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Geri Amori, PhD, DFASHRM: Hello, everyone, and welcome to *Healthcare Perspectives 360*, a podcast dedicated to exploring contemporary healthcare issues from multiple perspectives. I'm Geri Amori, and today I am joined by Kris McCarty, an occupational therapist and a master's in physical therapy, as well as an inspired and passionate advocate; David Miller, patient experience Coach at Johns Hopkins Health System; and Carleigh Zahn, a practicing board-certified internist and rheumatologist. Welcome, everyone. Today, we're talking about the patient engagement in the emergency department: how to be patient-centered in this fast-paced care area.

But before we begin discussing this important topic, it's my pleasure to tell you about a comprehensive white paper that has been developed by Coverys, our parent company, that is available for a free download to anyone who listens to this podcast. The white paper details data gleaned from Coverys medical malpractice claims and offers risk management suggestions to increase your healthcare organization's patient engagement. There is a link right on the podcast landing page. We do hope you'll take advantage of this resource. And now, let's begin today's discussion.

Before we begin, I'd like to set the stage for our discussion. A recent study opined that an estimated 56% of emergency department visits are avoidable. We know that the emergency department is a complex, volatile, and limited resource healthcare setting. And even though none of us here today works in the ED all the time, we have all been a patient in the emergency department at one time in our lives, which provides a lens from both sides of the cart to guide our conversation today.

David, I'd like to begin with you. According to a Press Ganey report, the COVID-19 pandemic has led to significant declines in patient safety culture across the nation. ED culture and ED safety culture performs worse than the other settings. What do we know about how this decrease in safety culture looks and feels to patients in the ED?

David Miller: Great question. The emergency department is often the first step in a patient's journey, their first impression, and keeping patients and family members and visitors safe is crucial in this journey. I'm not a safety expert, but we know that safety and the communication piece, it's that lack of communication that can spark safety issues. And, clearly, an unsafe experience is not a positive one. I've mentioned that good communication previously. We know that most safety events are, indeed, a result of poor communication—either staff to patient, staff to staff—but that has to be the focus. Patients need to feel heard, feel connected, and feel safe.

Amori: So, Carleigh, this is a real personal strategy question. How do you, as a physician, engage a patient when you are sending them to the ED; how do you strive to make them feel not dumped to another clinician, even though the physical reality is you're doing a handoff which is easily interpretable as being "I'm getting dumped," right? But how do you handle it, what do you do?

Carleigh Zahn, DO: True, it is a handoff, but in this case I don't know if handoff has to be a negative thing. Usually, if I'm sending my patient to the emergency department, I have a really

strong reason why I'm sending them. So when I tell my patient, "Hey, I'm sending you to the ED," or "I recommend you go to the ED," I take some time to tell them why. Even if it's an emergency, I can spare 30 seconds and say, "Hey, I am concerned, and here is why." And I phrase it just like that—"I am worried," or "I am concerned"—and I talk about why the ED would be the better place to go, what they may offer that I can't, or what needs to be done and why.

Amori: So you kind of coach it and couch it in like, there's a reason I can't keep taking care of you now, there's a better place for you to be right now.

Zahn: Yes. I am concerned, here is why, this is what the ER can offer that I cannot.

Amori: I would think that would make me feel less dumped, for sure. Kris, throughput, or the process of moving patients from admission to discharge, that's a metric that is tracked and relates to the efficiency of an emergency department to meet patients' needs. Now, we've all been hearing horror stories of people being housed in the emergency room for days and days. What are systemic issues that skew that data and subsequently increase the pressure on the staff and, ultimately, affect patient care?

Kris McCarty, OTR/MPT: There are so many tangibles and intangibles. So you have staff, team members in the ED that chronically have heightened stress and anxiety just because of the nature of the practice setting, not to mention the increased behavioral health patients that we serve and the challenges with that—increasing violence. There's that perceived loss of compassion, and it's both ways. Patients can perceive that, and healthcare providers can perceive that from the patients they're serving, as well. You may have systemic issues of discrimination going back and forth that are affecting that throughput, not to mention the easy things of do we have enough equipment, where is the equipment located, trying to track it, inexperienced team members. There is nothing easy about diving in and one-size-fits-all in terms of solving that multifactorial issue.

Amori: David, do you see any opportunities to increase patient engagement in the ED, and if so, what are they? Because I can tell you, having been a family member taking my much older spouse to the ED when he didn't want to go, and me trying to be very calm and engaged, it is not easy because you aren't always treated easily. So, what do you think are the opportunities?

