



Emergency Room and Inpatient Surge

SAMPLE KEY WORDS

Quick Reference Guide
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HCA | Patient Experience

Quick Reference Guide - Purpose and Use

This resource provides examples of key words that emergency room and inpatient staff can use during times of high census. You may not always be able to prevent challenging circumstances, but you can prepare and choose words that help reduce stress and show patients and staff we care.

The goal of our communication during these times is to keep patients informed, proactively address needs and concerns, keep them safe and ensure their comfort and positive experience. As you talk to patients, consider including the following in your conversation:

4 Key Elements of Conversation

1. Understanding, Empathy and Assurance:

An emergency room or hospital inpatient stay can be an overwhelming place for patients and many factors cause a wait or delay. Many of these are beyond our control, but our compassion for others makes a difference. Choose words that show understanding and empathy for the patient and family. Assure them they chose the right place for safe and quality care.

2. Explanation:

Take time to explain what is going on to the patient and family. Help patients understand the “what” and “why” for delays. You will find this helps to relieve stress and allows them to partner in their care. Use positive phrases regarding their care. Be careful not to “manage down” or express unintended verbal and non-verbal messages and behaviors that might undermine our ability to meet the goals for the patient.

3. Time Expectations:

Don't be afraid to provide time estimates. Decide the appropriate timing of updates and stick to that promise to create trust. If a schedule changes, update the patient and keep families informed. When it comes to communicating timing, under promise and over deliver. Avoid words that may produce anxiety, such as “soon,” “not long” or “as soon as possible.”

4. Comforts and Other Resources:

Look for opportunities to provide comfort for the patient and family to show them we care. What information or resources might you offer to help with the delay? Every facility is different on what resources are available, but some examples include:

- Internet Access Information-
- Restroom Locations
- Direction to the Cafeteria
- Phone chargers or Charging Stations
- Magazines
- Meal Cards
- Earphones/Sound Machines
- Pillows and Blankets
- Vending and Coffee Stations

In this guide we have provided examples of communication meant to inspire your teams to think about how to better respond during these challenging situations. We include scenarios around many common situations that occur during such times and key words that you can use and customize to your facility as appropriate. Note this guide also addresses Employee Fatigue, Inpatient Leader Rounding Expectations and provides Quick Tips.

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Section 1: Emergency Room Surge

SAMPLE KEY WORDS

A. Patient Admission Delays

Emergency Room patients typically expect to move quickly to their room when admitted. However, this is not always the case. Discharges on the floor may take longer and room turnover may not happen quickly. You may not be able to eliminate an admission delay, but you can keep the patient and family informed and make them feel more secure, safe, and up to date about their care. Below are some example phrases to consider.

Understanding, Empathy and Assurance:

- “Your safety and comfort is a priority to us and we are working to move you to your room.”
- “I imagine you and your family are ready to get settled in your room. What can I do right now to make you or your family more comfortable?”
- “I want to thank you for your understanding as we get your room ready for you.”

Explanations:

- “You have probably noticed that we are taking care of many patients today in our Emergency Room and our hospital. You are very important to us and we all are working together to provide you very safe and quality care.”
- “We currently are waiting for the perfect room to open up for you.”
- “Your safety is very important and we will let you know when the perfect room is available, clean and ready. In the meantime, we will continue to watch and take good care of you to ensure your safety until you are able to move to your new room.”
“I am excited to share with you that we have a room for you on the 4th floor. They are getting everything ready for you now. The staff on the 4th floor is excellent and they will notify us when your room is clean and ready.”
- “Your physician is taking care of an unexpected patient situation and we need her instructions before we can move you to your room. We will work hard to get them as soon as she is free.”

Time Expectations:

- “I estimate your room will be ready in an hour.”
- “We will continue to check on you every 30 minutes to keep you well informed.”
- “I promise to keep you updated if I hear anything sooner.”

Comforts and Other Resources:

- “Let me (dim/turn off) the light so that you can rest.”
- “Is there anything I can provide to you or your family at this time to make you more comfortable?”

