



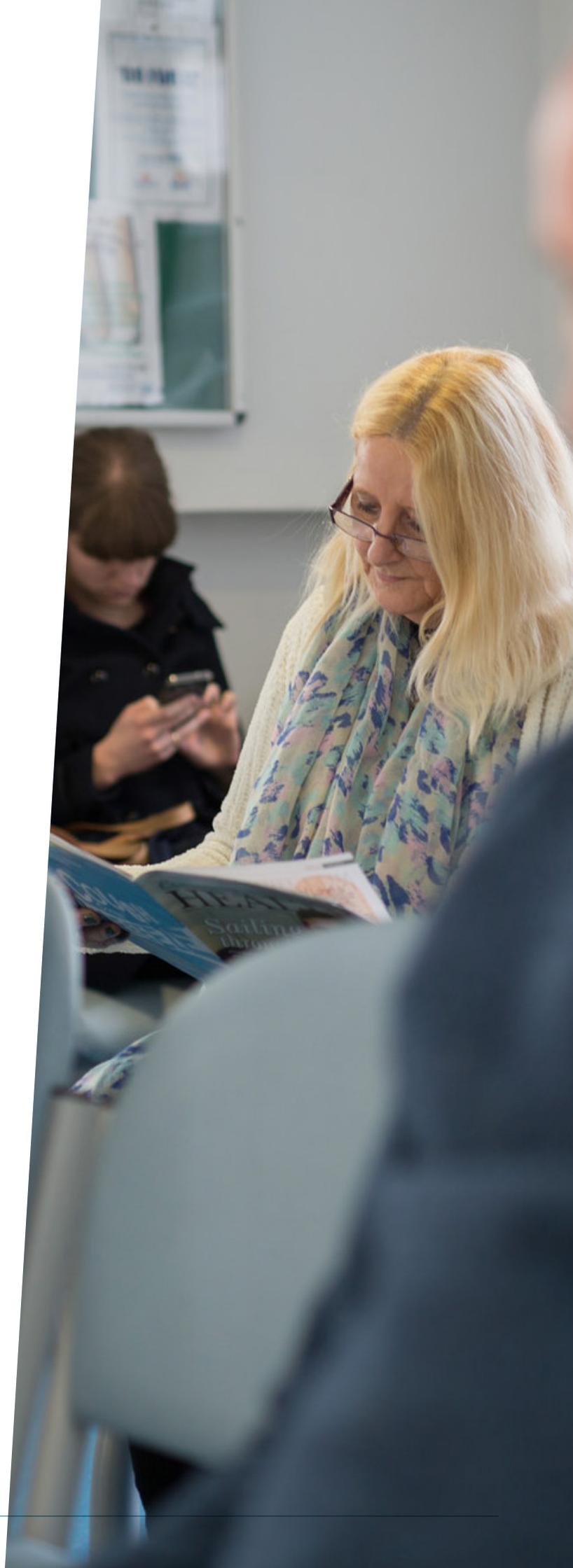
# What's it like being in a hospital waiting room?

People's views: Good Hope Hospital



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# Good Hope Hospital

## Key findings



Most patients said that they experience long waiting times, and were not kept informed about why delays occurred, or when they would be seen



Many patients complimented staff on their professionalism, although there were two instances of poor communication



Most people taking part in the study said the standard of cleanliness in waiting areas is good



Access to British Sign Language (BSL) interpreters is variable, particularly because of the current telephone booking system, which results in a loss of independence and patient confidentiality



They generally found that refreshments are easily available, although the cost was sometimes a barrier for patients, made worse by delays



Patients appreciate the high quality of customer service that clinical staff provide



Some people with a visual impairment told us they are unable to find their way around the hospital because the signage is poorly designed or because they did not receive the help they needed



Patients who mentioned parking facilities were dissatisfied because of limited availability and high costs



Patients are generally happy with the quality of care being offered, with the Treatment Centre highlighted as representing good practice



Patients with hearing impairments could not hear when their name was called for their appointment



Some patients said that the administration of appointments and referral systems requires improvement





## Introduction

In 2018, Healthwatch Birmingham asked members of the public across the City to share their views about what NHS or social care topics we should investigate next. People voted on five key health and care issues, and 71% of them asked us to evaluate the quality of service in waiting rooms in Birmingham's hospitals. This report, one of a series of nine for the hospital trusts we looked at, presents the results of that work for Good Hope Hospital.



