

# What people want from a trip to the ER

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"I just needed to know what was causing the pain," said one patient. People walk into an emergency room because something is wrong. It might be life-threatening or benign. It could cause long-term damage if ignored, or it may be fine to wait out the symptoms.

"Our primary goals when we see patients in the [emergency](#) department are to assess whether the patient is in immediate danger, to stabilize the patient, and then to diagnose if possible. But sometimes achieving these goals isn't enough to meet a patient's expectations," said Kristin Rising, MD, Director of Acute Care Transitions and Associate Professor of Emergency Medicine at Jefferson (Philadelphia University + Thomas Jefferson University).

To better understand the reasons for patient dissatisfaction with ER visits, and to address whether ER physicians are providing care that meet the patients' needs, Dr. Rising and colleagues engaged 30 individuals who recently visited the ER in open-ended phone discussions and then analyzed their responses by identifying emerging themes. Their findings were published in the *Annals of Emergency Medicine* and may inform better transitions of care.

Although a diagnosis can help provide patients with a road map regarding next steps and helps legitimize the symptoms patients are experiencing, diagnosis is not always possible to obtain during an ER visit. Instead patients may be discharged with a description of the symptoms they initially reported and perhaps an assurance that the symptoms are not immediately life threatening.

"For some patients, the assurance that they're not in immediate danger is enough. For others, we learned, it's more important to understand things such as how to navigate the healthcare system to continue the diagnostic process, reasons to seek repeat care, and how long symptoms might impact their lives," said Rising.

One participant noted, "I needed to know for what time frame it would be preventing me from going through my day-to-day normal life routine."

The findings have implications for how physicians and healthcare professionals prepare and communicate discharge instructions. Patients have concrete needs and questions that can often be addressed regardless of whether a diagnosis has been made. The work suggests that there is a need for more attention on how to most effectively provide discharge instructions to patients for whom a [definitive diagnosis](#) has not been found.

"We found that for some [patients](#), diagnosis wasn't the biggest need," said Rising. "Rather they wanted to know how to relieve or manage their symptoms, regardless of whether or not a definitive [diagnosis](#) had been made."

**More information:** *Annals of Emergency Medicine* (2018). [DOI: 10.1016/j.annemergmed.2018.02.021](#)

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