“Mrs. Jones. I am excited to share with you that we have a room for you on the 4th floor. They are getting everything ready for you now.”

“They will notify us as soon as your room is clean and ready. Until then, we will continue to watch and take good care of you.”

“I estimate your room will be ready in an hour. We will continue to check on you about every 30 minutes to keep you well informed. I also promise to keep you updated if I hear anything sooner.”

“I brought you another pillow to place under your leg. I also filled your cup with fresh water and ice. Before I go, is there anything I can get for you to help you rest?”

B. Temporary Locations for Holds (hall, temp bed, closed area)

When a patient comes to your Emergency Room, being placed in a hallway or temporary area can be unexpected and unsettling. However, no matter the location, safe, quality, and compassionate care can still be achieved. During these times, empathy, explanations and time expectations help reduce anxiety and show care. Comfort measures and privacy are also key during these times. Below are some example phrases to consider.

Understanding, Empathy and Assurance:

- “Our Emergency Room has a very good reputation and we will work hard to provide you safe and quality care.”
- “Thank you for waiting.”
- “I appreciate your understanding.”
- “Your patience is so appreciated.”
- “Do you have any loved ones in the waiting room that I can go and update?”

Explanation:

- “We want to get your care started right away. The best way to do this is to place you in this bed in the hall while we wait for the perfect room for you.”
- “Dr. Anderson will be able to see you right here and start your care.”
- “We will be careful to protect your privacy and the privacy of others around you.”
- “Our goal is to minimize disruptions around you and keep you comfortable.”
- “Our goal is to continue to provide you the safest quality care. Our team wants to keep a close eye on you right here.”
- “We are going to proceed with your doctor orders right here and start your care that will continue once you are admitted.”

Time Expectations:

- “We currently estimate that Dr. Anderson will be here in about 30 minutes.”
- “We will check on you about every 30 minutes to keep you informed and make sure that you are

doing okay. Here is how you reach us. If you feel worse, let us know immediately.”

Comforts and Other Resources:

- “I brought a warm blanket for your comfort.”
- “Is there anything I can provide to you or your family at this time?”
- “Can I answer any questions before I step away?”

“Mrs. Jones. Thank you for choosing us for your care today. Our Emergency Room has a very good reputation and we will provide you very safe and quality care.”

“We want to start your care right away. The best way to do this is to place you in this bed in the hall while we wait for the perfect room for you. Dr. Anderson will be able to see you right here and start your care. We will protect your privacy and the privacy of those around you.”

“We currently estimate that Dr. Anderson will be here in about 30 minutes. Also, we will check on you about every 30 minutes to keep you informed and make sure that you are doing okay. If you get to feeling worse, please let me know immediately.”

“I brought you a warm blanket for your comfort. Would you like earphones to listen to music? Is there anything else I can do for you now? I have the time.”

C. Waiting for Discharge

Once a patient hears the word “discharge” they may think “time to go home.” They may not understand the full process of discharge and the steps needed to ensure their safety. It is key to provide realistic timeframes, provide updates, and explain the discharge process well during this time. Always try to replace the word “discharge” with “go home” whenever possible. Below are some example phrases to consider.

Understanding, Empathy and Assurance:

- “Thank you for trusting our team with your care.”
- “I am so glad you are feeling better.”
- “Thank you so much for waiting. I bet you are ready to head home.”
- “Dr. Anderson is excellent, and I’m so glad she was able to care for you today.”
- “I promise I will keep you updated.”

Explanation:

- “I understand that you are almost ready to go home! We are getting everything ready for you now to start that process.”
- “Dr. Anderson said we can send you home. She is excellent and is working now to make sure we have all the information we need.”
- “I want the process to get you home to be quick and efficient. I will go carefully through the steps to ensure your safety and care as you go home.”
- “I want to make sure this happens as quickly as possible for you.”
- “Let me explain what to expect during this process...”
- “Your time is very important and I will let you know as soon as we receive word.”
- “Rest and relax. You can stay with us a bit longer and we will continue to watch and take good care of you until you are able to go home.”
- “Now that Dr. Anderson has agreed you can go home, we have three things to get done: go over your plan and medication for home, sign your paperwork and call someone to escort you to your car.” *Customize list based on your hospital’s process.*

Time Expectations:

- “As soon as we receive your paperwork we will get you headed home. I expect to receive that any minute.”
- “I understand you are ready to go home. For your safety, we need to finish giving you your

fluids. We can start the process to get you home right after that.”

