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PATIENT EXPECTATIONS OF EMERGENCY DEPARTMENT CARE

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Abstract:

Aim: *Understand patient expectations of the emergency department and bring attention to meaningful and essential sources of information for identifying gaps and developing an effective action plan for quality improvement in healthcare organizations.*

Methodology: *a cross-sectional study among patients who attended the emergency department (ED) – east Jeddah Hospital – Jeddah – Saudi Arabia.*

Results: *375 patients participated in this study; 42.7% were male and 57.3% Female. Patients place the highest importance on the doctor using plain language and check that, and staff explains the test results in a way you can understand 93%, followed by the importance of being seen by a specialist upon request and staff explaining the circumstances to be returned to the ED 87%.*

Conclusion: *Emergency department crowding is a serious and growing problem in many countries; nevertheless, to meet patient expectations, patients and physicians must have a relationship connected by open access to information, communication, and support.*

Key Words: *Emergency department – Expectation - healthcare quality.*

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INTRODUCTION:

healthcare quality is the medical care that meets or exceeds patients' expectations and needs [1]. Measuring healthcare quality, especially in the emergency department (ED), is essential by frequently evaluating the patient's needs since it is the first contact between the patient and the healthcare provider. Healthcare reform efforts on patient care emphasize incorporating the patient perception when designing strategies for quality improvement according to Donabedian's declaration in 1990 [2]. It is well known that ED worldwide is under growing pressure to provide care for more patients, especially with the recent crisis; therefore, it has become overcrowding and uncomfortable long waiting room conditions that may lower the perceived quality of the patient experience not only this but also influence the employees' professional practice, morale, and attitude at the workplace which eventually affect their commitment and performance [3-5].

An article review was done in 2011 to discuss the patient expectation in the emergency department and summarize that knowing the patients' expectations can help avoid dissatisfaction and reduce liability exposure [6]. A study in 2005 to assess patient expectations of the emergency departments in Canada regarding staff communication with patients' wait times, the triage process, information management, and discharge instructions concluded that patients value effective communication and short wait times over many other aspects of care [7, 8]. This result was also conformable with another study in Pakistan[9]. Nevertheless, Patient anticipation of the illness, health beliefs, and attitudes toward ED will also impact and increase the quality and outcome of the consultation[6-9]. Although the lack of research studies on the patient's expectation to enhance the quality of the emergency department, what patients think of their experience with the healthcare system must be considered an essential element to the healthcare planners, managers, and policymakers to reach their goals and the optimum level of healthcare services. This study aims to conduct an in-depth investigation to find the patient expectation of the emergency department at East Jeddah Hospital in Jeddah, Saudi Arabia.

METHODOLOGY:

This is a quantitative cross-section study among patients who attended the emergency department (ED) – east Jeddah Hospital – Jeddah – Saudi Arabia. obstetric case – gynecological case – psychiatric case – not responsive patient. Were excluded from the study. The sample size was detected through a sample size calculator of 95% confidence level for population size = 10800 with a margin error of 5% = 371. The Ethical Committee of the Ministry of Health gave the ethical clearance.

All data through the study will be digitally entered. Subsequently, these data will be analyzed using SPSS version 26 using an independent t-test and chi-square test. Frequencies and percentages were done for categorical variables, and measures of central tendency were calculated for the continuous variables. All P-values < 0.05 were considered statistically significant.

Results:

406 patients participated from the relevant sample population, and 31 (7.62%) records were excluded because of missing data. The remaining 375 subjects were analyzed as shown in Table (1), which represent the demographic variables of the samples, which show that most participants were between the age of 19-34 years old 59.2% followed by 35-50 years old, above 50 years old, and below 18 years old with 30.4%, 5.9%, and 4.5 respectively. According to gender, most of the participants were female, 57.3%. In the education report, the majority of the participant had a bachelor's degree, 75.5%. Graph (1) shows that patients place the highest importance on the doctor using plain language and check that and staff explains the test results in a way you can understand 93%, followed by the importance to be seen by a specialist upon request and staff explain to you the circumstances under which you should return to the ED 87%, Staff greet you when they meet you for the first time 85%, Staff explains why tests are being done 82%, the availability of wall posters and important to do particular diagnostic test upon request 79%. They placed the lowest importance on Information is given on what to expect in the course of illness. The staff explains what they are doing at each step of the examination, updates on the waiting time, the availability of videos/ Pamphlets about the ED process.

