

# IMPROVING PATIENTS' EXPERIENCE

## SHARING GOOD PRACTICE

### IMPROVING THE EMERGENCY DEPARTMENT EXPERIENCE

Results from the second National Survey of Emergency Department (A&E) Patients are due to be published early in 2005 and will provide an updated account of patients' experiences. This information will help to determine the progress that A&E departments across the country have made in improving patient-centred care. Case studies featured in this newsletter highlight some of the innovative and successful approaches that hospitals have taken.

#### Improving the A&E environment Gateshead Health NHS Trust

Feedback from patients, relatives and staff helped to determine how the Modern Matron budget could be used to improve patients' experience of A&E at Gateshead Health NHS Trust. A number of areas have been worked on:

#### Refurbishment

The department was repainted following professional advice on appropriate colours needed to create a calm and welcoming environment. New curtains depicting local landmarks have been put up and a hood for the public payphone is to be fitted to provide additional privacy for users.

Four patient rooms have also been refurbished. Before, patients had to look up at harsh, overhead strip lights but now alternative, softer lighting has been installed. To provide a more relaxed and less clinical feel these rooms have been repainted in pastel shades. Pictures, magazine racks and new notice boards have been put on the walls. Clocks have also been purchased in response to frequent requests from patients and relatives needing to know the time.

The department is investing in:

- Larger signage for the disabled toilet
- Printed information in larger font
- Two large button telephones for the visually impaired
- Two cordless phones for patient bedside use
- A hearing loop in reception

Trust and charitable funds were used to refurbish the relatives room and a newspaper dispenser was installed in the waiting area.

#### Developing the young patients' A&E area

This area was relatively clean and in good repair but needed to be redecorated to make it fun for children. There were no specific facilities for 12-16 year olds.

A local artist was commissioned to paint four large wall paintings with an underwater theme (see picture above). New lighting was put up to highlight one of these and the corner was made into a gated, soft area for very young children.

A computer pod was installed for children to entertain themselves and a giant game and activity cube were purchased as it was felt that robust toys would provide an important focus for the children, and were too big to go astray. Children's programmes run all day on the television which saves nurses' time as they do not have to keep changing video tapes.

There are plans to purchase children's books in different languages based upon advice from the local community.

In the examination cubicles ceiling mounted rope lights flash different colours in different rhythms to distract children.



The mural in a cubicle at Queen Elizabeth Hospital, Gateshead was designed to entertain and distract young children by providing opportunities to count and identify the fish.

An old storage cupboard has been converted into an adolescent room called 'The Den' and is decorated with posters of pop stars and film stars. Young patients can play computer games in this area.

#### Addressing multicultural needs

The Trust has strong links with the Jewish community and has placed a 'Sabbath Box' in the reception area. The contents of this are maintained by local Jewish people. Staff have a booklet about the Jewish faith to refer to and all new A&E staff receive awareness training on the Jewish culture.

To address religious needs a bible is kept in the relatives' room. In addition a copy of the Holy Koran is available for Muslim relatives and patients, along with a box containing a prayer mat and prayer beads which can be used by those who feel unable to leave the department to go to the multi-faith room some distance away.

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## Empowering Patients

### The Royal United Hospital Bath NHS Trust

The Royal United Hospital Bath NHS Trust has adopted a novel approach to prompt Emergency Department patients to ask questions about their care and treatment.

Posters are displayed on the wall and laminated cards are handed to patients listing questions that they might want to ask to find out more.

The questions cover three main areas; waiting times, pain control and treatment.

Waiting times are different for each patient depending on their condition, so average waiting times are not publicly displayed in the Emergency Department. The question cards encourage patients to ask staff how long their personal wait might be and suggest other health care options patients might consider, such as calling NHS Direct or visiting their GP or local Walk-in Centre in case they do not want to wait to be seen.

Patients, or their carers, are asked to inform staff if they are in pain and if any painkillers they have taken have not worked after 30 minutes. The question cards also encourage patients to ask questions about their condition, the side effects of any prescribed treatment and the availability of written information.

Feedback to date indicates that the initiative is working. Patients are asking more questions and appear to feel more confident to do so. They are observed holding on to the question card and referring to it as they progress through the department receiving care and treatment.

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## SHARING GOOD PRACTICE

Please send any examples of good practice within your Trust to:  
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or submit details online via our good practice database:  
<http://www.pickereurope.org/goodpractice/register.asp>



### A Video Diary Room to Capture Patient Views

#### Wrightington Wigan and Leigh NHS Trust

Inspired by Channel 4 Television's 'Big Brother' programme, Wrightington Wigan and Leigh NHS Trust introduced a video diary room to capture patients' views about their experience of waiting in the A&E department.

The 'diary room' was set up in the Sister's office for two sessions in a week, and the video camera was set up and operated by the Medical Illustrations Department. Hospital volunteers approached patients in the minor injuries department to ask them if they would be prepared to speak to the video about their experience. The process was then repeated some months later.

Ten patients took part in the sessions and the key message from their feedback was that their experience of A&E was much improved when they were better informed and knew what was happening to them and why.

The video diaries have since been used in staff training sessions to develop customer care skills. Being able to listen to the views of patients from their own department has proved a very powerful tool.

Recent feedback from patients indicates communication has improved within the A&E department.

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### Reducing waiting times for test results in A&E

#### Rotherham General Hospitals NHS Trust

Rotherham General Hospitals NHS Trust has radically reduced the time patients wait for A&E test results by introducing a new priority system. The average time elapsed from samples being taken from the patient to results being available in A&E is now approximately 30-35 minutes compared to an original time of 70 minutes.

All biochemistry, haematology and immunology test samples are numbered when they arrive at the combined specimen reception. The samples from A&E and the accompanying paperwork are clearly labelled with a white sticker and the word URGENT printed on it in red. These A&E urgent stickers are a different colour to other urgent stickers and can be easily recognised. They are wrapped around the top part of the sample and this ensures that all staff in the department automatically know the sample is from A&E and they are given priority status.

All samples are centrifuged. When removing samples from the centrifuge, those from A&E are easily spotted due to the position of the URGENT sticker and they are given further priority when being placed onto the analyser. Once they have been analysed the results can be authorised immediately if necessary. This simple but effective method has reduced A&E test waiting times by about 15 minutes.

The hospital has also installed a pneumatic tube system to transport samples around the hospital and to link each ward to the pathology and pharmacy departments. A similar system has also been installed internally within pathology.

The carriers used in the hospital-wide system are all labelled with the ward they belong to. The A&E carriers are labelled URGENT so when they arrive through the system they are easy to identify and can be dealt with immediately.

Once these samples have been numbered they are sent to the lab via the internal tube system and are placed in carriers also marked URGENT. Using both of the pneumatic tube systems A&E test waiting times have been reduced by a further 15 minutes.

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