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Hallway Patient Satisfaction

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IMPROVING HALLWAY PATIENT SATISFACTION IN THE EMERGENCY DEPARTMENT

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A PASSION FOR BETTER MEDICINE.™



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 down times

EVIDENCE

- Search Process: online articles were obtained via Google scholar and Ebsco host
- Key Words:
 - “hallway, patient satisfaction, emergency department, emergency department crowding, nontraditional beds”

EVIDENCE

- 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.

RESULTS

- 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)

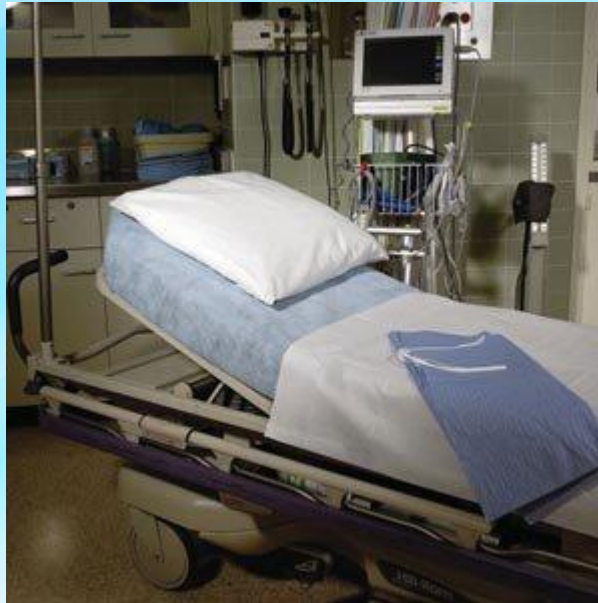
- Communication from initial contact with pt's will drastically increase satisfaction.
- Therapeutic relationships increase with greater communication.
- There will always be people who will be angry and dissatisfied no matter what the circumstances.

References

- **Effect of emergency department information on patient satisfaction.** (1993). Krishel, S., and Baraff, L. Annals of Emergency Medicine.
- **The Effect of Emergency Department Crowding on Patient Satisfaction for Admitted Patients** Pines, J. M., Iyer, S., Disbot, M., Hollander, J. E., Shofer, F. S., Datner, E. M. (2008). The Society for Academic Emergency Medicine
- **ED crowding and the use of nontraditional beds** McNaughton, C., Self, W., Jones, I.D., Arbogast, P.G., Chen, N., Dittus, R.S., Russ, S. 2011 American Journal of Emergency Medicine
- **ED Crowding Is Associated with Variable Perceptions of Care Compromise** Pines, J., Garson, C., Baxt, W., Rhodes, K., Shofer, F., Hollander, J. 2007 Society for Academic Emergency Medicine

Strategic Dissemination of Results

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



Make It Happen

- Questions/Comments?

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