

Patient Experience in the Emergency Department

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To build an inclusive network that supports the advancement of the highest possible value and evidence based standards for emergency care for all Albertans.

Seven Things Patients Want You to Know

-by Sue Robins

Here are seven things that patients and families would like staff and physicians to know when we show up at your Emergency Department.

1. You see us at our worst

There are few things more stressful than coming to Emergency. We are typically in crisis mode, and we are not at our best. We arrive sleep-deprived, in our pajamas, rattled by pain or by the stress of worry about a loved one. We think we have an emergency (even if you do not). If you take the time to understand our perspective, this will breed compassionate care.

We are going to ask the triage staff a hundred times how long the wait is and that is because the time before we get seen is almost unbearable. Is there a way for staff or volunteers simply show care and attention in the no-man's-land of the waiting room? Much of our anxiety there comes from not knowing what's going on, and feeling like we have been forgotten. When we are stressed, I believe that acts of kindness settle us down.

2. We are people first, and a diagnosis after

The lady in Pod 3 who had the stroke is not the Stroke in Pod 3. She is somebody's mother or grandma. You may have seen five strokes this shift, but please remember that a stroke is a very big deal to this woman and her family.

I often get called "Mom" in health care environments. It is so comforting to have people ask my first name, and

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then use it. The same is true for my son, who has a cognitive disability. If you call him "Buddy," that confuses him. He knows his name is "Aaron" and is unsure of who this Buddy person is you keep referring to. Using proper names is a simple way to demonstrate that you see us as people first.



3. Consider the patient experience from their point of view

Our ED has a big STOP sign in the entrance, reminding people to clean their hands. This is not a very positive first impression. Why not have a welcome sign, with the word 'welcome' translated into different languages to greet all different types of patients?

I wonder if creating a warm and welcoming environment in the waiting room would help with our state of mind. A great first step would be to turn off the blaring television and consider stocking it with toys and up-to-date magazines to provide distractions. My ultimate vision for the ED waiting room would be for volunteers there to keep people company and play with the kids.

A big part of our stress after triage is the fear of the unknown. This is fear of what might be wrong with us, but we also don't understand the whole triage process. Sometimes we get called into a different waiting room and have to wait some more. Other times our families are not allowed to come in with us. Not understanding what's going on only compounds our stress. Managing our expectations about the wait time and sharing what's happening next (and the reasons why) would help a lot.

4. You are counting the wrong things. Patients are not cars.

I find it disturbing that the hospital quality improvement models are basically based on efficiencies in a car factory. My assertion is that people are not cars. Listening and connecting with patients takes time. How I wish that kindnesses, not minutes, were counted in health care.

I worry that with the focus on technology and data, the health system is losing sight of why they exist: and that is to care for patients. Patients are not statistics; they are human beings. It doesn't matter to me what credentials come after a health professional's name – HCA, LPN, RN, NP, or MD. I do not care if it is a health care aide or a hematologist who is taking the time to sit with me to hold my hand. What is important to me is that somebody who worked for the hospital showed me that they cared.

5. Patients crave kindness. (And kindness is free).

Patients are so desperate to be shown acts of kindness – that's what tempers the pain inflicted on us in hospitals, gives us comfort and helps us heal. This is all simple stuff: giving us warm blankets, finding the reclining chair, introducing yourself and your role, knocking or shaking the curtain before you come in, offering us ice chips, holding our hand. These little things mean a lot to us, particularly when we are at our most vulnerable.

6. Help us maintain our dignity.

I wish workplaces would recognize and reward staff who take the time to help the 88-year-old woman to go to the bathroom instead of putting her in a diaper. Anything you can do to help us maintain our dignity is greatly appreciated: pulling the curtain closed, arranging the bed sheet to cover us, minimizing pain, applying a warm cloth before you start an IV.

7. Human touch demonstrates that you care.

I believe that we are more likely to care for ourselves if we believe that others are caring for us. Caring is demonstrated through human touch – the arm around my shoulder, the touch on my arm. Human touch is healing. You may care for your patients, but we don't know that you care about us unless you show us through your words and gestures.

Patients need your help to be better partners in care, especially in the Emergency, when we present to you stressed and in crisis. I know that models of care, new buildings, and innovative programs are important, but if the quality of the one-on-one interactions - as demonstrated by these seven points - is not there, none of that matters. It is the simple stuff that truly matters the most. Thank you for keeping the care in health care.

Sue Robins bio

Sue Robins is a writer, speaker and consultant in the area of patient centred care. She's also the mom to three children, and her youngest son Aaron has Down syndrome. She speaks locally and internationally at health conferences, and has been published in the New York Times, the Globe and Mail and Huffington Post. More about Sue is here: www.suerobins.com and she's on Twitter here: @suerobinsyeg.

Recently Sue presented her top 7 things that staff need to know when patients show up at the Emergency at WEDOC in Edmonton. It was impactful, inspiring and worth sharing in a newsletter.

For more information about the
Emergency Strategic Clinical Network
Please feel free to contact us at
emergencyscn@albertahealthservices.ca