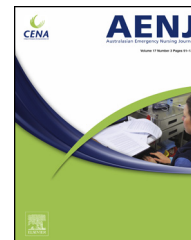




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RESEARCH PAPER

Patient perceptions of emergency department fast track: A prospective pilot study comparing two models of care



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KEYWORDS

Nurse practitioner;
Emergency department;
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Patient satisfaction

Summary

Background: Emergency department (ED) fast track has been shown to improve patient flow for low complexity presentations.¹ The optimal model of care and service delivery for fast track patients has not been established.

Aims: The objective of this pilot study was to compare patient satisfaction using two models of ED fast track – one in a tertiary hospital emergency department staffed by doctors and the other in a nearby urban district hospital staffed by nurse practitioners. We also wanted to determine the proportion of fast track patients who would prefer to see a General Practitioner (GP) instead of presenting to the ED. This pilot study was the foundation for subsequent studies later conducted by Dinh et al.^{2,3}

Methods: This was an observational study using a convenience sample of patients. Eligible fast track patients were asked to complete a standardised satisfaction survey. Presenting problems and waiting times of patients were collected using patient information systems. Primary outcome measure was satisfaction rating using a 5-point Likert scale. Secondary outcomes were surrogate satisfaction measures encompassing questions on likelihood of returning to ED. A multivariate analysis was performed to obtain odds ratio for higher satisfaction scores.

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Results: In total, 353 patients were recruited: 212 patients in the doctor treated group (DR) and 141 were in the nurse practitioner treated group (NP). The two groups had similar baseline characteristics in terms of age, gender, referral source and waiting times. Overall, 320/353 (86%) patients rated their care as either very good or excellent, with only 0.6% rating their care as poor. Satisfaction scores in the NP group were higher than those in the DR group (median score 4 vs. 3, $p < 0.01$). A greater proportion of patients in the NP group reported that they would return to the ED for a similar problem (99% vs. 91% $p < 0.01$). Overall, 175/353 (50%) of patients indicated that they would prefer to see a general practitioner for a similar problem if available nearby. These numbers were slightly lower in the NP group (43% vs. 53%, $p = 0.05$).

Conclusions: Most patients were satisfied with ED fast track, irrespective of model of care. Patient satisfaction was greater in the group of patients using the nurse practitioner model of care. Around half of the fast track patients would prefer to see a general practitioner for a similar problem if available nearby.

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What is known?

- Fast track models of care are increasingly being utilised to manage low acuity patients in emergency departments across Australia. Patient satisfaction with fast track services has not been well described within the Australian context.

What this paper adds?

- This pilot study compared two fast track models of care and patient satisfaction in both services. Patient satisfaction was greater in the Nurse Practitioner managed Fast Track model of care.

Introduction

The Emergency Department (ED) triage process aims to ensure acutely unwell patients are seen before less urgent cases, meaning the latter are often subjected to prolonged waiting times. These prolonged waiting times may contribute to ED overcrowding.⁴ 'Fast track' areas have recently been implemented in Australian emergency departments as a way of 'streaming' patients with low complexity presentations to reduce overall waiting times. Despite its success in reducing waiting times,¹ the optimal model of delivering a fast track service has not been established. Many emergency departments have begun employing nurse practitioners as an alternative to junior doctors, to assess and manage these low complexity patients. Others recommend a coexisting General Practice (GP) service to reduce ED patient load.⁵

Objectives

The present study aimed to compare patient satisfaction between two different models of ED fast track: one in a tertiary hospital emergency department staffed by doctors and the other in a smaller urban district hospital staffed by nurse practitioners. We also attempted to examine fast track patient attitudes towards a co-located GP service.

Methods

Study design

Observational study using a convenience sample of patients.

Settings

The study was undertaken at a large urban tertiary hospital (Royal Prince Alfred Hospital, RPAH) and an urban district hospital (Canterbury Hospital, TCH) over 4 week period between 20/03/09 and 19/04/09.

Study participants

Participants were enrolled if they presented between the hours of 0800–2300 at either hospital during the study period and qualified under fast track triage criteria. Fast track inclusion criteria consisted of patients who had minimal care requirements based on triage assessment and were likely to be discharged home after a brief ED intervention. Examples include minor musculoskeletal cases (MSK), minor lacerations and soft tissue infections (Soft tissue), ear nose and throat or intraoral problems (ENT/oral), uncomplicated general medical conditions (Gen Med) including urinary tract infections, deep vein thromboses and upper respiratory tract infections and simple gynaecological problems (Obs/Gyn). Fast track patients were identified by triage nurses at RPAH and by Nurse Practitioners (NPs) working in fast track at TCH. Fast track patients were generally seen by emergency department senior resident medical officers or registrars at RPAH and by NPs at TCH. NPs could consult with senior medical staff as required. Fast track presentations were prospectively recorded by the patient information system at RPAH and total numbers could therefore be reported. Fast track presentations were not contemporaneously tracked at TCH and so a post hoc estimation of potential fast track presentations was made by the nurse practitioner at TCH.

Exclusion criteria for fast track at both hospitals included those patients older than 70 years of age, haemodynamically unstable, confused/agitated, had a history of significant comorbidities, were currently taking >3 medications or

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