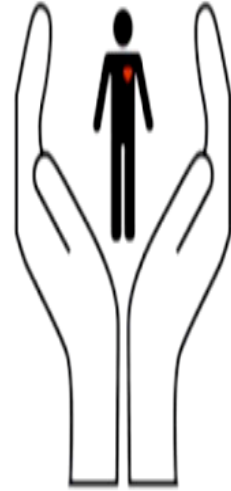


Service

Excellence *at UH*



Building a "Patient First" Culture at The University Hospital

Scripting Resources

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Note: These scripts have been generously shared by Press Ganey clients and have been modified for UH.

ADMITTING / PATIENT ACCOUNTS:

When going to patient's room for information and signatures

Knock, knock – Good morning Mr. Brown. I am (name) from the admitting department and I would like to verify your registration information. Do you feel able to at this time or would you prefer that I come back later?

If the patient states they have insurance but does not have their cards with them:

If information is not complete or they have not been here before state: “I will have to list you as self-pay; however, here is an insurance questionnaire in a self-addressed stamped envelope. If you complete it and then mail it back to us, your account will be billed to your insurance company.” *If patient requests to call with the information, tell them it would be okay to do so and write down the telephone number for them.*

Billing & Insurance Questions

When patients are angry stating they have talked to someone in billing repeatedly and haven't gotten anywhere: I'm sorry we haven't met your expectations. How may I help you?

Can I talk to a supervisor (before giving Rep a chance)? I would be more than happy to leave a message for my supervisor requesting that she contact you; however, is there something I can assist you with right now?

I'm going to sue the hospital. Upset with bill – I'm sorry you are upset. Is there something I can do or is there anything I can answer for you?

I'm going to sue the hospital. Upset with treatment received – I'm very sorry you are upset with the treatment you received at University Hospital. May I transfer you to my supervisor so that you may speak with her in regards to your concerns with your treatment?

When caller states they have a problem and requests to speak with the Director or the Administrator. Is there something that I can help you with? I'd be glad to see if I can resolve your problem, and if not, I will transfer you to the supervisor of our department.

How can you charge that much for _____? *Who decides that?* We base our rates according to what Medicare sets as being usual and customary fees.

Why do I have charges for labor, delivery and recovery rooms when I was only in one room?

The charges you see reflect the amount of time you spent in labor, during your delivery and for your recovery. We try to make the birthing experience as pleasant as possible by attempting to keep laboring mothers in one room. We then bill by time increments based on the level of care patients receive, and not by the room.

When setting up payment arrangements:

Be sure to notify them that their statements will reflect the entire amount due. “When you receive your statement, it will reflect the entire amount due on your account. Just disregard that number and send in the amount that you agreed upon, which is \$_____.”

Why have I received a bill before my insurance company has paid? Have they been billed?

Your insurance company was billed on (date). We send out statements to our patients 30 days after that to help keep them informed as to the status of their account. If we do not hear from your insurance company with (x) days after that, we send out another notice to inform you that your insurance company has not responded to our bill. This allows you the opportunity to contact your insurance company to verify your benefits with them.

Why do I have to call my insurance company? Your explanation of benefits is a contract between you and your insurance company. While we have tried to bill them on your behalf, they have not responded to us. Therefore, we request that you contact them to verify your eligibility for payment for the services you received at University Hospital.

Why hasn't my insurance company paid the bill? We billed your insurance company on (date). According to them, you are not eligible for coverage on this bill due to (explanation). If you have any questions regarding their decision, you may want to call and speak with one of their customer service reps who will be better able to discuss this with you.

OR

We billed your insurance company on (date). We have not heard anything back from them. You may want to contact one of their customer service reps to verify your eligibility for payment for these services.

Why do I keep receiving these bills even though I have insurance? We send out statements to our patients 30 days after we bill their insurance company to help keep you informed as to the status of your account. If we do not hear from your insurance company with X days after that, we send out another notice to inform you that your insurance company has not responded to our bill. This way you have the opportunity to contact your insurance company to verify your benefits and eligibility for payment on this account.

Why haven't you billed my secondary insurance? We cannot bill your secondary insurance until your primary insurance has paid. Your secondary insurance requires that we submit to them your explanation of benefits along with the balance of your account after your primary insurance has paid on it.

