

## Evaluation of Patient Satisfaction Score While Waiting in the ER and Enlisting the Various Factors Responsible for the Delay Admission from the ER in a tertiary care center of New Delhi, India

Priya Govil<sup>1</sup>, Anita Rawat<sup>2</sup>, Kishalay Datta<sup>3</sup>

### How to cite this article:

Priya Govil, Anita Rawat, Kishalay Datta/Evaluation of Patient Satisfaction Score While Waiting in the ER and Enlisting the Various Factors Responsible for the Delay Admission from the ER in a tertiary care center of New Delhi, India/Indian J Emerg Med 2023;9(2):65-68.

### Abstract

The patient waiting in the Emergency room for both the patient assessment and patient transfer out to the assigned destination (ward or intensive care unit) are major indicators in healthcare reform. This is generally assessed by patient satisfaction score. This score is usually lowest in the emergency room worldwide, mostly due to the patient load in the emergency room. We aim to assess the patient satisfaction score and the cause of delay in patient shifting out of the emergency room in our institute as the emergency department is the first point of contact in patients.

**Keywords:** Emergency room; Patient assessment; Ward or Intensive care unit; Healthcare reform.

## INTRODUCTION

The recent healthcare reforms has been focussing majorly on patient centered care and thus, it required active patient participation for decision making.<sup>1</sup> Patient satisfaction metrics play a vital role in assessing the ED care.<sup>2</sup> The patient satisfaction score has been the lowest in the ED when compared to other centers within the hospital. The delay in patient transfer out to the respective destination depends on variable factors within the healthcare setup. In this article,

we will be assessing the patient satisfaction score in the ED of our institute and enlisting the various factors associated with delay in patient transfer out. This will help in better patient centered care and improve the quality of medical care to be provided to the patient community.

### Review of Literature

Quality healthcare means the patient needs and expectations are readily met by the healthcare institute.<sup>2</sup> Patient satisfaction is the measure of quality of healthcare.<sup>2</sup> Several factors play a role in patient satisfaction, which should be observed and co-ordinated to improve the patient's overall health.<sup>3</sup> Satisfied patients are, overall, more compliant to the instructions given by the medical team, thus improving the quality of healthcare.<sup>4</sup>

Assessment of the patient satisfaction score overall also benefits the healthcare team to modify their healthcare norms to improve the patient quality care.<sup>5</sup> Various articles have been published on online platforms regarding the

**Author's Affiliation:** <sup>1,2</sup>Senior Consultant, <sup>3</sup>Director and HOD, Emergency Medicine, Max Super Speciality Hospital, Shalimar Bagh 110088, Delhi, India.

**Corresponding Author:** Priya Govil, Senior Consultant, Emergency Medicine, Max Super Speciality Hospital, Shalimar Bagh 110088, Delhi, India.

**E-mail:** drpriyasharma5@gmail.com

**Received on:** 29.04.2023

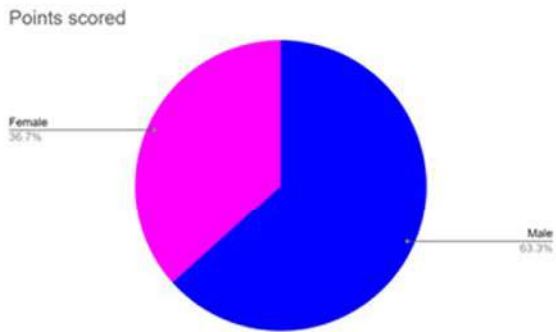
**Accepted on:** 31.05.2023

patient satisfaction score in ED, which has shown that the ED has the lowest patient satisfaction score, of approximately 28%.<sup>5</sup> Patient satisfaction survey has gained momentum worldwide as these are the indicators of healthcare reforms for better patient care quality.<sup>6</sup> The study in a hospital in Southern Ethiopia concluded that 91.7% of patients were satisfied with the ED staff.<sup>7</sup> Another such study conducted at Moroccan University Hospital suggested that 66% of patients were satisfied.<sup>8</sup> Studies have found out that gender, age, place of living, marital status, education level and income are sole determinants of patient satisfaction score.<sup>9</sup> Waiting time, delay in test results and transfer out to desired location were the major reasons for patient dissatisfaction in the ED.

