

# Improving Patient Communication in the Emergency Department Rapid Assessment Zone

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## BACKGROUND

- Patient communication faces many challenges in the Emergency Department (ED) due to language barriers, poor healthy literacy, pressure on efficiency and flow, and brief interactions in an overcrowded setting.
- Patient and clinician feedback at the Toronto General Hospital (TGH) Rapid Assessment Zone (RAZ) showed strained patient communication, patient anxiety due to unknown processes, and increased provider interruption.

## OBJECTIVES

- Primary: to increase patient-reported satisfaction with ED communication and decrease patient-reported anxiety due to lack of ED information in the TGH RAZ, each by one Likert scale point (out of five), over 6 months.
- Secondary: to decrease clinician-perceived interruptions in the TGH RAZ by one Likert scale point over 6 months.

## BASELINE MEASUREMENTS

- Baseline patient and clinician surveys – Likert scales & open-ended questions.
- Stakeholder Engagement – One-on-one consultations, clinician business meetings, patient focus group.

Theme	Quotes from patient surveys exemplifying issues at hand
Acknowledge	"When I first arrived, the doctors and nurses didn't pay attention to me"
Empathize	"I don't think they took my issue seriously when I went to the desk"
Inform	"I have been here over 5 hours and there has been very little communication" "The team did not communicate the length of wait for tests or anything else"

Table 2. Highest noted themes from patients (n=65) and clinicians (n=37) in survey open-ended questions:

### What information should we share?

Clinicians	n	Patients	n
Wait times	24	Wait times	32
Directions	17	Next Steps	15
Next Steps	13	Diagnosis	4

### When should information be shared?

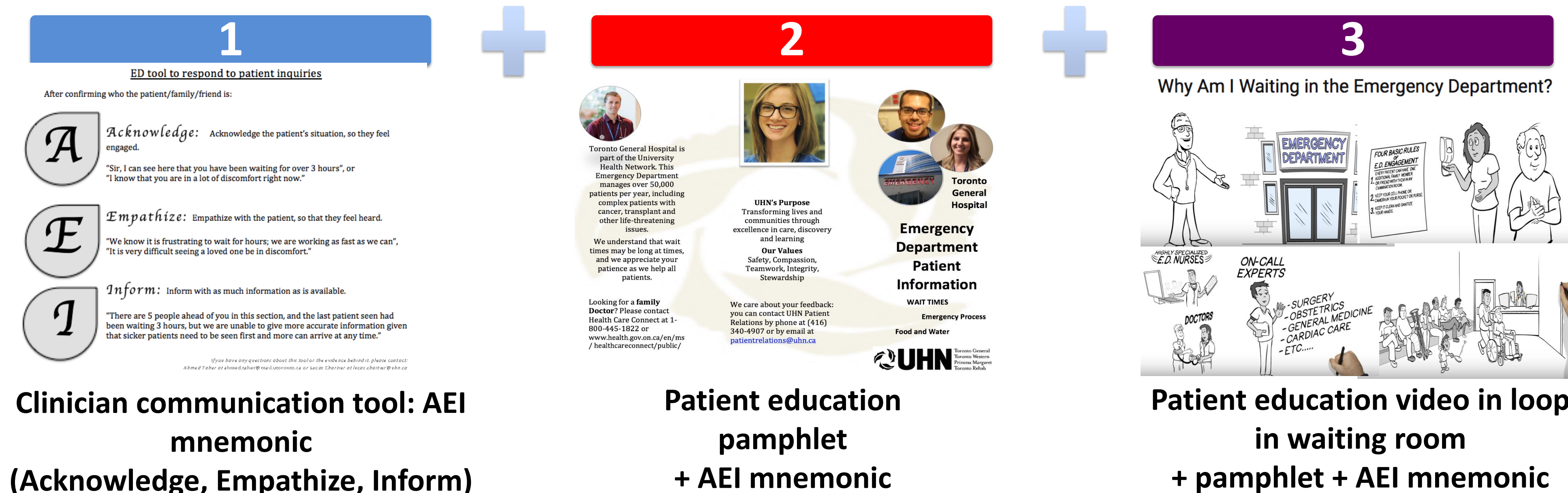
Clinicians	n	Patients	n
Triage	16	Entrance	16
Waiting room	14	Triage	14
Multiple	11	Waiting room	10