I gave my insurance information when I was registered. Why am I receiving a bill? (When no info on account) I am very sorry. For some reason we show no insurance information on your account. I am sorry to have to inconvenience you, but I will need to ask you for this information again so that we may bill your insurance.

Why are you threatening to turn this into a collection agency? I have insurance! We billed your insurance company on (date). After having not received any response from them, we sent statements to you on (date) and (date). Since we have not heard back from you, we sent this last statement to let you know your account was in jeopardy of being turned over to a collection agency.

Accounts that have been turned over to collections

If caller states agency told them to call. I am sorry they told you to call us. That should not have happened. All I can do is verify for you the date and amount that University Hospital turned over to the agency. The collection agency is not part of University Hospital, so I will not be able to see any payments or fees that may have been assigned to your account, nor any action that may have been taken on your account.

If caller becomes argumentative, repeat: The only information I can give you is the date and amount University Hospital has turned over to the collection agency. I do not have the ability to take any action on the account nor can I determine what fees or payments may have been assigned to the account.

ENVIRONMENTAL SERVICES:

Housekeeping Entering Patient's Room:

Good morning, my name is _____, I am here to clean your room. OR –
Can I clean your room? Thank you. If there is anything I can help you with, please let me know.
I can come back later if need be. Do you need anything before I leave? I hope everything goes
well for you. Have a nice day.

FIRST IMPRESSIONS:

Greeting Patients:

Always **SMILE!**

Make EYE CONTACT with our customers.

Say Good Morning, Afternoon, Evening

Purpose/ Action/ Assistance

- State your purpose- Why are you there.
- State your action- What you are going to do.
- Offer assistance- Always offer to help or assist patient. If patient needs assistance and it is not within your ability, use the call light to alert the nurse's station for assistance.

Upon entering a patient room:

1. Knock before entering the patient's room

2. Greet patient by name

3. Introduce yourself - Do not use nick names, use the name on your name badge

Examples:

(Note: A proper greeting demonstrates professionalism and our Service Standard of Respect for those in our care)

"Good morning Ms. Smith, my name is _____"

On the Phone:

- Offer a greeting.
- State your department
- State your name
- Offer assistance

Information Desk:

Solicitors - I must direct you to our Public Safety Officer. You will need identification while on campus. Once you have completed this process, please let me know how I may be of assist you.

Lobby – [Every 20 minutes] ask the following questions depending on the situation:

- Patient waiting: I am sorry for the wait, is there anything I can help you with? I have the time.

For information requests about patients

“Our records do not show that we have a patient by that name. Could I ask you to contact a member of that family?” *Do not argue with the caller/visitor, simply apologize and repeat the same message.*

“I’m sorry, due to privacy laws I am not able to confirm or deny that there is a patient here by that name. May I suggest that you contact a member of that family?”

Visitors

OB visitors: Hello, I am (name, position). I'm taking care of ____ today. I'm sure you are all very excited to be part of this special event. I would like for you to wait in the lounge. Do you know how to get there? It will probably be about ____ minutes before you can return. Someone will come and get you or call you when we are finished. Thanks for your understanding and cooperation, I really appreciate it.

Visitors loitering in the hall: Hello, I am (name), (position) May I help you? If they are waiting for something specific, check with the nurse, then respond: It will be about ____ minutes. The reason we do not allow waiting in the halls is because we have emergency situations and privacy issues. I'm sure you can appreciate our concern for our patients. Let me show you the waiting area. Someone will come and get you or call you when they are finished.

Directions

I can tell you exactly where that is, but if you prefer, I could take you there. OR "I am going that way; I will walk with you and show you where to go."

GENERAL USE:

Privacy:

For your privacy, I will pull the curtain. If you need me, please use the call light here (demonstrates call light).

“Here is an extra gown for you to ensure that you are properly covered while walking in the halls because I am concerned about your privacy.”

“I am pulling the curtain to ensure you have privacy during _____.”

“Would you like the door/curtain closed so you can have more privacy?”

“I am concerned that this curtain will not give you enough privacy. I will call housekeeping immediately to make sure they replace it to give you adequate privacy”

“I am putting this blanket over you while I take you to ____ so you will have more privacy.”

“In order to protect your privacy, we will only give out a condition report to people who call other than your designated contact person.”

“I will shut the door while I take your health history so it can be kept private.”

