Communication Amidst Chaos: Challenges to Patient Communication in the Emergency Department

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Abstract

• **Objective:** To examine the critical stages within the emergency department (ED) care process that require effective patient engagement and offer suggestions for enhancing communication.

• **Methods:** Review of the literature and a description of techniques for improving communication.

• **Results:** There are 4 main junctures during the ED care process that have critical communication requirements: (1) at intake, when the patient first enters the ED from home or as a transfer from another facility; (2) during assessment; (3) at the point of development of the treatment plan; and (4) at discharge or admission to the hospital from the ED. Transitions in care, such as discharge from the ED, are especially high-risk times for communication failure and, in turn, adverse patient events. To improve communication with patients at discharge, we need to define the information they need to care for their condition at home and consider how this information can best be provided. Our research group has created diagnosis-specific discharge instructions for several common diagnoses based on input from emergency providers, relevant subspecialty providers, and communication and literacy experts.

• **Conclusion:** Identifying and addressing problems with communication are essential to providing safe, high-quality patient care in the ED. An enriched discharge process may lead to positive downstream effects on ED recidivism and patient outcomes.

Communication between caregivers and patients is recognized as a critical element of high-quality patient care in the emergency department (ED) [1–11]. The Accreditation Council for Graduate Medical Education, the American Board of Medical Specialties, and the Joint Commission have all established communication as a core competency for physicians [4,12,13]. Despite the recognition of the importance of communication, the complex ED environment poses significant challenges. Time constraints, unpredicted interruptions, diagnostic uncertainty, staff shift changes, crowding, and other factors often undermine good intentions [14–16]. These environmental factors complicate what is, at baseline, an inherently stressful event. Patients arrive not only with physical complaints, but also with anxiety, fear, and uncertainty [9,14]. Given these circumstances, it is not surprising that encounters between health care providers and patients are often less than ideal, such that much of what doctors and nurses say and do is insufficient to meet the needs of the patient.

Critical Stages for Communication

There are 4 critical stages within the ED care process that require effective patient engagement: (1) at intake, when the patient first enters the ED from home or as a transfer from another facility; (2) during assessment of the patient; (3) at the point of development of the treatment plan (including any changes to that plan or significant waits or delay); and (4) at discharge or admission to the hospital from the ED [14]. There are other high-stakes junctures that require effective communication, such as obtaining informed consent for procedures. However, these 4 critical stages represent the core framework for the communication interaction. In this paper, we will briefly examine these points in care, with a primary focus on the discharge process, and offer some suggestions for enhancing communication.

Intake

At intake, patients may be upset and scared. Even minor conditions may be accompanied by anxiety, which often stems from uncertainty about what to expect in the care process. Expressions of caring, reassurance, and information about the anticipated process may help to lower anxiety. Paradoxically,
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During episodes of high volume, when patients have the greatest need for information and reassurance, the intake triage nurses may be least able to offer this support and guidance due to excessive workload, surging patient frustration, and ensuing caregiver fatigue.

Assessment
When the patient moves out of the intake phase and assessment is initiated, there are additional critical communication requirements. During this time, the patient should learn the identity and role of the ED team members, have assurance that their key concerns have been heard and addressed, and begin the process of building rapport with their care providers. This sense of comfort and open communication can increase information transmission.

Treatment
The initiation of the treatment phase often coincides with the assessment phase. Before the physician exits the room, the patient should gain a general understanding of the diagnostic and treatment plan as well as be given some information about how long the entire experience will take. Effective communication at this stage requires coordinated activity by the varied members of the team, repetition and reinforcement of information, and opportunities for questions and assessment of patient understanding [17]. In the ED setting, patients inevitably face times of waiting or delays in their care, and this is a critical element that should be addressed as part of the treatment discussion. Patients have greater tolerance for these circumstances if they are well-informed about the causes and likely duration [18]. Unfortunately, during times of the longest waits and delays, doctors and nurses are busiest, and therefore least likely to be able to engage the patient who is waiting. Complicating matters, ED providers are most often unsure themselves about how long the delay will be.

Discharge
Transitions in care, such as discharge from the ED, are high-risk times for communication failure and, in turn, adverse patient events. Previous research indicates that information provision to patients during an ED visit is often inappropriate or ineffective, and ultimately, many patients are discharged with an incomplete understanding of their care and instructions.

