

PUBMEDsearch over Patiëntentevredenheid op spoedgevallen:

In dit document vindt U abstracts van reviews die de ervaring met tevredenheidmetingen op spoedgevallen bespreken/

Samengevat komt het hier op neer:

De appreciatie over de kwaliteit van spoedgevallenzorg wordt snel negatief ingekleurd omdat de organisatie primordiaal medisch technische georiënteerd is en de patiënten en hun familie vooral emotionele ondersteuning verwachten.

Vijf elementen correleren met een verhoogde patiënten tevredenheid:

1. Empathie
2. Tijdigheid van zorg
3. Informatieverstrekking
4. Pijnbeleid
5. Technische competentie

Als voornaamste verbetermogelijkheden worden aangegeven:

- Training in bejegening (interpersoonlijke vaardigheden)
- Inspelen op de verwachtingen van de patiënt (de gepercipieerde wachttijd speelt een grotere rol dan de effectieve wachttijd zelf)

1.

[Twenty years of patient satisfaction research applied to the emergency department: a qualitative review.](#)

Welch SJ.

Am J Med Qual. 2010 Jan-Feb;25(1):64-72. doi: 10.1177/1062860609352536. Epub 2009 Dec 4. Review.

PMID:

[Am J Med Qual.](#) 2010 Jan-Feb;25(1):64-72. doi: 10.1177/1062860609352536. Epub 2009 Dec 4.

Twenty years of patient satisfaction research applied to the emergency department: a qualitative review.

[Welch SJ.](#)

Source

Intermountain Institute for Healthcare Delivery Research, 36 South State Street, Salt Lake City, UT 84111, USA. sjwelch56@aol.com

Abstract

This clinical review article examines the patient satisfaction literature for the past 20 years. This literature is summarized for qualitative themes and general trends. Intended for the practicing clinician, these themes are then applied to the emergency department (ED) milieu. According to the Agency for Healthcare Research and Quality, the ED is the point of entry for more than half of all patients admitted to the hospital in the United States. Indeed, the ED is the "front door" to the hospital. According to Press Ganey, satisfaction with ED care is at an all-time low. A review of the literature revealed 5 major elements of the ED experience that correlate with patient satisfaction: timeliness of care, empathy, technical competence, information dispensation, and pain management. The literature supporting these 5 elements is summarized and applications to the ED setting are suggested. Other minor correlates with patient satisfaction are also presented.

[PubMed - indexed for MEDLINE]

[Related citations](#)

Select item 16670259 2.

[The use of performance improvement methods to enhance emergency department patient satisfaction in the United States: a critical review of the literature and suggestions for future research.](#)

Boudreaux ED, Cruz BL, Baumann BM.

Acad Emerg Med. 2006 Jul;13(7):795-802. Epub 2006 May 2. Review.

PMID:

[Acad Emerg Med.](#) 2006 Jul;13(7):795-802. Epub 2006 May 2.

The use of performance improvement methods to enhance emergency department patient satisfaction in the United States: a critical review of the literature and suggestions for future research.

[Boudreaux ED](#), [Cruz BL](#), [Baumann BM](#).

Source

Department of Emergency Medicine, University of Medicine and Dentistry New Jersey-Robert Wood Johnson Medical School and Cooper Hospital, Camden, NJ 08103, USA. boudreaux-edwin@cooperhealth.edu

Abstract

OBJECTIVES:

The authors reviewed the evidence on performance improvement methods for increasing emergency department (ED) patient satisfaction to provide evidence-based suggestions for clinical practice.

METHODS:

Data sources consisted of searches through MEDLINE, CINAHL, PSYCHINFO, Cochrane Library, and Emergency Medicine Abstracts and a manual search of references. Articles were included if they reported a performance improvement intervention targeting patient satisfaction in the ED setting. Articles on studies not conducted in the United States or that failed to provide enough details to allow critical evaluation of the study were excluded. Two authors used structured evaluation criteria to independently review each retained study.

