

# Admission

**P**reparing to go into hospital is anxiety provoking for most people. Admission to a hospital here can be quite a traumatic experience, especially for the first time. For routine admissions, it is vitally important for the patient to be contacted prior to admission (where practicable). This contact may be made by post or over the telephone, or in some cases via the family doctor. Inquiries should be made to establish the need for an accredited interpreter, and also about special needs, such as preference for a particular gender of interpreter, and so on. This will reduce anxiety. Find out who is regarded as next of kin and establish how much family involvement they would like. This contact can also provide information/ instructions from the hospital. For non-routine admissions it is essential to organise an interpreter (if needed) as soon as possible.

The patient's medical record should indicate his/her ability to communicate in English. Sometimes the patient may not be accompanied by anyone at admission (interpreter or

advocate). The patient's expectation is that an interpreter or someone bilingual will be present on admission. A patient who is unable to speak English at a sufficient level will have a sketchy and possibly inaccurate understanding of his/her medical condition without the presence of an interpreter.

If new to the system, the non-English speaking patient will need information in his/her own language about the hospital. There are considerable variations in expectations as far as hospital admission is concerned. Expectations and understanding of hospital admissions may need to be clarified. For example, if they have to wait for a bed, this needs to be explained, as the time lapse before a bed may be available may be confusing. Ideally, there should be someone from their background to explain these things. Assistance may be required with filling out forms.

The admission staff must be satisfied that the patient has sufficient information and fully understands the information presented on admission.



The quality of the communication between admission staff and patient has a major bearing on the information both parties obtain, and thus on the quality of care received during the admission.

## Emergency department

Emergency departments are generally stressful both for staff and patients. A lack of understanding of procedures and poor English language skills can exacerbate this and reassurance is needed. Without an interpreter, the person may not be able to express themselves, and can be sent home even if quite ill. It is important to give the consultation as much time as practicable.

Language issues are more crucial in an emergency, which makes it very important to arrange an interpreter.

The communication styles and time pressures of people working in the emergency department will greatly influence the quality of the interaction, and it is worth explaining this to the patient. Long waits for medical attention are a problem, and may be particularly distressing if the person cannot speak English, and does not realise that cases are seen in order of priority, not arrival. Many may not realise

that the emergency department is not for minor problems. Lack of or delay in attention may be perceived as racism, as illustrated in the following vignette:

A person was waiting at the emergency department for several hours. After what appeared to be a long time, someone came and told her it was not an emergency, and she would have to wait. She felt that she should have been told on arrival that she would have to wait, and that the staff member had been racist, and she felt rejected.

It can be awkward to have spouses together with the patient and staff in small cubicles, but for the reasons mentioned in the Family and Community section, this is especially important for some people.