### How to share information?

Clinicians	n	Patients	n
Pamphlet	16	In person	16
Signs	14	Signs	14
Television	11	Pamphlet	10

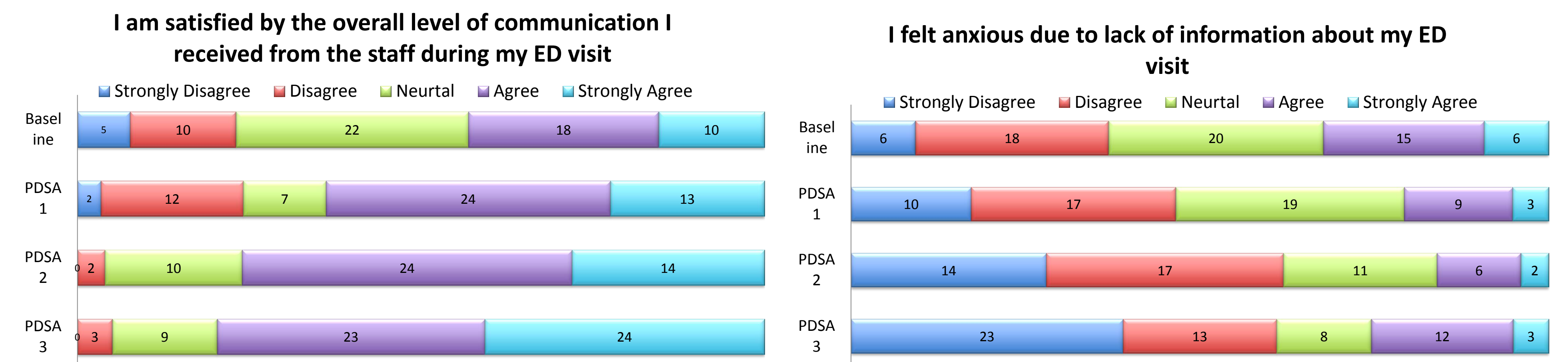
## PDSA CYCLES

- 3 PDSA cycles with a 7 day period of measurement. Each intervention includes the previous one.

