Interprofessional Learning Unit 2

Group Number: 73

Audit of patient satisfaction regarding waiting times in haematology-oncology day unit and out patient departments

Confidentiality has been respected throughout this work and no names of people or places have been included

This report is entirely our own work

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Word Count: 3,233
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**Title of audit:** Audit of patient satisfaction regarding waiting times in haematology-oncology day unit and outpatient departments

**Date of audit:** 28th February – 11th March 2011

**Group 73**

The team members were students studying:

- Physiotherapy
- Adult nursing
- Medicine
- Diagnostic radiography
- Pharmacy
- Children’s nursing

1. **Acknowledgements**

1.1 Our team wishes to thank those who helped us to complete the audit particularly our group facilitator who pointed us in the right direction and helped us complete this task and all the helpful medical and nonmedical staff from the Day Unit and Outpatients Departments in Haematology-Oncology.

Lastly, we would like to thank all the patient participants for their time completing our questionnaires, allowing us to collect the data.
2. Executive summary

Introduction

Eleven health and social care students conducted a clinical audit as part of an Interprofessional Learning Unit 2. The aim of this audit was to collect data on patient satisfaction with regards to waiting times in Haematology-Oncology Day Unit and Out Patient department.

Objectives

1. Investigate the extent of patient waiting times in the departments.
2. Begin to investigate why patient waiting times are high.
3. Investigate levels of patient satisfaction.
4. Identify areas of practice that can be improved.

Data Collection

Data was collected through a qualitative approach in the form of a questionnaire by students. Six students gave out these questionnaires to the patients in the Oncology Day Unit Department and five students gave out the questionnaires to the patients in the Haematology and Oncology Outpatients Department. The patients were asked to answer six questions regarding their waiting times from their actual appointment time to the time they actually get seen. The staffs were asked two questions regarding patient waiting times and how they could improve this situation.

Ethical Consideration

This audit was produced on the principles of the Data Protection Act (1988) ensuring confidentiality was effectively maintained. Information gained has been kept anonymous ensuring any information within our assignment that may directly or indirectly identify anyone has been protected in accordance with Nursing and Midwifery Council (NMC, 2009).

Results

The data was analysed and showed that the patient waiting times in the Day Unit were reasonably low compared to that of the waiting times in Outpatients. The Day
unit patients were satisfied with the level of waiting as it was extremely low. The delays were said to be caused due to many reasons from the drugs not being ready to not enough clinical staff.

Discussion
The data from Outpatients showed that the waiting times were extremely high and these again were due to many reasons as opposed to the Day unit. The staffs in both departments also believes there are many reasons for the long delays in patient waiting times and gave their personal opinions on how this could be improved by many ways such as the drugs being ready on time, the need of more clinical staff including nurse lead clinics and many more. In Day unit, 75% of patients had waited for 10 minutes or less with only 7% waiting over forty minutes for their treatment; whereas in Outpatient clinic, 47.5% of patients had waited for longer than forty minutes with only 15% waiting 10 minutes or less.

Conclusion, Recommendation and Action Plan
The results of the audit reflect the difference in waiting time between two departments. 47.5% of patients waited over 40 minutes in outpatients, whilst the majority in the day unit were seen within less than 10 minutes. The recommendations suggested in the interviews need to be discussed more in depth and further investigations need to be undertaken to see who would effectively reduce waiting time and improve patient satisfaction.

Word count: 490
3. **Introduction**

3.1 This audit was undertaken at the Queen Alexandra Hospital, Portsmouth (with permission from the trust) by eleven health and social care students on placement as part of their Inter-professional Learning Unit 2. According to the National Institute for Clinical Excellence (NICE) (2002), Clinical audit is the process to improve quality of patient care and the outcomes through systematic assessment of care available and monitoring it to confirm the improvement in healthcare delivery.

3.2 Previously an external audit into patient satisfaction had been carried out in the departments. The aim of this audit focused on a specific aspect of patient satisfaction, patient waiting times in the Haematology-Oncology Day Unit and outpatient departments.

