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Examining the Role of Diagnosis in the Emergency Department Experience

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Examining the Role of Diagnosis in the Emergency Department Experience

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Background

- ❖ Many patients expect to receive a diagnosis to explain their symptoms at the end of an ED encounter
- ❖ Over one third of patients are discharged from the ED without a definitive diagnosis
- ❖ Patients discharged without a diagnosis often identify this as an unmet need, and this may trigger return visits to the ED
- ❖ There may be needs that patients associate with having a diagnosis that can be met during an ED visit, even if a diagnosis is not obtainable



Study Objective

To explore the social, functional, and emotional needs that patients want addressed when seeking a diagnosis at their ED visit

Method

- ❖ 30 English-speaking adults enrolled in TJUH ED prior to discharge
- ❖ February to May 2017
- ❖ Semi-structured qualitative interviews → questions about reasons for seeking ED care, expectations for episode of care, understanding of diagnosis received, and satisfaction with ED care
- ❖ Codebook development and coding using Nvivo software

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Demographics

Characteristic	N (%)
Age, years – mean (range)	38 (21-71)
Sex	
Male	12 (40.0)
Female	17 (56.7)
Other	1 (3.3)
Race	
Black	16 (53.3)
White	10 (33.3)
Multiracial	2 (6.6)
Other	2 (6.7)
Ethnicity	
Hispanic	3 (10.0)
Not Hispanic	27 (90.0)
Has a primary care doctor	27 (90.0)
Has health insurance	28 (93.3)

Results

- ❖ 22 participants felt receiving a diagnosis was important when visiting the ED, 4 did not feel it was important, 4 were unsure if it was important
- ❖ 18 reported they did receive a diagnosis
- ❖ For participants, a diagnosis functioned as an explanation:
 - ❖ For the cause of their symptoms → "I just wanted to know what was causing the pain. I can't get around that. I just needed to know what was causing the pain."
 - ❖ For the severity of their symptoms → "Like I said, nothing was broken. That's a blessing. I look at it that way."
 - ❖ For how to treat their symptoms → "It was good news cause it's not – because it was treatable. Anything not treatable is bad news."
 - ❖ For how their symptoms would impact their work → "Right now I work in the service industry, which there's a lot of standing and walking involved. And so, I needed to know how long I would be unable to do that kind of work."
- ❖ Participants who felt they did not receive a diagnosis...
 - ❖ Wanted more of an explanation → "I think I would at least like some guidance as to what direction to go to get a more definitive diagnosis."
 - ❖ Felt embarrassed → "I'm just unsure because I still don't know what caused it to happen and it's embarrassing." "I'm just unsure because I still don't know what caused it to happen and it's embarrassing."
 - ❖ Were glad → "Not finding anything wrong is good news."

Results

- ❖ Communication with providers:
 - ❖ Participants wanted clearer communication as to why they did not receive a diagnosis → "all they had to do was tell me we're not sure what's wrong, and the next step would be probably imaging, but we can't do your imaging because A, B, C and D. And I would have said okay."
 - ❖ Participants felt they did not receive an adequate explanation for why tests were not performed → "I think because of the type of healthcare that I have I was not given the best of services"
 - ❖ Participants were confused about referrals to specialists → "I did question whether or not they did see that the break was more severe and that's why they urged me to see the orthopedist."
 - ❖ Participants desired further explanations → "I was so upset (about not getting a diagnosis) that I went to another hospital later on in the evening. I went to [hospital] but it was too crowded and I didn't want to stay."

Discussion

- ❖ A diagnosis fulfills many different needs for patients and represents more than just a label for symptoms.
- ❖ Receiving a diagnosis, being taken seriously, and receiving thorough discharge instructions were drivers of patient satisfaction. Participants who did not feel they received necessary information due to poor communication were more likely to be dissatisfied.
- ❖ Although the majority of participants reported a diagnosis as important, their primary needs were actually related to explanation and symptom management.
- ❖ It is unrealistic to suggest all patients should receive a diagnosis before leaving the ED, however improving provider communication in addressing the needs a patient believes will be met by having a diagnosis is an important step in improving patient satisfaction.