


Use of “Finding Cards” to Improve Relative Experience on Arrival at an Emergency Department

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Abstract

This report describes introducing “Finding Cards” as a solution to improve relatives’ experience. Arriving at an emergency department (ED) can feel daunting for relatives. The simple bespoke Finding Card is handed to the relative on arrival. The card can help relatives feel less overwhelmed when attempting to find their family member who is a patient within one of many subsections of the ED. The card helps the relative remember the patient location, it reassures and gives confidence that help will be available if they become lost, it empowers relatives to approach any staff member for help, it supports relatives to feel at ease. The Finding Card enables clinical staff to immediately know the location any lost relative is trying to find, minimizes the length of interruptions to health professionals, improving patient safety. This simple, cost-effective tool to improve relatives’ experience and limit interruptions, could easily be replicated in large EDs.

Keywords

emergency department, emergency medicine, experience, relative, patient, safety, interruptions, tools, communication

Introduction

A relative’s experience should be the least stressful possible. The first impression when arriving at an emergency department (ED) will also form part of a relative’s opinion whether the team is caring and compassionate. Knowledge that a patient is receiving the best ED care possible is very important to relatives (1,2). It is important that relatives feel accepted by hospital staff in the ED (1). It is recognized that relatives suffer when treated like objects during their ED visits (3) and negative feelings are experienced by both patients and relatives while in an ED (4). All opportunities should be taken to improve the patient and relative experience (5). The importance of patient experience in EDs is well recognized (6). A patient in the ED may worry about the burden their health emergency may have upon their wider family. Steps to ensure relatives have a positive ED experience are also very important to the patient.

Relatives arriving in EDs cannot always be met personally by the nurse or doctor and escorted to the patient’s bedside. Relatives of patients who are not receiving resuscitation or end-of-life care, are often welcomed by reception teams. This team describes the route through the ED to locate the subsection of the ED where the patient is receiving care. The relative then proceeds alone.

A relative’s first arrival in an ED can feel overwhelming. They are unexpectedly coming to a hospital following hearing of a health emergency, often yet to discuss the seriousness. It is a time of heightened emotion and worry. Remembering the several steps of instructions for the route to their family may be understandably challenging. The relative is required to remember the unusual title of the patient’s care area and to recall the route description. They must navigate independently the corridors of the ED to the patient’s bedspace area. Multiple corridors, doorways, and unfamiliar signs can feel confusing. Relatives may also feel frustrated and angry. An ED layout may feel logical to its staff members, but it can be less clear to a visitor. The naturally busy environment of an ED can appear chaotic to a visitor.

If the relative becomes lost within the main ED or forgets their target bedspace name, they must approach and interrupt a member of the ED nursing or medical team to ask for help

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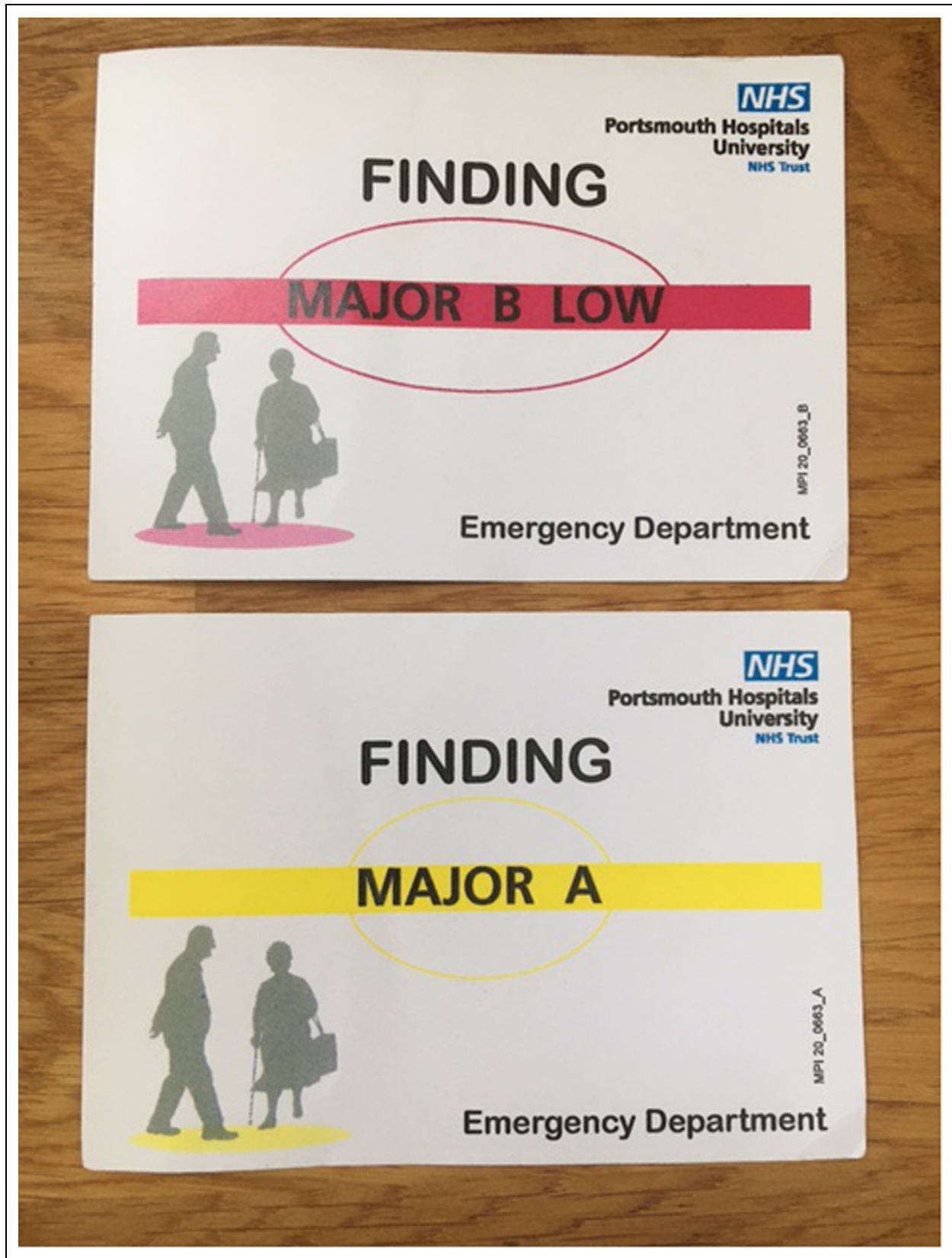