RESULTS:

Nineteen articles met all selection criteria. Three studies found varying levels of support for multicomponent interventions, predominantly focused on implementation of clinical practice guidelines for specific presenting complaints and process redesign. Sixteen studies evaluated single-component interventions, with the following having at least one supportive study: using alternating patient assignment to provider teams rather than "zone"-based assignment, enhancing provider communication and customer service skills, incorporating information delivery interventions (e.g., pamphlets, video) that target patient expectations, using preformatted charts, and establishing ED-based observation units for specific conditions such as asthma and chest pain.

CONCLUSIONS:

There is modest evidence supporting a range of performance improvement interventions for improving ED patient satisfaction. Further work is needed before specific, evidence-based recommendations can be made regarding which process changes are most effective. Recommendations are made for improving the quality of performance improvement efforts in the ED setting.

[Related citations](#)

Patient Satisfaction Investigations and the Emergency Department: What Does the Literature Say?

1. Andrew Trout^{1,*},
2. A. Roy Magnusson MD^{2,3},
3. Jerris R. Hedges MD, MS³

Keywords: patient satisfaction; emergency department; administration; literature review; outcomes

Abstract. Background: Patient satisfaction is an indicator of the quality of care provided by emergency department (ED) personnel. It is this perception of satisfaction that becomes the basis for future ED choice or the recommendation of a specific ED to other potential patients. Objective: To perform an evidence-based literature review to: 1) characterize measures of “patient satisfaction” 2) identify factors that have been associated with overall ED patient satisfaction; 3) critique the methods used to assess patient satisfaction in the literature; and 4) address how this information can be beneficial to those reading the satisfaction literature or designing a satisfaction survey instrument. Methods: The MEDLINE database was searched for studies addressing ED patient satisfaction, from January 1976 through July 1999, using MeSH terms and a text word search. Bibliographies of manuscripts also were searched for additional relevant articles and each clinical study was used as a search criterion in Science Citation Index, from the date of publication through July 1999. Results: Multiple measures have been used to evaluate overall patient satisfaction. Sixteen studies were found associating ED patient satisfaction with service and patient factors. Most studies are observational and of these, most are cross-sectional. Hence, cause-and-effect determination of factors responsible for patient satisfaction cannot be resolved using the current literature. Conclusions: Despite considerable methodologic variability, key themes (e.g., association of satisfaction with patient information, provider—patient interpersonal factors, and perceived waiting time) emerge from review of the ED patient satisfaction literature. To standardize future investigations, clinicians and investigators should use a common definition for the state of overall patient satisfaction, e.g., when the patient's own expectations for treatment and care are met (or exceeded). This common definition should be incorporated into the instrument used to measure overall ED patient satisfaction.

Select item 20382369 3.

[The patient experience in the emergency department: A systematic synthesis of qualitative research.](#)

Gordon J, Sheppard LA, Anaf S.

Int Emerg Nurs. 2010 Apr;18(2):80-8. doi: 10.1016/j.ienj.2009.05.004. Epub 2009 Aug 5. Review.

PMID:

[Int Emerg Nurs.](#) 2010 Apr;18(2):80-8. doi: 10.1016/j.ienj.2009.05.004. Epub 2009 Aug 5.

The patient experience in the emergency department: A systematic synthesis of qualitative research.

[Gordon J](#), [Sheppard LA](#), [Anaf S](#).

Source

School of Health Sciences, University of South Australia, City East Campus, North Terrace, Adelaide 5000, Australia. gorjy003@students.unisa.edu.au

Abstract

The aim of this study was to systematically review qualitative literature published between 1990 and 2006 exploring the patient experience within the emergency department (ED) with the intent of describing what factors influence the patient experience. Twelve articles were retrieved following combination of key words using five databases. The overarching categories developed from this integration of literature were; emotional impact of emergency, staff-patient interactions, waiting, family in the emergency department, and emergency environment. The patient experience issue given most emphasis by the articles under review was the caring or lack of caring regarding the patients' psychosocial and emotional needs. This was in contrast to the culture of the ED which emphasised "medical-technical" skill and efficiency. Satisfaction studies need to understand many factors and influences, qualitative methodologies have the ability to do so.

