vital

7 Ways Overcrowded EDs Can Address Patient Experience

Consumerism in the ED

Whether you're a hotel guest, a restaurant diner, or an athletic club member, it's natural to expect a certain amount of **personal attention**. And if you don't feel you're being seen or heard, you're likely to take your business elsewhere.

The same is true of emergency department (ED) patients. In fact, you could argue that patients are even more sensitive to poor experiences due to the stress they're already feeling when they walk into an overcrowded ED.

This can have a **negative impact** on several success metrics, including:

- High left without being seen (LWBS) rates
- Poor ED CAHPS scores
- Low patient satisfaction survey results
- Reputation-harming online reviews

Fortunately, today's technology can help hospital leaders avoid some of the negative consequences of overcrowding. In this e-book, we'll explore a variety of recent advancements including those powered by artificial intelligence (AI) — that you might consider for your own ED.



FAST FACTS

A study of 187 hospitals uncovered \$17 million in costs associated with ED overcrowding.

187 \$17M hospitals

in costs



7 tips informed by data

At Vital, we pay close attention to how patients in 100+ hospitals interact with our <u>patient experience software</u>. By analyzing data from more than 1 million patients per year, we've identified a variety of pain points faced by hospitals in the context of overcrowded EDs. Each section of this ebook is informed by data from our ED patient experience platform, <u>ERAdvisor</u>, and organized as **tips for busy ED professionals**.

- 1. Offer transparency regarding wait time
- 1. Gather patient feedback in the moment, not later
- 2 1. Automatically route service requests
- 1. Keep loved ones in the loop
- 1. Ensure patient understanding of medical notes
- 1. Use AI to curate video-based patient education
- 1. Build in feedback loops for a better reputation, internally and externally



FAST FACTS

ED crowding results in 5% greater odds of patient death following admission

5% more deaths



FAST FACTS

Left-without-being-seen (LWBS) rates nearly doubled in the U.S.

1.1%

2.1%

January 2017

December 2021

1.

Offer transparency regarding wait times

According to the Centers for Medicare & Medicaid Services (CMS), the average ED wait time by state is 1.5 to 3.5 hours. Regardless of where your ED is located, a lack of clarity regarding wait times can be frustrating to patients and staff alike.