- “I appreciate your patience and I estimate the process to get you on your way home to take no more than 30 minutes.”
- “Why don’t you take this time to rest and I will come back as soon as I receive your papers to go home.”
- “I promise to keep you updated if I hear anything sooner and will continue to check on you.”

Comforts and Other Resources:

- “Let me straighten your blanket, and here is another pillow to make you more comfortable as you wait.”
- “I know you must be hungry. Can I get you something now before you go home?”
- “Is there anything I can provide you or your family at this time?”
- “Can I answer any questions before I step away?”

“Mrs. Jones. Thank you for trusting our team with your care. I am so glad you are feeling better.”

“Dr. Anderson said we can send you home. She is excellent and is working now to make sure we have all the details we need to get you ready.”

“I expect to receive that information in the next few minutes. I appreciate your patience and I estimate the process to get you on your way home to take no more than 30 minutes to complete once that is received. I promise to keep you updated and will continue to check on you.”

“Why don’t you take this time to rest? I know you must be hungry. Can I get you something now before you go home? Is there anything I can provide to you or your family at this time?”

D. Employee Fatigue

Patients and families are not the only ones that feel stress and anxiety during ER visits. Don't forget about employees. Celebrate often, reward and recognize behaviors you want repeated, send thank you notes, and harvest recognition during rounding. Here are a few more ideas:

Reward and Recognition:

- Send thank you cards to staff homes
- Include family or staff of rewarded individual in the reward
- Thank employee's family as well, as we ask so much of their loved one
- Highlight employees during huddles

Employee Support/Education:

- Employee support groups
- Safety huddles focused on key words and situations

Celebrations:

- Pizza parties
- Food and snacks in breakroom
- Candy and treats in breakroom

Executive Appreciation:

- Starbucks delivery or coffee cart served by senior leadership
- Sweets/dessert cart served by senior leadership
- Senior leader rounding in the ER

Suggested Resources:

For leaders who want to learn how to do more/better recognition, consider:

- *How Full is Your Bucket?* by Tom Rath and Donald O. Clifton
- *1001 Ways to Reward and Recognize your Staff* by Bob Nelson
- *The Carrot Principle* by Adrian Gestock and Chester Elton

E. Inpatient Leader Rounding Expectations

Inpatient or ER Leader Rounds on Holding Patients:

Based on bed availability on the floor, patients may be moved into a holding status. Each division or hospital will train and appoint leadership to complete routine patient rounds (whether inpatient or ER). These leaders will update patients on their holding status and assess care.

Inpatient Leader:

The inpatient leader will focus on patient comfort needs, plan of care and duration in hallway. They will also assess orientation to the new unit. They should emphasize that care starts even as a patient is in the hallway.

Introduction suggestions:

- “My name is Sarah. I am the nurse leader of the medical unit where you will be admitted. We are working hard to get a room ready for you. I wanted to take a moment to introduce myself and tell you a little more about our unit and my team...”

Key items to communicate:

- Give time estimate of room readiness
- Manage up team and if possible tell about the nurse who will receive the patient
- Ask if patient has questions, concerns or needs
- Reassure care is progressing regardless of the location and give specifics
- Provide any needs or extra comfort measures
- Close the round

Emergency Room Leader:

The emergency room leader will focus on comfort needs, plan of care and duration in hallway. As with the inpatient leader, they should emphasize that care starts even as a patient is in the hallway.

Conduct nurse leader round as usual, but manage up and introduce the inpatient nurse leader by name.