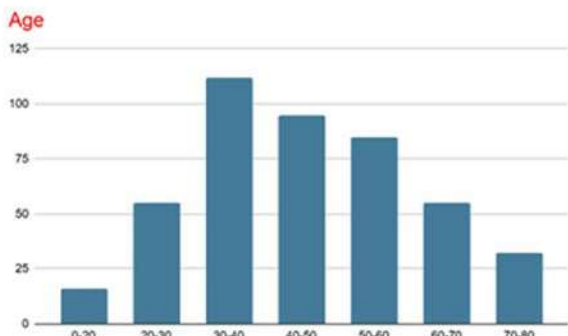
**Methodology**

This is a prospective, cross sectional study, in which a pre-determined questionnaire was given to the patients visiting the ED of our institute over a duration of 3 months.

The study questionnaire was prepared after careful examination and assessment of previously done studies. After thorough evaluation, a nine question study questionnaire was prepared and



A. Gender: majority of the participants were males when compared to females

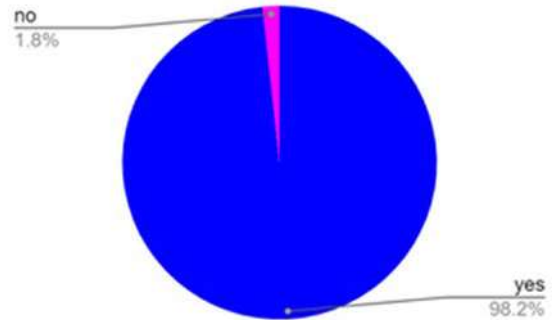


B. Age: age distribution among the various ED visits are shown below

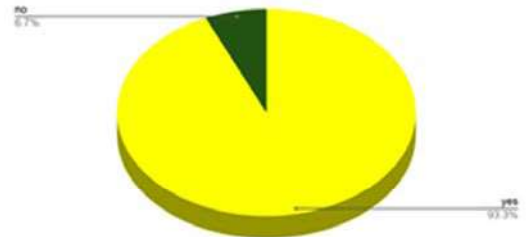
was given to the patient in the ED.

**Results**

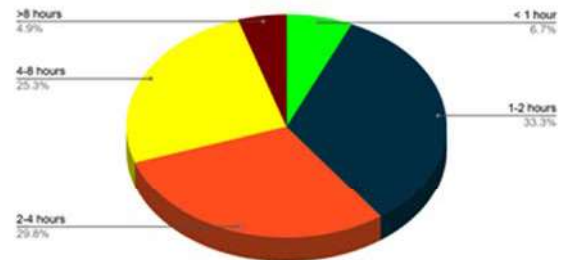
A total of 450 patients were assessed during the



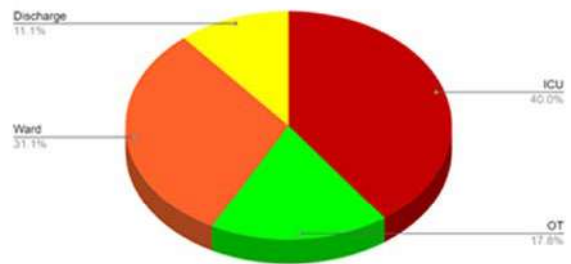
C. Assessed by triage nurse and doctor within 20 minutes of arrival with segregation based on triage code majority of the patient were segregated within first 20 minutes.



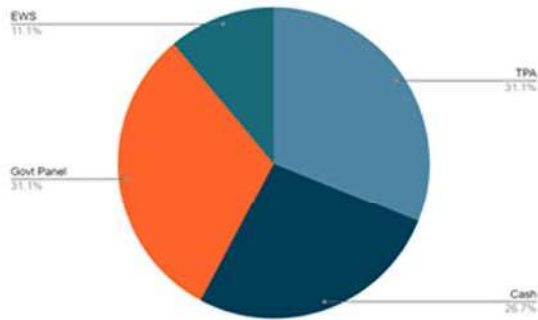
D. Treatment began in first 30 minutes of arrival into the ED