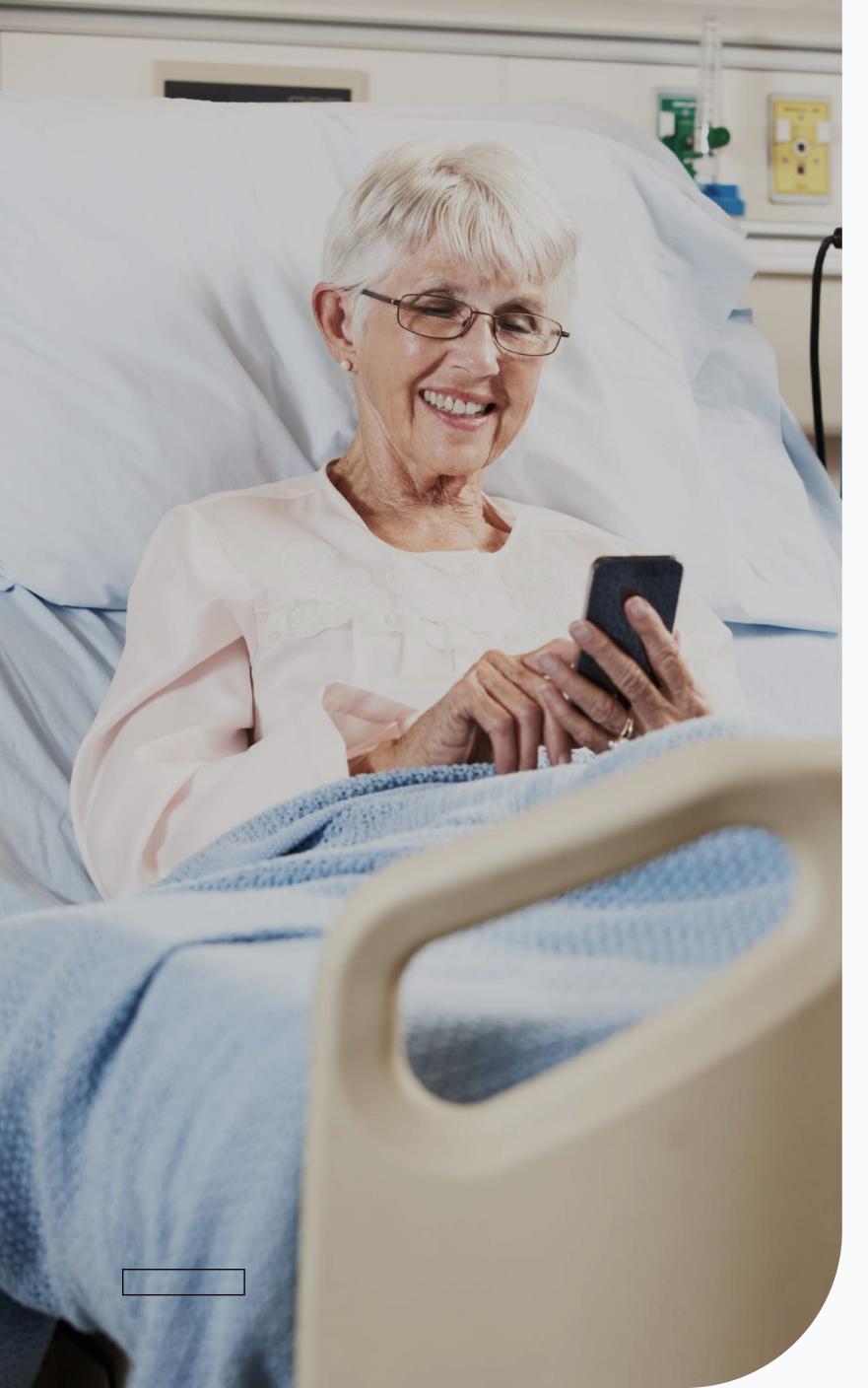
But when the ED is overcrowded, communicating wait times becomes an operational necessity.

Fortunately, **AI** can easily calculate average wait times based on the number of patients in your waiting area, the number of beds available, and current discharge-to-admit ratios. That's a good start, but there's really no such thing as an "average" ED patient.

To get a more **personalized idea** of individual wait times, factors unique to each patient (such as reason for visit, age, sex, emergency severity index score, etc.) and the volumes coming in the ambulance bay can be taken into account.

When algorithms are trained on both ED environmental and patient-specific factors, we've seen AI predict wait times with **near perfect accuracy** — and they're available to each patient via their own smartphone.

Across Vital's book of business, ERAdvisor calculates individual wait times with 97% accuracy on average.



Gather patient feedback in the moment, not later

Health systems learn a lot through patient surveys. Unfortunately, many are conducted days or weeks after discharge — hardly timely, specific, or actionable. That's why more EDs are turning to **mobile apps** to capture live feedback during the patient visit, not after. This gives patients a voice and allows for more responsiveness to pain management, room cleanliness, patient education, and more.

Just as important, collecting data from patients "in the moment" can help you make the case for more resources — an important discussion if your ED is regularly overcrowded.

3.

Automatically route service requests

Clinical quality and customer service are often conflated in the patient's mind. An ED that objectively offers the highest-quality clinical care may have **service response gaps** that skew the patient's view of the quality of care they received. Having interfaces (digital or otherwise) that can serve as a proactive <u>air traffic</u> control for service gaps is key to aligning clinical quality with the quality of the care experience.

Automatic routing of service requests is key to tackling this challenge.

Rather than asking the nearest staff member who walks by, ED patients can use their smartphone to request anything from a warm blanket to asking for help to the restroom. Thanks to ERAdvisor, the app knows whether to route the request to environmental services, concierge care, the HUC, or someone else. This means **nurses can respond to more clinical needs**, thereby allowing them to operate at the top of their license.



FAST FACTS

Hospital staff know when a patient needs attention. According to 60,000 logged service requests, staff can see when a patient...