On the Phone:

When You Must Place the Caller on Hold

After a professional greeting, such as: “Good morning, Nursing Department, Jill Smith. Would you mind holding a minute? I’m helping another person.” Then, “Thanks so much for waiting. Now, how may I help you?”

Sample ER call

Hello, *X Facility* Emergency Room this is _____, how may I assist you? May I ask what your relationship is to the patient? Will you please hold while I check on the status of phone calls for this patient? (Then check with nurse/physician and patient)

Sensitivity to Illness

“This must be a very upsetting (frightening, etc.) experience for you. What can I do to make you more comfortable?”

Participation in decision making

“You are the most important member of our team. We need and want your input in planning your care. We want to involve you in decisions about your care. If there is anything that you do not understand, please let us know and we will explain it to you. If there are times when you cannot talk with the doctors and make your own medical care decisions, who do you want to speak for you?”

Pain Management

Mr. Brown, managing your pain is important to our team. We want to be sure that you are as comfortable as possible. We will be asking about your pain on a regular basis, using a scale of 0-

10. 0 is no pain. 10 is unbearable pain. We use this scale to evaluate how well your pain treatments are working. Our goal is to reduce your pain to a level that is comfortable and tolerable for you to be able to participate in your daily activities.

INPATIENT / NURSING:

Inpatient Orientation “How things work”

You are in room _____. Would you like to be introduced to your roommate? (If the answer is yes, continue with introductions). I want to show you how everything works and make sure that everything is working properly. This is how you operate your bed (demonstrate), nurse call light and where the light switches are located. For your safety the top two side rails will be left in an upright position.

For your convenience there is a TV and phone service. To activate this service, dial 2-5887 and leave a message.

Conveniences offered at the hospital

I would like to explain some of the conveniences that we have at University Hospital that are available to you, your family and visitors while you are in the hospital. For your convenience, there is valet parking at the main entrance for \$4.50 for up to one hour; two hours is \$5.50. There are several places that are conveniently located on the B level that your family may want to visit including a cafeteria with vending machines, Burger King also on B level, and the gift shop on C Level. The public restrooms and telephones are located on the main hallways. On the D Level there is also a nondenominational chapel and prayer room.

Introduction to meal time and type of diet ordered/Special Diet

Mr./Mrs. _____, I would like to take this time to go over our meal schedule. On _____ (unit), breakfast is served between _____ and _____. Lunch is served between _____ and _____. Dinner is served between _____ and _____. We can also provide a small snack before bedtime if you request it.

I see that your doctor has placed you a _____ diet. Are you familiar with this diet?

If NO: This special diet is required because _____. While you are on this diet you can expect to have _____. (If appropriate) If this diet doesn't cause any problems, the doctors will progress your diet toward your regular foods. A dietitian has been asked to see you to help explain this diet to you (if ordered)

OR

Would you like to see a dietitian during your stay? If YES: Is this the same diet you follow at home?

Beginning of the Nursing Shift:

Good morning, “Mr. Brown”, My name is _____. I am a _____ who will be caring for you today until (time). You will also have a (position) named (name) who will be assisting me today. On _____ unit, we work together as a team. We will work very hard to meet all of your individual needs. Please let me know the moment we can do something better. My goal is to exceed expectations and provide you with very good care. Let me check the call light to make sure it is working. Now, before I leave, is there anything I can do to make you more comfortable? I have the time.

Before leaving the room, always ask "Is there anything else I can do for you? I have the time."

(Note: "I have the time" - Use of the call light has been documented to be reduced as much as 40% if this phrase is used every time a staff member is leaving the presence of a patient. The patients and families again feel we are demonstrating genuine concern for their well-being.)

After Nursing Assessment:

Now that we have completed the assessment and you know who I am, is there anything you would like me to know about you that was not covered in the assessment?

Nurse Meds Verification:

Before I give you this medication, may I check your ID bracelet? Thank you.

End of Shift:

"Mr. Smith", I'm getting ready to leave the floor, is there anything I can do for you, I have the time?

Test/Treatments

"Hello, my name is _____. I am your nurse today. The doctor has you scheduled for a cardiac catheterization tomorrow at 8am. Would you like to inform your family of the time of this procedure or would you like me to do this for you?