3.3 The main objectives of the audit are to:

1. Investigate the extent of patient waiting times in the departments
2. Begin to investigate why patient waiting times are high
3. Investigate levels of patient satisfaction with waiting times
4. Identify areas of practice that can be improved

As a team we followed the various stages of clinical audit outlined by NICE (2002) (Appendix 2).
4. Data collection and methodology

4.1 To address the aims of the audit as a team we decided that both qualitative and quantitative data would be used. A questionnaire was formulated to be used as the audit tool (see appendix 3). According to Peterson (2002) asking questions is one of the most ubiquitous forms of observation and collecting information.

4.2 Initially we conducted a short pilot study to establish if the tool was suitable for the purpose (Fink, 2003), any improvements could be made to the questionnaire and resolve any potential problems before starting the main study (Moore, 2006). We piloted the audit tool within both the day unit and the outpatient departments by surveying two patients within each unit.

4.3 The pilot highlighted a number of improvements. The question regarding the length of time waiting was altered in order to ensure it was clear and concise, as it initially caused confusion for the patients. Therefore as a group it was determined that the question would have pre-determined time slots making it easier for the patients to answer as well as being easier to interpret the results. Finally the patient satisfaction question was adapted to include a numerical scale in order to quantify the results.

4.4 The questionnaire was conducted as a semi-structured interview, as it incorporated questions that were closed, presenting the patients with options; in addition to this it contained a question which was open, so as to obtain the respondent’s view, (Moore, 2006). The use of open and closed questions aimed to give the patients options (Denscombe, 2003), so as to obtain the most information.

4.5 The team divided into two sub-groups to collect the data from each clinical area. Some initial data on patient waiting times had been previously collected by the staff in the day unit, with the permission of the staff in the day unit and our facilitator was used, and we subsequently gathered more data. The patient participants were asked five questions on leaving the consultation room, in outpatients; therefore data was collected with purposive sampling. In
the day unit patients were asked six questions once they had been called through. Although this is a non-random form of data collection, this is ideal for this study as the respondents were selected due to having the necessary knowledge required, (Bowling, 2009). The data was collected on two different days increasing the number of clinics that were being audited, improving the reliability of the results.

4.6 Due to the majority of patients having a waiting time, it was determined that we should find out reasons for this, in order to improve the service. We interviewed staff including the consultants, nurses and support staff using depth interviews, which enable the interviewer to investigate in more depth about how the staff feel about the waiting times (Moore 2006). This interview consisted of two open questions in which the staff could convey their views relating to waiting times and suggestions of improvements (see appendix 4). This was conducted in both the day unit and outpatients department, with as many staff as possible within the timeframe.

4.7 The department’s internal standard that we would be measuring against in this audit is that waiting times for patients should be 30 minutes or less.

5. Ethical considerations

5.1 Whilst carrying out our audit it was ensured that patient confidentiality was maintained at all times, in accordance with the Data Protection Act (1998). Confidentiality is a fundamental part of professional practice which we have abided to throughout our IPL (inter-professional learning) experience. To ensure confidentiality all patients and staff we surveyed remain anonymous. We have ensured any information within our assignment that may directly or indirectly identify people, staff and carers has been protected in accordance with the Nursing and Midwifery Council (NMC, 2009).

5.2 Each participant in the audit gave their expressed consent verbally to contribute to the audit. Within the group each individual carried out the audit taking into consideration ethical issues and therefore completing the audit in a suitable manner to the clinical environment. When asking staff their opinions,
careful thought was given to whether it was an ideal time for them incase they were busy carrying out their duties, so as not to compromise patient care.

6. Results

The audit questionnaire consisted of six questions (Appendix 3) In total data on the waiting times of 153 patients was collected. The results are as follows:

6.1 Day Unit

Question 1:
“How long were you waiting from your assigned appointment time until you were actually called into begin your treatment?”

