

Promoting Patient Centered Care In Emergency Medicine: Integrating The Roles Of Pharmacy Technicians, Nursing, Laboratory, Social Workers And Health Administration

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Abstract

Implementing patient-centered care is often difficult in congested emergency rooms. The emergency room presents obvious challenges to implementing patient-centered care, including no previous patient-provider relationship, overcrowding and unpredictability, lack of resources, and focus on patient volume and efficiency. Patient-centered care is positively associated with better patient outcomes, improved adherence to treatment plans, increased patient satisfaction, more cost-effective care, and fewer unnecessary visits to the emergency room. Patient-centered care in the emergency room includes aspects of communication, education, involvement of patient/family in information sharing and decision making, comfort of environment, respect and trust, emotional support, continuity, and transition of care. Integrating a multidisciplinary team of pharmacy technicians, nursing, laboratory, social workers and health administration can promote patient-centered care in emergency rooms.

Key words: *Patient-centered care, patient advocacy, patient empowerment, patient engagement & health literacy.*

Introduction

Emergency medicine use patient-centered care interventions to boost patient safety and quality of care. Patient-centered care is an approach in which providers actively involve patients in their own healthcare and decision-making processes (Schoenfeld et al., 2019). At its core, it

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respects the autonomy of patients and regards them as the experts in their own care. Patient-centered care emphasizes good communication, properly trained staff, accessible services, and an environment that meets the physical, psychosocial, and cultural needs of patients (Nagraj et al., 2018). A patient-centered approach is particularly needed in Emergency Departments, which typically receive the lowest patient satisfaction scores compared to other healthcare settings (Wolf et al., 2008). However, the emergency room presents obvious challenges to implementing patient-centered care, including no previous patient-provider relationship, overcrowding and unpredictability, lack of resources, and focus on patient volume and efficiency (Wang et al., 2016).

A patient-centered approach has previously been explored in many fields of healthcare including, but not limited to nursing, cancer care, pediatrics, long-term care, mental health, primary care, and related areas such as social work (Pham et al., 2011). Patient-centered care requires efforts on all levels including the patient, the provider, and the healthcare system to ensure it is meaningfully practiced (Frank et al., 2009). Effective patient-centered care should help patients and physicians to communicate in a respectful way that both parties understand within an environment that is conducive to appropriate care processes (Kuipers et al., 2019). Previous research demonstrates that when there is dissonance between patients' expectations and the services rendered, there are often components of patient-centeredness missing (Heifetz & Lunsky, 2018).

Person-centered care involves respectful care, considering the values and needs of each patient and accepting their decisions based on the understanding that patients are unique individuals (Alessandrini et al., 2011). Its goal is to maximize efficiency by enhancing the quality of care and increasing both healthcare provider and patient satisfaction (Walsh, et al., 2022). In the past, the emergency room was a healthcare service delivery system that was illness- or provider-centered, focusing on speed and efficiency (Kim et al., 2022). Recently, several studies have shown a transition of the emergency room to a venue providing person-centered services that are respectful of patients' individuality and based on the partnership between patient and medical staff (Wattad, 2023). Person-centered care in the emergency room is viewed as a key to guaranteeing quality healthcare and promoting patient safety and satisfaction, even in chaotic environments (Kim et al., 2022).

In the emergency room, overcrowding, chronically inadequate human resource, and frequent patient transfer cause high stress (Walsh, et al., 2022). Predicting the workload in the emergency room is impossible because it is common to perform urgent tasks that arise unexpectedly (Wattad, 2023). Additionally, the increased severity of patients' conditions may result in nurse burnout, beyond high stress (Heifetz & Lunsky, 2018). Emergency room problems may seem to weaken capability of providing person-centered care and impel them to regard person-centeredness as inapplicable to the emergency room (Kuipers et al., 2019).

This systematic review is proposed to recognize and synthesize the international evidence on promoting patient-centered care in emergency medicine. This systematic review makes an appraisal of existing healthcare services and develops a new dialogue for patient participation in designing healthcare services that can improve health outcomes, increase patient satisfaction and save cost and time.

