

Utilization of Volunteer Family Advocates in the Emergency Care Unit Waiting Room

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Providing physical, emotional, and psychosocial care for family members who must wait in Emergency Care Unit waiting rooms has been a formidable challenge for hospital administrators and professional staff. A busy Emergency Unit means a busy family waiting room: a wife seeking direction to the admissions office; a family of children needing activities to keep them occupied while their brother receives stitches; an anxious husband needing someone to talk to while awaiting the report on his wife's condition.

In response to this concern, St. Luke's Hospital of Bethlehem, PA has sought the assistance of trained volunteers to help the nursing and medical staffs meet the needs of families who must wait during emergencies.

The idea of providing care for families in the Emergency Care Unit (ECU) waiting room was initiated by the Ladies' Aid Society--an existing volunteer group at the hospital. Since other hospitals were already utilizing volunteers to assist families waiting in operating room areas, it was felt that this concept could be extended to the ECU room (Moran and Sutter, 1979).

DEFINING THE ROLE

The role of the volunteer in the Emergency Care Unit waiting room evolved as a Family Advocate. The role of the Family Advocate was jointly planned with input from Nurs-

ing Administration, Nursing Inservice Education and the Ladies' Aid Society. Input from the Director of Nursing, the ECU Head Nurse and Supervisor, and the central instructor from Inservice Education, as well as from the officers of the volunteer group helped to establish the purpose and objectives of the program. This cooperative effort also defined ground rules such as the limitation of the Family Advocate role and the hours when the volunteers would work.

The purpose of the Family Advocate volunteer was established in order to assist families experiencing the acute crisis of injury or illness and possible hospitalization of a family member. The planners of the Family Advocate program identified four main reasons where volunteer assistance would be utilized in the waiting room:

1. act as a liaison between professional staff and the patient's family;
2. provide a readily available listener for the patient's family to talk to and listen to their concerns;
3. entertain children; and
4. act as a liaison between the community and hospital by educating families regarding hospital routines and policies.

In addition, it was hoped that the

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Family Advocates would serve as "good will ambassadors"--a link between the community and the hospital emergency unit which is often misunderstood in its attempts to provide efficient, quality care. Oftentimes, the need to serve the most seriously ill patient is obvious to the staff in the ECU, but is not always obvious to the less seriously ill patients and their families. Hospital administration identified the need for such community awareness, and hoped that the Family Advocate Volunteers could assist the hospital with this task.

TRAINING

The basic orientation to the new Family Advocate role was planned and coordinated by Nursing Inservice Education, since the volunteers would be working on a Nursing Unit. Objectives of the orientation were to provide the volunteers with the ability to:

1. demonstrate effective communication skills with adults as well as with children;
2. offer brief explanations of the ECU's admission procedure to the patient's family;
3. act as a listener for the patient's family;
4. assist the patient's family during the acute crisis of hospitalization by creating a comfortable, therapeutic climate; and
5. assist family members experiencing grief and loss.

The central instructor from inservice coordinated the ten-hour course which was planned as five afternoon sessions. In order to prepare the volunteers for the role of a Family Advocate, classes were presented on effective communication, hospital policies, and the role of the professional staff in triage nursing. Additional information that the volunteers received included: a basic knowledge of ECU procedures such as

the admission, transfer, or discharge of a patient; patient education materials; infection control measures; risk management guidelines; knowledge of the grieving process and its application to family members in the ECU waiting room. Information regarding special emergency admission procedures including the abused child, the rape victim, the patient in labor, and the patient with multiple trauma were reviewed by the central instructor as well as hospital staff guest speakers. Selected readings and tours of the ECU and hospital rounded out the orientation.

Throughout orientation, the role of the Family Advocate and its limitations were defined; situations indicating the need for a nurse were explained; and the need for a chaplain to meet with bereaved parents, the need for security to handle a hostile visitor, or the need for police to meet with an assault victim were stressed. Volunteers were instructed to seek assistance from the Nursing staff whenever necessary. When reporting on and off duty or when needing assistance, the volunteer was responsible to the Head Nurse or Charge Nurse of the unit.

