

Improving the Patient Experience: Ten High-Yield Interventions

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Patient experience and satisfaction with emergency department (ED) care is a rapidly expanding area of research, and a focus of attention for health care leaders.¹ In addition to the role patient experience plays in the perception of quality, recent literature suggests a strong correlation with goals such as improved patient adherence to physician recommendations,² improved staff satisfaction,³ reduced patient complaints and malpractice risk,^{4,5} and higher visit volume and revenue.² The Centers for Medicare and Medicaid Services (CMS) have also been developing and field testing an Emergency Department Patient Experience of Care (EDPEC) survey since 2012, and plan to create a collection of publicly reported metrics similar to the Hospital Consumer Assessment of Health-care Providers and Systems (HCAHPS) survey.⁶

As ED leaders consider options for improvement in the context of overcrowding and capacity restraints, some high-yield themes are emerging.^{7,8} We will briefly describe those themes and the associated opportunities for intervention.

In the last decade, a number of the most significant contributors to a patient's experience in the ED have been identified. While some of these are outside the control of ED leaders (e.g., age, sex, and illness severity),⁸ service factors are another matter. Several broad areas are important.^{2,3,9,10}

- 1) Clinician attitude, empathy, and interpersonal interactions.
- 2) Quality of communication, information dispensation, and explanation.
- 3) Perceived technical skill and competence of providers.
- 4) Actual and perceived wait times, aspects related to quality of wait.
- 5) Pain Control and patient comfort factors.

Top Ten Patient Experience Improvement Opportunities

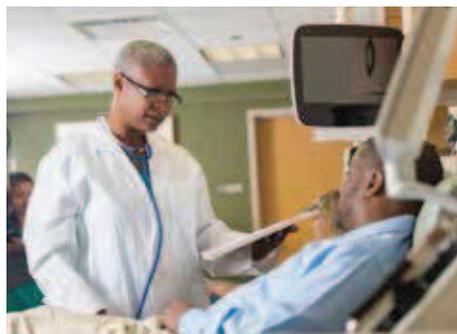
1. Create a Culture of Service

Fostering a departmental culture in which each member of the staff believes he or she is able to provide excellent service improves the patient experience.¹¹ EDs can learn from hospitality leaders like Ritz-Carlton, where financial bonuses for customer service, real-time feedback, and employees empowered to fix problems are standard.

A culture of service starts with the hiring process, seeking out individuals with good communication skills, and can include asking all employees to sign a contract committing to service excellence.¹² Simple, discrete, and measurable patient service standards should be created and included in training for new staff members. A departmental reward program, by which all employees benefit if overall service scores reach a certain goal, may also encourage staff to "act like owners" in their interactions with patients.^{12,13}

2. Emphasize the Importance of Empathy and Attitude

Virtually all assessments of patient experience identify staff empathy and attitude as significant factors. A caring attitude is fundamental to a high quality relationship with the patient, and some measure of empathy is present on most patient experience surveys.^{3,14} Although most health care providers are inherently caring individuals, it is all too easy to forget this, especially when faced with the challenges inherent in emergency medicine. Frequent reminders from leadership, a supporting and empathetic environment, and ongoing training in empathy are effective interventions.¹⁵ An effective acronym that emphasizes the importance of key components of caring behavior is EMPATHY: eye contact, muscles of facial expression, posture, affect, tone of voice, hearing the whole patient, and your response.¹⁶



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3. Consider the Patient's Perception

It may be a cliché, but perception is reality for ED patients. When patients are more satisfied with the customer service skills of the providers and staff they encounter, their perception of medical quality improves.¹⁷

Much of improving the patient's perception is low hanging fruit: all providers and staff should dress professionally, scrubs should be clean, and hospital identification badges should be clearly displayed, facing outwards and above waist level.

Sitting at the bedside instead of standing leads patients to perceive increased face-to-face interaction time with their providers, and to report improved understanding of their medical conditions.¹⁸ To make it clear how highly staff members value privacy, ask staff to remind patients why they are closing curtains or speaking softly.¹⁹ To demonstrate teamwork, refer to other providers or staff by name when in the room together, and explain each staff member's role in the patient's care.

4. Improve the Quality and Frequency of Communication

The importance of regular and respectful communication in the patient experience cannot be overemphasized. Patients who feel they are well-informed during their stay in the ED have significantly higher perceptions, not only of their providers' attitudes and of the quality of their interactions with providers, but also of their medical treatment in general.¹⁹

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Even without increasing the overall time spent talking with patients and their guests, several simple interventions can improve staff-patient communication. Upon meeting patients, address them by the name they choose and use that name during each subsequent encounter. Do not assume gender pronouns. Provide opportunities for patients to state their preferences and note them accordingly. Ask who is with the patient, and engage all in the room as you discuss the care plan.

In a busy ED setting, it is easy for patients to feel lost in a shuffle of different providers and staff. Inform patients and their guests of your role in their care when first meeting them, and again at the time of discharge.