## Background

**We started our investigation into NHS hospital waiting rooms in Birmingham in autumn 2018. Our main focus was on people's experiences of waiting times, the environment, communication, accessibility, and dignity and respect.**

To capture a representative sample of patients' views across Birmingham, our investigation consisted of two stages.

### **Stage 1**

We collected feedback directly from patients who were in hospital waiting rooms, so that we would have information on the experience of patients in real time.

### **Stage 2**

Based on initial feedback that led to the study and the experiences we heard in stage one, we worked closely with third-sector organisations (including Birmingham Focus, BID Services and deafPLUS) and interpreters to host focus groups to collect the experiences of people who have a visual and/or hearing impairment. Focus groups were held in four districts of Birmingham.

Healthwatch Birmingham also developed an online questionnaire to collect feedback from people with a visual and/or hearing impairment. This questionnaire included the same questions that were asked during our visits to waiting rooms and at focus group meetings. It was shared with the support of third-sector groups (including Birmingham's Disability Resource Centre, Action on Hearing Loss, Thomas Pocklington Trust and the National Deaf Children's Society) and extensive use of social media. The online questionnaire was available from 25 January to 8 February 2019.

Patients could choose to remain anonymous, or provide their contact details. A selection of patients who chose the latter were contacted again to participate in more in-depth interviews. We wrote these up as case studies.

We also looked at research on the effect of the experience of waiting on patient well-being. Poorly designed, uncomfortable waiting rooms and long waiting times have been found to contribute to a patient's stress and anxiety, perhaps because in addition to physical discomfort or accessibility problems, these spaces send a negative message that patients are a lower priority than the overall hospital system.<sup>1,2</sup> Other issues, such as anxiety, insecurity, thirst and hunger, are not always easily detected by busy healthcare professionals, leading to a failure to offer appropriate and timely patient care.<sup>3</sup> The quality of the waiting experience can also affect recovery times and mental well-being: a therapeutic waiting area design is associated with improved mood and greater satisfaction with healthcare services.<sup>4</sup>

Patients come into contact with the NHS at their most vulnerable, so emotions and negative feelings are heightened. The government's best practice guidance notes that it is important for NHS organisations to ensure that patients' emotional and physical needs are met at all stages of their journey:

**For example, a patient kept waiting for an appointment ... may have a good emotional experience if they feel someone cares about them (that is, they are given regular information about why they are being kept waiting and an update on how long they will have to wait). The same patient left to wait without any information is likely to have a negative experience because they feel abandoned and neglected. Improving patients' emotional experience is about treating people as we would want to be treated - with dignity and respect.<sup>5</sup>**

The Disability Discrimination Act 1995 states that hospitals must provide 'reasonable adjustments' for disabled people to enable them to access services more effectively. The more recent Accessibility and Information Standard (AIS) further emphasises the need to ensure that providers are identifying, recording, flagging, sharing and meeting the information and communication needs of service users, for example to support people who have aphasia, autism or a mental health condition that affects their ability to communicate.<sup>6</sup>



# Good Hope Hospital

Good Hope Hospital provides acute and general hospital located in Sutton Trinity ward, Sutton Coldfield in Birmingham. It is managed by University Hospitals Birmingham NHS Foundation Trust.

As part of this study Healthwatch Birmingham heard pieces of feedback from people across Birmingham, of which we heard 52 pieces of feedback from people about their experiences of Good Hope Hospital. Feedback was heard through our online Feedback Centre, Information and Signposting Service and through our Community Engagement activities. This included feedback on waiting areas in the Accident and Emergency, Ear, Nose and Throat (ENT), Paediatrics/Children's, X-ray, Outpatients, Orthopaedics and Ophthalmology departments, and the Treatment Centre.

