Emergency Department Experience Mapping
Merging Care with the Experience
Why the Emergency Department Experience Matters

Loyalty is won by defining and delivering ideal experiences. This is particularly true in the Emergency Department (ED), which serves as the front door to many healthcare organizations. Leading hospitals are recognizing the importance of ED satisfaction, thus are developing strategies to improve the patient experience. Many patients visit the Emergency Room at least once over the course of treatment for any given diagnosis and many others make the decision to receive (or not receive) treatment at the hospital based on their experience with the ED.

ED research has traditionally focused on clinical operations, such as waiting times, quality of care and patient triage, but there is an increasingly important focus on how clinical operations merge with the softer side of care – factors like interpersonal communication and waiting room design – to form overall patient satisfaction. In fact, the 2009 Emergency Department Pulse Report by Press Ganey reported that over the past several years, average Emergency Room waiting times are higher (up by half an hour since 2002), but overall patient satisfaction scores have increased despite the longer wait times. Researchers are finding that the biggest mediating factor as to whether or not patients are satisfied with the ED is the communication and personal interactions they experience throughout their journey. Merging service excellence and clinical quality is not just a growing trend, but a necessity in this era of healthcare reform and changing reimbursement rules.

Quality care and medical outcomes are important in all healthcare settings – but what constitutes an exceptional patient experience in an Emergency Department? Does your Emergency Department drive patients to other parts of your organization and encourage them to recommend you to others? One way to find out is through a comprehensive research process called Experience Mapping, which has proven to be particularly insightful with Emergency Departments. In the following paragraphs, we will review the Experience Mapping process, explain how it can be used to help you assess and improve your ED, and provide tips for ED best practices.

Experience Mapping for Emergency Departments

Experience Mapping is a research technique that elicits an understanding of the patient’s experience, including their emotional and functional needs at each step of their journey. Often times, traditional patient satisfaction surveys fall short in providing both the detail and broad context to understand why the patients were or were not satisfied, and focus groups present the challenge of obtaining honest feedback from each participant.

Experience Mapping is a cost-effective way to overcome these challenges, as patients are interviewed individually to ensure maximum in-depth contribution from each participant.
Interviewers have the flexibility to probe on topics that are particularly important to the patient and to discuss each episode in their experience. Along with questions about each step of their ED experience, included is an analysis of Touchpoints – how patients interact with your organization – such as through written or electronic communications, the facility, personal interactions or telephone calls.

Friends and family members are also invited to participate in the interviews, which is particularly helpful when assessing the ED experience, as patients are often unaware of certain parts of the experience that family members managed (such as providing transportation to the facility, completing paperwork or managing discharge instructions). There are multiple ways in which ED patients and their families can be interviewed. In-clinic interviews are ideal in that they provide visual cues for recall, while phone interviews or asking patients to return for their interview at a later time allows them to also answer questions about the end of their experience, such as follow-up phone calls or support. We typically recommend a mixture of interview techniques to allow for a variety of feedback and to identify differences. For example, patients interviewed at a later time may have more positive perceptions than patients interviewed in-clinic if they receive a follow-up phone call after their return home.

If patients and their families are interviewed in clinic, a nurse or other staff member can identify interview candidates upon their discharge. Patients are typically offered an honorarium to show appreciation for their time, and we find that they are usually enthusiastic to be interviewed, as they are able to be part of the improvement process.

Below is a sample Emergency Department Experience Map, which is used during interviews.

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**Emergency Department Experience Map**

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**Primary Experience Stewards Evaluated at Each Stage**
- Receiving Physicians
- Admission Staff
- EMS
- Faculty/Medical Staff
- Billing & Records Staff
- Ancillary and Support Services

**Touchpoints Evaluated at Each Stage**

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Although the patient experience is the primary focus of Experience Mapping, it is often beneficial to include others who influence and interact with patients throughout the journey. For example, interviewing ED faculty and staff elicits feedback on barriers inhibiting their ability to deliver the ideal experience, offers their suggestions for improvement, and helps to build their support for change. EMS personnel also play an important role in Emergency Departments, so understanding their experience and how/when they choose you will provide insights into how to make them your advocates.