Two groups of volunteers completed the planned orientation. There were twenty volunteers in the first orientation group and thirteen volunteers in an added, second orientation group. In addition to the didactic portion of orientation, the second group of volunteers received on-the-job training with the more experienced volunteers. Volunteers selected to participate in the initial orientation classes had all had previous volunteer experiences in the hospital.

SCHEDULE AND ACTIVITIES

Upon completion of the orientation, and after consideration by the ECU Head Nurse, the hours that the volunteers would work were selected from 11:00 a.m. to 2:00 p.m., and from 4:00 p.m. to 7:00 p.m. These times seemed to be most busy with

incoming patients. The volunteers would then also be available to help supplement the staff through dinner and supper hours.

Volunteers were allowed either to select a partner with whom to work or to volunteer alone. All volunteers were required to give at least six hours of service per month, in order to maintain skills and to be sure that the established hours were staffed.

The ECU waiting room at St. Luke's Hospital is separate, yet close to the patient triage and treatment areas. Since beginning the volunteer program, the Ladies' Aid Society has established a reception desk in the waiting room. Communication is made possible with the nursing and medical staffs by means of an inter-hospital phone—an important link from the patient treatment area to the family waiting area. Volunteers are encouraged to call the treatment area so that they may keep waiting families updated on their patient's status, treatment regimen, or the possibility of being able to see the patient.

The ECU waiting room is quite a new place since the advent of Family Advocate volunteers: children are read to while waiting for a sibling to receive treatment; directions on how to get about the hospital are provided for family members who must admit a family member; change is available for an important phone call or cup of coffee; and a few comforting words are offered to the spouse who must await test results—all vital services, yet difficult for busy nursing and medical staffs to provide. In addition, volunteers have added carpeting, wall hangings, children's furniture, games, books, and magazines to the waiting area, making the room more home-like and comfortable.

EVALUATION AND FUTURE PLANS

Approximately one and a half years after the original orientation classes were held, a survey was distributed to the volunteers. Statistics were compiled to evaluate such as-

pects of the program as the volunteers' response to their new role, the functions of the Family Advocate volunteer, suggestions for future orientation classes, as well as opinions regarding the continuation of the program.

When tabulated, over thirteen hundred volunteer hours had been served in the ECU waiting room during the eighteen-month period. Volunteers cited listening to family members and helping to entertain children as the most frequently provided services given to families. Among the many rewarding aspects of being a Family Advocate, helping to comfort another person topped the list.

At the present time, supported by hospital and nursing administration, an additional orientation class is being considered. Several changes are being planned based on the family Advocate survey as well as on the changing needs in the ECU, all in the hope of providing quality care for families who must wait. These changes include:

Concentrating orientation into 1 or 2 days. Offering the course over 5 days caused some difficulties for volunteers who did not want to miss a class but who had made a previous commitment for one of the orientation afternoons.

Accepting volunteers from outside the hospital. Several colleges are located in the same city as the hospital; utilization of students is being considered. The nature of the existing Ladies' Aid Society is also changing, which would then allow men to serve as Family Advocates.

Expanding volunteer hours. The need to cover more hours is of concern to the patients, their families, and the hospital staff. It is hoped morning hours as well as change of shift hours (2:00 p.m. to 4:00 p.m.) might be added.

Scheduling of volunteers should be handled by the Director of Volunteers. With an initially small group of Family Advocate volunteers,

scheduling was handled by two of the volunteers. However, as more volunteers begin to work, the scheduling has become more complex. The Director of Volunteers is someone who is at the hospital on a daily basis, and would be available to assist with: 1) master schedules; 2) scheduling changes; and 3) recruiting of new Family Advocate volunteers.

Expanding volunteer responsibilities. Due to the "feast or famine" nature of many ECU's, several volunteers responded in the survey that they would like to have additional responsibilities when few family members are in the waiting room. These activities may include helping the unit clerk with such things as putting together admission packets.

Utilizing an information tool to be used between hospital and nursing staffs and the volunteers. This could include monthly meetings to keep all persons involved and updated on new policies, procedures, changes in volunteer hours, or job responsibilities.

There are clearly continued challenges ahead, but the Family Advocate program at St. Luke's is well worth the effort. Patient and staff needs are met while volunteers are challenged and appreciated.

REFERENCES

Moran, M.E. & J. Sutter. "Comfort, Care for Families Who Must Wait," Hospitals, 1979, 53(22), 112.