Communication in the Waiting Room
CIN – Communication in the CIN role

• A sample of NSW Non-admitted’ ED patients are surveyed, monthly as part of the NSW Health Patient Survey.– These are often patients who have experienced delays in waiting Rooms.

• Comments made in the surveys regularly highlight the waiting period as a frustrating time. Many patients highlight the lack of communication, and concern about their condition, as key elements that lead to frustration.

• This session will explore the communication elements of the CIN role, largely in respect to patients and carers as well as other team members.
These are the principles of the Psychology of waiting, which have been used to make changes in waiting rooms, and companies to improve waiting experiences. E.g. Disneyland – work the queue, and let people know how much longer the wait is at various points in the line.

Ask the staff about their experiences in waiting rooms – have they ever had to sit in an ED waiting room. Can they identify with some of these statements?

It’s hard to play catch up – means once things have become uncomfortable or escalated, it is hard to regain control and improve the experience.
These are quotes from waiting room experiences are from the research studies reviewed for this subject (references in the CIN resource manual).
Research findings.....

• The topics of conversation in the waiting area indicate that their injuries and illnesses are the patients' main concern while waiting.

• Although patients want to be informed, the staff do not perceive this as part of their job.

• Sharing opinions about their injuries and making conversations made the patients feel more at ease.

• After receiving attention from the doctors, the stress also seemed to be relieved.

• Although interactions with other people and reading books have an effect of distraction that could indirectly moderate the anxiety, patients are less interested in doing something that requires high cognitive attention and fine motor skills.
Research.....

Interview

Feelings of people waiting in a hospital waiting room

- Because of the unexpected situation of the patients being in the ED and the strict restrictions of behaviour enforced by the hospital rules, some patients experienced anxiety.

How people perceive the hospital waiting room and the staff

- Patients had doubts about the triage, which determined the order of treatment. Although the judgment is based on a system, the patients often do not trust this. They think their injury or illness is more urgent than others with the same or higher urgency.

Elements of the waiting room that cause, increase, decrease, or prevent anxiety

- Hospital staff think that the waiting phase is less important to patients and do not pay a lot of attention to it; they do not see it as a part of their job. This lack of interaction affects the patients’ level of anxiety. The uncertainty as to when they will receive medical care causes uninterrupted awareness among the visitors, which likely increases the anxiety.
ED staff use A to E for assessment, easy to remember the same tool for the elements of communication that work successfully in the waiting room. While there may be some concern about asking people what they want — (*explore the needs) — studies show that by acting proactively to sort out the needs, saves time later when they seek you out which you are busy doing something else.

Remind CINs that education is a key part of the role, particularly for parents, where handouts are often available.
Strategies to Manage the Waiting Room Effectively

- When problems arise, take care of them immediately. Emotions are contagious.
- Provide a clear, unambiguous model of how the system operates.
- Estimate the duration, making sure to give the maximum estimate, but don’t overdo it...
- If new problems arise, let everyone know (i.e. that the wait may now be longer).
- Even though it is appropriate to take breaks, those breaks should be done out of sight of the waiting room.
- Avoid such phrases as “I can’t promise anything” or “I can’t say for sure. It’s a zoo today.”
- Empathise: The annoyance of waiting is also magnified when staff members don’t seem concerned or apologetic about the long delay.
- Make the most of educational opportunities in regards to the patient’s presenting problem, use handouts/brochures.
There are cultures where queuing is not done, rather standing and shouting louder, or having a higher social standing is the way to get services. Some explanation of the approach used in EDs may help people understand the expectations in the ED. This should always be done empathetically.

Following this slide some video excerpts have been inserted. Choose which are most appropriate to your setting to use.
This scenario displays a relative becoming distressed and aggressive, it does include swearing.
Discuss with the participants how the situation may have been avoided?
What contributed to the incident?
How would you manage the family / patient following this incident?
The Challenging Situations

- Please View

- ‘Can’t get no Satisfaction’ from the CIN ‘Video Scenarios’ and discuss the following points:
  - What elements contributed to the patient having a ‘poor experience’?
  - How do tone of voice and body language contribute to this.
  - As the CIN how would you manage the patient following this incident?
The Challenging Situations

• Please View
• `I'm OK` from the CIN `Video Scenarios` and discuss the following points:
  • Discuss with the participants the elements of the review that were not effective.
  • What factors contributed to the incident?
Explore these questions with the CIN participants. Emphasis the use of ISBAR as an effective efficient communication tool to use with other staff – and how it also displays a level of professionalism when handing over clinically.

Discuss strategies to use other’s time respectfully – by having all of the information they require at hand, and the approach of ‘stacking’ a few patients for review at an appropriate time.
References & Acknowledgement

• References
    Downloaded October 2010.
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