

Explanation of Exclusion Criteria for Emergency Department Survey

Purpose of this Document

A policy on exclusions criteria has been in place throughout the existence of the ER survey, and Press Ganey has worked to ensure that our clients understand and adhere to this criteria. As part of these continuing efforts, this document was created to clarify our existing policy. This document will be revised as needed to ensure its clarity and promote adherence to this policy.

Definition of Emergency Medicine

According to the American College of Emergency Physicians (April, 2008), “the practice of emergency medicine includes the initial evaluation, diagnosis, treatment, and disposition of any patient requiring expeditious medical, surgical, or psychiatric care.” Press Ganey uses this definition, which spans from initial evaluation through disposition, as a guide for emergency department inclusion/exclusion criteria. Needless to say, there are many other issues considered that are particular to each criterion. However, this definition, along with the motivation to validly represent the voices of the patients, is the foundation of this document.

Review of Inclusion/Exclusion Criteria

Table 1 lists patients who are to receive an emergency department survey.

Table 1. Who Receives an Emergency Department (ED) Survey

Who Receives an ED Survey?
Patients treated and discharged to home
Note that “home” is broadly defined, and includes, for example, assisted living communities, independent living communities, and homeless shelters. This statement is simply meant to distinguish between those who were discharged to a hospital and those who were not.
Fast track patients

Who Does the Exclusions?

All exclusions (in Table 2 below) are done by the client prior to their uploading data to Press Ganey, with one exception. Repeat patients within a three month period are identified and excluded by Press Ganey.

Table 2. Who Does Not Receive an Emergency Department (ED) Survey

Who Does Not Receive an ED Survey?
<p>Repeat patients within a three-month period</p> <p>Once a patient receives a survey for one ED visit, he/she should not receive an additional survey until at least three months have passed. Clients should not exclude these patients from their uploads, Press Ganey has a method of identifying and excluding these patients.</p>
<p>Patients who are admitted to the hospital through the ED</p> <p>These patients should receive an inpatient survey, per CMS protocols.</p>
<p>Patients who are not treated, but transferred/referred to another hospital or health care facility</p>
<p>Patients who leave against medical advice</p> <p>Definition: The self-discharge of a patient from a health care facility, contrary to what his/her physician(s) perceive to be in the patient's best interests.</p>
<p>Patients who leave without being seen</p> <p>Definition: Patients who, (1) completed registration <i>only</i> and then eloped, or (2) eloped before/during triage or the medical screening exam (MSE; for EMTALA). Simply not being seen by a physician is not the definition of "left without being seen," as there are situations in which a nurse or other health care professional may have been able to provide the necessary care. Note that, some patients who completed triage and/or medical screening (so do not fit the definition of left without being seen) and did not receive care may be excludable for other reasons listed in this table. For example, these patients may have left against medical advice, or transferred/referred to another health care facility for treatment. Finally, patients who complete the MSE and <i>immediately</i> thereafter decide to get care elsewhere may be excluded. If, however, they wait for any amount of time, and then decide to get care elsewhere, they may not be excluded. The reason being that these latter patients left due to the wait time and/or lack of explanations regarding delays.</p>
<p>Patients who are discharged to a prison or released into police custody</p>
<p>Patients who have threatened staff with physical harm</p>
<p>Pediatric patients released into the custody of The Department of Child and Family Services</p> <p>This entity may go by different names in different locations. Basically, if the pediatric patient is removed from the parents' custody by a governing body, the patient is excludable.</p>
<p>Patients who are dead on arrival or die in the ED</p>
<p>"No Publicity" or "Do Not Contact" patients</p> <p>These are patients who voluntarily sign a no-publicity request when admitted to the hospital or when being medically treated. Patients also fall under this category when they directly request that they not be contacted or receive surveys from a healthcare facility/agency at any time during their treatment or after discharge. Patients should not be asked if they want to sign a no publicity request.</p>
<p>Legal Precedent</p> <p>Another acceptable exclusion is "patient populations protected by law". For example, laws in some regions of the country protect certain patient populations between the ages of 14 and 18 (like substance abuse and psychiatric patients). This means that any state law protecting a given population takes precedence over what we have determined is an included or excluded patient population.</p>

Common Issues

Homeless Patients

Homeless patients cannot be excluded simply because of their status as homeless. However, because surveys are mailed (or completed by phone), the patient must have an address (or phone number) at which they can receive a survey. Note that any address at which they can receive mail is legitimate; for example, homeless shelters and post office boxes.

Miscarriage and Related Complications

Miscarriages (and related complications) are delicate matters. Clients need to be careful when considering whether or not to exclude these patients, and should approach these on a case-by-case basis whenever possible. Generally, these patients should not be excluded; however, the client needs to be comfortable with the decision. The client should find some alternative means of capturing the opinions of those patients that are excluded for these reasons.

Patients Under Observation

An observation patient is defined as a patient who had a hospital (inpatient) experience but was never formally admitted. It is important to note that they probably do not know their status as an observation patient. Thus, when they complete a survey, they will not be thinking “I was an observation patient.” They consider themselves to have been a patient of whichever area of care encompassed the majority of their experience. This care could be within the hospital setting, the ED, or an outpatient surgical setting. Therefore, the decision on how to classify an observation patient must also take into account patients’ likely perception of the facility visit.

If a patient presents at the ED and is held for observation for a few hours before being released, he or she considers the experience to be an ED experience and should be given an ED survey. If they are moved to a room overnight (other than in the ED) or have a stay of longer than 24 hours, they should be given an Inpatient survey.

Psychiatric Patients

If a patient’s primary diagnosis is non-psychiatric the patient should be surveyed (even if the patient’s secondary diagnosis is psychiatric). It is *optional* to include patient’s whose *primary* diagnosis is psychiatric. Press Ganey encourages clients to survey these patients.

Substance Abuse Patients and High Utilizers

Substance abuse patients, and high utilizers (patients who visit the ED with unusually high frequency), cannot be excluded. The primary reasons they cannot be excluded are, (1) the lack of a formal agreed-upon definition, and (2) the difficulty of reliably identifying these patients. Without a doubt, there are some patients who are clearly substance abuse patients or high utilizers. However, for many patients it is not so clear. Thus, determining a definition that all would agree upon is problematic at best. Finding a way to reliably identify the patients who fit the agreed-upon definition, and developing the electronic means of uploading this information to Press Ganey is also very problematic. Because of these problems, we have determined that excluding these patients would do more harm to the quality of the database than leaving them in. Also, these patients were still treated at an Emergency Room, and it would unethical to exclude their feedback based simply on their status. Moreover, these patients often do not return surveys, and when they do, the survey has often been completed by a responsible party capable of giving a fair evaluation of the care received. Finally, because Press Ganey excludes repeat patients within a three-month period, these patients will not receive a survey more often than once every three months.

Victims of Violent Crimes (e.g., Rape, Abuse)

Due to the delicate nature of violent crimes, clients need to be careful when considering whether or not to exclude these patients. The decision is a double-edged sword. On one hand, some patients may actually be angered if they knew they had been excluded because they were victims of a violent crime. On the other hand, some might not want to relive the experience. Therefore, it is best to approach this on a case-by-case basis whenever possible. Generally, these patients should not be excluded as they have a right to be heard. However, the client needs to be comfortable with the decision. The client should find some alternative means of capturing the opinions of those patients that are excluded for these reasons.