According to Jauch et al.\(^2\), the implementation of a telemedicine service in stroke-capable hospitals potentially can greatly extend the reach of stroke systems of care into underserved regions and may help solve the shortage of neurologists. I am currently a part of a facility that uses a telemedicine program. Upon becoming a primary stroke center, we implemented the telestroke services in our acute stroke protocol. Since then, we have increased our number of patients treated for acute ischemic stroke and decreased our door-to-needle treatment times for intravenous tissue plasminogen activator. Before the implementation of the telestroke process, accessibility to neurologists was limited and many patients required transfer to another facility for evaluation. As pointed out by Jauch et al., “Although the economic issues regarding the use of telestroke remain to be fully explored, the benefit of telestroke in extending timely stroke care to remote hospitals is clear.” We as nurse leaders need to continue to educate on the effectiveness of this evidence-based decision-making tool and the benefits of stroke awareness and care.—Crystal K. Perry, BSN, RN, CEN, Stroke Coordinator, Denton Regional Medical Center, Denton, TX; E-mail: crystal.perry2@hcahealthcare.com

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Relieving Anxiety in the Emergency Department for Our Patient Population

Dear Editor:

After reading the article “Acuity and Anxiety From the Patient’s Perspective in the Emergency Department” by Ekwall\(^1\) in the November 2013 issue of the Journal, I started looking at my emergency department and how the staff evaluated the patients in triage to attain their acuity level and signs of anxiety that the patients showed. Then I reviewed and assessed the patient satisfaction survey that each patient has the opportunity to complete while in the department or can fill out at home and send in. I am the administrator in a freestanding emergency department and have worked in emergency medicine for over 25 years. I feel that this article and study could provide an excellent tool for educating ED nurses on the power of communication with all patients to instruct them on their acuity level and what they should expect regarding testing and time in the emergency department. With this knowledge upfront at triage, patients would better understand that it may take a few hours to receive test results and a diagnosis. Waiting for long periods with no communication from staff has a strong correlation with patient dissatisfaction.

According to Castner et al.,\(^2\) “The timeliness of emergency care is essential to good patient outcomes in the emergency department,” and this also affects mortality rates, treatment delays, inadequate pain control, and patient satisfaction. Over a third of the patients who come to an emergency department for care have to wait more than 1 hour just to see a physician after being triaged by a registered nurse. As nursing leaders, we should streamline this practice by starting nursing protocols that are accepted by our emergency physicians. This would take some effort to educate each nurse on what is expected for each patient complaint but would be well worth the payoff of better patient care and greater patient satisfaction. Evidence supports the use of nursing protocols for experienced ED nurses. I firmly believe this would help lower the anxiety rate and increase patient satisfaction. I have confidence that all ED leaders would be able to address this issue and implement changes to achieve less anxiety for our patients, better patient care, and better patient outcomes.—Sandra Elings, BSN, RN; Administrator, Emergency Department, E-are Emergency Centers, North Richland Hills, TX; E-mail: sandyelings@gmail.com


REFERENCES

2013 November Military Issue

Dear Editor:

It has been a few months since I received the November 2013 issue of the Journal of Emergency Nursing, and I am still reading articles and rereading them. I want to thank you and the staff that put together the Journal of Emergency Nursing articles for publishing a special military issue.

I am in the final months of my doctor of nursing practice (DNP) project that focuses on women veterans and found the edition to be especially helpful and inspiring. I have been an emergency nurse my entire career and just completed family nurse practitioner (FNP) training this past