

The Effect of Protocol of Nursing Intervention on Quality of Care in Minor Injuries Unit

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Abstract: This study aimed to evaluate the effectiveness of protocol of nursing intervention on the indicators of quality of care in Minor Injuries Unit of emergency department(ED). A quasi-experimental study of two groups of patients was undertaken in minor injuries unit of emergency department at Shebin Elkoom teaching hospital in Egypt. All patients treated with minor surgical injuries and discharged to their place of residence, between the hours of 0.8 AM to 0. 2 PM for a period of 4 weeks were eligible for the study. They were recruited into two groups one before the introduction of the intervention (n= 130) and one after the introduction of the intervention (n=140). The protocol of nursing intervention comprised three separate components: 1) communication training in-service workshop for all emergency department staff to improve staff attitudes and communication; 2) a patient education and 3) development of a patient liaison nurse who ensured optimal staff-patient community communication and played a role in staff communication education). Data were collected using the following tools:1) pre-discharge interviewing questionnaire that consisted of demographic characteristics, diagnoses and complains of studied sample 2)-patient information questionnaire and 3) patient Satisfaction questionnaire. The quality of care was better in post- intervention group compared with the pre-intervention one. Significant improvements were observed in the post-intervention group in patients' satisfaction and provision of discharge planning ($p<0.05$), and there was a decrease in the number of patient complaints received in post-intervention period (88 (67.69) - 47(33.57)).The findings of the present study concluded that the protocol of nursing intervention implemented in minor injuries unit had positive impact on quality of care which indicated by improvements in patient satisfaction and discharge information and decrease in patient complains.

Keywords: Emergency department, minor injuries unit, Quality of care.

I. Introduction

For many years; work with quality of care and quality improvement (QI) has been a continuously ongoing process in health care, nationally and internationally. However, some healthcare areas have been explored and developed more than others (Brent et.al 2015).The need to improve quality in healthcare delivery is increasing. Quality of care is complex and definitions have been discussed by many researchers and within different health care-related professions [Bergman et.al, 2007]. Donabedian's definition [1988] says that quality of care is a combination of technical, interpersonal and organizational aspects. This definition is a common basis for today's quality improvement (QI) work.

In Minor Injury Units (MIUs) the quality of patient care may overlooked as, by the nature of the unit, patient stays are of short duration, lack of clarity as to who is responsible for patient education as well as time pressures (service pressures in the emergency department) may hinder effective care (Zohrevandi and Tajik 2014; Natasha Jennings et al 2014; Watts and Gardner 2005; Guttman et al 2004). The MIU is a Nurse-Led facility providing an efficient, high quality service for patients with minor injuries in the emergency department (ED) when an injury is not considered life-threatening, but still requires urgent treatment. Minor Injury Unit staff can: stitch cuts, remove foreign bodies from ears, noses etc., remove splinters, dress minor wounds, cuts and grazes, and apply plaster casts, treat sprains and strains, minor broken bones, minor burns and scalds, minor head injuries, insect and animal bites, minor eye injuries, and other minor injuries. Minor Injury Units cannot treat: unconscious patients, serious medical conditions, major injuries, overdoses, alcohol related problems, or mental health problems (Arendts, MacKenzie and Lee, 2006; Byrne, 2000).

Quality indicators are defined as "a quantitative measure that can be used as a guide to monitor and evaluate the quality of important patient care and support service activities. In MIUs, patient satisfaction or patient perception of the quality of care is often seen as an indicator for quality of care [Brent et.al 2015; Idvall, 2009; Elder et al. 2004; Davis and Bush, 2003]. One of determinants of minor injuries patient satisfaction includes information provision which in turn, related to staff-patient communication. Staff-patient communication has been shown to be key in improving patient satisfaction.

The provision of information has a significant impact on patients' perception of the quality of care and overall satisfaction [Berwick, 2003]. For minor injuries patients the provision of information to assist with transition home and self-care once discharged has beneficial effects as reduced length of hospital stay, improved quality of home care, increased patient satisfaction and a reduction in unplanned hospital readmissions (McDevitt and Melby, 2015; Holland et al 2003; Payne et al 2002).