Methodology

This research paper has used the design of a systematic review to recognize and synthesize the international evidence promoting patient-centered care in emergency medicine and integrating the roles of pharmacy technicians, nursing, laboratory, social workers and

health administration. This systematic review is a comprehensive protocol-driven review and synthesis of data to provide patients and healthcare providers feasible solutions for getting optimal health outcomes, patient satisfaction, and cost effectiveness.

A great number of studies are reviewed while searching in CINHALL, EMBASE, PubMed, MEDLINE, PsycINFO, Embase and databases starting from 2000 to 2023. Search terms used in this systematic review are "patient-centered care", "patient advocacy", "patient empowerment", "patient engagement" and "health literacy." Furthermore, reference lists of related articles are manually reviewed to extract supplementary studies in order to provide a critical interpretive synthesis.

This systematic review is conducted by experienced medical social workers in different healthcare settings in Saudi Arabia, who have developed a protocol for selection of studies in compliance with pre-determined inclusion and exclusion criteria. The inclusion criteria in this systematic review depend on original studies with data on patient-centered care in emergency medicine. Studies are included irrespective of language or publication date. Likewise, the exclusion criteria are reviews, guidelines, non-peer reviewed papers editorials, and case reports.

Data extraction is conducted to collect related information and integrate data across studies assessed for eligibility, including research methodology, design, strategy and results. In addition, a quality assessment of studies is conducted using standardized tools, which are appropriate for respective study designs. Besides, a critical interpretive synthesis is conducted to extract results and data across studies included in this systematic review and draw conclusion.

Literature Review

The international literature related to patient-centered care in emergency medicine is extensively searched and reviewed to highlight the roles of pharmacy technicians, nursing, laboratory, social workers and health administration. A great number of studies are reviewed while searching in CINHALL, EMBASE, PubMed, MEDLINE, PsycINFO, Embase and databases starting from 2000 to 2023. Search terms used in this systematic review are "patient-centered care", "patient advocacy", "patient empowerment", "patient engagement" and "health literacy." Furthermore, reference lists of related articles are manually reviewed to extract supplementary studies in order to provide a critical interpretive synthesis.

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Furthermore, a number of 25 studies meet the eligibility criteria. The study design includes randomized controlled trials and cohort studies. Key intervention components examined are patient-centered care, patient education, patient engagement, patient awareness, patient empowerment, and patient advocacy. Findings assessed are clinical parameters, supportive care, quality of life, and overheads in healthcare settings.

Findings indicate that multidisciplinary healthcare team helps in adopting patient-centered care approach in the emergency room. As a result, this can help the entire healthcare system to improve patients' quality of life, get better health outcomes, increase patient satisfaction, save

cost and time, and reduce stress on medical services in emergency rooms. However, the emergency room presents obvious challenges to implementing patient-centered care, including no previous patient-provider relationship, overcrowding and unpredictability, lack of resources, and focus on patient volume and efficiency.

Discussion

Patient-centered care can be a valuable contribution to emergency medicine practices (Wang et al., 2016). Patient-centered care in the emergency room includes aspects of communication, education, involvement of the patient/family in information sharing and decision making, comfort of environment, respect and trust, emotional support, continuity, and transition of care (Nagraj et al., 2018). However, there is not yet an operational definition for how Patient-centered care should be implemented in the Emergency Department. This finding demonstrates that there is no agreed-upon framework for Patient-centered care in the Emergency Department setting (Wang et al., 2016). There is currently a lack of consistency in patient-centered care models throughout the broader healthcare system (Schoenfeld et al., 2019).

The Patient-centered care in the reviewed articles varies greatly depending on what roles staff had, patients' illnesses, and the care process involved, e.g., to move them quickly to a specialized unit for appropriate care (Frank et al., 2009). The variations in perspective likely contributed to the resulting differences across the studies regarding what patient-centered care was practiced and what patients or staff found to be beneficial or lacking (Alessandrini et al., 2011). Additionally, there were many identified challenges echoed from both the staff and patient perspectives (Wolf et al., 2008).

