

MAAEM Series: Masters of AAEM

Achieving Great Outcomes in Your Discharged ED Patients

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Emergency physicians (EPs) have two seconds to establish patient trust, two hours to determine the diagnosis, and two days of responsibility for patients they send home. The latter is a point of contention for some EPs who believe patients are fully responsible for following their discharge instructions and returning to the emergency department (ED) if their symptoms worsen or change.

Delivering great emergency care depends on training and experience, applying skills to the particular situation, establishing patient trust, making the right diagnosis, explaining the aftercare plan, and motivating the patient to adhere to it. Checking on patients the day after their ED visit sheds light on what is otherwise a blind spot as to whether all of these components of great care fell into place.

Establish Trust

Patients trust physicians that they perceive to be competent, compassionate, and great communicators. Most patients start out willing to trust their EP even though they never met. Patient confidence in a physician is either fortified or threatened within the first few minutes of the encounter. Encouraging patient trust optimizes adherence with medications and follow-up, which improves outcomes. Similarly, creating positive patient experience is subjective, research shows that it improves patient outcomes.^{1,2}

Physicians perceived as competent have a professional appearance, actively listen, and seem confident and not arrogant. They are attentive to patient needs and personally share updates during the ED course.

Compassion stems from being mindful of the patient's situation and respecting their autonomy. An effective strategy is to match the care you would deliver to a good friend's family member. Compassionate physicians are kind, relate well to their patients, and show empathy.

Great communicators are honest, transparent, and use plain language delivered at a deliberate pace to explain medical issues. They understand that communication has more to do with tone and body language rather than the words themselves. Effective communication means the patient understands the diagnosis and what needs to be done after discharge. An acronym for the components of highly effective communication is GREAT, which stands for Greet, Relate, Explain, Ask, and Thank.³

With trust and effective communication, the ED visit is more likely to proceed smoothly as there will be less resistance with the planned work-up and more tolerance for waiting or other issues that may arise. When patients trusted the doctor that took care of them and understood the diagnosis and treatment plan, malpractice claims are much less likely.



Check Wellbeing

While residency-trained, board-certified EPs are experts in making disposition decisions, there is never certainty that the expected medical trajectory over the ensuing 24 hours will be realized. In fact, the majority of post-discharge liability claims relate to misdiagnoses associated with new or worsening symptoms that become apparent the next day.

The only way to uncover next-day wellbeing and service issues is to contact the patient. Twenty years ago, I used a relational database application to facilitate a structured, patient callback system. By standardizing the questions and responses, a clerk was able to make the phone calls instead of a nurse. When patients perceived they were worse or had difficulties with an aspect of aftercare, the case was relayed to the charge nurse to be reconciled. Robert Wood Johnson Foundation published this system as a best practice, yet very few EDs adopted it due to the cost of staffing and managing a callback team.⁴

The ubiquity of smartphones now allows the overwhelming majority of patients, regardless of age or socioeconomic status, to be reached electronically. Text messaging is a form of asynchronous communication and preferred by most patients since they are no longer interrupted by a ringing phone. My hospital was the beta development site for a system that automatically sends one-minute surveys by text message and relays wellbeing or service concerns to the appropriate staff members.⁵ Using this strategy in our three emergency departments and seven immediate care centers helps us maintain a very low risk profile, reduce unnecessary ED returns, and achieve top-decile satisfaction.

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Physicians are more apt to send patients home when they know they will be checked the next day. About one in 20 discharged patients will relay they are “worse” though most instances are benign (e.g., more neck pain after a whiplash mechanism). However, 5% are worrisome and warrant a return to the ED. Of these, 5% will have a serious issue that could become a lawsuit if not addressed.

Unlike comments in CAHPS surveys, complaints that are realized the next day can result in prompt service recovery. This will help patients maintain faith in the institution.

Assure Adherence Verifying Adherence

Aftercare encompasses keeping follow-up appointments, obtaining prescriptions, and initiating home care (e.g., rest, wound treatment, hydration, etc.). Adherence is maximized when patients appreciate that recommendations are beneficial, within their financial means (e.g., can afford a prescription), and easy to arrange (e.g., transportation to appointments).

Physicians are more apt to send patients home when their patients are routinely checked on the next day. When aftercare gaps are uncovered, they can be relayed to the case managers for reconciliation. For instance, if a child on Medicaid with a Type II supracondylar fracture is refused follow-up by the on-call orthopedic surgeon then the case manager can remind the office manager about the medical staff policy and EMTALA obligations.

Written instructions are a passive means of education. Patients usually want to exit quickly and often indicate that they understand the aftercare plan when they do not. Upon discharge let your patients know that you can never be 100% sure the correct diagnosis was made or the ideal recovery will occur. Ask them to report any questions or concerns that arise.

Summary

Establishing trust during the ED visit increases the likelihood of adherence. Checking on discharged patients reveals those with interval worsening and those falling off track with the aftercare plan. Next day contact, regardless of the means, improves outcomes, prevents malpractice claims, and satisfies patients. ●

References

1. Doyle C, Lennox L, Bell D. A systematic review of evidence on the links between patient experience and clinical safety and effectiveness. *BMJ* 2012 – <https://bmjopen.bmj.com/content/3/1/e001570>
2. Manary MP, Boulding W, Staelin R, Glickman SW. The Patient Experience and Health Outcomes. *NEJM* 2013 – <https://www.nejm.org/doi/full/10.1056/nejmp1211775>
3. GREATservicestandard.com
4. <https://www.rwjf.org/content/dam/farm/toolkits/toolkits/2006/rwjf54998>
5. Smart-ER.net/SmartContact

G.R.E.A.T.

G.R.E.A.T.™ stands for Greet, Relate, Explain, Ask, and Thank. It is a communication standard that can help EPs improve patient trust. The open source program includes teaching videos and other education materials. [Ref: GREATservicestandard.com]

Greet — Create a positive first impression

- Knock at the door and ask to enter the room
- Relay your name, title, and role
- Acknowledge all in room - smile, eye contact, shake hands
- Maintain a professional appearance

Relate — Connect with the patient and friends/family

- Discuss common interests (e.g., local sports teams)
- Sit down next to the patient while history taking
- Don't interrupt for at least 60 seconds
- Stay mindful and focused
- Speak highly of your team members
- Offer comfort measures (e.g., analgesics, blanket, water)

Explain — Carefully explain the clinical details

- Use lay terms and speak at a deliberate pace
- Breakdown every step in work-up process and estimate timelines
- Perform hourly updates whenever possible

Ask — Question the patient to assure comprehension

- Since patients often misunderstand discharge instructions, ask specific questions to test comprehension
- Examples of clarifying questions
 - “How will you change this dressing at home?”
 - “When will you start the antibiotic?”
 - “How will you decide your breathing is worse enough to return?”
 - “What is your greatest concern?” is a great catch-all question

Thank — Leave a lasting impression

- Shake hands or briefly touch their shoulder
- Examples of closing comments
 - “I appreciate you putting your trust in our team.”
 - “Please let us know if there is any change in your condition.”