Patient complaints are also related to their satisfaction with the service provided and analyses of the nature of complaints are thought to allow the identification of problems and to assist in their elimination [Sun et al 2000]. Accordingly, many authorities believe that quality assurance measures should include patient satisfaction and complaint analyses (Taylor et al, 2004). Numerous reports concluded that complaints related to communication comprise considerable proportions of all complaints received in both general hospital and emergency department settings [Taylor et al, 2004, Daniel et al 1999; Kadzombe and Coals, 1992]. As most complaints appear to be resolvable by way of explanation or apology, it has been suggested that many complaints should be preventable by given improved communication. Indeed, customer service training and communication skills workshops can both reduce patient complaints and improve levels of satisfaction in the emergency department setting (Zohrevandi and Tajik, 2014; Anderson, Allan and Finucane 2001; Lau, 2000).

Despite the best intentions and hard work of health care workers, the hectic and stressful emergency department environment is likely to impact adversely upon quality of care of patients with minor injuries to some degree. Therefore this study aimed to evaluate the effectiveness of protocol of nursing intervention on the indicators of quality of care (patient's satisfaction, provision of discharge planning, and patient's complain) in Minor Injuries Unit of emergency department (ED).

II. Aim of the study

This study aimed to evaluate the effectiveness of protocol of nursing intervention on the indicators of quality of care (patient's satisfaction, provision of discharge planning, and patient's complain) in Minor Injuries Unit of emergency department (ED).

III. Hypothesis

3. 1 patients' satisfaction and provision of discharge planning will be better in post-intervention group than the pre-intervention one.

3. 2 The number of patient complaints received from post-intervention group will less than the pre-intervention one

IV. Subject and Method

4.1-subject

4.1.1 Research design

A quasi-experimental design of two groups of patients (pre- and post-intervention study) was utilized.

4.1.2 Setting of the study

This study was conducted at Minor Injuries Unit of Emergency Department at Shebin Elkoom teaching hospital in menoufia govern ate- Egypt.

4.1.3 Subject

A purposive sample of all patients treated in the minor injuries unit and discharged to their place of residence, between the hours of 0.8 AM to 0. 2 PM for a period of 4 weeks were eligible for the study. In total 270 patients were included in the study. They were recruited into two groups (1) pre-intervention group that was evaluated in the first week of the study (n=130) and post-intervention group that was evaluated in the second week (post-intervention period) (n= 140). Patients with most serious conditions and mental health problems were excluded. Patients less than 18 years of age or over 70 years of age were excluded.

4.1.4 Tools

Pertinent data for this study were collected using the following instruments:-1. **The Pre-discharge Interviewing Questionnaire:** It was developed by the researcher and consisted of: Demographic characteristics (age, sex, education, and occupation), diagnosis and complaints of studied sample. Complaints are separated into categories of treatment, communication, access to health care, atmosphere/environment, and administration complaints). Complaint data were compiled for the pre and post-intervention periods. 2. **Patient Information**

Questionnaire: That focused on which information the patient had received to assist with post-discharge self-management (Discharge procedures, verbal and written information to assist with post-discharge self-management, medications, and follow-up/Referrals to community services). It was developed by a researcher through a complete review of medical and nursing literature.**3. Patient Satisfaction Questionnaire:** That related to issues of emergency department care and communication including staff courtesy, information provision, and caring. This questionnaire, developed by the international research company Press Ganey (2004), has been used widely in medical settings and has been designed to meet high standards of reliability and validity. It comprises a range of statements (items) related to patient management. For each item, patients are asked to provide a response on a 5-point Likert scale. A response of 'very poor' attracted a score of 0 points, 'poor' 25, 'fair' 50, 'good' 75, and 'very good' 100. Mean scores for each item are calculated for the complete respondent group.