37%

18%

is in pain

is cold

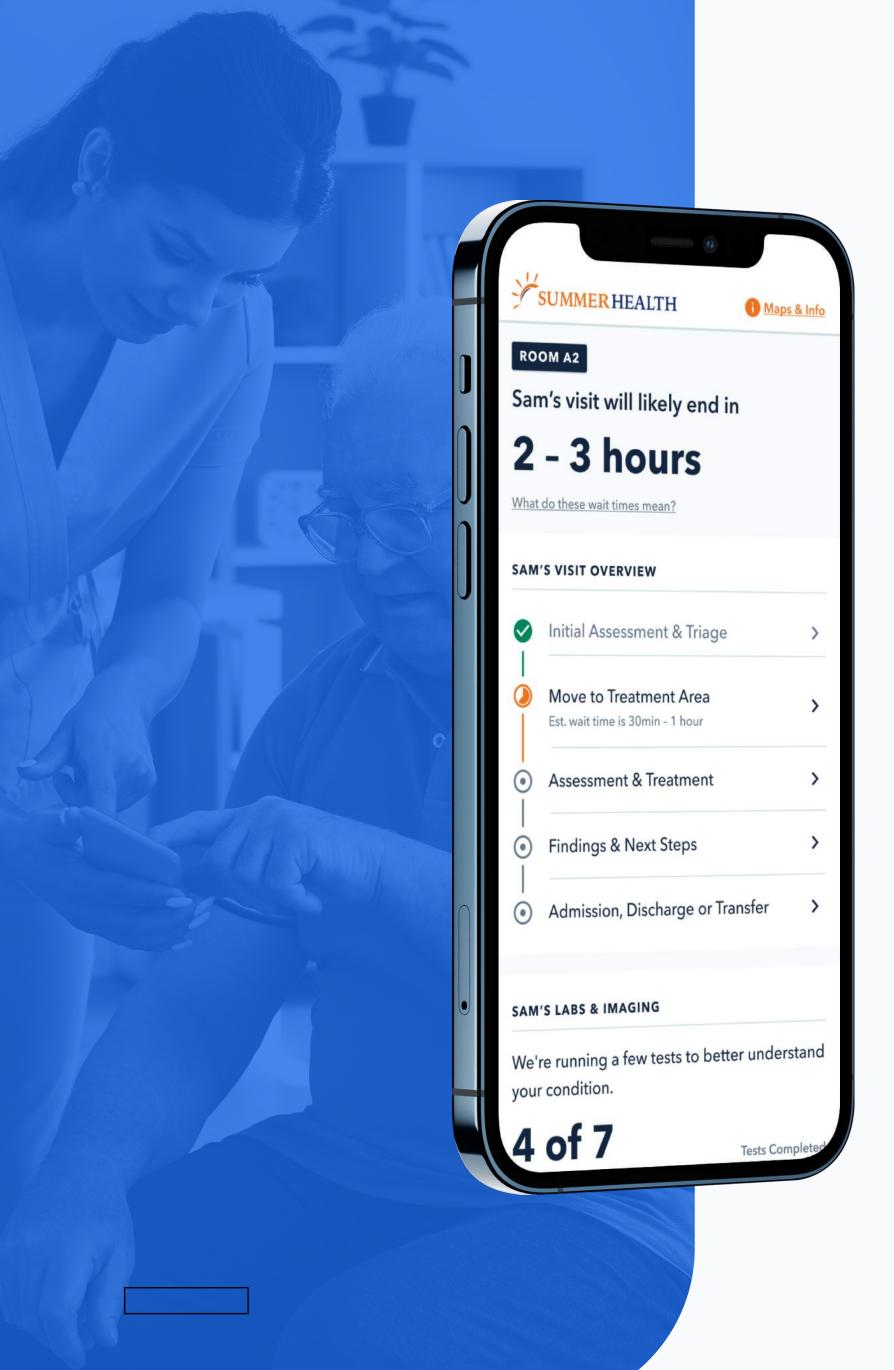
12%

10%

has a medical question

is feeling nauseous





4. Keep loved ones in the loop

Most people who work in the ED got into healthcare because they care about people. And that **sense of empathy** extends to patients' loved ones. Whether they're sitting at the patient's bedside or losing sleep halfway around the world, friends and family want to be kept in the loop.