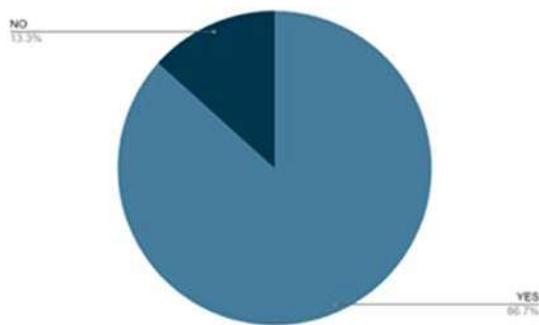
E. Total wait time in the ED which majorly affects the patient satisfaction score.



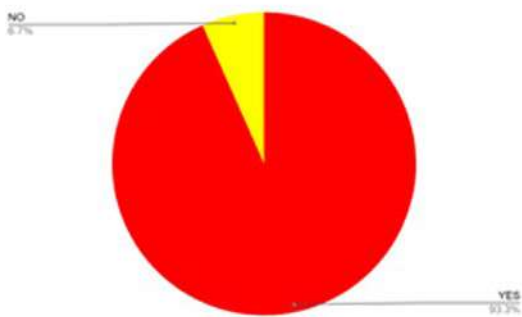
F. Final destination where the patient was shifted from the ED.



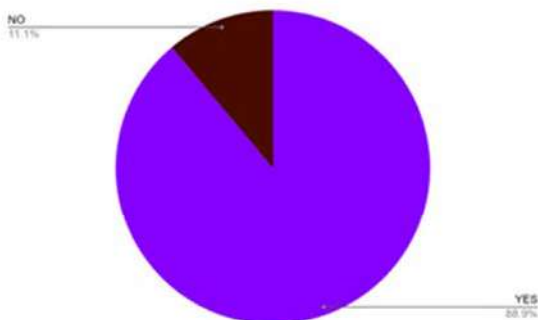
G. Patient payment mode for admission and due course during the hospitalization



H. Proper food, hygiene and safety (security) was provided during the wait time in ED



I. Proper care by treating ED doctors and ED nursing staff i.e.. Proper vitals monitoring, medication administration, "healing touch", empathy towards the patient



J. Will revisit the hospital in future (in case) for treatment again / suggest the hospitals to friends and family

study period. All the patients agreed to be active participants in the study conducted.

## DISCUSSION

Our study conducted in a super speciality hospital of North India showed that the majority of the patients visiting the ED and waiting in the ED are males when compared to females. Majority of the patients were aged between 30 - 40 years of age. There was no delay in assessing the patients within the first 20 minutes of arrival in the ED by the triage nurse and doctor in the ED, the treatment began within the first 30 minutes after the assessment of the triage team. The wait time in the ED ranged from 2-8 hours in our study. The majority of the patients were destined to ICU and ward from ED who were getting delayed for shifting. The patients destined to the operating room and discharged from ED were not delayed in this study population. As thought by majority people that private hospitals are money minded and admit people with cash or insurance (payment mode), our study has shown that there was equal time of delay in cash patients, insurance patients and government panel patients. Unlike other hospitals, people below the poverty line (economically weaker section - EWS), our hospital treats patients as patients and does not discriminate among the sections of the society. Majority of the patients were happy by the behavior of the nursing staff and doctors in ED during the wait time in ED, and many agreed to return to the hospital in future (incase) and get treatment. The major source for delay was found to be slow discharge process within the hospital setup.

ED's are the first point of contact of patients to the hospital and thus, the perception (good or bad) about the hospital is formed in the ED itself.<sup>10</sup> Wait time in the emergency is the major source of patient dissatisfaction worldwide, patients need quick resolution of the patient problem with shorter stay in the hospital.<sup>11</sup> The triage code for the ED is designed for the purpose of patient categorization based on the prioritization depending on patient symptoms based on the assessment by triage nurse and triage doctor. Care by ED nurses play the most important role in patient satisfaction during the stay in ED. They must possess specific knowledge regarding healthcare to provide quality care to patients of all ages with empathy.<sup>12</sup> This period can be improved (for patient quality care) by hiring senior and experienced staff having both sound clinical knowledge and empathy response towards the patient, which many growing and established

healthcare establishments lack by hiring new trainees in the ED.<sup>12</sup> Similarly, the doctor patient relationship also plays a vital role in patient satisfaction/ dissatisfaction while visiting the ED and during the stay in the ED.<sup>13</sup> Treating patients with empathy, giving the desired knowledge and treatment outcome plays the crucial role in building a healthy doctor patient relationship.<sup>14</sup> The assessment of ED patient satisfaction score is a complex and tiresome task but the need of the