4.2 Method

Permission to carry out the study from responsible authorities and participants was obtained after explanation of the purpose of the study. After a thorough review of the existing data and literature available, a final intervention protocol was developed by the researcher and comprised the following three components: 1. Communication training in-service workshop for all emergency department staff :The researcher design and deliver 2-hour workshop tailored for the emergency department staff (medical, nursing, allied health, clerical staff, and assistants).A range of issues relating to patient management skills was discussed including interpersonal communication, determinants of patient satisfaction, perceived deficiencies in holistic management, barriers to high-quality care, and problem resolution. The format comprised didactic presentation, group discussion, problem-solving exercises, and feedback from scenario presentations;2. Patient education (Discharge planning): This comprised a 10-minute of patient instructions in emergency department waiting room. This incorporates the provision of information to assist with transition home and self-care once discharged (post-discharge management and follow up) and 3. Patient liaison nurse: **This** was a single position shared by two senior emergency department nurses at any one time. The role entailed quality control of all aspects of communication and care of patients and their families in the emergency department. Special attention was paid to patient/family understanding of emergency department processes, management and discharge plans, reasons for delays, explanations of investigations, and communication with general practitioners and community support services. In addition to direct patient intervention, the patient liaison nurse acted as role model and mentor to other emergency department staff. The first and second tools were constructed by the researchers after reviewing the relevant literature and were tested for content validity by 5 experts in Nursing and Surgical fields. Modifications were done accordingly to ascertain relevance and completeness. While the third tool was developed by Press Ganey Associates (2004).

Prior to the actual study, a pilot study was conducted on 10% of the study sample to test feasibility and applicability of the tools and then necessary modifications were carried out accordingly. Data obtained from the pilot study were not included in the current study. The researchers introduced themselves to every participant, explain the purpose of the study and assured them that confidentiality would be maintained throughout the study then a verbal consent was obtained from each participant. The first 2 weeks of the study comprised the pre-intervention period. During this time all patients treated with minor injuries in emergency department and discharged to their place of residence, between the hours of 0.8 AM to 0.2 PM received the conventional care from the emergency doctor or nurse. The second 2 weeks of the study comprised the intervention period /period of introduction of nursing intervention as mentioned above. *Communication workshop for all emergency department staff was introduced in the first day of the second 2 weeks.* Data were collected pre-discharge and one week post discharge. Each patient with minor injury was evaluated by the researcher using the previously mentioned tools. Demographic characteristics, diagnosis, complaints and patient transition information of studied sample were evaluated just before discharge, while patient Satisfaction was evaluated within 7days after discharge through direct or telephone contact. -The result of the study was statistically analyzed, compared in two groups and illustrated in tables.

V. Statistical analysis

Data were collected and entered onto an Excel database then transferred with no patient identifiers to the SPSS statistical software program. Demographic characteristics of the sample were analyzed using descriptive statistics. These consisted of frequencies, percentages, means, and Standard deviations. Other between groups comparisons were analyzed using Chi square measures. The level of significance was considered to be $p < 0.05$.

VI. Results

In total 270 patients were included in the study, 130 in the pre-intervention groups and 140 in the post-intervention group.

Table (1) a comparison of the demographic characteristics and diagnostic groups of the pre and post intervention groups included in the sample

The pre and post intervention groups were similar in terms of age, sex and diagnostic group. There were no statistically significant differences in age, sex and diagnosis between study participants ($P > 0.05$).

Table (2) provides a comparison of provision of discharge planning between the pre and post-intervention groups. The provision of information and organization of follow-up appointments all improved following the intervention. There was statistically significant difference % pre and post- intervention group. Some of the between group differences did not reach statistical significance because either the groups were too small or the pre-intervention frequency was high.

Table (3) describes the responses to the pre- and post-intervention satisfaction items. Compared with the pre-intervention period, significant improvements ($P < 0.05$) were seen in the ‘being informed about delay’, ‘staff cared about you as a person’, ‘overall assessment of the facility’, and ‘overall rating of minor injuries unit care’ items. Absolute scores for all other items improved during the post-intervention period, although none improved significantly ($P > 0.05$).

Table (4) describes the number and nature of complaints that were lodged by minor injuries patients during the pre- and post-intervention periods. This represented a decrease in complaint rates from 88 (67.69 %) in pre- intervention group to 47 (33.57%) in post-intervention group. There were fewer complaints of the post-intervention group than pre-intervention group.

Table (1) a comparison of demographic characteristics and diagnostic groups of the pre and post intervention groups included in the sample

