

MANAGING JURISDICTIONAL AMBIGUITY OVER UNCLAIMED TASKS IN US HOSPITAL EMERGENCY DEPARTMENTS

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Introduction

- Within an organization, disputes over job territory or jurisdiction (i.e. “whose job this is”) can disrupt the process of coordination between different groups
- Jurisdictional disputes often come about when two different groups want to “own” the same work activities. (Galperin, 2012)



Project Aims

- This project examines jurisdictional disputes over work that is ***not*** universally recognized as belonging to a particular group, particularly in health care settings.
- Researchers are currently conducting a comparative case study of patient care dynamics in two hospital Emergency Departments (ED) – Urban Hospital (pseudonym) and Rural Hospital (pseudonym).



Not my job!



Methods

- Inductive, qualitative study
- Comparative study – Emergency Departments (confidential nature)
 - *Rural Hospital: 25 interviews completed in 2017*
 - *Urban Hospital: 11 interviews to date, ~20-25 additional pending*

My Contribution

In-person recruiting

Interview scheduling

Coding and generating themes from interviews

What are Jurisdictional Boundaries?

- “Jurisdiction is the link between a profession and its work” (Abbott, 1955)
 - *Economist*– advise a firm on financial strategies
- Jurisdiction in health care settings:
 - *Physician* makes orders for treatments
- Jurisdictional boundaries are the scope of tasks that are associated with a specific profession.



What is Unclaimed Territory?

- *Unclaimed territory: work that is not universally recognized as belonging to a particular group*
 - *Administrative manager- filing paperwork*
- *Unclaimed territory in an ED setting refers to providing care for patients that present with conditions that are not universally understood as "emergencies"*



Questions Addressed

- 1a. What jurisdictional boundaries have been established within the Urban Hospital ED?
- 1b. What tasks are typically assigned within those boundaries?
- 2a. What is the nature of the “unclaimed territory” in the Urban Hospital ED?
- 2b. How is this unclaimed territory currently being managed?

URBAN FINDINGS: MANAGING JURISDICTIONAL BOUNDARIES

1a. What jurisdictional boundaries have been established within the Urban Hospital ED?

General patient experience:

- *“The patient first encounters a security guard, then registrar, and after, triage nurse.”*
- *“Patients queue in five different lines before they get seen by a doctor. They come in, they go through a security line, they get in an intake line. They don't see a clinician until the third step, which is then they see a nurse...”*
- *“Patients are seen in the pit and, after a wait for about an hour and a half, are placed in a room. So, all the doctor has to do is give treatment and inform the patient of the diagnosis.”*
- *“In the ED, patients are stabilized and treated then they either are placed in an inpatient setting, given a prescription and/or discharged.”*

1a. What jurisdictional boundaries have been established within the Urban Hospital ED?

Issues with patient experiences:

- *“The majority of the **complaints are about the wait, not about care.**”*
- *“The majority are the patients that if they're unhappy, they're unhappy because they **waited for eight hours.**”*
- *“Patients complain about the lack of updates but the **staff is not concerned about that because they are concentrating of delivering quality care.**”*



1a. What jurisdictional boundaries have been established within the Urban Hospital ED?

Jurisdictional boundaries of health care providers in ED

- *“I think the ED is more about, we are going to stabilize you, and **we're going to deal with your emergency. Once your emergency is done, we're done,** whether that means you get put in an inpatient setting or we give you a prescription, send you home to go, follow-up with your primary, or whatever.”*



1b. What tasks are typically assigned within those boundaries?

Specific roles in patient care or “claimed territory”:

- “Urban Hospital **receives trauma patients, typical emergency medicine cases, and occasionally children.**”
- “Here, obviously **trauma.** ... It's very bread and butter emergency medicine cases, like very sick people.”
- “They're [the ED is] truly looking at severity of injury, and so they're **treating the most severe, the most time-critical,** the person's that's truly an emergency, so there's that piece.”



1b. What tasks are typically assigned within those boundaries?

Specific roles in patient care or “claimed territory”:

- “On the ESI [emergency severity index], **one is most severe** (the patient is near death) and **fives are the least** (sprained ankle or simple lacerations).”
- “After the ESI level is determined, the nurse and doctor will decide what the course of treatment will be. For example, they will decide if a patient can be seen in the main ED or does he or she needs to be fast tracked.”