Models such as AIDET (Acknowledge, Introduce, Duration, Explanation, Thank You) may improve standardization of ideal communication behaviors and ultimately improve both clinical outcomes and patient satisfaction. This structure may also serve as a starting point for individual EDs to create their own communication standardization tools.²⁰ Likewise, written scripts for typical encounters (e.g., greeting patients or explaining delays) may also aid in creating clear standards of communication.¹³ While every patient encounter is unique, these may serve as guides for how transporters, clinical assistants, and other staff can address and engage patients in a manner that improves the quality and frequency of communication.

5. Enhance the ED Environment

Just as consumers judge a retail outlet's worth by how inviting its space is, patients and their families form opinions about the quality of medical care based on the environment in which it is delivered. Several items on the HCAHPS survey relate directly to the physical environment.⁶

While all patients should expect and receive basic cleanliness, organization, and reasonable privacy while in the ED, additional improvements such as private rooms with closing doors, clean and readily available restrooms, and a lack of excessive background noise all serve to improve their experience. At Henry Ford Hospital, the Detroit Symphony Orchestra is piped live overhead and the hospital offers concierge services and a tea sommelier.⁹ While this isn't possible in most EDs and will strike many as ridiculous, offering our patients a clean and quiet space should be routine.

6. Decrease Waste and Waiting Time Wherever Possible

Many EDs are concerned about waiting time. Wait time includes all the time spent at every step in the process, including waiting to see an emergency physician, boarding in the ED, and waiting for testing and treatment. The perception of waiting time has been linked to poor patient experience and longer waiting time has been linked to poor outcomes.²¹ Patients expect to receive timely care, but wait times are multifactorial and depend on a collection of system factors that are often expensive and difficult to change. While systematic effort should be made to improve wait times, finding simple and ED-specific methods of mitigating the impact of waiting time is prudent.

A decrease in perceived waiting time, even without a decrease in actual waiting time, has been shown to improve satisfaction.²² Therefore, one opportunity is to make patients feel like wait times are shorter. Methods of distraction, such as art work in waiting areas, have been shown to decrease patient restlessness and signs of boredom.²³ Also, being honest with patients about expected waits and explaining any delays is not only

the best practice, it is simple decency. For example, telling a patient that "a critical patient needed the CT scanner, "so yours will start in about an hour" is more effective than "your CT has been delayed."

7. Provide Timely Pain Management

Pain is one of the most common reasons patients come to the ED. Often referred to as "the fifth vital sign," the subjective nature of pain often makes its treatment difficult to integrate into overall patient care. However, pain management is a fundamental aspect of high-quality medical care, is important for patient comfort, and is the subject of national attention. Pain control is a major driver of patient satisfaction.³ However, in the United States a patient with a fracture waits an average of 54 minutes before receiving pain medication.²⁴

The relationship between analgesia and satisfaction is an active area of research. While it is unclear whether timely pain medication improves Press Ganey patient satisfaction scores, the preponderance of the evidence suggests that treating pain in the ED leads to higher satisfaction.^{2,3,25} Both rapid identification of pain and the administration of analgesia have the potential to significantly improve patient experience.

8. Practice Hourly Rounding

The ED often feels as chaotic for patients as it does for staff. Patients are inundated with questions from nurses, doctors, registration clerks, and other staff. After being evaluated, patients often have unanswered questions or other unmet needs.

Hourly rounding, in which someone from the care team checks in with each patient every hour, engages patients in their care and affords patients the opportunity to feel connected to their care team. This facilitates continuous two-way communication between the patient and ED staff and provides many benefits, including improved patient satisfaction (with increased Press Ganey scores), improved patient safety, timely pain medicine administration, and decreased left without being seen rates.^{26,27}

Rounding with clinical staff is resource-intensive and may not be feasible in every ED. However, hourly rounding can also include other staff who may have more flexibility, such as social workers, transporters, or volunteers.

9. Start a Patient Callback Program

While it is natural to consider a patient's visit over at the time of discharge, the patient's experience does not end when he leaves the ED. Patients regularly reflect on their experiences and continually re-evaluate the care they were given, as their health problems evolve over the days following discharge.

Post-discharge patient callbacks improve patient care by allowing patients to ask questions and correct misunderstandings. With moderate resource expenditure, these calls have also been shown to improve satisfaction and increase the patient's likelihood of recommending the ED by as much as 20%.^{28,29,30} In addition, given recent evidence demonstrating the feasibility of text-based messaging to patients after discharge,³¹ this method of communication may be a less resource-intensive alternative for post-discharge contact with patients.

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10. Solicit Regular Feedback, and Act on It

Obtaining feedback from patients and their guests improves the patient experience, both by informing future advances and empowering employees. Providing regular feedback to workers may significantly decrease turnover,³² allowing for better retention of experienced, high-quality staff.

Feedback can be obtained through traditional means such as mailed surveys and follow-up phone calls, but real-time approaches such as shadowing of patients through their ED visit may also provide useful information. Measuring simple customer service scores daily, such as “How likely are you to recommend this ED?”, allows for the trending of data over time in a way that is easily interpreted by departmental leadership and staff alike.³²

In-person follow up, such as sending a liaison to visit inpatients admitted through the ED, may improve satisfaction — particularly for those patients who experienced an especially challenging or prolonged course in the ED.¹³

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