

Background

- Our research team sought to improve the emergency department (ED) for patients. We consulted community organizations and patient partners to ask what they would like to see change to better their ED experience. Their feedback reflected a need for a more patient-centric ED.
- Patient-centered care (PCC) is widely defined as a holistic approach to providing care, including patient involvement, communication, access to services, well-trained staff, and an environment that meets patients' psychosocial, physical, and cultural needs.
- There are many frameworks that outline the key tenets of PCC, however, there is a lack of evidence of patient involvement in creating such frameworks and little known about how PCC is best practiced in the ED.

Systematic Review

- The objectives of the systematic review were to:
- \succ Summarize evidence on PCC in the ED;
- \succ Identify the common components of PCC in the ED;
- > Identify the challenges and benefits to providing PCC in the ED.
- **Population** : Any person attending an ED or staff member of the ED
- Intervention : PCC
- Context : ED
- Outcome : PCC practices, patient experiences, physician/staff experiences, challenges and benefits to providing PCC

Results

- Themes included emotional support, communication, education, involvement of patient/family in information sharing and decision making, comfort of environment, respect and trust, continuity, and transition of care.¹
- Challenges in the ED reflected a lack of PCC. Moreover, implementation of PCC had many benefits including higher patient satisfaction with their care.
- Though there were commonalities of PCC components, there was no consistently used definition for PCC in the ED.

Engaging Patients to Build Patient -Centered Care

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Patient Engagement

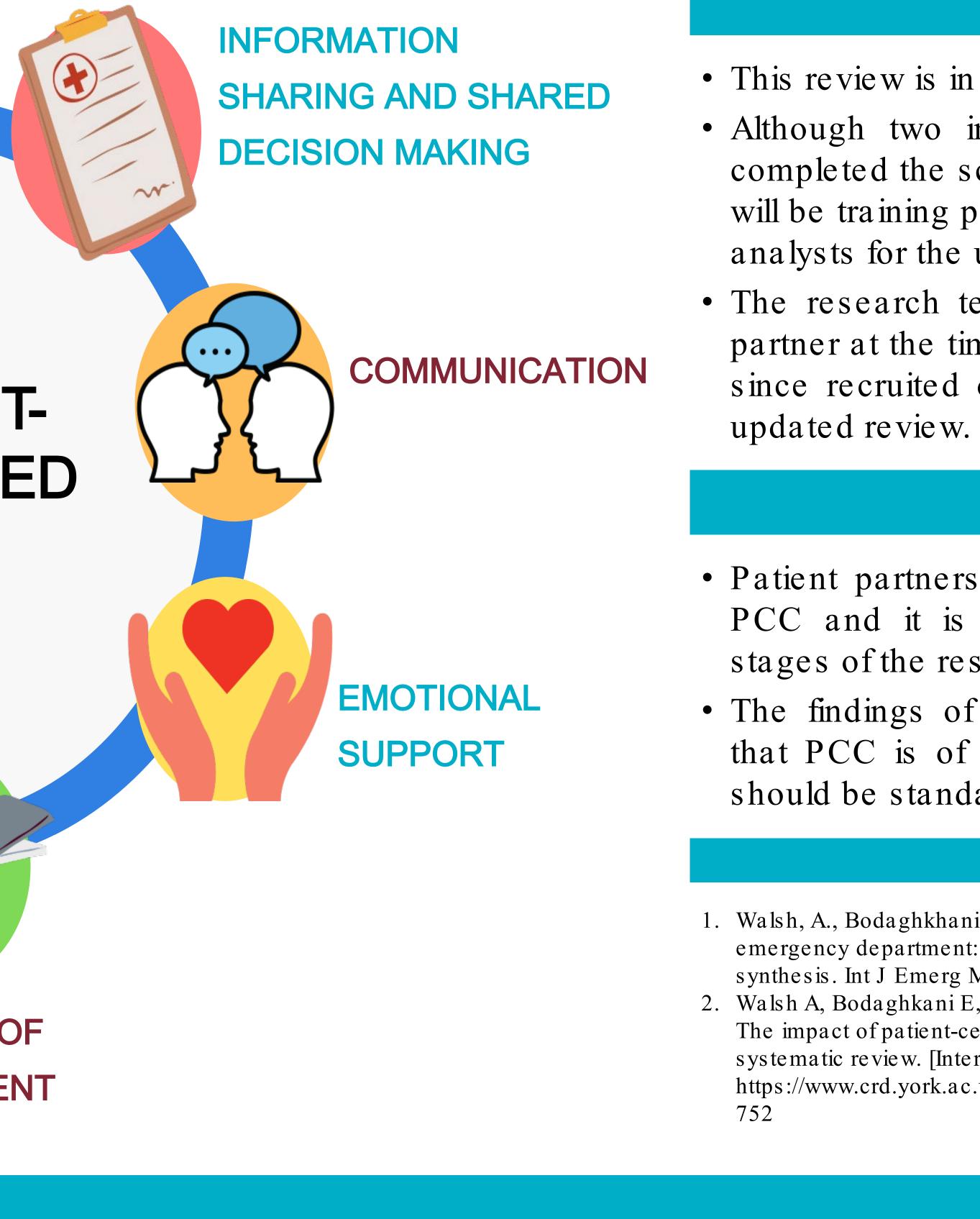
- We consulted with clinicians, subject-matter experts, patient partners, and community organizations to determine patient needs, their perspectives and experiences with PCC.
- Patient partners were formally invited to be members of the research team and the protocol for systematic review was developed with their input.²
- Patient partners gave their perspective on the results and discussed the applicability of the review to their experiences in healthcare.
- Results were finalized when the reviewers addressed discrepancies identified by patient partners and they all reached agreement on the conclusions and themes.

Figure 1. Components of PCC

RESPECT AND TRUST **CONTINUITY &** PATIENT-**TRANSITION OF** CARE CENTERED CARE **EDUCATION COMFORT OF ENVIRONMENT**

- disabled people and caregivers.

- Newfoundland and Labrador EDs.











EDI and SGBA+

• Patient partners and researchers involved in this project represent a variety of communities, including rural and urban populations, visible minorities, seniors, young adults,

• PCC has been considered from these different lenses to ensure that the model produced includes elements that meet the needs of patients across these populations.

• Patient partners were all equal members of the research team and, when necessary, adaptations were made to ensure they were all able to participate.

• The study was influenced heavily by the patient partners' experiential knowledge that is not found in the literature but is essential to make the study applicable to patients of

Future Considerations

• This review is in the process of being updated.

• Although two independently trained researchers completed the screening and thematic analysis, we will be training patient partners to be reviewers and analysts for the updated manuscript.

• The research team lacked an Indigenous patient partner at the time of this review, however we have since recruited one who will provide input on the

Conclusion

• Patient partners provide essential perspective on PCC and it is important to involve them in all stages of the research process.

• The findings of this review support the evidence that PCC is of high value to the ED setting and should be standardized in practice.

References

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