Project name:
Improving Patient Communication
in the TGH Rapid Assessment Zone

University Health Network
Emergency Department

Date: January 2, 2018

QUALITY IMPROVEMENT
PROJECT CHARTER

PROBLEM AND BACKGROUND

What is the core quality issue that you are trying to improve, and what are the factors involved?

The quality issue that necessitates improvement is lower patient satisfaction and higher anxiety related to the emergency department (ED) visit due to lack of sufficient information relayed to patients about their stay. A secondary effect is posited to be increased interruptions to clinical staff due to this paucity of patient information. The goal is to improve information given to patients about the emergency department process, to improve patient satisfaction, and to alleviate patient anxiety and clinician interruptions.

RATIONALE AND BENEFITS

Why is this an important problem to tackle, and what are the expected benefits?

Communication in the ED carries a multitude of challenges. ED communication between clinicians, as well as between clinicians and patients encounter frequent interruptions and brevity. Patient communication also includes issues of language barriers and poor patient literacy. This creates an optimal substrate for poor communication.

In the ambulatory zone at TGH called Rapid Assessment Zone (RAZ), there is a high flow of patients that contributes to limited time spent educating patients on the ED process and what to expect. Lack of timely information given to patients has been linked to poor patient satisfaction and increased patient anxiety about their ED visit. Moreover, given the layout of the TGH RAZ, clinicians are repeatedly interrupted by patients to inquire about ED processes that are to occur, navigation to areas such as the washroom or cafeteria, wait time inquiries, etc. Increased interruptions are linked to breaks in tasks and may be linked to negative patient care implications.

Expected benefits are:

- Improvement in patient satisfaction and a decrease in patient anxiety in the emergency department, as they pertain to communication and emergency department information.
- Decrease in patient interruptions to clinicians at the TGH RAZ.

AIM STATEMENT AND DELIVERABLES

What are the goal and objectives of this project?

By May 30th, 2018, we will:

- Increase the patient-reported satisfaction by one point on a Likert scale
- Decrease patient anxiety related to ED visit by one point on a Likert scale
- Decrease the perceived RAZ clinician interruption by one point on a Likert scale

These goals are similar to achievements noted in the literature and measured by patient and clinician surveys.

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SCOPE
What are the things (people, tasks, processes) that this project WILL and WILL NOT touch on?

Within scope of the project:

- Anonymous surveying of patients (no demographics collected) in RAZ to determine satisfaction and areas of perceived deficit with regards to communication
- Anonymous surveying of RAZ clinicians (no demographics collected beyond MD vs. RN vs. clerk) to determine level of perceived interruptions and potential areas of mitigation
- Stakeholder interviews and questionnaires to synthesize and choose an appropriate intervention(s) to mitigate patient communication deficits with regards to ED information
- Post intervention surveys for clinicians and patients

MEASURES
What are the outcome, process and balancing measures that you are planning on looking at?

This project will not collect any personal health information (PHI). The patient survey instrument and the clinician survey instrument are currently being developed and available upon request.
Outcome measures – patient satisfaction score, patient anxiety core related to the ED visit.
Process measures – perceived clinician interruptions.

A patient survey (to determine how we can best improve) will be distributed during the discharge process in RAZ, along with the pink information sheet that is already given to patients. The survey will be completely voluntary and not affect the patient care or flow. It will take less than 5 minutes to complete, and be returned to a designated collection box. A survey period of 1 week will be completed, spanning morning, evening, night and weekend shifts. This week will serve as a baseline for our measures. One-week measures can be repeated after interventions throughout the quality improvement initiative.

RAZ clinicians can also be surveyed during the same time period (to obtain their input as to how we can best improve) at the end of their shifts by completing a short (less than 5 minutes) survey. The survey questions would be placed in RAZ, and returned to a designated collection box.

A minimum of two weeks are to be employed pre and post intervention, with more iterations as needed for further PDSA cycles.

CHANGE IDEAS
What are you going to be attempting or changing, if already known?

We are attempting to improve ED communication processes with patients, specifically ED information dissemination to patients on arrival. Specific change ideas will be determined through the stakeholder engagement and questionnaires, which will begin in January 2018. Some preliminary changes that have been discussed and or demonstrated success in the literature include: patient handouts on the ED process, multimedia presentations, and RAZ new signage.

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PROJECT LEADER, TEAM MEMBERS AND RESPONSIBILITIES
Who is the point person accountable for the project's progression, who are the other members, who will do what?

Ahmed Taher – Project lead
Lucas Chartier – Director of Quality and Innovation, UHN ED
Deb Davies, nurse manager, TGH ED
Sherri Broome, patient care coordinator, TGH ED
Victoria Woolner – QI methodology and nurse practitioner, TGH ED
Jackie Avelino – front-line nurse practitioner, TGH ED
Nursing team (exact members TBD)
Medical team (exact members TBD)
Physician assistant team (exact members TBD)
Clerk team (exact members TBD)
Patients and the Patient Advocacy Office (exact members TBD)

RESOURCES
What resources will you require – human, financial, equipment, authorizations and permissions, etc?

Approval from ED Chief and Nurse manager of proposed local intervention
Financial/equipment details are based on possible interventions, and pre-approval from the ED leadership has already been obtained

TIMELINES AND MILESTONES
When do you anticipate STARTING to work on this project, IMPLEMENTING this project, and COMPLETING it?

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.