Communication Failures
A growing body of evidence indicates that communication failures contribute to poor outcomes for patients. Although much of the research to date has been done in the inpatient setting, there is obvious relevance for the ED. The AHRQ has identified transition from hospital to home as a critical issue, and recent work indicates that confusion about medications or follow-up testing and care often lead to unexpected medical problems or unnecessary complications [19]. One study found that nearly 20% of patients discharged home from an inpatient general medicine service had adverse events within 3 weeks of discharge. Approximately two-thirds of these events were related to medications and nearly three-quarters of them could have been prevented or ameliorated [20].

Effective communication and appropriate patient preparation for transitions in care may have significant downstream effects on morbidity and resource utilization. In one study, patients who reported feeling well-prepared for a transition in care were found to have lower rates of hospital readmission and ED recidivism [21,22]. In another study, CHF patients who received complete discharge instructions were less likely to be readmitted (for any reason or for heart failure) than those who had received incomplete instructions [23].

It is clear that identifying and addressing problems with communication are essential to providing safe, high-quality patient care in the ED. Several studies have demonstrated that the readability of common ED discharge instructions exceeds patient health literacy or reading levels [24–26]. In order to meet the needs of a diverse patient population, it is generally recommended that health information and discharge materials be written at or below a 6th-grade reading level. However, studies have indicated that discharge instructions most often are written at a 9th- or 10th-grade reading level [27]. This discordance was demonstrated by Hall et al in 2006, confirming widespread persistence of this problem nearly 10 years after it was initially recognized [24].

Given that many patients face challenges with the readability of their discharge materials, it is not surprising that they often have difficulty understanding the care and instructions they receive in the ED. Previous research has demonstrated significant deficits in patients’ ability to accurately recall their discharge instructions following an ED visit [28–30]. A recent study looked at patient comprehension across different domains of the ED visit, including diagnosis, ED tests and treatments, post-ED care, and return instructions. The most common area for comprehension deficits was in the domain of post-ED care (ie, what a patient is supposed to do at home to care for their medical problem, including medications, ancillary measures, and follow-up). These findings suggest that comprehension deficits often directly impact patients’ ability to care for themselves at home and, likely, undermine adherence to the instructions given to them by their provider. Moreover, this study demonstrated that patients are most often unaware of existing deficiencies and, therefore, unlikely to seek help or additional input [31].
Overcoming Challenges to Communication

The wide variety of prepared instructions, tools, and processes for discharge used in EDs often lack any formal assessment to ensure that they maximize patient understanding. The concern is not simply that the documents may use words that are too complicated (exceeding patients’ literacy levels), but also that length, conceptual complexity, and visual presentation may impede patients’ ability to comprehend critical information. In the future, efforts to enhance the communication process in the ED must include a comprehensive and rigorous assessment of the discharge process. To improve patient comprehension at discharge, it is vital that we first define what information patients need to care for their condition at home and, second, consider how this information can be best provided to patients.

Towards this end, our research group has created diagnosis-specific discharge instruction documents for several common diagnoses based on input from emergency providers, relevant subspecialty providers, and communication and literacy experts. We are currently conducting focus groups with patients from local clinics in underserved communities to critically review and revise these documents. Patients have driven substantial revisions by providing invaluable input regarding the content, organization, and presentation of information in these documents. During this process, we have identified numerous themes in the feedback we have received from patients. Not surprisingly, participants have identified specific words and concepts that are unclear and require alternate word choice or clarification. However, they have also provided feedback that is more general and more widely applicable. For example, they have expressed a desire for information providing a contextual or motivational framework for recommended care or instructions (eg, why should I follow these instructions, what happens if I do or do not follow them), as well as practical information or specific examples (eg, how much weight can I lift, how much should I elevate my ankle, how much pain is ok to tolerate). In addition, patients have indicated the importance of making uncertainty about recovery or disease progression clear (eg, “all patients are different so we do not know exactly when you will feel better, but most patients improve within…”). The themes that emerge from this work will enable us to identify key guidelines and principles that should be considered in the development of discharge instruction documents on a broader scale. As our project develops, we look forward to testing our newly revised discharge instructions for patient preference and comprehension. Our findings will not only help to determine if patients find these revised instructions preferable (as compared with standard existing documents), but also assess if they actually provide patients with the information needed to care for themselves and to avoid poor outcomes [12].

Conclusion

Enhancing communication in the ED is important to patient care. Improving discharge instructions and processes based on results of rigorous assessment should lead to improved patient comprehension. System changes, including greater integration of information technology services as well as provider training and teaching, are also essential elements. As changes and interventions are implemented, their impact should be assessed to ensure that they have the desired effect in enhancing patient comprehension of critical information. By improving patient comprehension through an enriched discharge process, we can anticipate positive downstream effects on ED recidivism and patient outcomes.

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