

# PATIENT-CENTERED CARE

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- Emergency department patients reporting higher levels of patient-centered care were less likely to have experienced problems of care coordination.  
- Higher self-reported levels of patient-centered care were associated with a decreased likelihood of having delayed care and fewer emergency department visits. |
# PATIENT FLOW IMPROVEMENTS

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| Sayah, A. Rogers, L., Devarajan, K., Kingsley-Rocker, L., & Lobon, L. F. (2014). *Minimizing ED waiting times and improving patient flow and experience of care*. *Emergency Medicine International*, 2014, 1-8. | To assess the impact of a patient flow improvement project in the emergency department. | After implementing the improvement project, the following measurable improvements were realized:  
- Median door-to-provider times decreased from 69 minutes to 14 minutes  
- Median time in the emergency department dropped from 220 minutes to 130 minutes  
- Quarterly left without being seen rates dropped from 4% to 0.5%  
- Patient satisfaction increased from the 6th percentile to the 78th percentile  
Improvements were realized by implementing a comprehensive change in emergency department patient management including:  
- Minimizing the initial registration process  
- Implementing a rapid assessment area where all patients are evaluated by a clinician immediately following the abbreviated registration  
- Streamlining the handoff process for admitted patients |
After implementing the process changes, time-to-doctor improved from the 45th percentile to the 89th percentile.  
Overall emergency department satisfaction is in the top 5% compared to peer hospitals, and overall scores on all other patient satisfaction survey questions showed measurable improvement. |
| Welch, S., & Dalto, J. (2011). *Improving door-to-physician times in 2 community hospital emergency departments*. *American Journal of Medical Quality*, 26(2), 1-7. | To examine the impact of prompts, training, and feedback on emergency department door-to-physician times and left without being seen rates. | Door-to-physician times decreased to 31 and 27 minutes from 51 and 47 minutes, respectively, following the implementation of a protocol that included prompts, training, and feedback.  
Left without being seen rates at each facility fell by one third. |
### PHYSICIAN IDENTIFICATION BY PATIENTS

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<th>Study</th>
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<th>Conclusion</th>
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  - Parents or guardians of pediatric patients had higher levels of satisfaction than adult patients.  
  - Overall satisfaction was higher among patients who correctly identified their physicians than among those patients who could not identify their physicians. |

### POST-DISCHARGE CONTACT

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<td>Biese K., LaMantia, M., Shofer, F., McCall, B., Roberts, E., Stearns, C., ... Busby-Whitehead, J. (2014). <em>A randomized trial exploring the effect of a telephone call follow-up on care plan compliance among older adults discharged home from the emergency department.</em> Academic Emergency Medicine, 21(2), 188-195.</td>
<td>To investigate whether emergency department <em>post-discharge telephone calls</em> would improve discharge care plan adherence.</td>
<td>- Patients who received a post-discharge phone call by a nurse were more likely to follow up with their medical providers within five days of their emergency department visits.</td>
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  - Post-discharge calls to emergency department patients were strongly associated with improved patient satisfaction as measured by likelihood to recommend.  
  - The strong association between post-discharge calls and patient satisfaction remained after controlling for waiting time, total length of emergency department stay, and acuity (as assessed by triage class). |
  - There was a dramatically higher overall database emergency department ranking for patients who received a phone call after their visit. |
### POST-DISCHARGE CONTACT (continued)

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| Patel, P. B., & Vinson, D. R. (2013).      | To determine how post-visit patient-physician contact by e-mail or telephone affects patients’ satisfaction with their emergency department physician. | - Post-visit patient-physician contact is a valuable practice to improve emergency department patient satisfaction.  
- Patient satisfaction was higher when emergency physicians contacted patients briefly after their visit, either by e-mail or by telephone.  
- Higher patient satisfaction was observed equally among patients contacted by e-mail and those contacted by telephone. |

### Rounding

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<th>Study</th>
<th>Objective</th>
<th>Conclusion</th>
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| Reimer, N., & Herbener, L. (2014).         | To detail six rounding methodologies implemented within the inpatient, emergency department, and ambulatory patient care areas at Lehigh Valley Hospital, and their positive outcomes. | - Positive outcomes associated with the rounds were achieved for patient, employee, and physician satisfaction, as well as for clinical quality indicators.  
- The overall trend for falls, pressure ulcers, and catheter-associated urinary tract infections decreased.  
- Patient satisfaction with attention to special or personal needs and adequate precautions to protect safety increased. |

| Meade, C. M., Kennedy, J., & Kaplan, J. (2010). | To test the effectiveness of three different emergency department rounding techniques. | Three rounding techniques were tested: rounding every 30 minutes, rounding every hour, and rounding every hour with an individualized patient care (IPC) tactic. Rounding every hour with an IPC was most effective.  
- Rounding every hour with an IPC reduced:  
  - Left without being seen rates by 38.7%  
  - Leaving against medical advice rates by 34.5%  
  - Fall rates by 38.9%  
  - Call light usage rates by 35%  
  - The percentage of family members and patients approaching the nursing station to make inquiries about the patient’s care by 39.5%  
- Patient satisfaction ratings for overall care and pain management significantly increased. |
### SCRIBES

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<tr>
<th>Study</th>
<th>Objective</th>
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| Bastani, A., Shagiri, B., Palomba, K., Bananno, D., & Anderson, W.   | To examine the impact of a pilot program using scribes in the emergency department on throughput time and patient satisfaction. | - Despite a 7.5% increase in patient volume, all emergency department throughput metrics improved after the scribe program was implemented.  
  - After scribe program implementation, overall door-to-doctor time improved from 74 to 61 minutes.  
  - Computerized physician order entry (CPOE) initially had a detrimental effect on emergency department patient satisfaction. After scribe program implementation, patient satisfaction increased to pre-CPOE levels. |

### SIMULATION-BASED STAFF TRAINING

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<th>Study</th>
<th>Objective</th>
<th>Conclusion</th>
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| Sweeney, L. A., Warren, O., Gardner, L., Rojek, A., & Lindquist, D. G. | To evaluate the effectiveness of a simulation-based staff training program to standardize the emergency department patient encounter. | - After simulation-based communication training using Project CLEAR!, significant overall improvements were found on emergency department staff perceptions of the quality of communication among staff members.  
  - Staff members’ respect and support of each other showed significant improvement after completion of training.  
  - After training completion, staff perception of the overall quality of the communications between providers and patients showed a significant improvement. |

### TEAMWORK

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<th>Study</th>
<th>Objective</th>
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| Kipnis, A., Rhodes, K. V., Burchill, C. N., & Datner, E.              | To examine the relationship between patients’ perceptions of teamwork and care experience in the emergency department. | - Patient satisfaction and willingness to adhere to treatment recommendations are highly correlated with patients’ perceptions of emergency department teamwork.  
  - Patients who rated teamwork highly were also more likely to be highly satisfied with their overall care, pain or discomfort care, and to report more confidence/trust in their provider and a greater likelihood of following recommended treatment.  
  - Patients’ ratings of teamwork effectiveness were most highly correlated with confidence and trust in their providers. |