When the ED is overcrowded, the onus is often on the patient to keep loved ones informed. But text messages and phone calls in between the various steps of an ED visit tend to be **incomplete**.

That's why Vital's patient experience platforms allow patients to share updates with loved ones with **just a few taps**. These can include updates regarding patient status, lab and imaging results, discharge instructions, and more.

The popularity of this feature has surprised even our own product development teams. Currently, **20% of patients** using ERAdvisor share these kinds of updates with friends and family. More importantly, it's safe, secure, and easy to use — a real advantage to patients stressed enough as it is.



5.

Ensure patient understanding of medical notes

Result Summary Disclaimer

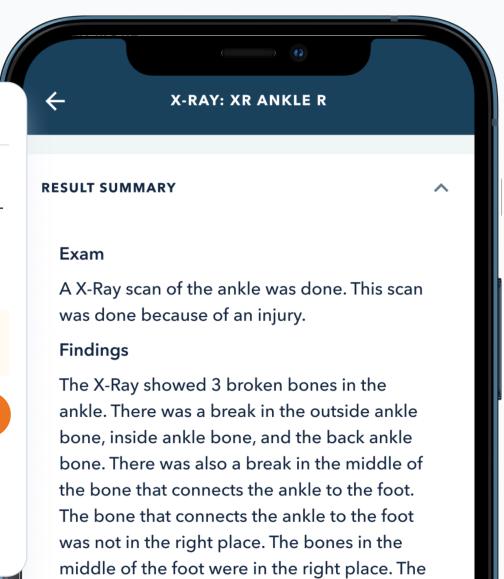
Result Summary is an advanced A.I. tool that explains complex medical information in easy-to-understand language. While we strive for accuracy, the summary may contain errors or omissions.

View the original note or talk to your care team as the ultimate source of truth.

✓ I Agree, Show Summary

Show Original Note Only

By clicking "I Agree", you accept additional <u>A.I. terms & conditions</u>.



The ankle has 3 broken bones and the bone

connecting the ankle to the foot is not in the right place. The joint connecting the ankle to

the foot is not in the right place either.

bones were normal.

Impression

When it comes to patients feeling informed, an overcrowded ED is a big contributor to **low patient satisfaction ratings**. In fact, a study featured in Academic Emergency Medicine found that over 21% of patients who reported low satisfaction following a visit to an overcrowded ED said they didn't feel their care team "kept them informed about their treatment."

A big part of ensuring your patients feel informed is making sure they fully **understand their diagnosis**. This isn't easy, however, especially when your ED is overcrowded.

Using ERAdvisor, patients can get plain language "translations" of complex medical jargon often found in medical notes such as imaging results and discharge instructions. "Myocardial infarction," becomes "heart attack," "edema" becomes "swelling," and "NPO at 00:00" becomes "don't eat or drink after midnight."

Because clinicians are so strapped for time, every minute they spend with a patient is precious. When the patient is able to review imaging results or discharge instructions prior to that final touchpoint with a clinician, AI helps ensure that their conversation is as **productive** as possible.

8

6.