The physician or physician's assistant will explain this procedure to you then have you sign a consent form for this procedure. I am going to show you a video on cardiac catheterization, if you have any questions, please ask the physician or me.

You will not be able to eat or drink anything after midnight tonight. Tomorrow you nurse and a transporter will take you to the Cardiac Cath Lab. You will wait in the holding area where you will continue to be monitored by an RN until they are ready to do your procedure.

During the procedure, the staff will work together as a team to make sure that you are as comfortable as possible. You should feel free to tell them if you are uncomfortable.

If your family is present they may go with you and wait in a designated area. The physician will speak to you and your family members after the procedure is completed. You will need to remain in the holding area for observation for approximately two hours and then you will return to your room."

Hand off:

This is your nurse (nurse #2 introduces her/himself). Before I leave you with _____, is there anything more I can do for you because ***I have the time.***

Concern about not discharging too quickly

"As part of the admission process, I'll be asking you some questions about your normal activities and any special needs you might have when you are ready to go home. At The University Hospital, we want you to get well as quickly as possible by providing you with the best care. We are also concerned that you are not discharged too soon. Studies have shown that patients who stay in the hospital for extended periods of time often develop complications. Our team will

work closely together with your doctor to make sure that you are ready for discharge and have made all the necessary arrangements that will be needed to meet your needs once you are discharged. If you think of any needs you have, you can continue to tell these to your nurse.”

Call Lights

1. Acknowledge all call lights by the fifth ring
2. When answering calls, address patients by name. Ask, “Ms. Hill, this is (your name). What can I do for you?”
3. Whenever you see an unanswered call light, ask the patient, “What can your nurse bring you?”
4. Do not leave the floor until you have conveyed the patient’s request to the appropriate caregiver
5. The appropriate caregiver must respond to a patient’s call or request within 3 minutes. “Hi Ms. Hill, you rang. How can I help you?”
6. Before leaving the floor for meals or breaks, tell patients when you will return.
7. Check on patients one hour before shift change to reduce requests during shift change report.

Discharge:

Do you have any final questions? Was everything to your satisfaction? Thank you for choosing The University Hospital and I wish you well (depending on the situation).

Managing expectations regarding transportation to lobby after discharge

“After you have received your discharge instructions and your ride is here, I will contact transportation to escort you to the lobby. It may take up to 1 hour before someone is available to take you to the lobby. Because we are concerned about time and those who will be picking you up, we want you to know this well in advance.”

Home Care Services Arrangements

“Because I am concerned about your care, I want to make sure that you understand the individual arrangements that have been made for you after you go home. Your doctor feels that you will need a visiting nurse at home. The name of the home care agency is ___ and their phone number is _____. Our team has completed all the necessary forms and they have been faxed to the agency. Someone from the agency will call you tomorrow morning before 10 am. If you don’t get a call by then, please call the agency. I have also arranged for you to have _____(equipment) from _____agency. Their phone number is _____. You can expect the equipment to be delivered _____.”

Critical Care Visiting

“Hello, my name is _____. I am Mr./Mrs.Brown’s nurse. I know this is a difficult time for you. When you have a family member in the ICU, the most important thing that people want is time to be close to their loved one. We know that you need to be close and we encourage close family and friends to visit for short times. I want to tell you about our visiting hours in the Intensive Care Unit. The amount of time that visitors can stay is very individualized. For most patients this means staying usually for 5-10 minutes at a time then allowing the patient to rest and the nurse to provide the necessary care. In general, visits are permitted between 10:30am and 7pm.

Then there is a break between 7-8pm when we give shift report. We don't allow visitors during shift report so that we can keep the patient information as confidential as possible. When report is over at 8pm, you can visit again for short periods of time until 9:30pm."

"Hello, my name is _____. I am your RN today. What is your relationship to the patient? Do you have any questions? I have a procedure that I need to do. It will take about ___ (give time frame longer than it will take). Please wait in the _____. I will call you when I am finished and you can come back to visit. Thank you.

If they insist on staying, explain specifically what you are going to do and state that you do not want them to feel uncomfortable. If they keep insisting, let them visit 5 more minutes and then go back.

"Hello. Visiting hours resume at _____ in the morning. (Patient's name) needs to rest. I will give you another 10 minutes to say good-bye. If visitors are resisting assure them you know this is difficult but the patient is doing fine and needs their rest. I am _____, the RN who will be here until 7. Here is the unit phone number and you can call and ask for me anytime during the night."