F. Quick Tips

Here are some quick tips to remember as you think about key words to use:

- Be careful not to use words that “manage down” your ER, hospital, physicians, or nursing staff. For example, key words to avoid include:
 - “We’re very busy.”
 - “This place is full.”
 - “We have too many sick patients.”
 - “We are short staffed.”
- Empathy is important, but try not to introduce a negative if the patient has not identified one. For example, “I know you are uncomfortable...” or “I know it’s noisy and you can’t rest...” can offer this idea even when the patient hasn’t mentioned.
- Instead of using the word “discharge,” replace with “go home.”
- To help make your care more personal, use the word “room” instead of “bed”. Our goal isn’t a bed, but a room for them to feel most safe and secure.
- Avoid medical jargon and speak in words that are understood easily.
- Stay away from words that can make a patient feel less important or forgotten such as:
 - Surge
 - Overflow
 - Holding
 - Curtained Bays
- When possible, move patient from a gurney to an inpatient bed as soon as possible for their comfort even while they wait for a room.
- Emergency Room paper patient care boards can be used to communicate effectively with patients who are on holds and/or are waiting for treatment or tests underway.



Section 2: Inpatient Surge

SAMPLE KEY WORDS

A. Noise and Quiet Environment

We know quiet creates a healing environment for our patients to rest. When your unit is busy, providing that quiet they need can be even more of a challenge. You cannot eliminate noise that comes with patient care, but you can prepare and choose words that manage it and help create a quieter environment. Below are some example phrases and ideas to consider.

Understanding, Empathy and Assurance:

- “We want to provide the best healing environment for you.”
- “I know the sounds in a hospital can be very different than what you are used to at home.”
- “We want to keep your room quiet so you can rest.”

Explanations:

- “To help you rest, our unit has designated quiet hours. Let me explain what to expect during that time...”
- “Your room is near the nurse’s station which allows us to be very close to you. We do our best to keep our voices low, but let us know if it isn’t enough.”
- “We want patients to stay connected with family and friends. We may ask if we can close your door to help with noise so others can rest.”

Time Expectations:

- “Our quiet hours are between 1:00 and 3:00 each afternoon and start at 10:00pm each evening to reduce noise so you can rest.”

Comforts and Other Resources:

- “I can offer you ear plugs or headphones to eliminate noise and help you rest.”
- “We have a white noise machine that helps block some of the sounds that you might not be used to hearing. Would you like me to bring you one to help you have some quiet time?”

Other:

- Signs and Posters: Gently remind patients, family, and staff about the importance of having a quiet environment.
- Lighting: Dim lights if applicable to your facility to help with rest. Dimmed lights can naturally get staff, patients, and visitors to talk more softly.
- Doors: Close doors not only to protect privacy, but to help reduce noise. Be sure to ask permission first. Softly open and close doors. Evaluate doors in rooms and hallways for squeaking hinges.
- Overhead Paging: Limit overhead paging into patient rooms unless absolutely necessary.
- Headphones / Earplugs: Offer headphones and earplugs to patients to minimize noise if available at your facility.
- Sound Machines: These can offer calming noises also while blocking out noise.
- Music: Soothing music can be calming, relaxing, and block out noise. Consider setting TV to a channel that plays soft music if available.
- Wheels and Carts: Evaluate the wheels on carts for noise.

“Mrs. Jones. We want to provide the best healing environment for you. We know the hospital has different noises than you are used to at home.”

“To help you rest, our unit has designated quiet hours. Let me explain what to expect during that time...”

“Our quiet hours are between 1:00 and 3:00 each afternoon and start at 10:00pm each evening so you can rest.”

“Would you like earplugs or a noise machine that will help block some sounds that may keep you awake?”

B. Use of Semi-Private Rooms

While most patients prefer private rooms, the use of semi-private rooms is necessary at times – especially at times of increased volume. For a patient that doesn't feel good to start, sharing a small room with a total stranger who also is sick with only a curtain in between can cause discomfort or anxiety. It is important that all staff are prepared to address patient concerns and protect their privacy in an empathetic manner. Below are some example phrases to consider.