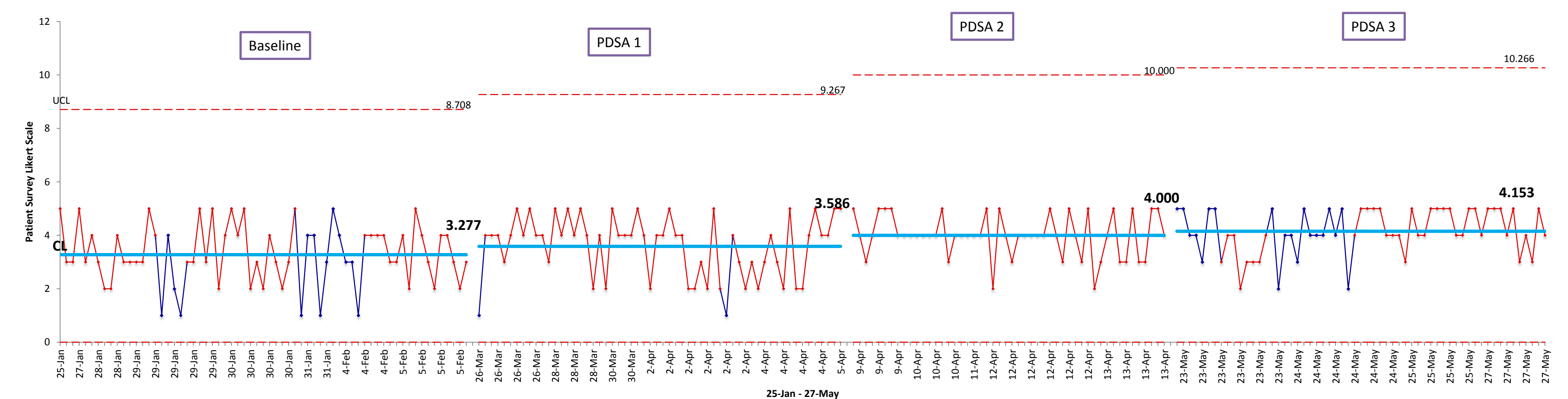


## RESULTS

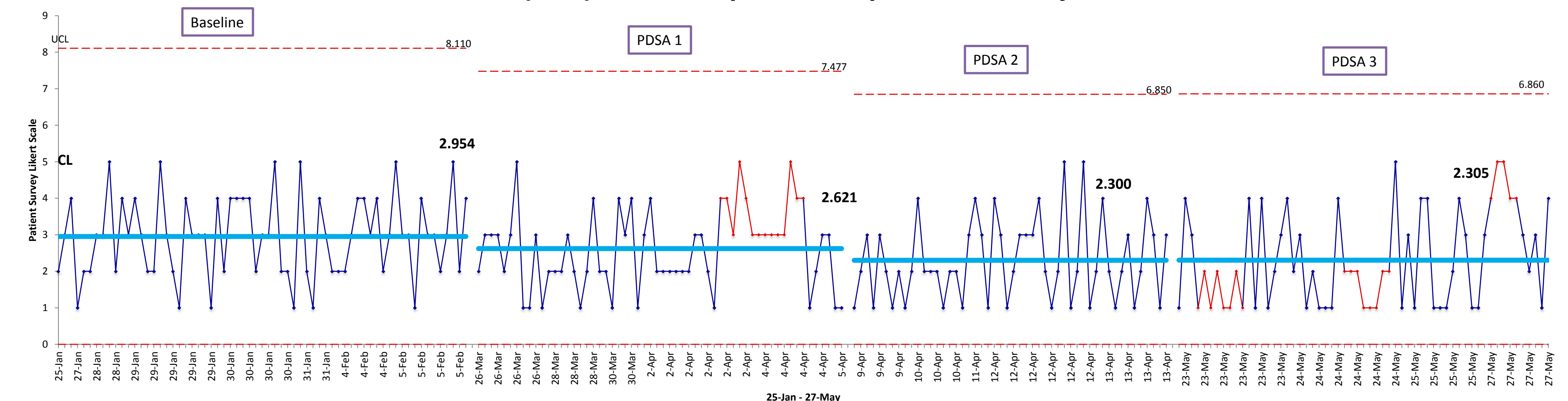
- Patient-reported satisfaction with ED communication: Baseline mean of 3.28 out of 5 being best (n=65), with an increase to 4.15 by PDSA 3 (n=59, p<0.0001).
- Patient-reported anxiety due to lack of information about ED visit: Baseline mean of 2.95 out of 1 being best (n=65), with a decrease to 2.31 by PDSA 3 (n=59, p<0.01).
- Clinician-perceived interruptions: Baseline mean of 4.33 out of 5 being best (n=30), 3.73 at PDSA-1 (n=11, p=0.02), and 4.18 at PDSA-3 (n=11, p=0.98).



Statistical Process Control (SPC) chart for patient-reported satisfaction with ED communication



Statistical Process Control (SPC) chart for patient-reported anxiety due to lack of ED information



## DISCUSSION

- Three sequential and additive PDSA cycles were undertaken to improve patient communication in the ED RAZ.
- Statistically significant improvements were noted for patient satisfaction with ED communication and anxiety due to lack of ED communication, while no changes were seen for clinician perceived interruptions.
- Further efforts are needed to improve on results, ensure sustainability; future directions include expanding to our sister ED.