
Does providing a wait time for ER patients in the waiting room improve patient satisfaction?

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February 20, 2011

In this article, I have referred to the patient, with the understanding that family is **always** considered inclusive with the patient.

As gatekeepers to the hospital, we begin shaping the patient's experience in a positive way!

Patients presenting to ER are prepared to tell their story... allow them to tell this story. The rule of thumb according to the "Strangers in Crisis Workshop" is to let the patient speak uninterrupted for 90 seconds. You will get a more accurate story and the patient feels that they have been heard.

Triage nurses use the CTAS assessment standards set out by CAEP and NENA. Triage has the important role of explaining to the patient the next sequence of events they can expect. Triage nurses do this all the time, for example, patients will see a nurse and a physician, and may have some tests done. The triage nurse then advises those patients waiting to return to triage if their condition changes. Further, the triage nurse monitors the possible progression of illness for patients waiting.

What seems to have the biggest impact on a patient's waiting room experience, however, is the question, "How long am I going to wait?"

These are the two questions patients ask:

1. How long do I have to wait?
2. Why am I waiting?

Patients want to be provided with an estimated wait time. The wait time provides them with baseline information about what they can expect. If a reason for the wait is also provided, patient satisfaction is even more positive!

How do we give patients the information that they really want?

Some examples of reasons for wait times might be: a high number of in-patient admissions, only one physician currently available, or very sick patients for whom the physician is currently caring.

By offering this "snap-shot" information on waiting, the patient is really being told, "We care," thereby reducing anxiety/stress levels and supporting the patient to feel more valued and in control.

Patient follow-up surveys currently examine left without treatment (LWT), or left without being seen (LWBS) reasons. Perhaps willingness to wait (WTW) reasons should be evaluated.


Accreditation Canada recommends that:

1. Triage staff informs patients in the waiting area of wait times for assessment and treatment.
2. Triage staff advises patients to return to triage if their condition changes.
3. Triage staff monitors possible progression of illness for patients waiting in the ER.
4. Triage staff explains the anticipated sequence of events, locations where services will be provided and by whom, at the time of registration.

Here is the most challenging piece: it is not just the ER waiting room. This same service is needed when the patient is placed in the streaming chairs, because this is really an extension of the waiting room. On the CDH-ER "patient satisfaction survey results" for July 2010 to Sept. 2010 category: **reason for waiting explained – the score result was extremely low.**

The ER staff within the Health Authority has expressed concerns about providing approximate wait times to patients. Specifically, if a patient feels the wait seems too long, they might leave without treatment.

I encourage everyone to remember that it is an estimated wait time with updates provided to the patient as situations change. Open communication promotes good public relations and a more positive emergency room experience.

The triage nurses at Cowichan District Hospital Emergency do a great job! The nurses show a caring, professional approach. Despite very busy times when patients may not be able to be re-assessed in a timely manner, have long line-ups, ambulances waiting, no breaks; the triage nurse is still there providing care to the best of his/her ability. This shows a true commitment to the community! 

Resources

Accreditation Canada. Information. Retrieved from <http://www.Accreditation.ca>

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