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[PubMed - indexed for MEDLINE]

[Related citations](#)

[Patient satisfaction investigations and the emergency department: what does the literature say?](#)

Trout A, Magnusson AR, Hedges JR.
Acad Emerg Med. 2000 Jun;7(6):695-709. Review.

PMID:
[Acad Emerg Med.](#) 2000 Jun;7(6):695-709.

Patient satisfaction investigations and the emergency department: what does the literature say?

[Trout A](#), [Magnusson AR](#), [Hedges JR](#).

Abstract

BACKGROUND:

Patient satisfaction is an indicator of the quality of care provided by emergency department (ED) personnel. It is this perception of satisfaction that becomes the basis for future ED choice or the recommendation of a specific ED to other potential patients.

OBJECTIVE:

To perform an evidence-based literature review to: 1) characterize measures of "patient satisfaction"; 2) identify factors that have been associated with overall ED patient satisfaction; 3) critique the methods used to assess patient satisfaction in the literature; and 4) address how this information can be beneficial to those reading the satisfaction literature or designing a satisfaction survey instrument.

METHODS:

The MEDLINE database was searched for studies addressing ED patient satisfaction, from January 1976 through July 1999, using MeSH terms and a text word search. Bibliographies of manuscripts also were searched for additional relevant articles and each clinical study was used as a search criterion in Science Citation Index, from the date of publication through July 1999.

RESULTS:

Multiple measures have been used to evaluate overall patient satisfaction. Sixteen studies were found associating ED patient satisfaction with service and patient factors. Most studies are observational and of these, most are cross-sectional. Hence, cause-and-effect determination of factors responsible for patient satisfaction cannot be resolved using the current literature.

CONCLUSIONS:

Despite considerable methodologic variability, key themes (e.g., association of satisfaction with patient information, provider-patient interpersonal factors, and perceived waiting time) emerge from review of the ED patient satisfaction literature. To standardize future investigations, clinicians and investigators should use a common definition for the state of overall patient satisfaction, e.g., when the patient's own expectations for treatment and care are met (or exceeded). This common definition should be incorporated into the instrument used to measure overall ED patient satisfaction.

[Related citations](#)

Select item 17133304 5.

[\[Pain prevalence and patient preferences concerning pain management in the emergency department\].](#)

Martin JS, Spirig R.

Pflege. 2006 Dec;19(6):326-34. Review. German.

PMID:

[Pflege](#). 2006 Dec;19(6):326-34.

[Pain prevalence and patient preferences concerning pain management in the emergency department].

[Article in German]

[Martin JS](#), [Spirig R](#).

Source

Universität Basel, Institut für Pflegewissenschaft Notfallstation, Universitätsspital Basel, Petersgraben 3, CH-4051 Basel. jmartin@uhbs.ch

Abstract

Pain is one of the most common problems for patients who present to the Emergency Department (ED), thus a timely and effective pain management intervention is essential for quality patient care. A comprehensive literature review was undertaken in an effort to document the prevalence of pain and to increase knowledge about patients' preferences regarding pain management in emergency situations. Results indicated that the prevalence of pain is high and pain management, including treatment, is often unsatisfactory in the ED. Common procedures, such as offering pain medication after medical consultation or when diagnostic intervention is completed, were shown not be effective in meeting patient needs. Patients prefer that their pain is treated upon admission to the ED; their need for effective treatment increases with pain intensity. Reasons that patients may refuse pain medication include fear of addiction and side effects. While most patients do not expect being to be pain-free upon discharge, most do expect more effective pain relief than they are currently receiving. Relationships between sociodemographic factors and patient preferences could not clearly be elicited from the literature. A weakness is that the reviewed studies were descriptive and published primarily in the United States in the last five years. There is a need for further research in this area, particularly studies that investigate patients' preferences regarding pain management in European EDs.

