

Project name:

Improving Patient Communication
in the TGH Rapid Assessment Zone

**University Health Network
Emergency Department**

Date: May 30th, 2018

QUALITY IMPROVEMENT PROJECT COMPLETION DOCUMENT

IMPACT

Describe the EVALUATION of the outcomes of the project as they relate to the project's aim and deliverables.

Baseline measurements were obtained from patients and clinicians. Open-ended questions also were part of the surveys. A focus group was conducted with 3 patients. A thematic analysis was undertaken with the open-ended question survey and the focus group to inform three interventions. The interventions were carried out and further surveys were taken after each intervention.

The first intervention was the creation of a simple communication tool as an educational initiative for clinicians to respond to patient inquiries. The second was the introduction of a patient information pamphlet as a bundle with the communication tool. The third was a TV screen with a patient information slide show and video, along with the previous interventions, as a bundle.

Our measurements revealed a statistically significant improvement in patient-reported satisfaction with communication as well as patient-reported anxiety due to lack of information about the ED visit by the third intervention. The improvements did not meet the 1-point Likert scale goal; however, improvements were statistically significant and approached the aims. Clinician perception of interruptions did not change.

MILESTONES

Describe the various MILESTONES delineated in your project charter and when/how they were achieved.

Our milestones were as follows:

“We aim to survey and interview stakeholders starting January 2018, the baseline 1-week survey to begin in February, and to begin working on the intervention(s) in late February, early March with follow up surveys in April 2018.”

The stakeholder meetings were started in January with a business meeting attendance on January 18. An email went out to the nurses on January 18 as well. We set up our signs and boxes for data collection by January 29. We recruited volunteers and started the first round of data collection on January 29th for baseline measurement. We then had three interventions with measurements on March 26, April 9 and May 23 lasting approximately 7 days each.

LESSONS

Describe the LESSONS, individual or organizational, learned through this project.

A systematic approach was taken to improve the quality of patient communication in the TGH ED RAZ. Several lessons emerged. First, wide stakeholder input was taken at every phase of the project and this was important to inform the interventions. This included the business meetings, patient surveys, and a patient focus group. Second, the themes from open-ended questions between clinicians and patients were overall similar and showed some areas of particular relevance. Wait times was mentioned higher than any other information and was in agreement by patients and clinicians. In terms of delivery method, patients prefer an in-person approach to provide information, while clinicians rated pamphlets first. This may reflect the need for clinician interaction that patients desire, and the lack of time and resources clinicians have. Third, recruiting local champions from each of the different clinician professions seemed to further progress the buy-in for this project.

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RECOMMENDATIONS

Describe the IMPLICATIONS of this project for patient care or for future projects.

- Patients have benefited from this bundle approach to improving patient communication. Future efforts may focus on sustainability through staff meeting reminders, orientation of new staff and periodic patient engagement.
- The video screen material and pamphlets may need further updates, along with translation of the pamphlets into different languages. We have started the sustainability work for this.
- Consideration of how to report wait time information in the patient RAZ room may have beneficial effects and address patient concerns.

DISSEMINATION

Describe the completed or planned steps for DISSEMINATION of this project's findings (e.g., presentations, posters, manuscripts, etc).

The plan for dissemination includes several steps:

- Presentations at conferences: It has already been accepted as a poster presentation at the Health Quality Ontario Transformation conference, and as an oral presentation at the International Conference on Resident Education in 2018.
- Manuscript: is currently being written with aims of publishing in a peer-reviewed journal.
- Social Media: Findings will be shared online on the CanadiEM series called Flow Hacks.