Attention to Emotional and Spiritual Needs

"During hospitalization, many patients have emotional or spiritual needs. I want to make sure that we are able to meet any individual needs that you have. University Hospital has chaplains available to listen, pray, or help you with any concerns that you may have or to help you cope during your hospital stay. Would you like to have a chaplain stop by to see you?"

Sensitivity to Inconvenience of Disease and Hospitalization

Mr...../Mrs , Welcome to the unit. My name is _____. We know that this hospital visit is an inconvenience and you did not plan to visit the hospital had it not been for your (illness, diagnosis or symptom), you wouldn't be here. The staff recognizes that this must be an inconvenience for you and your family. Should you think of anything we can do to help you during your stay that would make this less of an inconvenience, please let us know right away. Our team wants to make your stay as pleasant as possible.

LABORATORY:

Drawing blood

Good morning/evening, Mr./Mrs. _____. My name is _____. I am here to draw your blood for tests that the doctor has ordered. At The University Hospital, we have studied what the best techniques and best needles are to draw blood. I understand that this may not be pleasant but I am using the best techniques and sharpest needles available, so hopefully, this won't bother you much. May I draw your blood?

Explain procedure to patients concurrent to drawing the blood.

Unable to obtain blood specimen on first attempt

"I was not able to obtain your blood. Even when we use the best techniques and best equipment, sometimes this happens. I am sorry this happened to you. I understand that you might be (are) upset, but these tests are necessary for your care. May I try again?"

IV Process

Starting an IV

"Good morning/evening, Mr...../Mrs..... . My name is _____. I am here to start your IV. An IV is needed to be sure that you get medication and/or fluid your doctor ordered. At our hospital, we have studied what the best techniques and needles are to start an IV. Before a nurse can start an IV we have extensive training to make sure that we are skillful in the procedure. I understand that this may not be pleasant but I am using the best techniques and sharpest needles available so, hopefully, this won't bother you too much. There will be some discomfort as the needle goes in but it will only be for a short time. May I start your IV?"

Explain procedure to patient concurrent to starting the IV.

Unable to start IV the first time

"I was not successful in starting your IV. Even with all our training and using the best techniques and best equipment, sometimes this happens. I am sorry this happened to you. I understand that you might be (are) upset, but this IV is necessary for your care. May I try again?"

An Infiltrated IV Site

"Mr. .../Mrs..... . Your IV has infiltrated. This means that the IV medications and fluids are not going into the vein. This is very common. In fact, this is the body's normal reaction to having a foreign object like a needle. Because I care that you receive the medications and fluids, I am going to restart your IV in another place so that you can continue with your treatment. If you notice any discomfort where this IV was, I can provide you a warm compress.

Explain procedure to patient concurrent to starting the IV.

OUTPATIENT:

Phone Triage:

A large part of the triage process is spent helping the patient articulate his or her symptoms accurately. Via the telephone, the nurse helps the patient isolate and identifies physical symptoms; the severity and the duration of the symptoms. Phone triage is like trying to use your nose, your eyes, your ears and your hands through the phone.

Greeting - Good morning/afternoon/evening, University Hospital Ambulatory Care Triage, “x” speaking, how may I assist you?

Can you please describe your condition?

Four key questions to ask when trying to ascertain an emergent situation are:

1. How long have you had these symptoms?
2. Do you have a fever, chills or pain?
3. Have you been experiencing diarrhea or vomiting?
4. Are you having difficulty breathing?

Other questions ask for clarification of the symptoms:

1. Where is your pain?
2. On a scale of one to ten with ten being the worst pain you’ve ever felt, how would you rate your pain right now?
3. When was the last time you vomited? What did you vomit?
4. How long ago was your last bowel movement?
5. How loose is your stool? (asked to ascertain diarrhea)

Patient check-in – (for patients with appointments)

Good morning. May I help you?

Do you have an appointment?

When yes:

- May I have your name please?
- Which doctor are you seeing today?
- Which insurance will we be filing with today?
- May I make a copy of your insurance card?
- Be sure to verify patient’s address, telephone numbers and date of birth
- Mr. Brown, please have a seat and we will be with you as soon as possible (provide estimate if possible)
- If you need anything Mr. Brown, my name is ____.