	pre-intervention (n= 130) [N (%)]	post-intervention (n= 140) [N (%)]	p value
Age	28 (8.5)	32 (10.7)	> 0.05
Gender			
Male	73 (56.2%)	78 (55.7%)	P > 0.05
Female	57 (43.8%)	62 (44.3%)	
Education			
No formal education	58 (44.6%)	61 (43.6%)	P > 0.05
Primary and secondary school	45 (34.6%)	50 (35.7%)	
University and Higher	27 (20.8%)	29 (20.7%)	
Presenting. Conditions (diagnosis)			
Sprains and strains	10 (7.7%)	13 (9.3%)	P > 0.05
Minor fracture	30 (23.1%)	29 (20.7%)	
Minor burns and scalds	10 (7.7%)	9 (6.4%)	
Wound infections	10 (7.7%)	12 (8.6%)	
Minor head injuries	5 (3.8%)	7 (5%)	
Insect and animal bites	5 (3.8%)	6 (4.3%)	
Minor eye injuries	3 (2.3%)	4 (2.9%)	
Injuries to the back, shoulder and chest	7 (5.4%)	10 (7.1%)	
Cuts and grazes	30 (23.1%)	28 (20%)	
Scratches and foreign bodies	20 (15.4%)	22 (15.7%)	

Tab (2) comparison of provision of discharge planning (transition information) between pre and post-intervention groups

Discharge planning	Pre-intervention [N (%)]	Post-intervention [N (%)]	p value
Information provision			
Information specific to diagnosis	13 (12.6)	84 (65.6)	<0.001
Information with discharge letter	49 (47.6)	81 (63.3)	<0.0001
Information with verbal information (verbal instructions to assist with post-self-management)	89 (86.4)	120 (93.8)	0.06
Information with written information (written instructions to assist with post-self-management)	20 (19.4)	73 (57.0)	<0.001
Transition Information provision			
Information on purpose of medication	32 (84.2)	50 (90.9)	0.33
Information on frequency of medication	18 (46.2)	37 (67.3)	0.04
Information on frequency of medication	23 (59.0)	40 (74.1)	0.12
Follow-up arrangements			
Information on follow-up care appointments or referral to community services.	42 (40.8)	107 (83.6)	<0.001

Table (3) Patient satisfaction responses during the pre- and post-intervention period

Satisfaction items	Pre-intervention n=130 Mean (SD)	Post-intervention n=140 Mean (SD)	P-value
Informed about delays	75.4 (26.3)	79.8 (25.6)	0.02
Staff cared about you as person	61.8 (32.5)	67.1 (31.2)	0.03
Standard of overall facility assessment	78.7 (25.2)	82.5 (24.4)	0.03
Overall rating emergency department care	77.8 (25.9)	81.7 (24.9)	0.03
Adequacy of information to family/friends	77.3 (28.9)	80.8 (27.2)	0.08
Likelihood of recommending	76.2 (27.0)	80.0 (25.6)	0.11
Overall assessment	80.0 (22.6)	82.2 (23.3)	0.29
Courtesy shown to family/friends	77.8 (25.9)	81.0 (25.3)	0.08
Doctors			
Informative regarding treatment	84.1 (21.4)	85.6 (21.2)	0.33
Courtesy	85.7 (20.5)	87.5 (19.5)	0.21
Took time to listen	81.9 (23.0)	84.2 (22.9)	0.16
Nurses			
Informative regarding treatment	82.0 (22.5)	78.4 (26.0)	0.25
Courtesy	84.2 (20.8)	85.9 (20.7)	0.26
Took time to listen	76.6 (26.9)	83.8 (21.2)	0.35

Table (4) Number and nature of complaints lodged, pre- and post-intervention

Nature of complaint	Pre-intervention ¹ [n (%)] (N=130)	Post-intervention ² [n (%)] (N=140)
-Treatment	32 (24.61)	23 (16.42)
- Communication	30 (23.07)	10 (7.14)
- Rights	10 (7.69)	6 (4.28)
- Access to health care	12 (9.23)	6 (4.28)
- Cost	2 (1.5)	2 (1.42)
-Atmosphere/environment	2 (1.5)	0 (0.0)
- Administration	0 (0.0)	0 (0.0)
- Total	88 (67.69)	47 (33.57)

VII. Discussion

The results demonstrate that the protocol of nursing intervention implemented in this study resulted in important improvements in indicators of quality of care (patient's satisfaction, discharge information, and patient's complains).

