

Snapshot of Worldwide Leading Practices in Emergency Room Patient Experience

Outcomes		Strategies
<i>Improve Patient Access</i>	Efficient intake processes minimize time required to see physician (pages 14-16)	<ul style="list-style-type: none"> • Nurse practitioner and/or physician at triage • Team at triage (dedicated MD, RN & clerical staff at the bedside to assess patient) • Abbreviated triage process (intake process ≤90 seconds; peak times) • No triage/“pull to full”/bedside registration • Intake kiosks/self service kiosks/e-triage
	Patients move smoothly through system avoiding delays, redundancies and duplications in care (pages 16-18)	<ul style="list-style-type: none"> • Assess patient/process flow to minimize number of steps • Select appropriate intake model; can vary according to time of day, census etc. • Optimize bed management processes; e.g. morning mini rounds, bed czar, patient flow coordinator, standardized discharge times, electronic bed tracking, surge capacity protocol, emergency express units, clinical decision/observation unit, virtual wait rooms
	Examine ancillary cycle times and improve as necessary (page 18)	<ul style="list-style-type: none"> • Establish visual cues for communication of tests and results • Prioritize radiology requests, dedicated radiology transport technician • Point-of-care testing/dedicated STAT lab within central lab • Table top lab in fast track area for high volume testing
<i>Improve Waiting Experience</i>	The ED needs to be easy to navigate and user-friendly (page 19)	<ul style="list-style-type: none"> • Greeter welcomes and directs patient to initiate the triage process • Provide basic information about what to expect regarding process & timelines • Self-service kiosks can speed intake
	Patient expectations are aligned with actual wait times and anticipated delays (pages 19-20)	<ul style="list-style-type: none"> • Customer service training for staff and MDs • Provide information on actual wait times, normal times for test results • Use purposeful patient rounding and communication protocols to inform patient and families
	The ED department consistently communicates with patients and families and tracks progress (pages 20-21)	<ul style="list-style-type: none"> • Make patient status visible • Use volunteers, staff communications officer, signs, brochures, or videos to provide information • Consider use of modern technology to provide real-time information • Use patient tracking systems (pagers/infrared devices)
	Family/support persons are welcomed and encouraged to be present (pages 21-22)	<ul style="list-style-type: none"> • Share feedback from patient surveys with staff to plan and make changes • Establish ED advisory council with patients and family members and use focus groups • Consider needs of various age groups in waiting rooms
	ED patients receive timely pain management, avoiding delays such as those related to diagnostic testing or consultation (page 22)	<ul style="list-style-type: none"> • Use of pain guidelines/protocols/pain management pathways with standardized order sets • Pain management education for all staff & MDs, teaching guide to inform patients and families • Encourage use of simple comfort measures (e.g. positioning, potty, warm blankets, music, massage) • Use purposeful patient rounding protocols
<i>Provide a Responsive Environment</i>	The ED is a safe, clean, comfortable and welcoming place (page 23)	<ul style="list-style-type: none"> • Volunteer greeters provide information and comfort services • Use the “psychology of waiting times” (e.g. wait feels shorter when occupied, pre-process waits feel longer than in-process waits, anxiety and pain make wait seem longer, uncertain waits feel longer than explained waits) • Housekeeping tracks and post records of cleaning

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		<ul style="list-style-type: none"> • Have food and drinks available in family friendly, adequately sized waiting rooms • Provide business centre in waiting area
	There is clear, patient-friendly directional information to identify hospital facilities (page 24)	<ul style="list-style-type: none"> • Good signage and lighting • Accessible parking • Website provides similar information re parking, directions, patient information re EDs
	The facility provides privacy and controls for noise (page 24)	<ul style="list-style-type: none"> • Use infrared staff badges to eliminate paging and phone calls • Private examination rooms or curtains that pull to provide privacy • Use background music in waiting area • Acoustic isolation rooms for noisy patients
<i>Improve Customer Service Skills</i>	The ED staff anticipates common patient desires and needs (page 25)	<ul style="list-style-type: none"> • Use purposeful patient rounding protocols • Develop behavioural standards to promote staff accountability (e.g. Vanderbilt CREDO) • Provide customer service training
	ED staff demonstrates a culture of caring and compassion through deliberate actions (pages 25-26)	<ul style="list-style-type: none"> • Place stools in room for MDs to sit down, thus increasing perception of spending more time with patients • Enhance interpersonal skills of providers, e.g. offer communication workshops • Use patient names, make eye contact, answer questions • Care for all patients as if they were family members • Use purposeful patient rounding protocols
	Patients are clearly informed about their care and treatment decisions (page 26)	<ul style="list-style-type: none"> • Improve staff interpersonal skills, i.e. workshops, customer service training • Use purposeful patient rounding protocols • Patient tracking systems • Offer brochures to inform about normal wait times
<i>Improve Communication & Education</i>	Follow-up initiatives are offered to smooth transition from hospital to home (pages 26-27)	<ul style="list-style-type: none"> • Make follow up phone calls within 72 hours of discharge • Offer customer service resolution program with quick feedback and offer gas card, free parking, community donations as restitution • Develop volunteer patient advocate positions to liaise between waiting patients and ED staff • Share information from patient satisfaction surveys with staff and take action
	Instructions are given verbally and in writing to the patient and/or family member prior to discharge (page 27)	<ul style="list-style-type: none"> • Provide a hard copy of discharge instructions • Post-discharge phone calls within 72 hours
	Interpreter services are available (pages 27-28)	<ul style="list-style-type: none"> • Provide interpreter services (in person or via telephone), bilingual staff members or ad hoc interpreters • Use of software, e.g. self-service kiosks offering several languages