Communication Strategies for Better Care of Older Individuals in the Emergency Department

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KEYWORDS

• Emergency department • Communication • Interprofessional communication
• Patient-centered care • Patient perspective • Transitions

KEY POINTS

- Emergency departments (EDs) are unique high-risk environments for older adult patients.
- Effective communication decreases error, enhances safety, and improves patient outcomes.
- Several strategies exist to enhance communications among ED professionals. However, more research is required to develop more effective communication interventions for older adults in the ED.

INTRODUCTION

The need for teamwork and communication among emergency department (ED) staff is central to excellent health care and of particular importance for the complex older adult (OA) population. Communication can decrease error, enhance safety, and improve throughput. Communication strategies among health care professionals and between professionals and family and/or patients can improve care for OAs in the unique ED environment. This article reviews key communication concepts and provides specific communication resources for the ongoing learning of ED professionals.

THE EMERGENCY DEPARTMENT AND OLDER ADULTS

EDs play an increasing and important role in the health care of OAs.[1] EDs serve as portals of entry to hospital or long-term care, are sites for complex outpatient testing and

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treatment, provide for those without or unable to access primary physicians, and are a hub connecting patients to and from multiple health care and community locations. In addition, ED providers continue to treat the acute decompensation of chronic illness, diagnose and stabilize new acute illness, and manage acute traumatic injury from the trivial to the life-threatening. As the population ages, ED providers treat a disproportionate number of OAs[2] and coordinate more than half of all OA hospital admissions.[3] OAs arrive in the ED in large numbers, with atypical presentations, increased complexity and vulnerability, and multiple comorbidities. The historic fast-paced, 1-problem ED focus inadequately serves the OA population.

OAs require a different emergency management approach with high social and transition-of-care needs. The optimal ED response to this elder population depends heavily on low-tech communication and teamwork, and not on the high-tech medical expertise stressed in professional education.[4] Transformational change of the traditional ED system may be as basic as improving the way providers listen and respond to what elder patients say. It is known that medical professionals convert the patient's story (what is said) to technical action items (what is done).[5] OAs require unique, broader, and improved communication skills for optimal management.[6,7]

This complex coordination of information also requires navigation of intergenerational issues, cognitive impairments, and health literacy limitations. In addition, data must often be accessed from remote people and locations. Special knowledge of OA communication enhancements, generational sensitivity, and appropriate language all allow better medical data gathering. Effective collaboration is essential in OA care because providers from different disciplines must coordinate at different times for transitions of care, this communication enables information to get to the right person at the right time, for optimal OA emergency medical care.

CONTEXTUAL BARRIERS TO COMMUNICATION

Poor communication is clearly associated with significant medical errors[8] and is a major cause of sentinel events.[9] The first barrier to communications in the ED is classified as information intensity. This is characterized by uncontrolled information load or volume, and a requirement for speedy acquisition. Rapid access to information from multiple human and written sources is needed because emergent care must be delivered in time to stabilize the patient.[10] An uncontrolled workload is characteristic of EDs because any patient may enter the ED at any time. However, the outgoing workload is often limited by hospital capacity, which halts the exit of the sickest patients from the ED to hospital units. This requires sustained communications over time and providers to coordinate ongoing care, sometimes beyond the expertise of an emergency provider. A second communication constraint is that emergency work requires multiplicity: the caring for numerous simultaneous patients. Multiple similar patients must remain distinct from each other and not be confused with recent similar patients. A third constraint is high levels of uncertainty because information is often not available in time to support difficult decisions.[5] Finally, constant interruptions occur because simultaneous competing demands for attention put pressure on all ED staff members. These factors make the ED environment unique and may result in clinical errors.

The high communication load that exists for physician providers is shown in a study documenting an average of 42 separate communication events per physician per hour.[11] Excess communication load can interfere with memory and cause errors in patient care.[12] The ED charge nurse role has been shown to maintain communication flow and to link ED and non-ED staff.[13] Interruptions were also documented, with physicians having 15 interruptions per hour and registered nurses experiencing 3.3