**In total, 13 people completed our online survey for people with sensory impairments, of these 31% had a hearing impairment, 46% had a visual impairment and 23% had both.**

## What people said

### Waiting times

Most patients who mentioned waiting times said they had experienced delays. Patients described waiting up to four hours in orthopaedic clinics and seven hours at the Accident and Emergency Department.

*I've been here three times and I always have to wait a long time to be seen by the doctor or the nurse.* (Orthopaedics Department)

*The waiting time really varies. Sometimes it may take up to an hour, or sometimes very fast.* (Orthopaedics Department)

That said, approximately one-third of people who commented on waiting times said they were satisfied with the waiting times.

### Environment

People taking part in our study commended the hospital for providing a high standard of cleanliness and comfort. Patients said that waiting rooms were neat, clean and tidy, which is particularly reassuring when people are having to wait for a long time.

**I've been here three times and I always have to wait a long time to be seen by the doctor or the nurse.**

(Orthopaedics Department)



***The environment is very clean and tidy.*** (Orthopaedics Department)

***Waiting area is bit small, but very neat and clean.*** (Accident and Emergency Department)

***Clean and pleasant waiting area.*** (Treatment Centre)

However, some patients attending the Accident and Emergency and Orthopaedics departments said that the seating in waiting areas was limited and uncomfortable. Others said that these waiting areas were too small, and that people regularly had to stand, or sit on the floor, because of overcrowding.

***Normally too busy in the waiting area, not enough seats.*** (Orthopaedics Department)

Most patients who mentioned the waiting room environment said that refreshments were easily available.

***Offered water and tea and now waiting in this nice area.*** (Accident and Emergency Department)

***It's easy and convenient to get refreshments.*** (Orthopaedics Department)

Not all patients attend the hospital fully prepared for long waits, so they may not always have money on them to buy refreshments, or they may fear missing their turn if they go elsewhere to find something to eat or drink.

***I have been offered refreshments in the Breast Unit, but not here. Even if you wait for hours no food is offered. There are no sandwiches in the machine. They should offer you food and drink or have a porter to help. You can't even leave to go buy food or go to the loo because you miss your spot*** (Orthopaedics Department)

## **Accessibility**

Two people with a visual impairment told us that they struggled to find their way around the hospital site, because the signage is not satisfactory: the print too small, and signs too high up.

***Signage is not good for me because I cannot see and I have to ask, but it is good for others.***  
(Accident and Emergency Department)

Although we did not ask people about parking specifically, we considered this under accessibility because several patients told us about this. Many patients highlighted difficulties in parking on the hospital site and said that the parking charges were high. As many patients are required to attend multiple appointments as part of their treatment plan, this is causing hardship for many. It is made worse when clinics run over.

***Parking is costly with poor availability.*** (Accident and Emergency Department)

***Parking is terribly expensive. For an appointment lasting 10 minutes, it usually takes three hours from arriving at the hospital to leaving it.*** (Orthopaedics Department)

## **Communication**

Patients greatly appreciate the high standard of customer service provided by staff. This positive finding was identified throughout the hospital, with the majority of patients describing staff as supportive, helpful and polite.

***Staff were extremely helpful. We have always been satisfied. The nurses offer a lot of help.***  
(Ophthalmology Department)

*Staff were amazing with our little boy.* (Paediatrics/Children's Department)

*The support provided so far is of a high standard.* (Accident and Emergency Department)

However, communication about the reasons for delays was less highly rated by the patients we spoke with. Patients said they were not told on arrival that clinics were running behind, or why, or given an estimate of when they might be seen.