Demographic		Frequency	Percent
Gender	Male	160	42.7
	Female	215	57.3
Age	Below 18 years old	17	4.5
	19-34 years old	222	59.2
	35-50 years old	114	30.4
	Above 50 years old	22	5.9
Education	High school or less	54	14.4
	Bachelor	283	75.5
	Postgraduate study	38	10.1

Table [1]: Demographic variables.

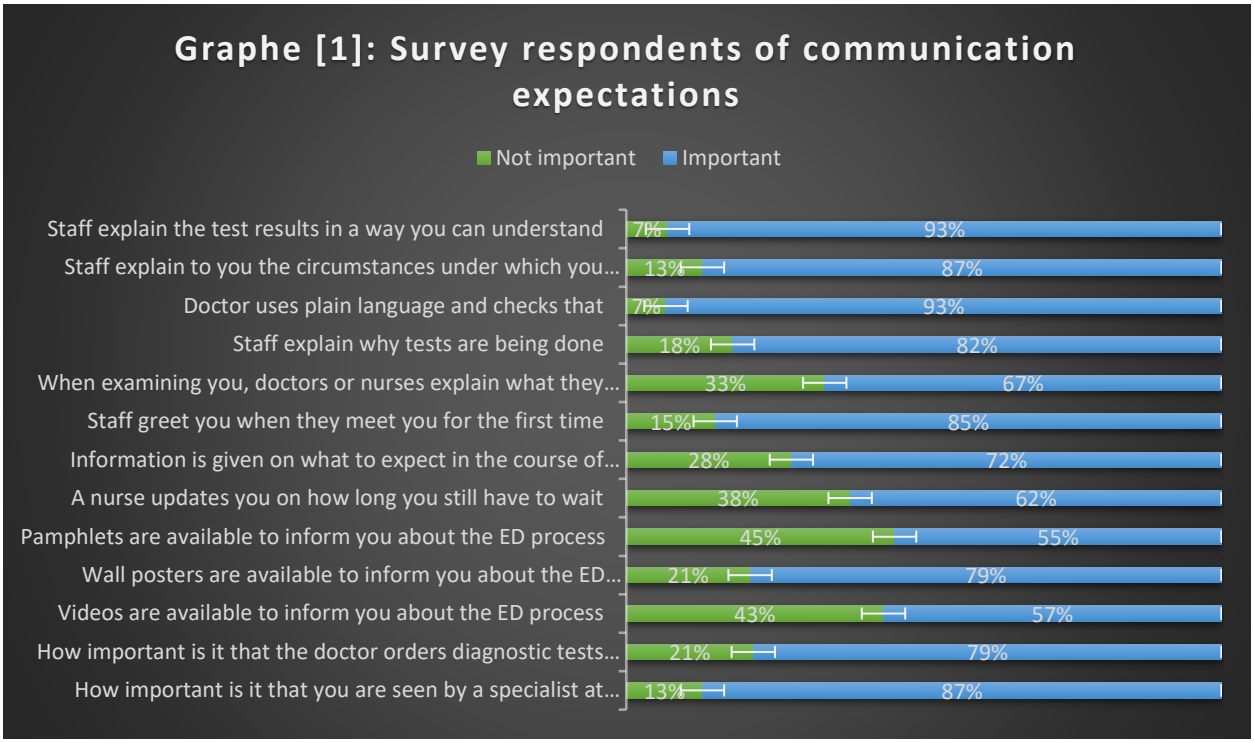

Table (2) summarizes wait time and triage expectations of the 375 patients surveyed 52% expected updates from ED staff every 15 minutes; this result was statistically significant with education level (p-value=.000), 81.9% believed that patients with non-life-threatening problems should wait <1 hour; this result was statistically significant with the age group (p-value=047), 67.7% felt that tests should be done within 1 hour; this result was statistically significant with education level (p-value=.027), 60.6% expected to spend no more than one hour in the ED; this result was statistically significant with education level (p-value=.000), similarly with those who expected to wait for a hospital bed if admitted; this result was statistically significant withal parameters gender, age, and education (p-value = .010, .031, .017 respectively).

