

Emergency Room WEEK 2

Their Emergency Is Still an Emergency to Them



Welcome.
Own.
Wow'em!



EVERY PATIENT | EVERY TIME | EVERY INTERACTION



THE BIG IDEA

Clinical urgency is determined by acuity. Human importance is not.

A concern that is familiar or lower acuity to an experienced ED professional may be frightening, painful, or completely unfamiliar to the person experiencing it.

We can respect clinical priorities without minimizing someone's fear.



OWN EVERY INTERACTION

Avoid language that dismisses or minimizes concerns.

Acknowledge fear, pain, or uncertainty.

Treat lower-acuity patients with the same dignity and respect as everyone else.

ALWAYS allow patient advocate during triage.



TRY THIS TODAY

When you catch yourself thinking, "This isn't an emergency," add a second thought: "But it may feel like one to them."



HUMAN CONNECTION

For the patient, this may be the most frightening thing that has happened all year — even if it is not the most clinically urgent thing you will see today.



WHY IT MATTERS

When people feel dismissed, fear often becomes frustration. Acknowledging their concern does not change clinical priority; it changes whether they feel respected within it.



THE WOW HABIT

Clinical urgency determines the priority of care, not the level of compassion we show.



EMERGENCY DEPARTMENT IN ACTION

A patient says, "I know other people are sicker, but I'm scared something is really wrong." Instead of responding only to the acuity, acknowledge the person: "I can understand why this feels scary. We'll continue to keep you informed as your care moves forward."



THIS WEEK'S COMMITMENT

Choose one lower-acuity interaction today and intentionally communicate the same respect, attention, and compassion you would want for someone important to you.

Welcome the person. Own the moment. Wow'em!™

THE WOW METHOD™