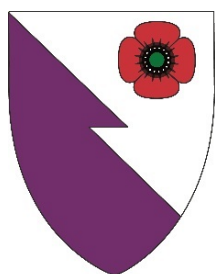


**The Royal College of Emergency Medicine**

**Quality in Emergency Care**

**Patient Experience in Emergency  
Departments**

**A strategic Overview**



**May 2020**

# Overview

## Background

The Royal College of Emergency Medicine (RCEM) works to ensure high quality care for patients by setting and monitoring standards of care in emergency departments, as well as providing expert guidance and advice on policy to relevant bodies on matters relating to Emergency Medicine. The Quality in Emergency Care Committee (QECC) is focussed on achieving a consistently high standard of care in all UK Emergency Departments. However, please remember that RCEM is not a regulatory body.

All definitions of 'health care quality' have safety, patient centeredness, effectiveness, efficiency and timeliness as central pillars.

QECC is producing three documents to identify the related areas of work the committee is focussing on: Safety in Emergency Departments, Patient experience in Emergency Departments, and Quality measurement and Standards in Emergency Medicine.

### **The function of these documents**

The guidance was commissioned by RCEM Council, and written by the Quality in Emergency Care committee, in recognition of the need for a strategic overview of the Royal College of Emergency Medicine approach to safety, experience and quality of care in Emergency Departments, especially in the light of the RCEM CARES campaign (2020).

This document is designed as an overview of QECC activity on improving quality of care in Emergency departments. It is strategic in approach, underpinned by several processes within RCEM. The aim is to describe the relationship between the activity of RCEM and Emergency Departments in these areas.

The strategy is underpinned by practical, 'tactical' and operational advice and guidance for Emergency Departments, which RCEM has produced.

### **What is in these documents?**

The document contains, as relevant to patient experience:

- A short summary and the specific issues within Emergency Departments
- A description of QECC activity and processes
- The relationship between RCEM and Emergency Departments' w.r.t. experience
- A summary of the key areas of patient experience in Emergency Departments
- Signposting RCEM advice and guidance on these areas

## Scope

This guideline was produced to clarify the strategic approach of RCEM to patient experience in Emergency Departments (EDs). It outlines the processes within RCEM, the relationship with EDs, and highlights some of the interventions of value within EDs.

It does not give detailed practical and operational advice; this is described within RCEM guidelines and on the RCEM website.

## Introduction

### What is 'patient experience'?

The 'Patient Experience' is an individual's experience of their illness/injury (including the way the healthcare system treats them). When concerned with the experience of the health care services it is similar to 'patient satisfaction'. There are a number of methods of measurement (qualitative, quantitative and mixed methods), and tools collectively known as 'Patient Reported Experience Measures'.

One key elements of the Quality of healthcare is 'patient centred care'- this means care that is both individualised/bespoke to needs and takes into account individual preferences. There is clearly overlap between the safety and clinical effectiveness of care, these will be discussed further in the associated documents.

### Why is patient experience important?

Whilst this may seem obvious that patient satisfaction is important, it is worth remembering that there is evidence that better experience is associated with better patient outcomes, decreased health costs, and improved organisational reputation.

### What are the key elements of patient experience important?

The evidence base is limited\*; however key elements of patient experience appear to be:

- **Good communication**
- **Staff empathy**
- **Waiting times (including prompt care e.g. rapid pain relief)**

Other commonly cited issues in complaints, anecdotally are

- **Patient Environment** (c.f. 'hotel services')
- **Personalised care** (making care bespoke, and feel bespoke)

### What are the major barriers to good patient experience in Emergency Departments?

Emergency Departments are often described as VUCA environments: volatile, uncertain, complex and ambiguous. Hospitals are 'Complex Adaptive Systems', hampering effectiveness of change interventions. **Crowding** can exacerbate the risks to safety, experience and effectiveness of care.

There are a number of issues that are, while not unique to EDs, are certainly more prevalent with a higher risk in ED, these include:

- Vulnerable patients and those that may lack capacity
- Challenging situations (e.g. delirious patient, patient in custody)
- Patients with frailty
- Patients with high acuity

There is a high turnover of patients, high demand which may outstrip resource, constantly open public areas, adverse environmental conditions (noise, bright lights), all of which serves to accentuate the conditions for experience to be compromised.

## The Royal College and Patient Experience

In 2020, RCEM launched the RCEM CARES campaign, making improving Patient Experience a central element in College activity.

[https://www.rcem.ac.uk/RCEM/Quality\\_Policy/Policy/RCEM\\_CARES/RCEM/Quality-Policy/Policy/RCEM\\_CARES.aspx](https://www.rcem.ac.uk/RCEM/Quality_Policy/Policy/RCEM_CARES/RCEM/Quality-Policy/Policy/RCEM_CARES.aspx)

The College has advisory functions, both generic advice on patient experience (see next section) and bespoke advice available to individual departments (such as Service Reviews).

Specific experience activity undertaken by the College includes:

### Audit/National Quality Improvement Projects

Since 2003, RCEM have devised and run a national audit programme for Emergency Departments; specific to EDs there were three audits topics each year. The reports are available on the RCEM website where the audit tools remain available for use by EDs, and include pain management (in a variety of conditions).

In 2019, the process was changed to a Quality Improvement Methodology, supported by on-line tools to produce 'real time' data and control charts to enable EDs to undertake bespoke, individual QI projects within a national framework. Reports are available on the website. For 2020, the Quality Improvement and Audit subcommittee will refine the process and run three further National QI programmes. In the light of events in early 2020, this will include further projects on **pain management**.