Understanding, Empathy and Assurance:

- “I am so glad we were able to find a room for you. You will love the staff and the physicians on this unit.”
- “While we know having a roommate is not ideal, we will work hard to make it as comfortable as possible.”
- “We care about you and your comfort and privacy. We will work to ensure your privacy as well as your roommate's as much as possible.”
- “Let me introduce you to your roommate . . .” (with permission)

Explanations:

- “You will have a roommate. Let's talk about how we will protect your privacy and ensure you have a comfortable place to heal.”
- “Let me explain how we can coordinate showering and the bathroom and talk about your preferences. I'll coordinate to make sure you have the time you need.”
- “Our goal is to minimize disruptions around you and keep you comfortable. Let me explain how we will do this for you...”
- “I know this is not a private space, but it does allow you to get settled so we can begin your care.”
- “Don't worry, we will be careful to protect your privacy and the privacy of others around you by doing the following...”
- “Let's talk about your preferences so that I can ensure your comfort and privacy.”
- “The room has two chairs for your visitors.

If you expect a larger number, we have a family visit room that you will enjoy.”

Time Expectations:

- “As you see, the room is set up for two people. It is likely that you will have a roommate before the end of the day. . .”

Comforts and Other Resources:

- “Can I get you some earphones so you can hear the TV better?”
- “I am pulling the curtain for your privacy.”
- “Let me move this chair over here to give you more privacy to visit with your family.”

“We are so glad you were able to get a room on this floor. Our staff and physicians are excellent. Thank you for trusting our team with your care.”

“As you see, this room is set up for two people. Our goal is to make you as comfortable as possible. Let's talk about how we will protect your privacy and ensure that you have a comfortable place to heal.”

“Looking at the schedule, it is likely you will have a roommate before the end of the day.”

“Let me pull this curtain for your privacy and get you some earphones that will help to better hear the TV.”

C. The Discharge Lounge

The discharge lounge is a resource to support stable patients waiting for a ride home. This lounge enables staff to prepare rooms for the next patient more quickly. Patients' feelings about the discharge lounge are greatly influenced by how the staff talks about it. Staff can use key words that talk about the discharge lounge in a positive manner and manage up the care they will receive. Below are some example phrases consider.

Understanding, Empathy and Assurance:

- "I am so glad you are feeling better and can go home."
- "Great news! Your doctor said we can send you home. She is excellent and we have just received all the details to get you ready."
- "I want to tell you about our new discharge lounge. We hear great things about it and the staff. You will be well cared for until you go home."

Explanations:

- "We want to talk about your plan to go home now so that you will feel ready when it's time. We also want to give you time to arrange for your family or friends to take you home and be sure you have help at home if you need it."
- "Let's talk about what to expect on the day it is time to go home. Once the doctor says it is ok for you to go home, if your family isn't available yet, we will take you to our discharge lounge where you can wait for your family to arrive."
- "Staff will be there to make you comfortable, keep you safe, and be sure all your needs are met."
- "Let's review the plan to get you home today."
- "I know your husband can't be here until 4pm, but don't worry. We have made plans for you in our discharge lounge I told you about, where you can wait for him to arrive."
- "The staff are expecting you and will keep you safe and be sure your needs are met until you can go home."
- "We hear great things about the staff there. In fact, I just spoke to Joe, the nurse who will be caring for you, and he knows all about your plans for home."
- "You'll have access to a TV, phone, and computer and can have a cup of coffee while you wait."

Time Expectations:

- "When Dr. Anderson gives us all the information we need to send you home, you will be ready to go. That should happen by 10am and then I will personally take you to the lounge and get you settled."
- "The discharge lounge is open until 6pm."
- "We will have you ready to go in about 30 minutes."

Comfort and Other Resources:

- "Let me gather up your things and get them ready for you so you don't have to worry."
- "Here is warm blanket for you while you wait to go."
- "Can I answer any questions?"
- "I know you would like to freshen up before you go, so I set out a few things for you."