Patient check in – for walk in patients

Good morning. May I help you?

Do you have an appointment?

When no:

- May I have your name please?
- Have you been seen by one of our doctors before?
- *Let them know the approximate length of the wait in a professional and kind manner.*

“Mr. Brown, it will be approximately 45 minutes. Would you like to wait?”

- If they can not wait:

- o *Offer to make an appointment for them on another date or ask them to come back at a specified time later that day if possible.*

- o *Be appreciative.* “Thank you for coming in today, I am sorry we could not accommodate you at this time.”

SERVICE RECOVERY:

All-Purpose Protocol for Handling Delays in an Impressive Way

Here's a widely applicable process for talking with patients about delays. Use it when you know there will be a delay and want to prepare the patient for what to expect. Also use it once there has been an unexpected delay.

1. **Address the customer by name in a calm manner.**
2. **State your positive intention.** (e.g., "I really want to make sure the doctor sees you as soon as he or she possible can.")
3. **Acknowledge and apologize:** Notice that the patient (or other customer) has been kept waiting and apologize even if it is not your fault. (e.g., "I realize you've been waiting more than ____ minutes/hours and I'm really sorry about that.")
4. **Express empathy:** Show that you understand the customer's feelings. (e.g., "I can imagine as you wait that you may feel frustrated, impatient, concerned," etc.)
5. **Give the reason for the wait in a way that builds customer confidence.**
 - **Build their confidence:** for example: "We have a practice of giving each person the quality attention they deserve. Sometimes this means that a patient will take longer than we planned. I can assure you we will give you that same quality of attention."
 - **Don't erode it:** **Don't** say anything like this: "I'm sorry you're still waiting. We have a shortage of staff here today. We're running ragged. Our regular doctor is out sick and the doctor on call isn't here yet."
6. **Offer options for making the time go faster.** (e.g., "would you like to get a cup of coffee or read one of these magazines, or move to the area where you can see the TV?")
7. **Provide frequent updates:** Revisit the patient at least once every 30 minutes to acknowledge that they are still waiting, to tell them they are not being forgotten, and to explain the continuing delay and give an estimate of how long the wait will continue.
8. **Say thanks:** Thank the person often for waiting, and make sure the caregiver who finally talks with the person thanks them again. Thank them for waiting each and every time you approach them to give them an update on when they will be seen, calling them by name each time.

Waiting for Diagnosis or Care in Emergency Department

1. Explain that their visit will take awhile. For instance, "I want you to know that you're likely to be here for at least (minutes/hours). I realize this may seem like a long time, but I'd like you to know why it will take so long.
2. Explain the reasons, such as:
 - The doctor may be waiting for test results before being able to treat you.
 - We need to see people with life-threatening problems before those who do not appear to have such serious problems.
 - Also, because this is a teaching hospital, we have our physicians and residents talk with you and examine you...which also takes time.
3. Ask what you can do to make their wait more comfortable. Show people where the phones and vending machines are. Give them the name of the person to ask for if they want an update at a time.

Waiting for an Inpatient Room: In ED or Admissions:

Proactive/Tell Them What They Can Expect and Why

- If your condition requires you to be admitted to the hospital, it can take several hours before we can make an appropriate room ready for you.
- The process here has many steps in it. For that reason, it usually takes about (time estimate) before we can locate the right type of room for you and prepare that room by cleaning it and getting the right supplies delivered.

Reactive/Apologize for the Delay and Explain It

- **Apologize and empathize:** (Name), I'm sorry you're still waiting. I realize it's so frustrating waiting when you came here to see a doctor.
- **Your intention:** I assure you I will do all I can to take you in quickly.
- **Explanation:** The problem is, for reasons I hope you'll understand, our policy is to take people in life-threatening situations ahead of people with problems that can wait. Also, because this is a teaching hospital, we have our physicians and residents talk with you and examine you...which also takes time. What's more, there may be waits because we need to find an appropriate room for you and go through the process of preparing it for you.

Or

"I'm sorry Mr. ____, your room is not ready at this time. As soon as it is we will be taking you up. I will keep you informed of the progress. Is there anything I can do to make you more comfortable? Please let me know if there is anything need while you are waiting."