Regarding patient's satisfaction (PS): All satisfaction items examined showed improvements after intervention. These findings support those of others who have suggested that communication and education are among the most important issues impacting on patient satisfaction (Arendts, MacKenzie, and Lee, 2006. Stuart, Parker and Rogers, 2003). On the same line Henry et. al. (2014) found that patient satisfaction with care decisions and communication was high, in emergency situations. Holding workshops about how deal with patients and justify physicians, students of ED, nurses, and stuffs could greatly help improving PS (Zohrevandi and Tajik 2014; Aiken et.al., 2012). Furthermore, because of the enormous workload of staff in ED, it is not possible to explain the disease, incidence, and treatment processes performed by physician in all de-tails for each patient (Zohrevandi and Tajik 2014) ; thus, by increasing the number of liaison nurses in these centers, the assignments of nurses can be decreased and the satisfaction level of patients improved, too. It is likely that patient liaison nurse activities often complemented those of the usual careers. Information provided repeatedly, by more than one person and in different ways, is likely to be better retained and may improve the patients' perception of staff care. Tran et al. (2002) have reported that the repeated provision of clinically based information by a medical student improved significantly a range of satisfaction measures. So that the patient liaison nurse role is required because of deficiencies in usual patient care.

It is difficult to explain why more general, rather than communication-specific satisfaction items improved significantly. One possibility is that improvement in communication after the intervention impacted directly upon patients' perceptions of the facility and care in general. A second possibility is that the intervention impacted not only on communication but on a range of other areas of emergency department care. Evidence for

this lies in the multifaceted nature of the intervention. In particular, it is clear that not all patient liaison nurse activities related to communication issues. Indeed, many interventions involved patient comfort which itself is likely to be an important factor influencing patient satisfaction, generally. Furthermore, the staff in service training sessions included broad issues of service provision as well as communication issues, specifically.

Regarding provision of discharge information: In this study the provision of discharge information were poor in pre-intervention group. This contrasts with other studies such as Arendts (2006) where the majority of patients felt that they received adequate discharge information and 80% of patients received written instructions. This may reflect a system failure in this department or poor education of the medical team in discharge planning practices. However, the improvement of discharge information in post-intervention indicates that the pre-discharge education in addition to liaison nurse activities can improve post-hospital care transition.

The results of this study indicate the use of liaison nurse leads to an improvement in the provision of written discharge letters and information, the provision of information specific to the diagnosis, the provision of information on side effects of discharge medications, the arrangement of follow up with other health care providers and overall in post-hospital care transition. This study provides beginning evidence for the utility of liaison nurse whose role would be patient education and co-ordination of a multidisciplinary discharge team. Studies of information provision in EDs have suggested that preformatted instructions should be provided to all patients (Taylor and Cameron 2000a; Suhonen et al 2005). The results of this study suggest that patients seen by liaison nurse are more likely to receive such information.

The benefits of discharge planning have been acknowledged in the literature particularly in the setting of transition from inpatient care to the community (Moss et al 2002; Caplan et al 2004). Many of the problems with providing adequate discharge planning relate to a lack of co-ordination and communication between professionals and poor provision of information to patients and their careers (McKenna et al 2000). The results of this study suggest that the effectiveness of discharge planning can be transferred to the ED for patients discharged from a minor injuries unit.

Considering number of patient complains: The considerable decrease (33.57) in the number of complaints lodged in the post-intervention period was encouraging. This decrease is consistent with the improvements in the satisfaction items examined and the findings of other studies involving communication interventions (Lau,2000). Interestingly, the decrease in the proportion of communication-related complaints (approximately 7%) is considerably lower than those reported in other studies. (Anderson et al., 2001; Taylor, Wolfe and Cameron, 2002). We believe this decrease to be clinically significant and are related to in-service communication skills workshops for emergency department staff.

VIII. Conclusion

The findings of the present study concluded that the protocol of nursing intervention implemented in minor injuries unit had positive impact on quality of care as indicated by improvements in patient satisfaction and discharge information and decrease in patient complains.

IX. Recommendations

9.1 Further research should be undertaken to refine this or similar protocol of intervention. Furthermore, the study should be replicated in a multicenter setting with more comprehensive data collection and analysis.

9.2 In all minor injuries units, PS should be evaluated routinely as quality assurance activity .The results of periodic assessment of PS level, as a critical indicator in health care quality and applying it in quality management is necessary to create changes based on achieved results.

9.3 The patient liaison nurse role is required because of deficiencies in usual patient care. Liaison nurse role would be patient education and co-ordination of a multidisciplinary discharge team.

9.4 A teaching module is required to teach all nurses how to approach and manage patients with minor injuries.

9.5 preformatted instructions should be provided to all patients with minor injuries.

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