Compared to models of patient-centered care in different healthcare settings, there is an overlap of pillars that support patient-centered practices. In a review of studies on patient-centered care across various healthcare settings, a few of the most common principles included taking a holistic approach, seeing the patient as an expert in their own care, recognizing autonomy and sharing responsibility in decision making, ensuring services are accessible, and having supportive, well-trained staff who can communicate and engage with patients (Pham et al., 2011). Further frameworks outline that concepts related to the patient-centered environment include advocacy, values, and empowerment as well as staff being partners in care through collaboration, communication, and health promotion (Wattad, 2023).

Patient advocacy and empowerment

To fully understand the importance of patient advocacy and empowerment, it is critical to search and examine its different dimensions and responsibilities. Wakefield et al. (2018) stated that patient advocacy is a decisive part of healthcare system that stands on empowering patients and ensuring they receive optimal healthcare services that meets their psychological, emotional, social and medical needs, facilitating a holistic approach in healthcare settings through patient advocacy and empowerment (Wong et al., 2014). Patient advocacy engages advocating for patients' rights, helping them in navigating the complex healthcare setting, and empowering them to take informed decisions about their health conditions (McCorkle et al., 2011).

Patient empowerment is positioned within the core of patient advocacy. Patient empowerment involves equipping patients with education, knowledge, skills, and resources they need to vigorously partake in healthcare decisions (Bravo et al., 2015). Healthcare providers are closely working with patients to make them understand their medical conditions, treatment options, and potential risks and benefits (Stell, 2009). By promoting patient advocacy and

empowerment, healthcare providers enable patients to take control of their health and make choices that meet their values, preferences and expectations (Bruce et al., 2015).

Patients who are actively engaged in the decision-making process regarding their health conditions are more likely to comply and be satisfied with their chosen treatment plans (Leong & Euller-Ziegler, 2004). When patients are empowered to be part of the decision-making process, they may probably build partnerships with the healthcare providers established on mutual trust and get better health outcomes while working as a partner (Anderson et al., 2005). Briefly, this shared decision-making process is mixed with mutual trust and shared goals, which helps in driving more effective use of healthcare resources, and potentially reducing wastage or unnecessary costs incurred in different healthcare settings (Aujoulat et al., 2007).

Furthermore, healthcare providers play a vital role in assisting patients to navigate the complex healthcare system. Navigating the healthcare system can be overwhelming, in particular for patients suffering from complex medical conditions (Chen et al., 2016). Accordingly, healthcare providers serve as guides and facilitators while helping patients to access correct medical care, be aware of insurance coverage and benefits, and manage different aspects of patients' healthcare journey (Wong et al., 2014). They act as a bridge between patients and healthcare providers ensuring that patients receive timely and proper healthcare services (Bruce et al., 2015). They act as a patient advocate, advisor, educator and care coordinator.

Patient engagement

Although keeping patients engaged can be challenging, it is a vital process for retaining and satisfying them. Effectively engaging patients in their care is essential to improve health outcomes, enhance staff efficiency, increase patient satisfaction, and reduce costs while driving revenue (Bravo et al., 2015). Strong patient engagement enhances adherence to treatment regimen recommendations among patients leading to fewer complications and re-admissions (Wakefield et al., 2018). A number of studies lately reported coordinated care trials that dynamically engaged patients resulted in decrease of mortality compared to a control group who just took proper medications (Anderson et al., 2005). The studies suggest patients who are engaged in their care live longer than unengaged peers who otherwise receive similar treatment (McCorkle et al., 2011).

Moreover, patient engagement can help lessen front-end staff workload by limiting time spent on phone calls which take up a significant portion of time and can lead to support staff burnout (Aujoulat et al., 2007). This can enhance overall satisfaction, and facilitate longer-standing relationships with healthcare providers while improving patient experience (Chen et al., 2016). Finally, patient engagement directly contributes to outcomes affecting hospital costs and reimbursement for healthcare settings.

