



The Patient-Centered Emergency Department

Mohsen Saidinejad, MD, MBA*

Department of Emergency Medicine, Harbor UCLA Medical Center, David Geffen School of Medicine at UCLA, 1000 West Carson Street, Torrance, CA 90502, USA

Keywords

- Patient centered • Shared decision-making • Family presence
- Rounding for outcomes • Pediatric readiness

Key points

- The pediatric emergency department (PED) serves as safety net for the health care system for many families.
- The overcrowded, chaotic PED environment can contribute to negative patient experience and poor outcomes.
- Strategies for PED to improve flow and efficiency as well as overall patient experience are essential to its success.
- These strategies, which are the basis for patient-centered care, are discussed in this section.
- Important components of patient-centered care of children include encouraging family presence during resuscitations, timely pain management, child life services, language services, and shared decision-making.

INTRODUCTION

The emergency department (ED) is a critical component of the health care infrastructure for children [1]. It plays an increasing role in public health, especially in the urban and underserved areas [2]. Many families use the ED not only for the acute care of their injured or ill children but also as a primary source of care, in place of their medical home (primary care provider) [3,4]. The 2006 Institute of Medicine (IOM; now the National Academy of Sciences)

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*Corresponding author. Department of Emergency Medicine, 1000 West Carson Street, Box 21, Torrance, CA 90505. *E-mail address:* mohsenmd@ucla.edu

report stated that the ED has become “the safety net of the safety net” and is at a breaking point [5,6]. In this capacity, the ED often experiences overcrowding, increased wait times, negative patient experience, and poor outcome quality [7–9]. Interventions and strategies aimed at providing patient-centered care are, therefore, important components of providing emergency care to acutely ill or injured children [10,11]. These interventions, aimed at improving ED patient experience, can include triage-initiated processes and order sets [12], communication with patients about wait times and delays in care [13], timely documentation and management of pain [14,15], child life services [16,17], dedicated ED patient experience liaisons [18], rounding for outcomes [19,20], encouragement of family presence [21–23], interpreter and language services [24,25], and shared decision-making [26–30].

According to the Agency for Healthcare Research and Quality (AHRQ), more than 25 million of the ED visits in 2010 were by children younger than 18 years [31]. Of these, more than 96% were patients who were treated and released [31]. Children from larger metropolitan areas were disproportionately affected, as were the underserved population [32,33]. Injury including poisoning was the leading cause of the ED visit, followed by disorders of the respiratory system [31].

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In 2000, the IOM published a ground-breaking publication entitled “Crossing the Quality Chiasm: A New Healthcare for the 21st Century,” in which it describes 6 quality improvement aims of the health care system [5], which are also referred to as the 6 pillars of health care quality (Box 1) [31].

According to the policy statement by the American College of Emergency Physicians (ACEP) in 2006, and reaffirmed in 2012 [34], “Patient- and family-centered care (PFCC) is an approach to health care that recognizes

Box 1: The 6 pillars of health care quality

The 6 pillars of health care quality states that all patients are entitled to care that is

- Safe: harm to patient is avoided when providing care.
- Effective: services that are provided have their basis in scientific knowledge and are designed to benefit all patients for whom the treatment is given. It avoids providing services to those not likely to benefit from it.
- Timely: provides care that avoids unnecessary delays and wait times for both the person who gives the services and the person who receives the care.
- Efficient: avoids waste of equipment, supplies, ideas, and energy expenditure.
- Equitable: provides care that is consistent in quality regardless of demographics such as gender, ethnicity, geographic location, and socioeconomic status.
- Patient-centered: provides care that is respectful of and is responsive to individual patient preferences, needs, and values, and it ensures that patient values shall guide all clinical decisions made by the health care provider.

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