"Mrs. Jones I have great news. Dr. Anderson said you can go home! She is excellent and we have just received all the details we need to get you ready."

"I know your husband can't be here until 4pm, but don't worry about the time. We have made plans for you in our discharge lounge where you can wait for him to arrive. The staff are expecting you and will keep you safe and be sure your needs are met until you can go home. We hear great things about the staff there. In fact, I just spoke to Joe, the nurse who will be caring for you, and he knows all about your plans for home."

"The discharge lounge is open until 6pm, so that gives your husband plenty of time to come after work. I think we will have you ready to go in about 30 minutes."

"I've already gathered all of your things together so they are ready for you. I also know you would like to freshen up before you go, so I set out a few things in your bathroom that you can use. Do you have any questions?"

D. Managing Delays

During the winter months, more people get sick and need hospital care. Unfortunately this can result in more delays. Procedures are held, physicians are later than expected, and test results are behind. We may not be able to prevent delays, but we can use words that explain and update the patient. We can communicate and reset time expectations. We can offer resources that can make them more comfortable while they wait. As you talk about delays, it is important to avoid using words that could manage down others. Instead, help to build trust so they know they are in good hands. Below are some example phrases to consider.

Understanding, Empathy, and Assurance:

- “You are in the right place for your care. It is my privilege to take care of you.”
- “I promise I will keep you updated.”
- “Let’s talk about the plan for your day and make sure that we meet all of your needs and keep things on time for you.”

Explanations:

- “I just received a call from the OR. They had to take a very sick patient, and your surgery time will be delayed. I will stay in touch with Dr. Anderson and update you as soon as we have more information and an estimate of how long.”
- “I promised I would keep you in the loop, so I wanted to share an update with you. We are seeing some very sick patients today and because of this, the wait time for your MRI is longer than normal.”

Time Expectations:

- “I know I said it would be about an hour, but I just got an update and we think it will be closer to an hour and a half.”
- “You are scheduled to go for your test at 1pm. Sometimes, the schedule needs to be adjusted to help emergency patients. Do you have any concerns we should talk about if the time changes?”

Comforts and Other Resources:

- “I brought a warm blanket for your comfort.”
- “Is there anything I can provide to you or your family at this time?”
- “Can I answer any questions before I step away?”

“Mrs. Jones. Thank you for choosing us for your care.”

“I promised I would keep you in the loop so I wanted to share an update with you. We are seeing some very sick patients today and because of this the wait time for your MRI is longer than normal.”

“I know I said it would be about an hour, but I just got an update and we think it will be closer to an hour and a half.”

“I brought you a warm blanket for your comfort. Would you like to listen to music? Is there anything else I can do for you now? I have the time.”

E. No Blame Explanations:

Sometimes, explanations for issues related to surge volume may be necessary. For example, if a patient had a long wait in the Emergency Room before arriving on the floor or there was an extended delay for a test or procedure, beginning with an apology and acknowledgement of their feelings is important to showing care and concern to the patient. It is important to offer no-blame explanations promptly and to avoid pointing out concerns that the patient may not be aware of.

Examples:

- “I recognize this was not the most comfortable process. I’m sorry that you had to wait so long to get to your room.”
- “Over the next 10 minutes or so ... *(narrate initial assessment care steps to patient)*. Again, we appreciate your patience and are so happy we have you on our floor. Is there anything I can do for you at the moment?”
- “I can see you are in pain and the long wait wasn’t comfortable. Let’s work together to get you more comfortable first. Then let’s talk about the things that are most important to you today for your care. How does that sound?”
- “I am sorry that you didn’t get timely answers before now. I want to assure you that the team on this floor has a plan to make sure that you have the information and the care you need, when you need it. We work together to meet your needs. It is called SAFETY rounds. Let me tell you more about it.”
- “I know that your family members weren’t kept informed about you when they were waiting in the surgery waiting room. I am sorry for that and I want to make sure that they are kept in the loop and able to participate in your care moving forward. Tell me what is most important to you and then let’s talk about how best to make that happen.”