Miller: Great question. Every interaction with a patient or family member is an opportunity to either delight or disappoint. From environmental services ensuring that the space is clean and aesthetic, to comfort carts being provided to patients that are waiting, to additional staff rounding. All of these pieces would help improve the whole process and experience. There is also value in staff from a department where a patient is planning to be admitted to coming down and making an introduction of themselves. We had that recently at the hospital waiting for a bed, they were going to go to this specific unit. A staff member from that unit came down and says, "Hi, this is who I am, this is what I do, this is where you're going to ultimately be coming to," and working to make that happen. So, already building that relationship while they're waiting. That helps meet the patient's expectations, and it improves the engagement in the ED. And that model of connecting and partnering and reflecting, that's what makes it work.

Amori: So finding out what patients' needs are, what their fears are, and finding ways to address that ahead of time is what I hear you saying.

Miller: Absolutely.

Amori: Carleigh, what do you hear from patients regarding their ED experiences, and how does shared decision-making occur—or not—for them in the ED?

Zahn: This may reflect negatively on my ED peers, and I do not mean that, but many patients express frustration with their ED experience. Patients do not feel like there's much of any shared decision-making, and I think that's more so a reflection of our current medical system than our peers in the ED itself. The goal of the ED is to triage and to stabilize. They are not trying to make long-term relationships like most of us in the outpatient world are, whereas, when the patient is living these medical challenges, they can feel out of control with this. They can feel like they're being pushed through the system, the person's not caring, and that different goals can cause a dissonance, for sure, between patients and the ED.

Amori: I think you said something really very important, which is, in the ED, the people providing treatment are not trying to build relationships because they're just dealing with the emergency and trying to get the person triaged to the right place, whereas the person who's the patient is feeling terrified, out of control, everything is scary. And so that feels like a ripe place for some attention by a PFAC or by some patient advocacy people. Carleigh, what were you going to say here?

Zahn: I'll say I agree to a point, I don't think they're trying to a make long-term goals. A good emergency department will try to make that immediate connection and care for the patient then. But in terms of long-term goals where I have the ability in the outpatient setting to meet patients over and over again, get to know them, build upon it, the ED is not created for that. And that can be challenging, like you said, for patients who are terrified sitting in an overpacked ED, sitting in a bed in the hallway feeling like they're one of a million who sees everyone walk by, and they don't know what's going to happen.

Amori: That is true. Hey, Kris, time is one of the most valuable commodities for patients in the ED, and many of us who have waiting 5 or 6 hours to be seen knows that. Can you elaborate why it takes so long, and is there anything that EDs could do to make it more palatable? I don't know, what do you think?

McCarty: I think that's a great question and a tough question. I think right to start off no matter what, you are always working with a patient population that has zero percent desire to be there, so you're already starting at a negative. And then to make that choice as a consumer to head to the ED, it's riddled with fear, worry, angst, emotional stakes are high. And then you pair that with fear, uncertainty, time becomes that greatest ally to limit the emotional distress. And often when it's paired with lack of knowledge on the part of the consumer, or the complexity of what is happening behind the curtain, it ramps up an already highly emotional situation. There are organizations that do exceptionally well in that, and they do frequent updates, and they ensure

comfort. A warm blanket and a pillow can go a long way to appease somebody who is upset and concerned. So, I think, outside of the obvious of communicating and updates, is to ensure some of the basics are met when they can be managed.

Amori: Well, this has been a very interesting topic about the ED, it certainly raises all kinds of emotional things because nobody wants to go there and it's a tough place to be. So I'd like to ask each of you what you think is the one thing you want our listeners to take away from today's discussion on the emergency department and patient engagement. And, Carleigh, I'd like to start with you.

Zahn: I'd say to the medical professionals in the outpatient setting, take that 30 seconds and explain to your patient why you're sending them to the ED. And also try to help the stage: this is not for long-term care, this is not to fix the problem, this is to triage and stabilize. That not only will hopefully help the patient feel a little more confident in their reason for presentation to the ED, but also hopefully support our ED peers who are being inundated and have their own challenges within the system to deal with.

Amori: Good point, thank you. Kris?

McCarty: I think my perspective is what I do with any of my scenarios in healthcare. If I put the face of my nearest and dearest loved one, what do I want for them? If it's my child, what explanation would I want, what comfort? If it was an aging parent or aunt or uncle, what would I want? And when you internalize what you would want if the shoe were on the other foot, it's very easy to do those little things.

Amori: So, put yourself in the other person's moccasins for a minute. That's a good point. David?

Miller: I would absolutely agree with everything that Kris and Carleigh said. And I would just add that this is a work in progress, and progress is being made to improve patient and family experience across the board—it just makes us better to get on the other side of this.

Amori: So, yes, it makes us better to get on the other side and to look at things from the patient's perspective. Thank you, this has been a very, very interesting conversation today. And I'd like to thank our panelists, thank our listeners for being with us today. I look forward to seeing all of you next time in *Perspectives 360*.

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