[PubMed - indexed for MEDLINE]

[Related citations](#)

Select item 18469408 6.

[Language interpreter utilization in the emergency department setting: a clinical review.](#)

Ramirez D, Engel KG, Tang TS.

J Health Care Poor Underserved. 2008 May;19(2):352-62. doi: 10.1353/hpu.0.0019. Review.

PMID:

[J Health Care Poor Underserved.](#) 2008 May;19(2):352-62. doi: 10.1353/hpu.0.0019.

Language interpreter utilization in the emergency department setting: a clinical review.

[Ramirez D](#), [Engel KG](#), [Tang TS](#).

Source

Department of Emergency Medicine, Harbor-UCLA Medical Center, CA, USA.

Abstract

The emergency department (ED) serves as the entry point into the U.S. health care system for many patients with limited English proficiency (LEP). This paper reviews the literature on language interpreter utilization in the ED setting. We focused on three clinical issues related to professional language interpretation: (1) patient satisfaction, (2) health care delivery, and (3) current interpreter utilization practices. Compared with-English speaking patients, LEP patients report less satisfaction with medical encounters, have different rates of diagnostic testing, and receive less explanation and follow-up. Although professional interpretation has been associated with improvements in patient satisfaction, communication, and health care access, these services are largely under-utilized in ED settings. Reliance on untrained ad hoc interpreters, perceived time and labor associated with obtaining and working with an interpreter, and costs of implementing professional interpreter services serve as barriers to implementation and utilization

[PubMed - indexed for MEDLINE]

[Related citations](#)

Select item 15234713 7.

[The patient experience in emergency departments: a review of the literature.](#)

Nairn S, Whotton E, Marshal C, Roberts M, Swann G.

Accid Emerg Nurs. 2004 Jul;12(3):159-65. Review.

PMID:

[Accid Emerg Nurs.](#) 2004 Jul;12(3):159-65.

The patient experience in emergency departments: a review of the literature.

[Nairn S](#), [Whotton E](#), [Marshal C](#), [Roberts M](#), [Swann G](#).

Source

Derby Education Centre, Derbyshire Royal Infirmary, University of Nottingham, London Road, Derby DE1 2QY, UK. stuart.nairn@nottingham.ac.uk

Abstract

This paper analyses the literature on the patient experience within emergency departments. We identify six themes within the literature: waiting times, communication, cultural aspects of care, pain, the environment and dilemmas in accessing the patient experience. Overall, the literature has a North American bias and is largely quantitative in approach. Although levels of patient satisfaction are high, a number of issues arise within the review, which suggest areas where quality of care could improve. We also identify the problematic nature of accessing the patient experience and suggest future areas for researchers to explore.

[PubMed - indexed for MEDLINE]

[Related citations](#)

Select item 19007346 8.

[The effect of emergency department crowding on clinically oriented outcomes.](#)

Bernstein SL, Aronsky D, Duseja R, Epstein S, Handel D, Hwang U, McCarthy M, John McConnell K, Pines JM, Rathlev N, Schafermeyer R, Zwemer F, Schull M, Asplin BR; Society for Academic Emergency Medicine, Emergency Department Crowding Task Force.

Acad Emerg Med. 2009 Jan;16(1):1-10. doi: 10.1111/j.1553-2712.2008.00295.x. Epub 2008 Nov 8. Review.

PMID:

[Acad Emerg Med.](#) 2009 Jan;16(1):1-10. doi: 10.1111/j.1553-2712.2008.00295.x. Epub 2008 Nov 8.

The effect of emergency department crowding on clinically oriented outcomes.