Figure 1. Two examples of Finding Cards.

with onward direction. Relatives may not know which uniformed staff to approach and may worry whether they can approach any health professional. Given the large number of patients within the ED at any one time, and the multiple care areas within a typical ED, in order to identify a patient's bed location, ED staff members, when asked for help, must undertake a full search of the ED database. This search process takes several minutes and the opening of a dedicated IT screen search. This interruption distracts the medical and nursing staff from their current task and workflow.

Interruptions occur frequently in all health care settings (7,8). Interruptions are recognized as a harmful factor for patient safety and contribute to negative consequences including drug errors, delay in treatment, and loss of concentration (7,8). Sources of interruptions are not only from fellow health professionals but also visitors and relatives (7). Any intervention that addresses the reduction of interruptions will be welcomed by EDs.

Description

Our large ED sees 130 000 patients per year and has a large footprint across several subdivided clinical care areas. "Finding Cards" were introduced during 2020 and 2021 as a potential novel solution to improve a relative's initial experience on arriving at ED and to also reduce the length of staff interruptions. The Finding Card has printed clearly in the center the name of a specific subsection of the ED, for example, "Major A," "Major B," "Ambulatory." Two example cards are shown in Figure 1. The reception team gives the relative a relevant bespoke card while describing the route to their patient. The relative is shown that the name of the care area where their patient is located is printed on their Finding Card. The relative is instructed that should they become lost or forget, they can show the card to any member of staff, who will help. The simple, inexpensive, colored cards are A7 sized (105 mm × 148 mm).

When nursing and medical staff come across a relative within the main ED carrying a Finding Card in need of assistance, they are able to quickly read the card and immediately help with onward direction. The staff do not need to repeat the IT database search. The length of interruption is shorter for the ED staff. The relative feels empowered to be able to ask for help and feels more confident and reassured that help will be available if they become lost.

Results

The Finding Cards seemed well received by staff and relatives. The reception team felt the relatives appeared more confident and reassured to enter the main ED to find the patient. ED staff found the Finding Cards easy to recognize when being carried by a relative. Staff repeatedly gave feedback that the cards made it so much easier to direct relatives and saved a lot of time. Staff commented that

relatives appeared comfortable when they approached staff for help.

The frequency of interruptions to nursing and medical professionals was also improved as allied ED staff could now step into assisting a relative with a Finding Card. As the access to the ED's IT confidential patient database was not required to give directions to the relative, housekeeping, security, and other nonclinical team members could also now independently help with onward directions. Feedback was gathered informally through ED staff emailing comments, face-to-face conversations, and discussions during team briefings.

Lessons Learned

This concept could be easily adopted in other large EDs. Lengthy logistics, planning, training, budgeting, and meetings were not required. Simple short briefings were given during handovers to make all groups, including reception, nursing, and medical teams, aware of the Finding Cards. These briefings took less than 5 minutes and included discussing the current relative experience, staff interruptions and patient safety, while demonstrating the cards. Feedback and opinion regarding the cards were encouraged. Cards could be reused or were disposable. It was initially difficult to predict the frequency of use of each of the individual titled cards to judge the ordering of reprints. The quantity used of each area's Finding Card became more apparent following the first weeks, and stock levels became easier to anticipate. This then enabled timings for reprinting of cards to become more predictable and planned. During the initial pilot, a map of the department was printed on the reverse of the card. However, the map was rarely consulted and did not add to the overall aim of the card. Subsequent cards read solely the title of a patient care area. The Finding Cards tool's flexible concept has the potential to also be easily applied and adapted for use within any other hospital department, in addition to an ED.

Discussion

A simple intervention can be a valuable step toward an overall improved ED relative experience. The inexpensive Finding Card tool can be easily adopted within other large EDs. The Finding Cards are also a welcome additional resource for reducing ED interruptions, and contribute to improving patient safety.


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