Patient and Clinician Perspectives on Collaborative Work in the Emergency Department

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Introduction

- Older adults (≥65) presented to the ED >27 million times in 2019[1]
- In the ED, older adults experience ageism, poor communication w/ clinicians, challenges at discharge[2]
- Older adults value interactions with ED clinicians (e.g., person-centered care, shared decision making)[3]
- Patient-clinician interactions = **Collaboration**: complex process that includes multiple perspectives (patients, clinicians)[4]

Evolving Process	2+ Social Entities	Engage in Joint Activities	One Shared Goal
>1 clinician, diagnostic process changes based on new information	ED care team (e.g., nurses, physicians) and older adult	Communicating, learning, coordinating, shared-decision making	Caring for older adults' urgent needs and helping them transition to next care setting

- Gap: Few studies have looked at multiple perspectives in the collaborative work process using a systems approach[5,6,7,8]

Objective

To compare patient and clinician perspectives on collaborative work that occurs in the Emergency Department.

Methods

Data collection
- Patient feedback:
  - Written care partner feedback
  - Two 1-hour focus groups (3 patients, 2 care partners)
- Clinician feedback:
  - Written feedback from ED nurses
  - Written feedback and meeting (ED nurse, 2 ED physicians)

Data analysis
- Activities on PJM discussed by patient, care partner and ED clinicians
- Compared perspectives on collaborative work in ED

Results

ED Patient Journey Map
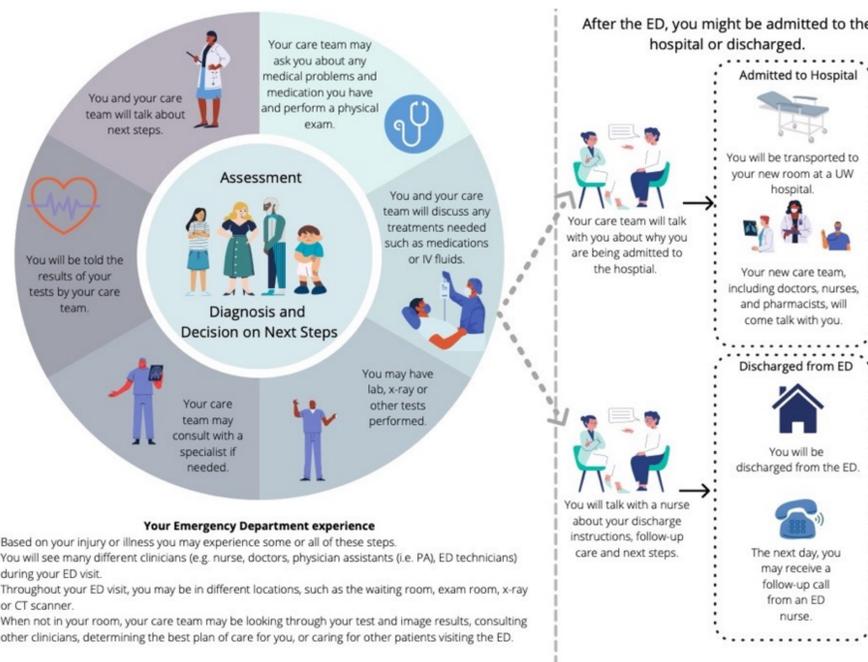
Developed using:
- 20 patient-centered observations
- 10 multidisciplinary meetings
- 2 patient/care partner focus groups

PJM feature	Patient and care partner perspective	ED clinician perspective

Arrival to ED	• Differing perspectives on the importance of the mode of arrival to the ED
	  Care partner 1: "'Arrive at the ED' and 'Arrive by Ambulance' need to be separate boxes because arrival outcomes from each are different."
	  Patient 1: "If you arrive by ambulance, you may go through the same process as if you arrived on foot."
		• Include all modes of arrival (e.g., ambulance, car)

"Seen" v. "checked" by a care team member	• The intake process is being "checked" by ED clinicians rather than being "seen" **Care partner 2:** "…you will be seen by a team rather than checked, you know checked out kind of thing…"	• Include activity "You will be 'seen' by a care team member"

"Care team"	• Don't view ED clinicians and staff as members of care team
	  Patient 1: "The patient doesn't really see a care team gather. It's one member after another."
	• Membership on care team
	  Patient 3: "I wouldn't sort of think of myself really as part of the team"
	  Patient 1: "…it kind of depends, [interviewer]. I'd say that it can happen."
	  Patient 2: "…Yes, that's part of the team. You're explaining to them and communicating to them what the issue is…"
	• Conceptualizing ED clinicians and staff as a team is important
	  Patient 1: "So the idea of a care team, I thought, gee, this would be great to have a sense that people are working as a team"
		• Consider patient and care partner to be member or care team
		• Conceptualizing ED clinicians and staff as a team is important

"Discuss" v. "told" test results	• "Told" not "discuss" test results
	  Patient 1: "I've never had a discussion with the care team myself."
	• "Told" rather than "discuss" result of time constrained environment in the ED
	  Patient 1: "They're [ED clinicians] moving fast. They don't have much time to… discuss…"
		• Consider presenting test results to patient and care partner as a discussion

Conclusions

- Patient & care partners view collaboration, their communication needs, and their roles in collaboration differently than ED clinicians
  - PJM simple and succinct (patients & care partners) vs. complete and extensive (ED clinicians)
  - Different vocabulary
  - Patient role in collaboration: passive (patients & care partners) vs. active (ED clinicians)
- Patients, care partners & ED clinicians value the concept of a care team
  - Opportunity for ED clinicians to invite patients and care partners to be members of care team

Limitation & Future Work:
- Secondary analysis
- Opportunity to study patient-clinician collaboration in depth, as well as in different settings & with different population

References

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