IMPROVING PATIENT COMMUNICATION IN THE TORONTO GENERAL HOSPITAL EMERGENCY DEPARTMENT

Center for Health Services and Outcomes Research Seminar
Johns Hopkins Bloomberg School of Public Health
April 17, 2018

Ahmed Taher MD
@ak_taher
Outline

• Practicum Scope
• Background
• Methods
• Results
• Interventions
• Discussion
No Conflicts of Interest
Practicum Scope

• **Time Frame:** January 22 – April 18 2018
• **Faculty Lead:** Dr. Lilly Engineer
• **Preceptor:** Dr. Lucas Chartier
  Director of Quality Improvement
  Emergency Department
  University Health Network
BACKGROUND
• **OBJECTIVE**
  • To improve the quality of patient communication in the TGH ED RAZ.

• **MEASURES**
  • Patient-reported satisfaction
  • Patient-reported anxiety
  • Perceived RAZ clinician interruption
AIM STATEMENT

By May 1\textsuperscript{st}, 2018, we will:

• Increase the patient-reported satisfaction by one point on a Likert scale
• Decrease patient anxiety related to ED visit by 20%
• Decrease the perceived RAZ clinician interruption by a fifth
METHODS
Methods

• Stakeholder Meetings
• Baseline Surveys
  • Clinician Surveys
  • Business Meeting
  • End of Shift
• Patient Surveys

• Focus Group
• Thematic Analysis
• Interventions
• 3 PDSA Cycles
SURVEYS
Anonymous Patient Survey

Questions

Please rate your agreement level with the following statements about your emergency department visit today:

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

1. I had a good experience during my emergency visit today
   - [ ]

2. I am satisfied by the overall level of communication I received from the staff during my Emergency Department visit
   - [ ]

3. I received an appropriate amount of information about the Emergency Department process (e.g., what I am waiting for and how long it will take)
   - [ ]

4. I felt anxious due to lack of information or communication about my emergency department visit
   - [ ]

5. I went up to the desk to ask questions during my emergency department visit
   - [ ]

6. I would recommend this emergency department to my family or friends
   - [ ]

Date

Confidential questions for us to improve:

1. What information would you have liked to be informed about during your emergency department visit?

2. How would you like the information about your emergency department visit to be given to you? (for example: via a pamphlet, or multimedia, signs, etc.)

3. At what point of your visit would you like to receive information about the emergency department process?

Please hand form to staff desk. Thank you

If you answered 'Strongly Disagree' or 'Disagree' and you have ideas for us to improve, please write them here:

________________________________________________________________________

________________________________________________________________________
UHN Provider Business Meeting Survey Questions

Role (circle one):  RN  MD  Trainee  NP  PA  Other (please describe)

Thinking of your recent emergency shifts at the TGH RAZ,
please rate the following questions:

1. How often were you interrupted by a patient or family member asking for
   directions, clarification or information?
   - 0
   - 1-2
   - 3-5
   - 6-10
   - 11+

2. What proportion of patient interruptions interfered with your workflow?
   - None
   - A few times
   - Some times
   - Most Times
   - Every time

3. How many were potentially preventable through increased communication?
   - None
   - A few
   - Some
   - Most
   - All

4. Thinking of all interruptions by patients or family members in the TGH RAZ,
   approximately what is the estimated percentage (total should be 100%) of the
   times you were interrupted with the following issues:
   - Asking about their wait time to see an MD/NP/PA: ____________
   - Asking about their wait for the next step (blood work or result, re-assessment, disposition, etc.): ____________
   - Asking about directions (washroom, cafeteria, registration, patient location, etc.): ____________
   - Asking for diagnostic / clinical clarification: ____________
   - Asking for food/water/blankets: ____________
   - Other (please describe or give examples): ____________

Intervention Tool Questionnaire

1. What information do you think patients should be informed about early on in
   their visit at the UHN ED in general, in order to decrease provider interruptions?

2. What is the most effective method to present information to patients about
   the emergency department process? (i.e. location, format, delivery, etc.)

3. When do you think is the most appropriate time to present this information?

4. Please feel free to share any thoughts or comments about patient communication
   and interruptions in the UHN ED that may help improve the current situation.