*No information is provided on how long we have to wait.* (Orthopaedics Department)

*An hour's delay to appointment but there was no communication. I had to be rushed here by my daughter who had another appointment. If I had been told, I would have taken my time. No liaison with patients. We already have many other worries and this compounds it. There was an elderly lady who was very distressed about the wait. I could have let her go before me but my daughter also had to go home.* (Ophthalmology Department)

*Lack of information re waiting times makes it worse.* (Accident and Emergency Department)

Communication with administrative staff was subject to some negative feedback. Patients said that the management of appointments and referrals needs to be better. Some people said they had received appointment letters in error, and another patient told us that her medical notes went missing.

*They sent me a letter for an appointment today but I think it's a mistake because I had an appointment and a scan last week. Already received feedback. I hope it's not a mistake because it means I have wasted my money to come here.*

(Accident and Emergency Department)



**No information is provided on how long we have to wait.**  
(Orthopaedics Department)

*The communication between departments is very poor. The referral system is not working. I wasted two visits here for nothing.* (Orthopaedics Department)

*My GP was told that she needs to make another referral. My doctor wrote one and the doctor at Good Hope just filed it. No notification that they wouldn't do it despite referral from GP... each time I visit we start anew, as if they don't know us.* (Outpatients Department)

## Dignity and respect

As part of our study, we spoke to five people with a visual impairment. Two told us that staff are not always aware that they have a visual impairment and therefore do not always cater for their needs. Patients said that they also struggled to find their way around busy waiting rooms and were not always helped to find the correct consultation room once their name had been called. This feedback related specifically to the Accident and Emergency Department. It made patients feel anxious and vulnerable.

***Staff are not made aware that you can't see. Staff tell you to sit down, but don't help you.***  
(Accident and Emergency Department)

***I did not feel that staff understood or paid attention to my needs***  
(Accident and Emergency Department)

However, three other people found the support from hospital staff to be good: .

***Staff are very helpful: they directed me to the clinic.*** (X-Ray Department)

***Very knowledgeable about my needs - couldn't wish for better help!*** (Oncology Department)

Patients attending the ENT and orthopaedics departments said they could not hear when their name was being called. They said this increased stress and anxiety, and made them feel isolated.

***If there is background noise, I can't hear very well, especially when they are talking. My hearing is getting worse and have to read people's lips. When I come in, they don't ask me if I have problems with my hearing. Something visual would be better. If I had a number I can then check and see when I come in.*** (ENT Department)

***I can't hear very well so have to sit strategically to be able to hear my name called. A screen would help.*** (Orthopaedics Department)

We received comments on the use of British Sign Language (BSL) interpreters. Experiences varied. One patient, who is deaf, told us she had been refused a BSL interpreter, leaving her unable to communicate with hospital staff.

***I asked for a British Sign Language interpreter. Hospital did not book interpreter and said they will not pay for it. How can I communicate with the hospital if I do not have an interpreter? I am in the waiting room now and they are calling out names but I don't know if they are calling me or not.*** (Outpatients Department)

Patients with a hearing impairment, including deafness, complained that their independence and confidentiality were not being respected because all referrals for interpretation services have to be made by telephone. This left people reliant on relatives or friends to book an interpreter on their behalf.

***Managed well by the hospital as the interpreter turned up on time. Only drawback is the booking system. I am required to book the interpreter and am completely dependent on friends and family to do this. As it can take ages to get through, I feel I am exploiting my relationships and also my privacy is significantly reduced. I used to book my own appointments via Typetalk, but this is no longer used by the NHS, which has caused me to lose my independence and privacy.*** (X-Ray Department)

However, two other patients with a hearing impairment highly commended staff for their professional handling of their needs, including the provision of a BSL interpreter. This variability in access needs to be addressed.

# Summary

Many of the patients who took part in this study were happy with the support and care being provided at Good Hope Hospital, particularly those attending the Treatment Centre.