Or

"We are preparing a bed for you on X(unit). This is the unit that specializes in the care of patients with X. The room is not ready at this time, however, I have spoken with the nurses on X unit and they are expecting you. They are concerned that you will be uncomfortable while you are waiting in the emergency department. They would like to bring you to the unit so they can begin the orders that your doctor has written. Although you will remain on a stretcher until your bed is ready. This area will be quieter and more comfortable for you. Is this okay with you?"

- **Revised time estimate:** So, getting you to a room is going to take awhile---as long as _____.
- **Offer options:** In the meantime, can I get you something to make you more comfortable? Would you like to use a phone, read a magazine?"
- **Say thanks again and show your appreciation to the customer:** OK, then, again, thanks for staying and waiting. We really appreciate your understanding.

Arrival on Nursing Unit

"Hello, Mr ___/Mrs ____. Welcome to ____. Thank you for allowing our team to get started on the care that your doctor ordered to make you feel better. I know this is inconvenient for you but I think you will be more comfortable here because it is much quieter and less hectic. Our entire team knows that you are here and we are working very hard to get your room ready. Your bed should be available within _____. You will see me and other members of our team frequently. If there is anything you need, please stop me or anyone of our team members. We will all be glad to assist you and make you as comfortable as possible. I am glad that you made the decision to let us begin your care.

Follow Up

"Thank you for allowing us to bring you to the unit and begin your treatments yesterday when your room wasn't ready. Our intentions were to make you more comfortable in a quieter environment as well as begin your care. I apologize for the inconvenience."

Waiting for Discharge

1. **Tell the patient and family about the many steps in the discharge process.** If most patients experience time lags between one step in the process and another, alert them in advance that this might occur, and tell them why in a positive way.
2. **Give realistic time estimates:** Provide people with realistic time estimates and an overview of the process. In your explanations, it's better to *over*-estimate than to *under*estimate how long the process will take and surprise them with a shorter time than predicted.
3. **Stop back and give the patient an update at least hourly.** Help them prepare or find a way to keep busy during the waiting time.

Example of discharge process explanation:

- I realize you're looking forward to going home tomorrow and I can see that you're happy you're well enough to go.
- I want to prepare you for the discharge process so you'll know what you can expect.
- I'm sorry to say that it takes several hours to do everything we need to do before you can actually leave the building.
- First, we'll wait for your doctor to check on you here one last time and sign the discharge order.
- Since your doctor will be seeing many patients tomorrow, we can't tell you for sure how long he'll be with other patients before he gets to you.
- Your doctor or nurse will (once again) go over with you the instructions, telling you what you and/or your family' need to do at home to take care of you.
- Your nurse or Patient Care Associate will then help you get yourself and your things ready. This can take more than an hour too.
- Then, after all the right papers are signed and you're ready, we arrange for an escort to help you to the door and your ride home. Because we have many patients moving in and out, this too can take awhile.
- So you can see that there are several steps in the discharge process, and that's why it will take up to ___ hours before you can actually leave.
- So that you don't get uncomfortably impatient, it might be a good idea to have something to do while you are waiting, whether it's to watch TV or read a magazine or have a family visitor help you pass the time.
- I'll check with you to give you an update along the way whenever I find out more about the actual time you'll be ready to leave.
- Thanks so much for understanding..... And in the meantime, Can I help in any way?

Waiting for Something the Patient Requested (.e.g.; pillow or food....)

"What? You asked for a _____ that long ago and didn't receive it yet?!? I'm so sorry. That is far short of the level of service we strive to provide here. Let me go and find the person who can bring you that right away (or let me go and get that for you right away). And thanks for waiting...."

Waiting for Information You've Requested (e.g., your chart, your bill...)

"Thanks so much for waiting. I'm sorry it took us so long to get back to you with the information you need. I needed to contact others to get the information and they needed time to investigate and come up with the right things."

Waiting for the Doctor or Outpatient Appointment

- "Mr/Ms. Jones, I'm so sorry you're still waiting. I realize you've been waiting __ minutes already.
- Here's what's causing the delay.... (and explain, e.g., "The doctor is delayed; or the doctor is taking longer than expected with another patient in need; the equipment we need for your test is currently being used by another physician.")
- I can assure you that you will receive the doctor/caregiver's complete attention once he/she is ready to serve you.
- I think it will be as much as ____ minutes/hours before the doctor are ready. Can I find a phone for you to call and alert someone that you'll be longer than they might expect. Or can I get you something to make you more comfortable while you wait ---a magazine, a cup of coffee)?
- Or, if waiting for this appointment is making you late for something else, would you prefer to set up another appointment at another time?
- I anticipate that the doctor will be here very shortly. If the doctor gets tied up I will check on you. If for some reason you feel we have forgotten about you, please ask any staff member for assistance.

