

Improving ED Patient Satisfaction When Triage Nurses Routinely Communicate With Patients as to Reasons for Waits: One Rural Hospital's Experience

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With hospitals closing and the number of ED patient visits increasing dramatically,¹ patients' waits are a growing problem. We are now learning that lack of communication from the ED staff during these waits can sometimes be a greater source of patient dissatisfaction than the actual waits themselves.² At our rural hospital, we received ED patient complaints several times every month. The complaints generally centered on having to wait for services. The Chief Executive Officer asked me, as the Director of Behavioral Health, primarily involved in employee assistance programs but having experience in organizational improvement, to assist the Director of Nursing to see if we could make a positive impact in the department.

Our initiative involved the ED waiting room of Hillsdale Community Health Center, a small, rural 40-bed hospital in Hillsdale, Michigan, which treats approximately 25,000 patients annually. The waiting room is approximately 27 × 27 feet in size with comfortable seating and a television. The emergency department is equipped with 8 beds. The staffing level for each shift is 1 physician, 1 part-time mid-level provider, and 2 registered nurses.

The emergency department has 6 ED triage nurses who cover all shifts, 7 days a week. Each triage nurse is responsible for assessing incoming patients, assigning appropriate triage acuity, and monitoring patients' conditions as they await ED admission.

Planning/Implementation

The Director of Nursing and I introduced the initiative to the emergency department as a way to improve patient

TABLE 1

Waiting room rounds completion rate

Week	1st shift	2nd shift	3rd shift
1	100%	97%	96%
2	96%	98%	88%
3	98%	100%	97%
4	98%	95%	76%
5	99%	96%	100%
6	99%	100%	96%
Averages	98.5%	97.6%	92.4%

satisfaction. All of the triage nurses were very interested in making a positive impact on patient satisfaction. I developed a log for the triage nurses to fill out, documenting the completion of half-hour rounds, the number of patients who were waiting, and any unusual circumstances within the department. We explained this process to the triage nurses and instructed them to make the waiting room rounds every half hour. The log was to be kept during all shifts, throughout the 6 weeks of the pilot.

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The Initiative

Beginning October 6, 2003, and for the next 6 weeks, the triage nurses completed waiting room rounds every half hour on their shifts, explaining delays or waiting periods to patients. Explanations included the reasons for the wait and any unusual situations contributing to the delay. The most common reason for a delay was prolonged workups of critical patients. During the rounds, the nurses also determined the number of patients awaiting care and re-evaluated their status.

Each triage nurse recorded in the log throughout their shifts. I compiled a weekly summary of the log and provided it to the 6 triage nurses and the Director of Nursing. Voluntary comment cards were provided to all

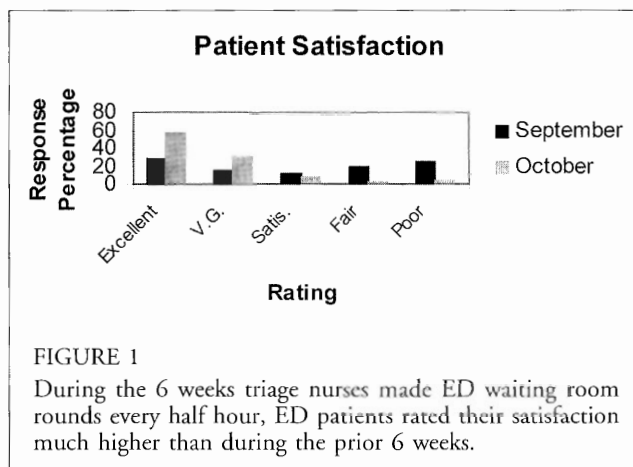


FIGURE 1

During the 6 weeks triage nurses made ED waiting room rounds every half hour, ED patients rated their satisfaction much higher than during the prior 6 weeks.

ED patients for 6 weeks prior to this pilot and then for the 6 weeks of the pilot. The comment cards asked patients to record the date and time of their service and to rate their ED experience on a scale of “excellent,” “very good,” “satisfactory,” “fair,” or “poor.”

Evaluation

Table 1 shows the completion rate of waiting room rounds by the triage nurses during the initiative.

The Director of Nursing and I watched the triage nurses making rounds on 88 occasions during which the nurses provided reasons to the patients for any delays. The number of patients in the waiting room during the half-hour rounds ranged from 0 to 8 patients.

For more than half of the time (55%), there were no patients in the waiting room, primarily during the third shift.

One month prior to this study, 18 patients wrote complaints on their comment cards that were related to wait times in the emergency department. In the first month after implementation, only 1 patient wrote such a complaint. Figure 1 compares the 2 months.

Via the comment cards, patients rating their ED service as “excellent” or “very good” during the month before the study was 44%. During the first month of the intervention, ratings of “excellent” and “very good” rose to 88%.

Discussion

The results of this initiative were encouraging. The triage nurses were consistent in making their rounds and documenting their activity on the daily log. In spite of being a little apprehensive initially about recording their performance, the triage nurses agreed their actions were important to good patient care and patient satisfaction. Throughout the study, all 6 triage nurses were pleased with the results.

During the first month of the intervention, ratings of "excellent" and "very good" rose to 88% [compared with 44% in the previous month].

Participation in this pilot was not included in the nurse's job performance review, nor was it included in their personnel files. During the fourth week of the pilot, the completion rate on the third shift dropped to 76%. On 2 occasions, 5 or 6 patients were awaiting service and waiting room rounds were not made. Average pre-study and post-study wait times were not recorded, but no changes in the patient volume were noticed and it seems reasonable to assume that they were similar.

Because of the success of the pilot project, the ED and hospital management decided to continue the initiative. Triage nurses now conduct waiting room rounds on a routine basis and patient satisfaction has improved significantly. This initiative was easy to implement and has been effective in our small, rural hospital setting. Triage nurses will continue to conduct waiting room rounds and record them in the daily log created for this initiative. Triage nurses continue to give comment cards to each ED patient in order to monitor patients' satisfaction. In the end, providing reasonable explanations to ED patients about the nature of their wait for services increased patient satisfaction significantly.

Many thanks to the Director of Nursing, Doris Whorley, RN, for her valuable assistance in introducing this initiative and in monitoring the waiting room rounds. Without her help, this project could not have been completed.

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