Multidisciplinary team

Pharmacy technicians, nursing, laboratory, social workers and health administration are specialized in proposing and applying effective patient engagement strategies, which also means better patient retention and referrals (Wong et al., 2014). They promote patient advocacy and empowerment strategies to actively engage patients ensuring that they are informed, heard, advocated and empowered (Bruce et al., 2015). They assist patients understand their health conditions and recommended medical treatment (McCorkle et al., 2011). By their help, patients can identify how to communicate with their healthcare providers and participate in shared decision-making (Wakefield et al., 2018). Patients can take action on their health based on

personal learning and overall understanding of how to manage their healthcare services under the care coordination and collaboration of Pharmacy technicians, nursing, laboratory, social workers and health administration (Bruce et al., 2015).

Pharmacy technicians, nursing, laboratory, social workers and health administration play a critical role in healthcare settings, including hospitals, outpatient clinics, nursing homes, health agencies or rehabilitation centers (Wong et al., 2014). They are licensed professionals who are specialized in meeting patients' psychological, emotional, social and medical needs, facilitating a holistic approach in healthcare settings through patient advocacy and empowerment (Chen et al., 2016). They serve as a bridge between patients and healthcare providers, as they work closely with patients and their families to map read complexities of healthcare, provide proper counseling, improve patient advocacy, make patients more empowered, and connect patients to community resources (Wakefield et al., 2018).

Furthermore, a multidisciplinary team provides emotional and social support to patients coping with medical trauma, including terminal, acute or chronic diseases (Chen et al., 2016). They assist patients with health-care-related challenges by helping them access services and information related to health conditions, get information and counseling services, make referrals for social services such as financial assistance and support groups, and act as a patient advocate, advisor, educator and care coordinator (Aujoulat et al., 2007). Their expertise in assessing patient needs and developing individualized care plans guarantees that patients take delivery of holistic support that contributes considerably to improved health outcomes and patient satisfaction (Anderson et al., 2005).

Moreover, they contribute to the promotion of patient-centered care through facilitating communication, empowering patients, advocating for patient rights, and enhancing care coordination (Stell, 2009). Firstly, they act as intermediaries between patients and healthcare providers, ensuring that both parties realize each other's needs and concerns (Leong & Euller-Ziegler, 2004). They help patients express their preferences and goals, enabling healthcare providers to provide tailored care and treatment (Bruce et al., 2015). Secondly, they empower patients by providing them with related information on their health conditions, medical treatment options, and resources available in community in the manner that equips patients to dynamically participate in taking healthcare decisions (Bravo et al., 2015). Thirdly, they are patient advocates working in close way to promote and protect patients' rights, ensuring that they receive optimal healthcare services and their voices are heard (Wong et al., 2014). Fourthly, they collaborate with healthcare providers to improve care coordination and ensure a smooth flow of information between patients and healthcare providers, which shall result in minimizing communication gaps and promoting continuity of healthcare services for the increasing patient population (Wakefield et al., 2018).

Conclusion

In the emergency room, overcrowding, chronically inadequate human resource, and frequent patient transfer cause high stress. Predicting the workload in the emergency room is impossible because it is common to perform urgent tasks that arise unexpectedly. Additionally, the increased severity of patients' conditions may result in staff burnout, beyond high stress. Emergency room problems may seem to weaken capability of providing person-centered care and impel them to regard person-centeredness as inapplicable to the emergency room. There is no agreed-upon framework for patient-centered care in the emergency room settings.

Emergency medicine use patient-centered care interventions to boost patient safety and quality of care. Patient-centered care can be a valuable contribution to emergency medicine practices.

Patient-centered care in the emergency room includes aspects of communication, education, involvement of the patient/family in information sharing and decision making, comfort of environment, respect and trust, emotional support, continuity, and transition of care.

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