Waiting for a Meal that's been Delayed

I'm so sorry that you haven't received your meal. I can imagine you look forward to mealtimes. I want to get a meal for you quickly and I will immediately call the Food and Nutrition services to provide it. I'll stop back in to let you know about how long it will take."

Waiting for Pain Medication

Patient satisfaction surveys have shown repeatedly that waiting for medication when you're in pain is a major dissatisfier that affects a person's overall assessment of the hospital. Patients conclude that caregivers "don't care about me at all" when the caregiver thinks other priorities are more important than getting pain medication for a person in pain.

- Best practice: Create clinical protocols that ensure ample pain meds spaced out to provide persistent relief.
- Create if necessary a special process for securing pain meds on-time from the pharmacy.
- If a patient uses the call bell and says, "I'm in pain! Can I get my meds?" Say, "Ms. _____, I'll check on the timing. I sure want to help you ease your pain! I'll get back to you in a minute. (Then, explain or deliver...)"
- If you arrive in a patient room and the person is complaining of pain and waiting too long for pain meds, say, "I'm so sorry you've been suffering with pain. Let me check on what I can do for you and I'll be right back!" **OR** "I'm so sorry you've been kept waiting for your pain medication. We had an emergency with another patient and got delayed. I know it's awful to be in pain and not be able to relieve it. So, now, I am going to get your medication --right away. I want you to be much more comfortable as soon as possible.

Example: a dietary staff member is asked by a patient about pain medication, staff should use call light to notify appropriate personnel. Often patients may not realize that you have alerted another staff member if they do not hear you pass along the information. By hearing you use the call light, they know you have taken action and they know we are working together as a team to give them good care.

When a Patient Must Wait for a Diagnosis

“I want to tell you the results of your tests as soon as I possibly can. Since I realize waiting for results can be very stressful. It will take as many as ___ days for me to get back to you with the results. The fact is, it takes that amount of time to do the necessary tests and analyses in a careful way. I assure you that, as soon as I receive the results, I will analyze them and call you to discuss them. I’m just sorry it takes so long for you to get them”

Transporters:

You say you’ve already been to Radiology? All right, let me check with your nurse and I’ll be right back.

You’ve forgotten your belongings? Let me call the nurse unit to collect the goods and I’ll pick them up and return them to you on my next run.

Nursing Leadership Rounding – management encounter script

“Good morning, Mr./Mrs. Brown. I am (name/title) on this unit. I want to assure you that we will do everything possible to exceed your expectations. But, I need your help. This is my pager number and my phone number (hand them your business card). Please call me the moment you see or find something that we can do better or let me know of an opportunity where we can exceed your expectations. Our goal is to provide you with very good care! How was your night/day?”

Apology

I am sorry this happened. I can see why you would be upset. This is what I am going to do about it. I will check back in a little while to ensure that everything has been resolved. Thank you for sharing your experience.

INCREASING PRESS GANEY RETURNS:

Selling patient satisfaction survey

“Good morning/evening, Mr. Brown. I am _____. Your doctor has written that you can be discharged. In approximately 7-10 days, you will receive a survey from the hospital regarding your stay. I hope that we were able to exceed your expectations. There are spaces available for you to make comments if you would like. The survey is very important to us. It helps us know what we are doing well and what we still need to work on. I hope that you will take the time to complete the survey and send it back to us.”

Recommending at discharge

“Good morning/evening, Mr. Brown. My name is _____. I am here to take you to your car. I would like to thank you for coming to The University Hospital. I hope that we exceeded your expectations so that you will be confident to recommend us to your family or friends if they require hospitalization or medical services.”

Follow up phone call

Hello, I am (name). I was your (title) while you were in the hospital. I am just calling to check and see how you are doing. Do you have any questions? Were your discharge instructions explained to you? How can we improve our services? Thank you for making The University Hospital your hospital of choice.