Question	Frequency	Percent
1. How often should staff update you in the waiting room?		
o every 15 min	195	52
o every 30 min	140	37.3
o every 60 min	27	7.2
o every 90 min	13	3.5
2. Reasonable time to wait with non–a life-threatening problem before being taken to a treatment room		
o <30 min	129	34.4
o 30-60 min	178	47.5
o 1-2 h	49	13.1
o 2-4 h	14	3.7
o >4 h	5	1.3
3. Reasonable total length of time to wait for any tests and to get the results		
o <30 min	98	26.1
o 30-60 min	156	41.6
o 1-2 h	100	26.7
o 2-4 h	15	4
o >4 h	6	1.6
4. The total amount of time you would reasonably expect to spend in the ED if discharged		
o <30 min	109	29.1
o 30-60 min	118	31.5
o 1-2 h	106	28.3
o 2-4 h	35	9.3
o >4 h	7	1.9
5. A reasonable amount of time for you to wait for a hospital bed if admitted		
o <30 min	115	30.7
o 30-60 min	112	29.9
o 1-2 h	93	24.8
o 2-4 h	26	6.9
o >4 h	29	7.7

Table [2]: Survey respondents of wait time and triage expectations.

Concerning the triage process shown in Table (3), 87.2% expected life-threatening problems should be managed in less than 30 minutes; this result was statistically significant with age group (p-value=.013), 90.1% of the patients understood that the most serious patients should be seen first, and 84% believed that those who arrived by ambulance would see a doctor sooner, most of the patient felt that a physician should determine the seriousness of the medical concern; this result was statistically significant with education level (p-value=.007)

Question	Frequency	Percent
1. Reasonable time to wait with the possibly life-threatening problem before being taken to the treatment room		
o <30 min	327	87.2
o 30-60 min	28	7.5
o 1-2 h	11	2.9
o 2-4 h	6	1.6
o >4 h	3	0.8
2. Which patients should be seen first?		
o Most serious	338	90.1
o most pain	7	1.9
o by ambulance	24	6.4
o waited longest	6	1.6
3. If you arrived by ambulance rather than some other way, would you expect to be seen by a doctor faster?		
o Yes	315	84
o No	60	16
4. After arriving, should the seriousness of your health problem be determined by …..		
o Your own judgment	39	10.4
o A triage nurse/standards	98	26.1
o A doctor	238	63.5

Table [3]: Survey respondents of the triage process.

DISCUSSION:

This study surveyed ED patients to understand their expectations of communication, wait times, triage process and give the tool to improve the care quality provided to them, thereby enhancing their satisfaction level. Most of the study population in our study was educated and better placed socioeconomically than the population. Hence, we can generalize the findings to other facilities in the country.

Most patients expected a waiting time of less than one hour although the Canadian Triage and Acuity Scale (CTAS) national response time guidelines suggest that Non-critical patients can wait 1–2 hours[10]. Many studies measured the impact of ED waiting times on patient experience and found that long waiting times at ED are associated with worse experiences[11-14]. Nevertheless, providing information, projecting expressive quality, and managing waiting time perceptions and expectations will improve their experience. This could be overwhelming for ED staff with the expected increase in the population of Saudi Arabia that leads to decreased physician productivity and increased frustration. Creative solutions to manage the discrepancy between patient expectations and system capabilities might be applied through public education about the reasons for prolonged ED wait times to minimize negative patient expectations and improve patient satisfaction.

Recommendation:

Further study needs to be done to measure the actual waiting time in the ED for critical and non-critical cases and propose the implementation of elements of patient care and value-based care into our existing healthcare systems today.

CONCLUSION:

Emergency department crowding is a serious and growing problem in many countries; nevertheless, to meet patient expectations, patients and physicians must have a relationship connected by open access to information, communication, and support.

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