

EMOTIONAL SUPPORT IN THE EMERGENCY DEPARTMENT

Improvement opportunity

Emotional support is an essential element of the care we provide in the Emergency Department. The consumer advisory committee highlighted the VHEs results for Monash Emergency, particularly in the area of emotional support, and aided in setting up some research on emotional support in ED in collaboration with Deakin university.

In addition, we wanted to make sure we fully understood what emotional support means to our consumers, what they feel we can do to improve, and to collaborate with our consumers on the solutions themselves.

The information we looked at:

- Deakin university research in Monash Emergency
- VHEs data
- Monash Health Patient Experience data
- Presentations from representatives Aboriginal and Torres Strait islander communities, Refugee and CALD communities

Acknowledgements

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WE LOOKED AT...

DEAKIN RESEARCH

- Emotional support in the ED
- How patients define emotional support
 - What patients' experiences are
 - What patients say about how we can improve

VHEs DATA

What the VHEs data shows us over time about how supported patients feel

SPECIFIC NEEDS

- Aboriginal and Torres Strait Islander communities
- Refugee and CALD communities

MONASH HEALTH DATA

What we already know about what's happening in the Monash Health Emergency Departments

IT TOLD US ABOUT...

DEAKIN RESEARCH

- Supportive communication
- Checking in
- Being helpful, caring
- Providing comfort and reassurance

VHEs DATA

- The waiting experience
- The triage experience
- Communication
- Environment

SPECIFIC NEEDS

- Creating a welcoming space
- Cultural safety
- Refugee and migrant community experience
- Emotional vulnerability
- Challenges of accessing care

MONASH HEALTH DATA

- COVID19 experience
- Monash Health EDs rate below the state average for emotional support

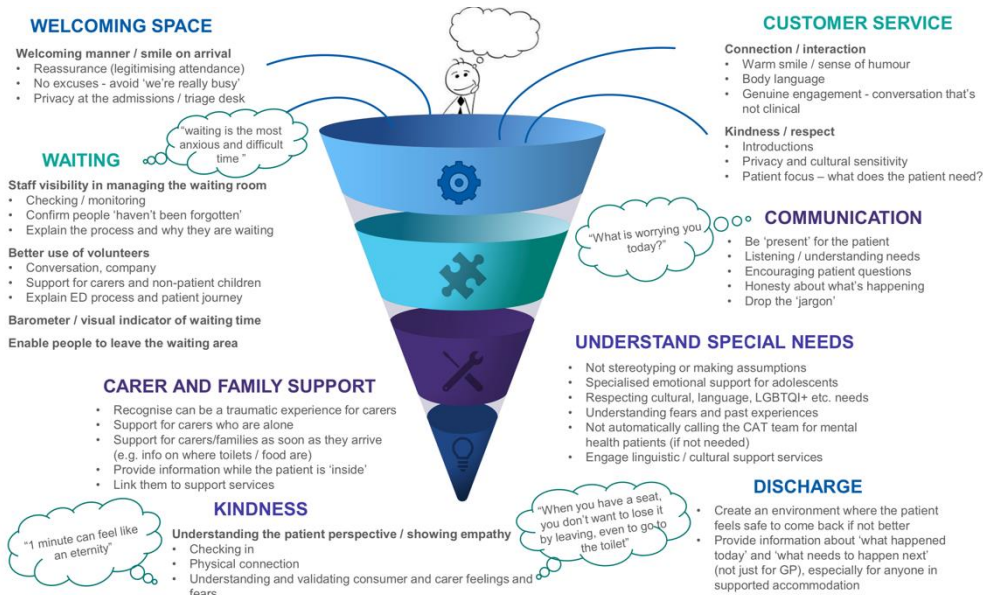
How we engaged consumers

We ran a series of 3 workshops with 50 people: 50% consumers, emergency department staff, representatives from vulnerable patient groups, and the patient experience team

Workshop 1: To review data and objectives

Workshop 2: To analyse the need aided with 6 different patient personas

Workshop 3: To bring it all together, finalize findings and agree on next steps



What changed

We know have 4 active working groups with ongoing consumer collaboration to joint create solutions:

Communication: Focusing on written and digital information provision starting with producing a Patient journey poster, ED wait time barometer, reviewing website information

Culture and engagement: focusing on verbal communication and staff interactions planning training for staff with patient stories

Supportiveness: increasing and supporting volunteers in the ED including new roles such as in the waiting room

Technology: implementing a virtual waiting room

FOR OUR CONSUMERS...

CUSTOMER SERVICE

- Create a welcoming space rather than a 'waiting room'
- Body language, smile, being present for patients and families
- Regular 'checking in' with patients, carers and families
- Treat people as individuals

SUPPORTIVENESS

- Empathise with patient's felt pain
- Support for carers / families with transport, phone calls etc.
- Care plans for chronic / known conditions / children / vulnerable consumers

COMMUNICATION

- Easily available and understandable information on the ED patient journey
- Regular updates on waiting times / procedures / results / next steps
- Flow of information from admin staff to clinical staff
- Updates on 'what's happening inside'
- 'what happened today' and 'what needs to happen next' discharge information for patients as well as GPs

TECHNOLOGY

- Investigate technology / processes for patients to pre-alert the ED they're on the way with a serious condition (e.g. Anaphylaxis)
- Text message or buzzer recall to allow people to leave the waiting area for fresh air / toilet / something to eat

FOR OUR TEAM ...

CULTURE AND CAPABILITY

- Investigate / research 'best-practice' customer service models for the ED, including for key patient groups
- Training for medical and non-medical staff
- Include persona-based training in induction and development processes

ONGOING EMPLOYEE SUPPORT

- Regular training updates rather than a 'one-off' experience: Establish 12-24 month refresher process
- Department 'champions' / share experiences
- Adequate staffing levels post-COVID

VOLUNTEERS

- Increase volunteer presence in the ED, especially during waiting times
- Training for and by volunteers
- Script-based information for volunteers to help cover common scenarios

SUPPORT SERVICES

- Train staff in availability of Monash Health support services
- Investigate availability of out-of-hours support services
- Implement processes to ensure information gathered by clinical staff reaches clinical staff
- List of all support services available including how to contact them