Fig 1.1 Table to show the length of patient waiting times from assigned appointment time

<table>
<thead>
<tr>
<th>Length of wait</th>
<th>Number of patients</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 10 mins</td>
<td>55</td>
<td>75.3</td>
</tr>
<tr>
<td>10-20 mins</td>
<td>10</td>
<td>13.6</td>
</tr>
<tr>
<td>21-30 mins</td>
<td>3</td>
<td>4.1</td>
</tr>
<tr>
<td>31-40 mins</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>40+ mins</td>
<td>5</td>
<td>6.8</td>
</tr>
</tbody>
</table>

For graphical representation of this table see appendix 5.

Question 2:
“Do you know the reason for your wait, if you were waiting?”

- Yes 8%
- No 92%

If yes, what was the reason for your wait?

- Understaffed
Chemotherapy drugs had not yet arrived from pharmacy
Incorrect antibiotics/chemotherapy drugs sent by pharmacy
Nurses had to find patient’s charts/records and gather drugs before starting infusion

Question 3:
“On a scale of 1-10 how satisfied were you about the amount of time you had to wait? 1 being not satisfied 10 being very satisfied”
The majority of patients rated their satisfaction as 7, 8, 9 or 10 with 10 being the highest. A patient commented ‘does not bother him one bit as long as he gets treatment.’

Question 4
“What improvements would you suggest to improve your experience?”
- Need more staff
- Nurses should ensure everything is sent down previously
- Pharmacy—it would be very helpful if pharmacy ensure they have the correct drugs and make sure they are sent down in time for patient’s appointment

Question 5
“Where there any interruptions before or during your treatment with the nurse?”
- No: 100%
- Yes: 0%

Question 6
“Has your waiting time improved since the last time you came to the day unit? (Applicable to long term patients only)”
For a list of responses to this question please see appendix 9.
6.2 Outpatients Department

Question 1:
“How long were you waiting from your designated appointment time to the time you were seen by the Doctor/Nurse”

Fig. 2.1 - Table showing length of patient wait

<table>
<thead>
<tr>
<th>Length of Wait</th>
<th>Number of Patients</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 10 Minutes</td>
<td>12</td>
<td>15.00</td>
</tr>
<tr>
<td>10-20 Minutes</td>
<td>7</td>
<td>8.75</td>
</tr>
<tr>
<td>21-30 Minutes</td>
<td>15</td>
<td>18.75</td>
</tr>
<tr>
<td>31-40 Minutes</td>
<td>8</td>
<td>10.00</td>
</tr>
<tr>
<td>40+ Minutes</td>
<td>38</td>
<td>47.50</td>
</tr>
</tbody>
</table>

For graphical representation of this table see appendix 6.

Question 2
“If waiting, are you aware of the reason for your wait? If so what was the reason?”

Fig.2.2 – Table showing if patients were aware of the reason for their wait

<table>
<thead>
<tr>
<th>Response</th>
<th>Number of Patients</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>11</td>
<td>13.75</td>
</tr>
<tr>
<td>NO</td>
<td>69</td>
<td>86.25</td>
</tr>
</tbody>
</table>

Reasons for wait according to patients:

- Other patients being seen, some need longer than others, which is understandable (e.g. more complicated cases).
- Consultant late to start clinic as busy.
- There was a notification to say that the clinic is running slow
- Blood test required prior to appointment
Question 3:

“On a scale from 1-10 (1 being not at all satisfied, 10 being very satisfied) how pleased were you with your wait?”

Fig.2.3 – Table showing patient satisfaction levels

<table>
<thead>
<tr>
<th>Patient Satisfaction Level (1-10)</th>
<th>Number of Patients</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>6</td>
<td>7.50</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>2.50</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>2.50</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
<td>5.00</td>
</tr>
<tr>
<td>5</td>
<td>7</td>
<td>8.75</td>
</tr>
<tr>
<td>6</td>
<td>13</td>
<td>16.25</td>
</tr>
<tr>
<td>7</td>
<td>7</td>
<td>8.75</td>
</tr>
<tr>
<td>8</td>
<td>16</td>
<td>20.00</td>
</tr>
<tr>
<td>9</td>
<td>7</td>
<td>8.75</td>
</tr>
<tr>
<td>10</td>
<td>16</td>
<td>20.00</td>
</tr>
</tbody>
</table>

For graphical representation of this table see appendix 7

Question 4:

“What improvements do you suggest to improve your overall waiting experience”

A minority of patients felt that there was no need for improvement, the responses of those that felt improvements could be made are detailed in appendix 8.
Question 5

Was there an interruption during your consultation? If so what was the interruption and how long did it last?