**Experience Mapping for Action**

An Experience Mapping assessment typically reveals many positives as well as many opportunities for improvement. Each ED has unique nuances that will be revealed, but here are some common Experience Mapping discussion points that you should consider if you would like to embark on this type of research.

- **How are we communicating with patients and their families throughout the journey?** They are more understanding of wait times or other challenges if they know what is going on in the background.
- **Do we set realistic expectations?** Managing patient expectations regarding the emergency care process is important; front office staff can distribute written materials that explain the process or use scripting (messaging standards to make sure everyone is relaying a consistent message) to keep patients updated.
- **Do we prepare them for on-going care management?** Upon discharge, emphasizing the benefit of primary care physicians (and signing them up on-site with a PCP) can help patients manage on-going care and understand when they should come back to the ER versus when they should seek treatment with a PCP.
- **Do we have service standards – and do we actually follow them?** ED service standards should be incorporated into each step of the process and regularly re-visited to review how and if they are being enacted in everyday behaviors.
- **How do we treat others who interact with and influence patients?** Along with service standards for interacting with patients and their families, you should also include standards for interacting with EMS personnel and referring physicians as they also play a role in forming your patients’ experience.

In order to create actionable insights, interview feedback should be analyzed at two levels: Strategic context and tactical “quick hits.” The strategic context refers to the relationship of the episodes during the experience and how the patient views their experience as a whole. Insights should be organized into broader categories such as planning, expectations, information needs, or satisfiers/dissatisfiers. The quick hits are specific recommendations for a particular part of the
journey. Your team should review and evaluate these for feasibility and prioritization so the recommendations that come out of the process are clear to all involved.

Aside from the interviews themselves, we have found some useful tools for gaining traction on the research results within your organization. Here are some examples:

- Audio record patient interviews (with their permission) and include short, anonymous audio clips along with the results; there is nothing as powerful as hearing it straight from the voice of your patients.
- Take pictures of the facility focusing on the patient’s viewpoint. For example, employees might be there every day, but have they experienced sitting in the waiting room for an extended amount of time?
- Incorporate your existing patient satisfaction research and marketing collateral into the research results; this will give you a more holistic picture of the experience. For example, do we deliver upon what we promise? How can the research help us understand why patient satisfaction scores are low in a particular area?

Facilitating Lasting Impact

Experience Mapping builds momentum for change and enthusiasm for the patient experience. Internal stakeholders may be aware of satisfaction scores and goals, but understanding the holistic patient experience – and hearing it in the words of patients themselves - is particularly powerful. Thus, you should begin this type of research with the end in mind; how will you build upon the momentum to create lasting change? First, we suggest including as many stakeholders as possible in the initial process and presentation of results. Following the presentation of the results, many organizations find it helpful to allow time for the attendees to break into work groups with the purpose of discussing results and brainstorming solutions.

Experience Mapping Workshops are also a useful tool because they incorporate each element of the ideal experience into the everyday behaviors of those who interact with and influence patients. Initially, a cross-functional team works together to create the ideal experience based on the research results; building this from the ground-up will help build consensus and provide an opportunity to solve problems together. The workshops are then rolled out to others in the department, and include personal action planning sessions that help participants translate and act upon the ideal behaviors. Personal action plans are revisited throughout the year and included in performance goals of stakeholders and work teams.
You can also use online dashboards as an on-going tool to monitor your patient’s experiences with the ED. Dashboard technology allows the department to set satisfaction performance goals and monitor success in real time, providing the ability to provide immediate service recovery when problems arrive. If a patient’s response is deemed at-risk (for unsatisfactory issues), his or her response is escalated to a designee to track resolution of the issue. Since dashboard technology is web-based, patients can rate satisfaction at any stage in their journey and through a variety of platforms that are convenient in-clinic (such as kiosks, laptops or iPads) or after they go home (through short online or telephone surveys).

Regardless of the particular challenges that your Emergency Department is facing, Experience Mapping is a technique that is cost-effective, flexible, and insightful for obtaining a clear, holistic understanding of the current experience that you provide. This technique may also be applied in a variety of services lines and situations, including patient education, Web site design, referral management, scheduling, and concept development for new service offerings.

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