TRIAGE CLASSIFICATION				
COLOUR	PRIORITY	TRIAGE CATEGORY	CONDITIONS	TRANSFER TO
RED	1	TOP PRIORITY ATTENTION	TRAUMA & MEDICAL EMERGENCIES	ICU
YELLOW	2	URGENT ATTENTION	MODERATELY INJURED, GENERALLY NON-AMBULATORY	ICU / WARD
GREEN	3	SEMI-URGENT	MINOR INJURIES, WALKING WOUNDED CATEGORY	WARD / OPD
BLACK	4	NON-URGENT	DEAD BODY TO BE TAGGED	DEAD BODY AREA

hour. The assessment should be carried out by the administration team to build a healthy patient centric healthcare environment for the patient's comfort and trust regarding the treatment.

## CONCLUSION

This study for the assessment of patient satisfaction score and reasons for delay in admission from the ED is one such sole study to be carried out in our healthcare setup. The study found out that there was major delay in shifting of patients to the ICU and ward from the ED but there was very less patient dissatisfaction noted, mostly due to the impressive handling of patients by the nursing team and doctors in the ED. The major reason for delay was found to be a slow discharge process within the hospital leading to waiting in the ED. The study will be used to guide the healthcare reforms expert and administration to improve the quality care and overall patient satisfaction by improving the major faults within the healthcare setup.

## REFERENCES

1. Welch SJ. Twenty years of patient satisfaction research applied to the emergency department: A qualitative review. *Am J Med Qual.* 2010;25:64-72.
2. Andaleeb SS. Service quality perceptions and patient satisfaction: A study of hospitals in a developing country. *SocSci Med.* 2001;52:1359-70.
3. Rahmqvist M, Bara A-C. Patient characteristics and quality dimensions related to patient satisfaction. *Int J Qual Health Care.* 2010;22(6):86-9.
4. Kent S. Achieving patient compliance: The psychology of the medical practitioner's role. *JAMA.* 1983;250(17):2376-7.
5. West E. Management matters: The link between hospital organisation and quality of patient care. *Qual Health Care.* 2001;10:40-8.
6. Lau FL. Can communication skills workshops for emergency department doctors improve patient satisfaction? *Emerg Med J.* 2000;17:251-3.
7. Worku M, Loha E. Assessment of client satisfaction on emergency department services in Hawassa University Referral Hospital, Hawassa, Southern Ethiopia. *BMC Emerg Med.* 2017;17:21.
8. Damghi N, Belayachi J, Armel B, Zekraoui A, Madani N, Abidi K, *et al.* Patient satisfaction in a Moroccan emergency department. *Int Arch Med.* 2013;6:20.
9. McKinley RK, Roberts C. Patient satisfaction with out of hours primary medical care. *Qual Health Care.* 2001;10:23-8.
10. Davis K, Stremikis K, Squires D, Schoen C. *Mirror, Mirror on the Wall. How the Performance of the US Health Care System Compares Internationally.* New York: Common Wealth Fund; 2014.
11. Hoot NR, Aronsky D. Systematic review of emergency department crowding: Causes, effects, and solutions. *Ann Emerg Med.* 2008;52:126-36.
12. Calvillo E, Clark L, Ballantyne JE, Pacquiao D, Purnell LD, Villarruel AM. Cultural competency in baccalaureate nursing education. *J TranscultNurs.* 2009;20:137-45.
13. Stewart MA. Effective physician-patient communication and health outcomes: A review. *CMAJ.* 1995;152:1423-33.
14. Leonard M, Graham S, Bonacum D. The human factor: The critical importance of effective teamwork and communication in providing safe care. *QualSaf Health Care.* 2004;13 (Suppl 1):i85-i90.