[Bernstein SL](#), [Aronsky D](#), [Duseja R](#), [Epstein S](#), [Handel D](#), [Hwang U](#), [McCarthy M](#), [John McConnell K](#), [Pines JM](#), [Rathlev N](#), [Schafermeyer R](#), [Zwemer F](#), [Schull M](#), [Asplin BR](#); [Society for Academic Emergency Medicine, Emergency Department Crowding Task Force.](#)

Source

Department of Emergency Medicine, Albert Einstein College of Medicine, Bronx, NY, USA.
sbernste@montefiore.org

Abstract

BACKGROUND:

An Institute of Medicine (IOM) report defines six domains of quality of care: safety, patient-centeredness, timeliness, efficiency, effectiveness, and equity. The effect of emergency department (ED) crowding on these domains of quality has not been comprehensively evaluated.

OBJECTIVES:

The objective was to review the medical literature addressing the effects of ED crowding on clinically oriented outcomes (COOs).

METHODS:

We reviewed the English-language literature for the years 1989-2007 for case series, cohort studies, and clinical trials addressing crowding's effects on COOs. Keywords searched included "ED crowding," "ED overcrowding," "mortality," "time to treatment," "patient satisfaction," "quality of care," and others.

RESULTS:

A total of 369 articles were identified, of which 41 were kept for inclusion. Study quality was modest; most articles reflected observational work performed at a single institution. There were no randomized controlled trials. ED crowding is associated with an increased risk of in-hospital mortality, longer times to treatment for patients with pneumonia or acute pain, and a higher probability of leaving the ED against medical advice or without being seen. Crowding is not associated with delays in reperfusion for patients with ST-elevation myocardial infarction. Insufficient data were available to draw conclusions on crowding's effects on patient satisfaction and other quality endpoints.

CONCLUSIONS:

A growing body of data suggests that ED crowding is associated both with objective clinical endpoints, such as mortality, as well as clinically important processes of care, such as time to treatment for patients with time-sensitive conditions such as pneumonia. At least two domains of quality of care, safety and timeliness, are compromised by ED crowding.

[PubMed - indexed for MEDLINE]

[Related citations](#)

Select item 14751474 9.

[Patient satisfaction in the Emergency Department: a review of the literature and implications for practice.](#)

Boudreaux ED, O'Hea EL.

J Emerg Med. 2004 Jan;26(1):13-26. Review.

[J Emerg Med.](#) 2004 Jan;26(1):13-26.

Patient satisfaction in the Emergency Department: a review of the literature and implications for practice.

[Boudreaux ED, O'Hea EL.](#)

Source

Department of Emergency Medicine, University of Medicine and Dentistry of New Jersey-Robert Wood Johnson Medical School and Cooper Hospital, Camden, New Jersey 08103, USA.

Abstract

This article reviews the empirical literature on patient satisfaction in the Emergency Department (ED). It explores the implications for clinical practice, discusses limitations and weaknesses of the literature, and provides direction for future research. Articles resulting from a comprehensive electronic search were obtained, their references examined, and all other relevant articles not already discovered via the electronic search were acquired and reviewed. Articles were included if: 1) the stated goal of the study was to investigate satisfaction with at least one aspect of ED care, 2) the study was conducted in the United States, 3) it provided enough information on the study methods, design, and statistical analyses to conduct a critical review, and 4) it used quantitative methods. Fifty studies met the above criteria. Based on the multivariate predictive studies, the most robust predictor of global satisfaction is the quality of interpersonal interactions with the ED provider. Perceived waiting times are more closely associated with satisfaction than actual waiting times. Several methods for improving satisfaction have shown promise, but none has garnered sufficient support to recommend unequivocally. Promising interventions include: providing information on how the ED functions through visual media, improving ED processes through performance improvement methodologies, and improving the interpersonal skills of providers. Interventions designed to reduce actual waiting times have not been sufficiently studied, but results from several well-designed studies suggest that such a strategy is unlikely to have as great an impact as those targeting perceived waiting times. To advance this area of research, investigators must use: 1) larger, more representative samples; 2) reliable and valid assessment instruments; 3) theory-driven hypothesis testing; and 4) randomized, controlled trials.