### Standards and guidelines

Standards: In 2017, RCEM published its document on 'Care Standards' to celebrate 50 years of Emergency Medicine in the UK. It listed 50 standards, largely related to patient experience, for EDs to aim to meet. We encourage and challenge clinical leads to review these, measure departments against it, and use a driver for improvement.

Guidelines: The Best Practice Sub-committee publishes guidelines where definite evidence is not available, such as on **pain management, patient advice and information**, management of drug misuse, the alcohol toolkit, those in custody, frequent attenders, and management of sexual assault.

### Providing advice and guidance to departments and clinicians through:

#### Care standards

This document has been produced by RCEM as a 'challenge' to EDs, and a guide to improving experience in Emergency Departments.

#### Quality Improvement and Guidance sections of RCEM Website

This provides additional guidance and advice.

## Emergency Departments and Patient Experience

**What departments can do to improve patient experience:** (See Care Standards for detail)

### **Develop 'customer care', and a compassionate culture**

Establish a 'compassionate culture'; one that considers the patient perspective. Customer care training for all staff is encouraged; including clear introductions, badging, signage etc

### **Improve information given to patients**

Ensuring good communication with patients and carers- of processes, plans and status, with regular updating of progress and changes (see RCEM advice). This includes advice on arrival and discharge, including how to contact/alert staff (when in department) and safety netting (on discharge).

### **Relieve pain (and other symptoms)**

There should be routine audit and quality improvement projects around pain management.

### **Ensure good 'hospitality services'**

Regular environmental audits, patient feedback can assist with this.

### **Reduce waiting times**

While obvious, this is a particularly difficult issue, and much evidence is available. Design improvements and reducing waste/redundancy are some key interventions.

### **Make care bespoke**

Establish patient preferences, acknowledge and address these; especially concerning essential care (e.g. hydration, comfort, independence and mobility).

### **Learn from complaints/compliments**

Ensure processes for feedback from incidents and complaints, and implement practice changes as a result

### **Areas of high value**

Ensuring physical condition of ED is in good order, with patients and carers catered for (with dignity and privacy) signage and process information freely and liberally available

Seek and act on patient feedback, in a highly visible fashion (to both patients and staff)

Staff training in compassionate care and customer care

Regular comfort rounding

Ensure all patient have: a warm greeting, introductions to staff (include name role and position), and access to staff explained and encouraged

High quality communication as per RCEM guidance \*\*

## Measuring Patient Experience

There is controversy regarding the best tools to measure patient experience, and the utility of some tools. However, these tools are useful for trends and highlighting significant outlying domains. Not measuring is not an option:

*"In God we trust, all others must bring data." W. Edwards Deming.*

*"Measure what is measurable, and make measurable what is not so." Galileo Galilei*

Commonly used measures are survey such as the NHS Friends and Family Test (useful to benchmark but issue with response rates for ED despite multimodal feedback), dedicated survey providers (e.g. Picker Institute), the use of Patient Experience Groups, and Healthwatch in England.

## Equity and access

Health inequalities exist; these are systematic, unfair, and avoidable differences in health between different groups. In the UK the differences are often analysed across geography, socio-economic factors, socially excluded groups and specific (including legally protected characteristics such as sex, ethnicity and disability).

In terms of Emergency Departments, these differences are often seen in terms of *access to care and quality and experience of care.*

Examples include:

Differences in provision of pain relief; there is evidence of differences in this according to ethnicity, age and gender.

Difficulties in access for socially excluded groups (trafficked patients, homeless people, those part of recovery movement).

As mentioned above, until the differences are quantified, and routinely measured, it can be difficult to identify and reduce the inequalities in the Emergency Department.

## Authors

James France, Emma Redfern, Liz Saunders, Simon Smith

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## Acknowledgements

QEC committee and subcommittees

## Review

Usually within three years or sooner if important information becomes available.

## Conflicts of Interest

None

## Disclaimers

The College recognises that patients, their situations, Emergency Departments and staff all vary. This guideline cannot cover all possible scenarios. The ultimate responsibility for the interpretation and application of this guideline, the use of current information and a patient's overall care and wellbeing resides with the treating clinician.

## Research Recommendations

Research into PREMs specific to ED and key elements of patient experience

Research into the relative efficacy of interventions to improve patient experience

## Audit standards

None

## Key words for search

Patient Experience, Emergency Department

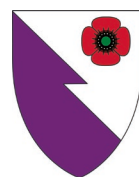
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\* Sonis JD, Aaronson EL, Lee RY, Philpotts LL, White BA. Emergency Department Patient Experience: A Systematic Review of the Literature. *J Patient Exp*. 2018;5(2):101-106. doi:10.1177/2374373517731359

\*\* RCEM guidance: Giving Information to Patients in the Emergency Department (Feb 2017). Available at: [https://www.rcem.ac.uk/docs/RCEM%20Guidance/Giving%20information%20to%20patients%20in%20the%20ED%20\(Feb%202017\).pdf](https://www.rcem.ac.uk/docs/RCEM%20Guidance/Giving%20information%20to%20patients%20in%20the%20ED%20(Feb%202017).pdf)







**The Royal College of  
Emergency Medicine**

The Royal College of Emergency Medicine  
7-9 Breems Buildings

London

EC4A 1DT

Tel: +44 (0)20 7400 1999

Fax: +44 (0)20 7067 1267

[www.rcem.ac.uk](http://www.rcem.ac.uk)

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