Only 6 of the 80 patients sampled in the outpatients department experienced an interruption during their consultation, the two reasons for interruption were due to a nurse or another doctor and only lasted a maximum of 2 or 3 minutes.

7. Discussion

7.1 Findings from this audit show a vast difference in waiting times for patients in the haematology outpatient clinic as opposed to the oncology day unit. A previous audit has recently been undergone in the day unit with waiting times being closely monitored, this has already resulted in an improvement in waiting times in the unit; so much so that, on average, 75% of patients only had to wait for 10 minutes or less.

7.2 After speaking to some patients, we discovered that many are called through up to twenty minutes before their appointment time. Our findings show us that only 7% of patients have to wait over forty minutes for their treatment. Staff in the day unit put the reason for any delays down to blood tests not being ready in time for patient treatment to continue. Other common causes were that some medicines such as chemotherapy were incorrect or not ready in time for the appointment; also paperwork was noted to cause delays in the day unit. Nurses suggested a better computer database to improve communications between professions.

7.3 The majority of patients rated their satisfaction level as 7 or above on a scale of 1-10; due to the short waiting times in the day unit this is not alarming. Patients commented on being satisfied with the level of their management and the treatment they received from the staff. 92% of patients were not told of the reason for their delay; although patients seemed content to wait. No interruptions were made during any of the patient’s treatment; the nature of the treatment being infusions, some lasting up to 4 hours, may be the reason
for this. If the patient was interrupted, the treatment would still continue as it is not in a one-to-one consultation setting.

7.4 Most patients commented that they had noticed an improvement in waiting times in the day unit. Patients commented that they rarely have to wait longer than 10 minutes, if they had it was due to unforeseeable circumstances that patients understood. It was noted that the relationship some long-term patients had with staff had an impact on their satisfaction with the day unit; patients were happy with waiting due to the kind treatment they received from the staff.

7.5 Waiting times in the haematology outpatient clinic, in comparison, was found to be substantially longer with some patients having to wait up to 2 hours. Thomas et al (1997) found that more effective treatments in cancer have led to increased survival rates, and so, increased follow-up appointments in outpatient clinics, which contributes to patient waiting times. 47.5% of patients had to wait for longer than 40 minutes with only 15% waiting less than 10. The majority of patients were not told of the reason they had to wait for their appointments, yet on a satisfaction scale only 20% were fully satisfied with the service they received. When asked why, patients stated that they thought the level of treatment they received when seeing the clinicians makes the wait worthwhile.

7.6 The data shows variability in patient waiting times throughout the course of the audit, it was noted that some patients were dissatisfied with the variability of waiting times. They commented that on some days they were seen straight away and on others they had to wait up to 2 hours. When asked if patients knew the reason behind their wait, 86.25% said they did not. However, those that did commented that the delay was caused by: the clinic being busy, having to have a blood test done before the appointment, or previous patients being complicated and requiring a longer consultation. Patients were understanding of this and were willing to wait without complaint.

7.7 Patients commented on many improvements that could be made to enhance their waiting time and satisfaction with the outpatient clinic. A survey
conducted in 2007 in a different hospital, shows that in oncology outpatients, patient satisfaction depends more on the oncology service rather than waiting times. Results from this survey showed that the oncology outpatient clinic provides a source of reassurance, with 92% of patients being reassured as a consequence of their consultation. 27% of patients in this survey commented that their wait was "excessively long" however, it seems that, despite the long wait, the oncology outpatient clinic provides patients with an essential source of reassurance during and after their illness that they are willing to wait for. This survey can be applied to our audit as patients commented that they were content in waiting for long periods of time before they were seen as they knew that, in their consultation, they would be given a high level of care and attention and would leave feeling satisfied.