[Related citations](#)

Select item 12478226 10.

[Emergency department case management: the dyad team of nurse case manager and social worker improve discharge planning and patient and staff satisfaction while decreasing inappropriate admissions and costs: a literature review.](#)

Bristow DP, Herrick CA.

Lippincotts Case Manag. 2002 Nov-Dec;7(6):243-51. Review.

PMID:

[Lippincotts Case Manag.](#) 2002 Nov-Dec;7(6):243-51.

Emergency department case management: the dyad team of nurse case manager and social worker improve discharge planning and patient and staff satisfaction while decreasing inappropriate admissions and costs: a literature review.

[Bristow DP](#), [Herrick CA](#).

Source

Wake Forest University Baptist Medical Center, Surgery and Trauma Surgical Floor, Winston-Salem, NC 27157, USA. Dbristow@wfubmc.edu

Abstract

A model of emergency department (ED) case management consisting of a social worker and a nurse case manager can prevent inappropriate admissions, improve discharge planning, decrease cost, and enhance patient satisfaction. The individual and combined roles of the dyad team of social worker and nurse case manager are discussed. A literature review includes how a case management dyad team of social worker and nurse case manager in the ED can decrease utilization of the ED for nonemergent visits, promote the use of community resources, and improve discharge planning to avoid excessive costs. The importance of the dyad team working with the interdisciplinary team in the ED, the primary care physician (PCP), and other community health care providers in order to provide a holistic approach to care is addressed. A discussion about the improvement of both patient and staff satisfaction demonstrates the results of case management strategies that support and advocate for patients to receive quality, cost-effective care across the health care continuum, while decreasing the use of the ED for nonemergent care.

[PubMed - indexed for MEDLINE]

[Related citations](#)

Select item 12113852 12.

[Point of care testing in the emergency department.](#)

Fermann GJ, Suyama J.

J Emerg Med. 2002 May;22(4):393-404. Review.

PMID:

[J Emerg Med.](#) 2002 May;22(4):393-404.

Point of care testing in the emergency department.

[Fermann GJ](#), [Suyama J](#).

Source

Department of Emergency Medicine, University of Cincinnati, Cincinnati, Ohio 45267, USA.

Abstract

Point of care (POC) testing in the Emergency Department (ED) is becoming more common. The implementation and maintenance of POC testing in the ED, however, is a complex issue. We performed a systematic review of the English language literature published between 1985 and June 2001 with a focus on POC testing and ED application. Articles that addressed the following were included in the review: implementation of POC testing, maintenance and regulation of POC testing, and application of POC testing. Current POC technology has been found to be reliable in various patient care settings, including the ED. Cost and connectivity issues are complex and difficult to assess, making these the greatest barriers to the full acceptance of POC testing in the ED. Patient care issues must be weighed against the cost of implementing POC testing and supporting the infrastructure needed to maintain this technology in the ED.

[PubMed - indexed for MEDLINE]

[Related citations](#)

Select item 22672171 16.

[Selection and validation of quality indicators for the Shorter Stays in Emergency Departments National Research Project.](#)

Jones P, Harper A, Wells S, Curtis E, Carswell P, Reid P, Ameratunga S.

Emerg Med Australas. 2012 Jun;24(3):303-12. doi: 10.1111/j.1742-6723.2012.01546.x. Epub 2012 Mar 27. Review.

PMID:

[Emerg Med Australas.](#) 2012 Jun;24(3):303-12. doi: 10.1111/j.1742-6723.2012.01546.x. Epub 2012 Mar 27.

Selection and validation of quality indicators for the Shorter Stays in Emergency Departments National Research Project.

[Jones P](#), [Harper A](#), [Wells S](#), [Curtis E](#), [Carswell P](#), [Reid P](#), [Ameratunga S](#).

