



# Position Statement

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## Patient Experience/Satisfaction in the Emergency Care Setting

### Description

The emergency department (ED) is unique in that it often brings together the outpatient and the inpatient care environment in a very episodic manner (Centers for Medicare & Medicaid Services [CMS], 2020). The results of a positive patient experience can be reflected both financially in reimbursement and clinically in better patient outcomes (Nelson, D., Hearld, L. R., & Wein, D., 2018). The ED is the intake point for approximately 70 percent of daily hospital admissions (Augustine et al., 2019). The Emergency Department Consumer Assessment of Healthcare Providers and Systems (ED CACHPS) roll out in July 2020 focused on the ED patient experience (CMS, 2020, July 21). The survey results have clinical and financial implications for ED leaders and staff: prioritize interventions focused on improving the patient experience (CMS, 2020; Nelson et al., 2018).

The patient experience is influenced by many factors, including caregiver interactions, care setting, staffing levels, noise levels within the healthcare setting, patient and family education levels, and patient and family perceptions regarding whether they are being heard and included in decisions surrounding their care (Annemans et al., 2018; Hermann et al., 2019; Nelson et al., 2018; Schwartz et al., 2014).

One key driver in patient experience is the length of time patients must wait to see a provider and another is their ED length of stay (Schwartz et al., 2014). Successful strategies for addressing these two issues include putting patients at the center of focus in the ED and utilizing effective nurse-driven strategies focused on ensuring patients are updated on reasons for waiting for care in the waiting room and in the ED care area. (Hermann et al., 2019). Many EDs have implemented practice improvement projects to help improve the patient experience in the ED setting; an example of such a project is one that includes nurse rounding (McFarlan et al., 2019).

Patient feedback is obtained using varied methods, including paper surveys mailed to the patient's home, as well as phone and email surveys. Patient-initiated feedback may also be obtained via patients' posts on Yelp, Facebook, and other internet sites. It is recommended that surveys are requested as close to date of service as possible. This provides more accurate ratings than those that are delayed (Sobel et al., 2019). The patient's perception of their overall experience can be affected by multiple factors including personal challenges experienced at the time of their visit, the perception of how their pain is addressed during the visit, and whether they feel heard by their provider and nurse (Annemans et al., 2018; Frank, 2017; Sobel et al., 2019).

Communication regarding patient care, expected or actual delays, and recommended follow-up are key factors to consider when deciding how to make an impact on the patient experience. Survey results reflect



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the communication effectiveness of all caregivers, whether positive or negative. Surveys should include questions regarding patient perception of their acknowledgment on arrival, being kept up to date on anticipated waits or delays in care, being included in decision-making, and receiving education when discharged. Communication tools should be varied and tailored to meet the patient's preferred method of learning to as great an extent as possible, including direct verbal communication, interactive TV programs, whiteboards, and the use of child life specialists to assist with support and education (Garmel, 2018; Hermann et al., 2019; McFarlan, et al., 2019; Moretz et al., 2016; Sonis et al., 2017).

## ENA Position

It is the position of the Emergency Nurses Association that:

1. The patient experience in the ED includes patients, their significant others, and other patient care givers.
2. Communication strategies include awareness of diversity of patients, families and significant others.
3. The often chaotic and episodic ED environments present a unique challenge reflected in patient experience measures.
4. Emergency nurses proactively develop and consistently demonstrate patient care strategies to improve the patient experience.
5. Emergency nurses receive continuing education and feedback related to the strategies for providing the elements of service, communication principles, patient experience, and quality care.
6. Emergency nurses actively participate in data collection, measurement, and analysis of customer service elements, quality of care parameters, and patient experience factors critical for evaluating improved outcomes related to patient experience and quality care in the ED.
7. Research related to the patient and nurse experience; nurse perception of quality care; the relationship between positive experience, patient care, and optimal outcomes; and quality indicators is essential to improving relevant nurse-sensitive quality indicators for emergency nurses.
8. Emergency nurses are leading the way to improved patient experience outcomes through ongoing research and evaluation of patient response to experience surveys.



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## Background

A positive patient experience has been shown to be strongly correlated to improved patient outcomes, profitability, and a decrease in the frequency of both patient complaints and lawsuits (Sonis et al., 2017). In the ED, the quality patient experience includes giving patients what they need in the most efficient manner possible, while making sure that communication is at the level that the patient understands. Optimal communication includes what is being done, why it is being done, and answering all of the patient's questions to the point they are comfortable with what is being done (CMS, 2020; Frank, 2017; Garmel, 2018).

The involvement of the nurse in the collection of data and working on project improvements surrounding the patient experience has shown to provide a better patient experience (Annemans et al., 2018; McFarlan, et al., 2019; Moretz et al., 2016).

Patient experience in the ED is challenging. The environment is chaotic and unpredictable, often having a downstream effect on the patients and their perceptions of how their interactions with staff occur. The ED setting includes multiple disciplines involved in the care of the patient, which further affects the patient experience. Patients do not differentiate between all of their caregivers; any caregiver interaction can have a positive or negative effect on how a patient rates their experience (Frank, 2017; Garmel, 2018).

To be effective, education on patient experience tactics that includes rounding with purpose, use of whiteboards, and compassionate language, can be provided to all healthcare professionals in the ED, including providers, nurses, technicians and registration staff. Providing an optimal patient experience requires a collaborative effort by all staff. Interactions need to be focused on the patient (Frank, 2017; Moretz et al., 2016).

Research related to the ED patient experience is starting to emerge (Nelson, D., Hearld, & Wein, D., 2018). Survey vendors offer insight into factors that impact the patient experience as well as strategies for improving the patient experience during their ED visit based on their survey responses. Expanding research into the various elements that impact the patient experience, including pain, staffing, and communication, will help healthcare professionals improve the patient experience and nurse experience (Annemans et al., 2018; Nelson, et al., 2018; Schwartz et al., 2014).

Nurse sensitive quality indicators are being used to show the effectiveness of nursing on patient outcomes, patient experience, and performance measures that are responsive to nursing care (Start et al., 2018). As healthcare professionals recognize that a culture of safety and a culture of optimal patient experiences are related rather than separate interests, optimal patient outcomes and patient experiences can be supported.



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## Resources

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