URBAN FINDINGS: MANAGING UNCLAIMED TERRITORY

2a. What is the nature of the “unclaimed territory” in the Urban Hospital ED?

Addiction and behavioral & mental health patient characteristics:

- “Urban Hospital sees patients with **addiction and mental health issues** and **little to no insurance..**”
- “They're [The ED is] **not equipped to provide those services [for addiction problems and behavioral health problems]**. Usually what we do is we'll do an assessment and then ship them out, if it's acute, and if it's not acute, how are you ensuring that they have services outside?”



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2a. What is the nature of the “unclaimed territory” in the Urban Hospital ED?

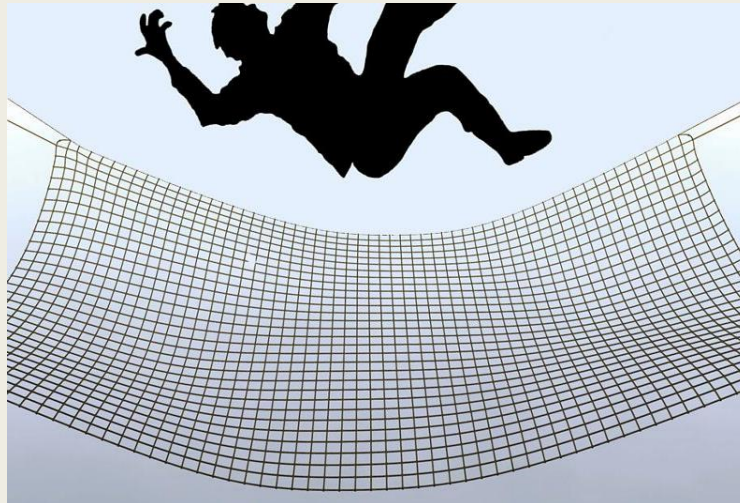
Addiction and behavioral & mental health patient characteristics:

- *“We asked patients who we know that they have an addictions problem, but **we treat their medical problem and we don't treat the addiction problem, or we don't treat the behavioral health problem** or it's someone else's problem because I'm here to treat your sepsis, but they don't understand why you got to that point was because of an undiagnosed or under-treated condition.”*

2b. How is this unclaimed territory currently being managed?

Addiction and behavioral & mental health issues: How care providers feel

- “Where else are they [patients with addictions and mental health challenges] gonna go? I mean, ***that's our job. We're the safety net for everybody.***”
- “...We know that we have very poor individuals, and so that's always been there. And in fact, this very much an, ***"Everyone's getting the same care," especially in the ED,*** and it's not just a lip service--you can really see the advocacy for all levels is the same.”



2b. How is this unclaimed territory currently being managed?

Addiction and behavioral & mental health issues: How care providers feel

- *“They're [patients with addictions and behavioral health issues are] emergency patients for sure...Some... actually have physicians that, for whatever reason, they don't access them... Or it's just a convenience where I want to see a doctor now, so I'm just going to go to the emergency room...Or they just don't have any access, and this is why we're here, here to take care of them.”*



2b. How is this unclaimed territory currently being managed?

Addiction and behavioral & mental health issues: How care providers treat them

- *“Prescriptions are automatically filled with a small dose. Once the hospital placed a sign to conveyed that the providers do no refill narcotics, patients looking solely for opioids left.”*
- *“Behavioral health patients **were generally transferred to other facilities** because the hospital specialized more in addictions. Now, since the opioid crisis, in house patients have been receiving drug and alcohol counseling.”*



2b. How is this unclaimed territory currently being managed?

Addiction and behavioral & mental health issues: How care providers treat them

- *“We actually have an addictions assessment center that's on our campus that's run through our behavioral health department where, during normal business hours. ... It is largely a walk-in, and word in the community is if you want to detox, **you come here and get assessed and placed**, whereas if that wasn't known, they would most likely come to the emergency department, so then we are assessing, placing in a drug screening, and **placing them either in our own detox unit, treating them in outpatient, or sending them out to other places within the community.**”*

Next Steps

- Continue interviews with Urban providers: ~20-25 more
- Deeper data analysis on Urban and Rural including comparing the two to uncover similarities and differences in managing “unclaimed territory”

What did I learn?

- Research process
 - *Importance of themes in qualitative data*
- ED functionality
 - *Main challenges of providing care in the ED*

THANK YOU