Department of Emergency Medicine, Auckland City Hospital, Vistoria Street West, Auckland, New Zealand. peterj@adhb.govt.nz

Abstract

OBJECTIVE:

Despite the spread of time targets for ED lengths of stay around the world, there have been few studies exploring the effects of such policies on quality of ED care. The Shorter Stays in Emergency Departments (SSED) National Research Project seeks to address this. The purpose of this paper was to describe how the indicators for the SSED study in New Zealand were selected and validated.

METHODS:

A literature review was used to identify potential indicators. A reference group of 25 key stakeholders from across the health system was convened, with the aims of validating the suggested indicators and to ensure that other candidate indicators were not overlooked. A thematic analysis using a general inductive approach was used to analyse focus group discussions.

RESULTS:

The major themes were communication, access, timeliness, appropriateness and satisfaction. The 12 indicators selected after literature review were confirmed and two further indicators added after the thematic analysis. The indicators are: hospital and ED length of stay; re-presentation within 48 h; mortality; times to reperfusion, antibiotics, asthma treatment, analgesia, CT for head injury and to theatre (appendicitis and fractured neck of femur); triage time compliance; proportion who left without being seen; quality of discharge information; and ED overcrowding/access block.

CONCLUSION:

Through literature review and consultation with stakeholders, an evidence-based and clinically relevant set of indicators was compiled with which to measure the effect of the SSED target. This indicator set is consistent with recent international recommendations for measuring quality of care in EDs

[Related citations](#)

Select item 22842961 17.

[Enhancing care of older adults in the emergency department.](#)

Shapiro SE, Clevenger CK, Evans DD.

Adv Emerg Nurs J. 2012 Jul-Sep;34(3):197-203. doi: 10.1097/TME.0b013e31826158bc. Review.

PMID:

[Adv Emerg Nurs J](#). 2012 Jul-Sep;34(3):197-203. doi: 10.1097/TME.0b013e31826158bc.

Enhancing care of older adults in the emergency department.

[Shapiro SE](#), [Clevenger CK](#), [Evans DD](#).

Source

Emory Healthcare, 550 Peachtree St NE, Ste 1203, Atlanta, GA 30308, USA.
susan.shapiro@emoryhealthcare.org

Abstract

The findings from a recent comprehensive systematic review, in combination with a case study, are used to illustrate the importance of translational research to inform advanced practice nursing. The review article discussed in this column is a comprehensive systematic review of age-friendly nursing interventions in the management of older persons in the emergency department (ED). Two themes were synthesized from the research and texts: (1) the ED can be a foreign and challenging environment for older patients, and (2) older ED patients need specialized care to meet their complex physical and psychosocial needs. At the same time, these authors acknowledged that much more high-quality research is needed in this field. Comments by a certified geriatric nurse practitioner elaborate on these findings and provide practical suggestions for the ED advanced practice registered nurse.

[Related citations](#)

[A primer for clinical researchers in the emergency department: Part II: research science and conduct.](#)

Babl FE, Davidson A.

Emerg Med Australas. 2010 Oct;22(5):407-17. doi: 10.1111/j.1742-6723.2010.01321.x. Epub 2010 Aug 18. Review.

PMID:

[Emerg Med Australas](#). 2010 Oct;22(5):407-17. doi: 10.1111/j.1742-6723.2010.01321.x. Epub 2010 Aug 18.

A primer for clinical researchers in the emergency department: Part II: research science and conduct.

[Babl FE](#), [Davidson A](#).

Source

Emergency Department, Royal Children's Hospital, Murdoch Children's Research Institute, Victoria, Australia. franz.babl@rch.org.au

Abstract

Research is an important part of emergency medicine and provides the scientific underpinning for optimal patient care. Although increasing numbers of emergency physicians participate in research activities, formal research training is currently neither part of emergency physician training in Australia nor easily available for clinicians interested in clinical research. In a two-part series, which is targeted at part-time clinical researchers in the ED, we set out and explain the key elements for conducting high-quality and ethical research. Part I addressed ethical and regulatory aspects. In Part II, we describe important elements of research science, and practical elements of research conduct and administration, which form the basis for high-quality research.