7.8 Upon discussion we feel that the clinics are being over booked which is resulting in increased waiting times. Patients dealing with the possibility of a cancer diagnosis will be willing to wait for an appointment, patients will be desperate for a diagnosis, positive or negative, in order to start treatment or have some conclusion to their illness, as described by Corner and Bailey (2001).

8. Conclusions
8.1 The aim of the audit was to look into the waiting times patients were experiencing in an oncology day unit and the haematology and oncology outpatient’s clinics and the level of patient satisfaction being achieved. From the results from the patient questionnaires it can be seen that the Oncology day unit is much more time efficient and that the majority of patients were seen to with 10 minutes of their appointment time. However the waiting time in the outpatients department was shown to be much longer and some patients had been waiting over 3 hours until they saw the doctor and that 49 % were waiting for over an hour. The results from the outpatient clinics show that there does need to be a change in the service it provides. Recommendations which have been included in this audit to improve the length of waiting time
and patient satisfaction have been suggested by members of staff such as doctors, nurses and support workers, who work in these areas on a regular basis and would have the most experience and therefore most informed judgement in suggesting improvements. A full collection of the suggestions that were made have been included in the recommendations part of this audit. Further investigations into what would be effective to improve the length of waiting time does need to be established as it is a problem which has negative outcomes on patients and staff. Despite this, it was found that patients were very understanding with the fact they were waiting a long time until they saw the doctor, this being because they understood some people need longer to ask questions and that some cases are more complex, as long as they were receiving the care and service they required when it was their appointment they were ready to wait. Implementation of the recommendations would improve patient satisfaction, an ultimate goal of the NHS in the whole, and on top would improve team morale in those clinical areas, which would have a positive all round effect.

8.2 Recommendations

As a result of the audit, the following recommendations have been suggested:

8.21 Patient Perspective Changes:

a) Notices for when clinics are running late
b) Louder name-calling from reception
c) Drinks facilities within the sub-waiting area
d) Cheaper and/or patient-only parking (for times when patients wait a few hours or more for an appointment, particularly in the afternoon when the car parks are more full and clinics are more behind than the morning)
e) No double booking of appointments (or if must be the case, then prior warning)

8.22 Health Care Professional Changes

a) Alteration of appointment timetable:
   i. Maximal use of phone appointments where appropriate and accompanying timetabled space for this
   ii. inclusion of daily unscheduled areas (to allow time for:
1. on-call duties away from the out-patient or day centre department,
2. patients with longer time requirements, for example a new diagnosis
3. patients with need for immediate unexpected appointment, for example in treatment of sepsis
4. time for dictation and note-writing

b) Possible use of nurse specialist for support:
   i. provide extra support after a new diagnosis has been made, sharing the burden of such a lengthy consultation
   ii. possibly a nurse-led clinic for the routine management of patients with straightforward needs and no requirement of a physical examination (depending on current and future knowledge and skills of the nursing staff)
   iii. possibly drug prescription where appropriate

c) Organisation of clerical issues:
   i. appointing of a health care professional to take lead
   ii. time allocated to sorting patient notes weekly

8.3 Action Plan Regarding Recommendations

Interprofessional team meeting within oncology and haematology Out-Patient and Day Centre department for discussion of this report and its recommendations. Also for deliberation of further ideas for the future that may reduce patient waiting times for appointments:

a. Possibility of a nurse led clinic
b. Possibility of a separate new diagnosis clinic, with longer appointment slots
c. Discuss ideas for better sharing of patient case-load, especially when staff are absent (holiday times or in sickness) or clinics are overbooked
d. Further discussion (as already approached by medical staff) of the option of speciality clinics, as in other hospitals
e. Discussion of responsibilities for patient waiting times and the reasons and who will take lead in this managerial aspect in the future
f. Planned time for re-audit of patient waiting times and a lead for this to
ensure completion and adherence to any further recommendations

8.4 Future Action Planning

8.41 Within the Out-Patient and Day Unit Department it has been observed that patients have previously waited long periods past their allocated appointment time. This occasionally led to huge dissatisfaction from patients’ perspective. The aim of this audit was to gain quantitative data on how long patients wait (past the allocated appointment time) and to find some reasons for the wait. The aim was then to identify ways to reduce the wait, resulting in more patients having a consultation during their allocated time, increasing patient satisfaction where required.

