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Administration of Emergency Medicine

FRAMEWORK FOR ANALYZING WAIT TIMES AND OTHER FACTORS THAT IMPACT PATIENT SATISFACTION IN THE EMERGENCY DEPARTMENT

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INTRODUCTION

- * In all service industries, **customer satisfaction** is a key point, as it ensures return patronage and profitability
- * Patients who visit an ED and are satisfied with the care received are more likely to return to the ED and other departments within the hospital

- * A key predictor of level of patients' satisfaction with their ED care is **wait times**
- * Other predictors include staff bedside manner, clear communication, clear discharge instructions, availability of diagnostic tests, and technical competency

A Patient Satisfaction Model

$$Satisfaction(S) = Perception(P) - Expectation(E)$$

- * Patients are satisfied when their perceived level of service exceeds their expectations

Perception

- * Perception is an individual interprets and understands available sensory information.
- * Evidence shows strong positive correlation exists between **provision of information by doctors and patient satisfaction**

Perception and Wait Time

- * Wait time is a key component of patient satisfaction
- 1. Design of the service environment
- 2. Early interactions during the wait period
- 3. Occupied time vs. unoccupied time
- 4. Uncertain waits vs. known, finite waits
- 5. Starting a process earlier, regardless of the overall duration of the service interaction

Design of the service environment

- * Investments in improving the environmental conditions in the ED (e.g., ambient noise level, temperature, and seating arrangements) may have significant impact in improving patient comfort and decreasing perceived wait times.

Early interactions during the wait period

- * In the ED, **registration staff, triage nurses** are important contacts early in a patient's service interaction.
- * Ensuring satisfaction during initial service interactions may lead to a magnified overall increase in satisfaction during later visits

Occupied time vs. unoccupied time

- * **Wait time that is occupied with activities feels shorter than unoccupied time.**
- * Providing other non-medical activities such as **magazines, Wi-Fi Internet access, and television** can also reduce unoccupied time.

Uncertain waits vs. known, finite waits.

- * Uncertain waits are associated with anxiety and have been shown to increase the perception of wait times more than known finite wait times.
- * EDs can also make investments in providing patients with **estimated wait times** regarding certain aspects of their care

Starting a process earlier

- * Early initiation of the service process can decrease the customer's perception of wait time even if the overall time of the interaction is unchanged
- * **Immediate bedding** may allow patients to feel that their arrival has been acknowledged and the care process has begun.

Expectations

- * Customer expectation is defined by the level of service the customer believes they will receive.
- * **Identifying patient expectations early** in the service interaction and wait times may reduce the patient will leave unsatisfied with the care provided.

Key Components of Satisfaction

- * Perceptions
 - * Staff interpersonal and communication skills
 - * Wait experience
- * Expectations
 - * Assessing expectations
 - * Adjusting predictive expectations during the clinical care process

CONCLUSION

- * Patient satisfaction is important to overall ED performance and affects financial remuneration, medico-legal risk, and patient compliance
- * This approach to explain why two patients experiencing a very similar care process can have very different levels of satisfaction

- * Applying these concepts to guide future investigation will provide a better understanding of the factors contributing to, and modes of improving, patient satisfaction with their ED care.