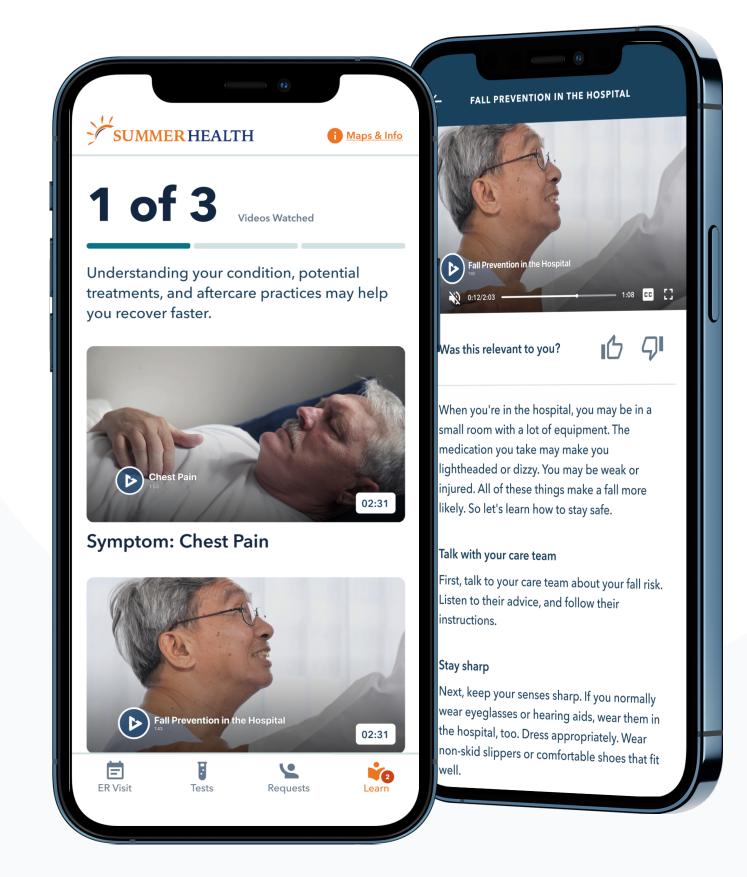
Use AI to curate video-based patient education

We're addicted to our phones, maybe because most of us are **visual learners**— <u>65%</u> of us, by some accounts.

When it comes to retaining ED discharge instructions, an even higher proportion (67%) of patients correctly recall their discharge instructions when **video content** is included. But finding the right content for each patient takes time, and is difficult to deliver and access through a patient portal.

AI can help here as well. Similar to how Netflix recommends content that may interest you based on your viewing habits, the AI in ERAdvisor can use information in the EHR to curate educational videos that are hyperrelevant to each patient's specific condition or medical procedure.

The value of AI to automatically "prescribe" educational content and to simplify medical jargon (as mentioned in tip #5) cannot be underestimated when you consider that 36% of adults in the U.S. have **low health literacy**.



The CDC <u>defines</u> health literacy as



The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions."

7. Build in feedback loops to enhance

reputation

When shopping for healthcare, today's patients increasingly rely on **online reviews** left by other patients on platforms such as Google, Yelp, and Healthgrades. This is especially important for hospital leaders to keep in mind, as poor patient experience in the ED can have a negative impact on their hospital's reputation as a whole.

As mentioned in tip #2, gathering realtime feedback from patients during an ED visit can have a significant impact on **service recovery**. Formal channels like these can be used in an even more meaningful way by prompting patient action. For example, when a patient rates the service they receive in the ED as 5 stars, ERAdvisor prompts them to leave a review on Google. And if this is done while they're still in the ED (i.e., when everything is still fresh in their mind), they might even leave a **short testimonial** that you can repurpose to recognize your team's good work.

More than 50% of hospital admissions
— and therefore considerable revenue
— originate from the ED. With the right technology, EDs can generate **positive**internal and external reputation and drive more impact on the hospital's balance sheet.



72% of patients use online reviews when selecting a provider.

- 2022 Healthcare Trends Report



Some final observations

In working with 100+ hospitals across the United States, Vital has found that the single most important factor to ensuring the success of any patient experience technology is **patient adoption**. A 10% to 15% patient adoption rate may not meaningful improve the care experience on the whole.

We're proud of the fact that ERAdvisor has an average patient adoption rate of 57%, and we attribute that to the platform's ease of use. After receiving a text message on their smartphone, patients confirm their identity, and have immediate access to the platform — no passwords, no software downloads.

But it's also due to the great partnerships with our clients. So, we'll let them have the last word. In this short video, an ED director and a nursing director at one of the busiest hospitals in the nation share **best practices** for high adoption of patient experience software.



U.S. hospitals that deliver a "superior" customer experience achieve 50% higher net margins compared to hospitals that provide only an "average" customer experience.



vital www.vital.io

Thank you!

Schedule A Demo →