Hallway Patient Satisfaction

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IMPROVING HALLWAY PATIENT SATISFACTION IN THE EMERGENCY DEPARTMENT

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Purpose

To increase patient satisfaction for patients placed in hallway beds in the emergency department
PICO QUESTION

- **PICO Question** – Do hallway patients who receive information on approximate wait times for diagnostic studies experience increased patient satisfaction compared to patients that do not receive this communication?

- **P** - hallway patients
- **I** - providing informational cards on approximate wait times
- **C** - current practices
- **O** - increased patient satisfaction
TRIGGER?

Knowledge v. Problem

IOWA Model Trigger

- Observed patient dissatisfaction for those placed in hallway beds
- Increasing use of hallway beds in the ED
- Press-Ganey Scores below target
- Daily ED Census repeatedly above target
TRIGGER (Cont.)

- **Trigger Significance**
  - Increased ED census places more stress on staff and requires an increase use of hallway beds
  - Lower Press-Ganey scores provide room for improvement
  - Unsatisfied patients provide increased stress for staff and other patients
BARRIERS & STRATEGIES

- **Barrier:**
  - Patients unable to comprehend reason for wait/hallway placement regardless of information given
  - Nursing compliance with handouts
  - Patient participation in study
  - ED census and acuity (causing change in assessment/lab/result times)
  - Nurse/physician communication
  - Lab/radiology/computer/etc. downtime.

- **Strategy to Overcome:**
  - Core group of nurses to participate
  - Communicate from the beginning they will be in hallway
  - Therapeutic communication about uncontrollable factors such as downtime
Search Process: online articles were obtained via Google scholar and Ebsco host

Key Words:
- “hallway, patient satisfaction, emergency department, emergency department crowding, nontraditional beds”
Patients who receive information regarding flow/times of ED care are more satisfied with care

“Hallway placement was a significant predictor of a lower likelihood of recommending the ED to others.”

Longer delay for hallways assessments/diagnostics tests

Longer wait times=lower likelihood of recommending ED.

Crowding in rooms and halls caused patients, nurses, and physicians to feel that care was compromised in some way.
Current Practice at LVHN

- There are 17 hallway beds in the Cedar Crest ED.
  - During long waits, additional hallway beds are added
- Patients are slotted for hallway beds based on triage scale and acuity
  - The charge nurse and triage nurse work together to determine which patients are appropriate for hallway beds
Current Practice at LVHN

- Hallway patients frequently request to be placed in a room
  - Patients are placed in a room as rooms become available
- Patients and families frequently voice complaints related to length of stay, lack of communication, lack of privacy, and busy environment in the department
- Hallway beds do not provide certain care requirements
  - Example: suction canisters, room for supplies such as airway or code carts, room for family members
Practice Change

- Provide hallway patients with informative card containing wait times of common procedures for ED patients
  - CAT Scans, XRAY, Lab Results
- Increase therapeutic communication with patients in hallway beds, using the cards as a facilitator
EXPECTED RESULTS

- Pt satisfaction will increase with use of information cards
- Pt’s will have a greater understanding of why they are waiting.
- Pt’s will have less questions for providers and nurses.
- Pt’s will be less angry and frustrated with waiting.
- Overall morale of the ER will increase.
Next Steps

- Use cards for all patients, not just hallways
- Encourage use of cards among staff members
- Encourage physicians to reference cards when discussing plan of care with patients
Suggestions for the Future

• Provide cards in Spanish or additional languages
• Add more diagnostic tests as staff sees fit
Implications for LVHN

- Hallway beds are a necessary requirement to facilitate flow in the ED and ensure patients are able to be seen by the care team in an appropriate time.
- By increasing patient satisfaction, patients and families will be more likely to recommend our ED, even if they were placed in a hallway bed.
Lessons Learned (expected)

▪ Communication from initial contact with pt’s will drastically increase satisfaction.
▪ Therapeutic relationships increase with greater communication.
▪ There will always be people who will be angry and dissatisfied no matter what the circumstances.
References

Strategic Dissemination of Results

- E-mail to inform ED staff of results
- Lead by example – use cards when providing care to hallway patients
Questions/Comments?

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