© 2010 The Authors. Emergency Medicine Australasia © 2010 Australasian College for Emergency Medicine and Australasian Society for Emergency Medicine.

Comment in

- [Updated 2010 Consolidated Standards of Reporting Trials guidelines and selective reporting of clinical trial outcomes: In response to Babl and Davidson.](#) [Emerg Med Australas. 2011]

Related citations

Select item 16201415 19.

[Satisfaction with medical care among elderly patients: a review of research findings with implications for management practice and future inquiry.](#)

Scotti DJ.

J Hosp Mark Public Relations. 2005;15(2):3-32. Review.

PMID:

[J Hosp Mark Public Relations.](#) 2005;15(2):3-32.

Satisfaction with medical care among elderly patients: a review of research findings with implications for management practice and future inquiry.

[Scotti DJ.](#)

Source

Center for Health Care Management Studies, Fairleigh Dickinson University, Teaneck, NJ, USA.
prof_djs@fdu.edu

Abstract

Research on patient satisfaction has focused predominantly on the mainstream adult population (ages 18-64). Satisfaction in older patients has not been adequately studied. Moreover, a systematic review of the research literature that does exist on this topic has not yet been conducted. The literature search yielded only 17 studies that met the selection criteria established for this review. Key research elements and findings from each of the studies are arrayed in matrix form. The results of the literature review are organized and analyzed in terms of four major categories of variables: background characteristics,

predispositional variables, service quality attributes, and contextual factors. Special attention is awarded to identifying the determinants of satisfaction among elderly patients and the ways in which their service quality appraisals may differ in comparison with the general adult population of medical care consumers. Implications for management practice and directions for future research are discussed.

[Related citations](#)

[Acad Emerg Med.](#) 2006 Jul;13(7):795-802. Epub 2006 May 2.

The use of performance improvement methods to enhance emergency department patient satisfaction in the United States: a critical review of the literature and suggestions for future research.

[Boudreaux ED](#), [Cruz BL](#), [Baumann BM](#).

Source

Department of Emergency Medicine, University of Medicine and Dentistry New Jersey-Robert Wood Johnson Medical School and Cooper Hospital, Camden, NJ 08103, USA. boudreaux-edwin@cooperhealth.edu

Abstract

OBJECTIVES:

The authors reviewed the evidence on performance improvement methods for increasing emergency department (ED) patient satisfaction to provide evidence-based suggestions for clinical practice.

METHODS:

Data sources consisted of searches through MEDLINE, CINAHL, PSYCHINFO, Cochrane Library, and Emergency Medicine Abstracts and a manual search of references. Articles were included if they reported a performance improvement intervention targeting patient satisfaction in the ED setting. Articles on studies not conducted in the United States or that failed to provide enough details to allow critical evaluation of the study were excluded. Two authors used structured evaluation criteria to independently review each retained study.

RESULTS:

Nineteen articles met all selection criteria. Three studies found varying levels of support for multicomponent interventions, predominantly focused on implementation of clinical practice guidelines for specific presenting complaints and process redesign. Sixteen studies evaluated single-component interventions, with the following having at least one supportive study: using alternating patient assignment to provider teams rather than "zone"-based assignment, enhancing provider communication and customer service skills, incorporating information delivery interventions (e.g., pamphlets, video) that target patient expectations, using preformatted charts, and establishing ED-based observation units for specific conditions such as asthma and chest pain.

CONCLUSIONS:

There is modest evidence supporting a range of performance improvement interventions for improving ED patient satisfaction. Further work is needed before specific, evidence-based recommendations can be made regarding which process changes are most effective. Recommendations are made for improving the quality of performance improvement efforts in the ED setting.