If you have any questions about this survey, please contact:
Ahmed Taher at ahmed.taher@mail.utoronto.ca or Lucas Chartier at lucas.chartier@uhn.ca
TGH RAZ End of Shift Provider Survey Questions

Role (circle one):  NP  PA  RN  MD  Trainee  Other (please describe)

Shift (circle all that apply):  Day  Evening  Night  Weekend

Please rate the following questions about your TGH RAZ shift today:

1. How often were you interrupted by a patient or family member asking for directions, clarification or information during your RAZ shift today?
   - 0
   - 1-2
   - 3-5
   - 6-10
   - 11+

2. How often did patient interruptions interfere with your workflow in RAZ today?
   - None
   - A few times
   - Some times
   - Most Time
   - Every time

3. How many were potentially preventable through increased communication?
   - None
   - A few
   - Some
   - Most
   - All

If you have any questions about this survey, please contact: Ahmed Taher at ahmed.taher@mail.utoronto.ca or Lucas Chartier at lucas.chartier@uhn.ca
## Open Ended Questions

**WHAT**

<table>
<thead>
<tr>
<th>Clinicians</th>
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Open Ended Questions

WHEN

<table>
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<td>Total Patients</td>
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## Open Ended Questions

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<td>16</td>
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<td>Signs</td>
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<tr>
<td>Television</td>
<td>11</td>
<td>Pamphlet/ Info graphic</td>
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<td>Wait times display</td>
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<td>Any method</td>
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<td>UHN App</td>
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</tr>
<tr>
<td>Other timing device</td>
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</table>
FOCUS GROUP
FOCUS GROUP

• 3 patients
• Semi-structured Approach
• Themes Analyzed
Focus Group Questions

• Please describe your experience in UHN ED.

• Did you understand the ED process by the time you were seeing the doctor?

• Did you feel anxious about your ED experience due to not knowing what was going to happen next?
Focus Group Questions

• Did you go up to the desk to ask the nurse/doctor a question? If so, what were the things you asked about?

• What type of information would you have liked to receive upfront to help you understand the ED process?

• Thinking back to your visit, what would be the best way to give you this information, and when would you have liked to receive it?
### Focus Group Communication Themes

<table>
<thead>
<tr>
<th>Initial interaction</th>
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<tbody>
<tr>
<td>- Important to identify order to be seen/tell patients their priority upfront</td>
</tr>
<tr>
<td>- Remind the patient that if they feel better or worse, please let triage know</td>
</tr>
<tr>
<td>- Provide initial feedback, what diagnosis are you thinking, what tests can you expect</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Decreasing Anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Check ins from staff so that patients don’t feel forgotten</td>
</tr>
<tr>
<td>- Importance of clinician attitude and bedside manner</td>
</tr>
<tr>
<td>- Privacy issues where sensitive information is not being kept confidential</td>
</tr>
</tbody>
</table>
### Focus Group Themes

- **Increasing patient information**
  - Explanation that patients will be seen by acuity
  - Explanation of patients severity at arrival
  - What they can expect during the visit
  - Typical wait times for tests
  - Process map of what you can expect, where to find bathroom, food etc.

- **Discharge instructions:**
  - More standardized and more easily understood
  - Consider sending discharge plan to family doctor
  - Something in medical terms for family doctor as well as simple terms for patients

- **Information Format**
  - Important to have providers communicate effectively with patients
  - Consider using multimedia including TV in the waiting room
  - Better signs and pamphlets can be used for information
Interventions
PDSA Cycle 1
UHN ED Communication Project

Situation:
Communication in the fast-paced emergency department is challenging, which leads to decreased patient satisfaction and confidence in their providers.

Background:
A recent survey of 64 patients in the TGH Rapid Assessment Zone (RAZ) highlighted that patients want to know about “what’s next” in the process and get an estimate of wait times before the next event (e.g., assessment, result, etc.). Some patients also commented on perceived rudeness by providers.

Assessment:
By tailoring communication to what patients want to know, we may be able to improve their satisfaction and decrease continuous provider interruptions – a win-win. Moreover, a standardized and simple approach is needed to address patient and provider variability.

Recommendation:
The following A-E-I approach is a simple and evidence-based approach to maximize most patient interactions. This is part of a multipronged intervention including a patient brochure and future multimedia patient information solutions.

ED tool to respond to patient inquiries
After confirming who the patient/family/friend is:

Acknowledgement: Acknowledge the patient’s situation, so they feel engaged.

“Sir, I can see here that you have been waiting for over 3 hours”, or
“I know that you are in a lot of discomfort right now.”

Empathize: Empathize with the patient, so that they feel heard.

“We know it is frustrating to wait for hours; we are working as fast as we can”,
“It is very difficult seeing a loved one be in discomfort.”

Inform: Inform with as much information as is available.

