



KEY POINT SUMMARY

OBJECTIVES

The objective of this study was to examine if the implementation of an ED Fast Track affects Press-Ganey scores of patient satisfaction.

Effect of an Emergency Department Fast Track on Press-Ganey Patient Satisfaction Scores

Hwang, C. E., Lipman, G. S., & Kane, M. 2014 | *Western Journal of Medicine*. Volume 16, Issue 1, Pages 34-38

Key Concepts/Context

On the lines of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) patient experience surveys, the Centers for Medicare and Medicaid Services have announced a similar survey for Emergency Departments (EDs). This study examined Press-Ganey scores of patient satisfaction in an academic hospital that recently implemented an ED Fast Track program and found a clear association between the program and higher patient satisfaction.

DESIGN IMPLICATIONS

The study indicates that ED designs may incorporate spaces equipped for treating low-acuity patients under the fast track program.

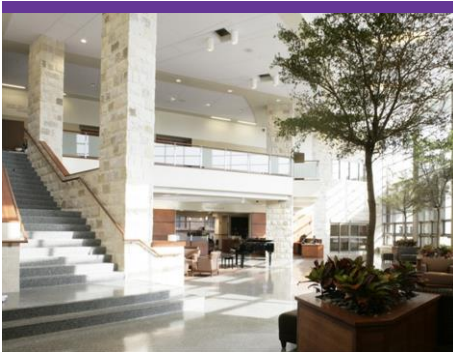
Methods

The methodology involved a cross-sectional study of Press-Ganey surveys completed by low-acuity patients in an academic ED before and after the creation of a new ED Fast Track in July 2012. Data collected was from August-December 2011 questionnaires (pre-Fast Track) and from August-December 2012 questionnaires (post-Fast Track). There were a total of 140 respondents in the pre-Fast Track group and 85 in the post-Fast Track – an overall response rate of approximately 15%. The following were examined: wait times, nurse courtesy, doctor courtesy, being kept informed about delays, staff caring, pain control, and likelihood to recommend.

Findings

The study identified a clear association between the implementation of an ED Fast Track program with increased patient satisfaction. More specifically, the study found that patient satisfaction with regard to:

- Wait times increased from 68% to 88% (p=0.05).
- Doctor courtesy increased from 90% to 95% (p=0.05).



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- Nurse courtesy increased from 87% to 95% ($p < 0.01$).
- Staying informed about delays increased from 66% to 83% ($p < 0.0001$).
- Staff caring increased from 82% to 91% ($p < 0.01$).
- Pain control increased from 79% to 87% ($p = 0.018$).
- Likelihood to recommend increased from 81% to 90% ($p < 0.01$).

Limitations

The authors identified the following limitations of their study:

- The sample for the pre-Fast Track group was taken from the triage index of the ED; it is not known if patients had been under-triaged or were suitable/eligible for Fast Track.
- There was a large difference in the number of responses of the pre- and post- groups; this may have biased the results.

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RESEARCH DESIGN
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