8.42 It has been observed that altering the entire timetable to a more manoeuvrable timetable, such as for the Day Unit, is not possible with the type of cases seen in the out-patient department. Also this would take a huge time to implement, therefore time slots to allow for the possible delays may be more appropriate.

8.43 It is recommended that the health care practitioners and clerical staff follow both the recommendations and the related action plan after this report has been distributed. Following this the interprofessional team recommend the implementation of a re-audit within a time frame discussed by the health care teams working in the haematology and oncology department. This would allow any changes made to be monitored and evaluated and allow completion of the audit cycle.
References


Thomas, S, Glynne-Jones, R Chait, I Is it worth the wait? A survey of patients’ satisfaction with an oncology outpatient clinic, *European Journal of Cancer Care,*
Appendices

1) The clinical audit cycle (NICE, 2002)

![Clinical Audit Cycle Diagram]

2) The stages of clinical audit (adapted from the National Institute of Clinical Health and Excellence) (NICE, 2002).

![Clinical Audit Stages Diagram]
3) Example patient questionnaire

**Patient Questionnaire**

How long were you waiting from your appointment time to the time you saw the doctor/nurse?

- Less than 10
- 10-20
- 21-30
- 31-40
- 40+

Do you know the reason for your wait, if you were waiting?

- Yes
- No

If yes what was the reason? .................................................................

On a scale of 1-10 how satisfied are you about the amount of time you had to wait for, 1 being not satisfied and 10 being very satisfied. (circle)

1 2 3 4 5 6 7 8 9 10

What improvements would you make to improve your experience?

........................................................................................................

........................................................................................................

........................................................................................................

Was there an interruption during your appointment with the doctor/nurse?

- Yes
- No

If yes what was the interruption? (E.g. phone call/visitor)............................

And how long was the interruption? .............................................................

4) Staff interview questions

**Staff interview**

Q1) What do you think causes delays to the patients?

Q2) Can you think of any improvements that could be made to reduce waiting times
5) Graph and pie chart to show the length of patient waiting times from assigned appointment time.

Waiting Times in QA Oncology Day Unit: Time from assigned appointment time until patient was called in by nurse to begin treatment.

Waiting Times in QA Oncology Day Unit
Time from assigned appointment time until patient was called in by nurse to begin...

6) Patient Waiting Time in Haematology/Oncology Outpatients Department

Length of Wait

IPL Group 73
8) Patient suggestions to improve the overall waiting experience:

- Tea/coffee/soft drinks offered as the wait can be long, patient is worried they may miss their name if the leave to get a drink.
- Car parking charges – compensated/reduced.
- Speaker system in waiting room before being called to sub-waiting room as people can miss their names being called which can cause delays.
- Pharmacy waiting time to be reduced as have to collect prescriptions after appointment.
- Reading material in sub-waiting room.
- Individually told info about delay – can plan to get fresh air etc.
- Stick to allocated times with patients/improved efficiency and consistency, as waiting time can be 1h+ while other times seen immediately.
- More consultants.
- Another board in the sub waiting areas with waiting times written up.
- More cheerful waiting space - brighter colours, paintings on wall.
9) Patient responses to the question: Have you noticed a recent improvement in waiting times?

- Difficult to say-varies but last 5/6 times has been called straight in
- No problems at all, completely happy with day unit service
- One patient in particular has been attending appointments at the day unit for 5 years and has no problems with the unit at all. He is pretty much seen on time and day unit staff have been really good to him.
- Pretty much the same service as the last time patient came in
- One patient in particular has had 6th previous treatments and this treatment, the 7th one is the only time she has had to wait however, the reason for her wait was not due to the day unit staff so she is satisfied otherwise with her wait.
- Waiting is not really a problem, patients do not mind and have never had to wait longer than 5/10 minutes.
- Some patients are very understanding, sometimes things happen that you can’t help and it may just happen to be a particularly busy day in the day unit but it doesn’t bother them at all. Ultimately they are there for their treatment which they know they will receive regardless of any problems.