“There are 5 people ahead of you in this section, and the last patient seen had been waiting 3 hours, but we are unable to give more accurate information given that sicker patients need to be seen first and more can arrive at any time.”
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If you have any questions about this tool or the evidence behind it, please contact:
Ahmed Toher at ahmed.toher@mail.uottawa.ca or Lucas Chartier at lucas.chartier@vhn.ca
# PDSA 1 Patient Surveys

<table>
<thead>
<tr>
<th>Question</th>
<th>Baseline (65)</th>
<th>PDSA 1 (56)</th>
<th>P value</th>
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<tbody>
<tr>
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<td>3.759</td>
<td>0.00064</td>
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<tr>
<td>6</td>
<td>3.175</td>
<td>3.638</td>
<td>0.01222</td>
</tr>
</tbody>
</table>

**Patient**
1. I had a good experience
2. I was satisfied by communication
3. I received appropriate amount of information
4. I felt anxious due to lack of information
5. I went up to the desk to ask questions
6. I would recommend this ED to my friends

**Provider**
1. How often were you interrupted
2. Level of interference with your workflow
3. Proportion that were potentially preventable
## PDSA 1 Provider Surveys

<table>
<thead>
<tr>
<th>Question</th>
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<td>0.27425</td>
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<tr>
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PDSA Cycle 2
Toronto General Hospital is part of the University Health Network. This Emergency Department manages over 50,000 patients per year, including complex patients with cancer, transplant and other life-threatening issues.

We understand that wait times may be long at times, and we appreciate your patience as we help all patients.


UHN’s Purpose
Transforming lives and communities through excellence in care, discovery and learning

Our Values
Safety, Compassion, Teamwork, Integrity, Stewardship

We care about your feedback: you can contact UHN Patient Relations by phone at (416) 340-4907 or by email at patientrelations@uhn.ca

Emergency Department Patient Information
WAIT TIMES
Emergency Process
Food and Water
Emergency Department Process

A nurse may check your vital signs and ask you to provide blood samples, urine, or have an X-ray.

An intravenous (IV) line may be placed if needed, and you may be given treatments.

We may need to ask you to return to a chair as we find space to see other sick patients.

You will be seen by a medical provider: a nurse practitioner, physician assistant, medical student, resident physician, or attending physician.

More laboratory tests or imaging may be ordered by this provider.

We will update you as soon as we have all your results.

WAIT TIMES

Our providers are specialized to take care of complex patients with emergencies. Estimating wait times is difficult because the arrival of new patients is unpredictable. Also, we see patients in order of sickness, not in the order of arrival. We are working hard to see all patients as quickly and safely as possible.

An entire emergency department stay will often take many hours. Laboratory tests reports may take 90 minutes. For x-rays, it often takes 30 minutes or more. CT scans and ultrasounds need to be reviewed by radiologists, which may take up to a few hours after it is completed. If you are referred to a specialist, the wait will depend on the number of other sick patients they are caring for. We will update you as soon as we know more.

There is a Food Court on the ground floor of the hospital. Follow the signs (see image below) from exit in the back hallway.

There is also a Tim Horton’s and a Starbucks one floor above the emergency department.

Please check with your nurse prior to eating.

Water fountains are found in the main waiting room outside triage, and outside the food court.

There are two washrooms in the main waiting room.

There are two washrooms in the back hallway of the department, close to the x-ray department.

There is one washroom between rooms 7 and 8.
# PDSA 2 Patient Surveys

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PDSA Cycle 3
Supreme Court rules girl can protect her identity in Facebook defamation suit.
Why Am I Waiting in the Emergency Department?

Instructional Video

https://www.youtube.com/watch?v=mygmoUzjrB4
WELCOME TO THE EMERGENCY DEPARTMENT
• Background
• Registration
• ED Process
• Order
• Wait Times
• Food
• Water
• Washroom

• This is a brief tutorial on the Emergency Department process, with answers to common questions and concerns.
PDSA 3 Surveys

• Pending
DISCUSSION
# Clinician vs Patient Perspective

## WHAT

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Next Steps

- PDSA cycles
- Disseminate Results
- Steps for sustainability
Summary

• ED Patient Communication Challenges
• Quality Improvement initiative
  • Wide Stakeholder Input
  • 3 PDSA Cycles
• Interventions
  • AEI communication tool
  • Patient Pamphlets
  • Multimedia Solution
QUESTIONS?
Acknowledgements

- Dr. Lucas Chartier
- Dr. Lily Engineer
- Deborah Davis – Nurse Manager
- Stephen Casey – Local Champion
- Webster Magcalas – Volunteer Coordinator
- Danielle Porplycia – Research Assistant
- Focus Group Patients
References


Media

- https://deming.org/explore/p-d-s-a
- http://www.pngmart.com/image/61274
- https://openclipart.org/tags/light%20bulb
- https://www.jhsph.edu/faculty/directory/profile/2238/lilly-d-engineer
- http://www.emdocs.net/edcrowding/
- https://www.huffingtonpost.ca/alan-katz/emergency-room-waits-canada_b_16132058.html
- https://www.talkcondo.com/blog/top-pre-construction-condos-near-toronto-hospitals/
- https://www.hpocenter.com/article/stakeholders-orientation/