*Doctors and nurses are the best and they try to help as much as they can.* (Treatment Centre)

*Without their help I would be dead. They are doing great job. Doctors and nurses are very good.* (Treatment Centre)

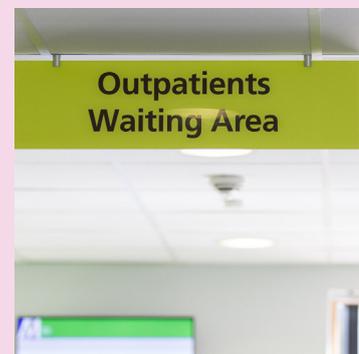
*If the doctor is taking time with patients, then it's worth the wait* (Treatment Centre)

## Case study

A woman, aged over 80+ years and who has a visual impairment, attended an outpatient appointment. She felt that the waiting room met her needs, and that nothing needed improving. She said that staff were knowledgeable and supportive of her needs.

*They are very helpful and kind. They have looked after me well all the time. I owe them a big thank you.*

(Outpatients Department).



She told us that the department had informed her it was time for her appointment by having a staff member provide direct support. She said that all the communication they had with her met her needs.

On the other hand, we did find that some patients experienced long delays, particularly in the Accident and Emergency Department. People with specific needs, such as those with hearing or visual impairment or those who use a wheelchair, did not always get the support they needed, for example in finding their way around or obtaining interpretation services.



# Recommendations

## Based on the feedback from service users, Healthwatch Birmingham recommends that the trust:



Reviews the management of appointments for clinics that have consistently long running times, to make sure they are being run in the most efficient manner possible



Works with patients to identify the areas where signage is most crucial and uses this feedback to draw up an action plan to improve the quality of signage to meet a range of patient needs



Undertakes a review of electronic signage across the hospital and considers using a similar electronic system, as used in The Royal Orthopaedic Hospital, to keep patients up to date with waiting times and which room they need to go to



Undertakes a full review of medical notes to ensure that people's individual communication preferences are up to date



Reviews systems for allocating appointments and the transferring of patient files and develops an improvement plan to address deficiencies identified



Provides appropriate, understandable and accessible ways for people to independently book interpreters, including BSL interpreters, relay speakers or lip speakers. When communication needs are identified, this is recorded on patient's notes and automatically booked for subsequent visits (dependent on communication preferences)



Ensures that staff collect patients who are visually impaired in order to guide them to their appointments



Ensures that staff undertake customer service and disability awareness training annually, and that this is reviewed regularly to ensure staff have appropriate support and training to meet patients' needs and rights



Works directly with people with hearing impairments to develop an information card (see example in endnote7) that can be used to support Trust staff to identify people's specific needs

**NHS trusts should work with service user organisations, with those with disabilities, impairment or sensory loss, to understand what actions need to be taken to improve people's experiences of waiting areas. Working in collaboration in this way will ensure actions are patient-centred and meaningful, and will make a difference.**

**In six months time, Healthwatch Birmingham will track the progress of these improvements, requesting an update from the Trust which evaluates the specific changes made to improve patient's experiences of waiting rooms.**

# Trust's Response

## University Hospitals Birmingham (UHB) NHS Foundation Trust Response

Detailed in the table is the response we received to the individual recommendations in our report for all three UHB hospital sites in Birmingham. Detailed in the table is the evidence Healthwatch Birmingham is requesting from the Trust for inclusion in our six-month follow up report.

Recommendations based on issues heard	UHB response	Healthwatch Birmingham will request the following information, for inclusion in our six-month follow-up report.
<p>Works with patients to identify the areas where signage is most crucial and uses this feedback to draw up an action plan to improve the quality of signage to meet a range of patient needs.</p>	<p>A review of outpatient signage is underway at the Queen Elizabeth Hospital Birmingham site, where feedback has been gained from patients around what works for them and where they think improvements could be made. Actions are underway and learning will be shared across all of our sites.</p>	<p>Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust.</p> <p>Current patient feedback heard by the Trust that demonstrates that the issue of patients being unable to navigate the hospital has been resolved.</p>
<p>Undertakes a review of electronic signage across the hospital and considers using a similar electronic system as used in The Royal Orthopaedic Hospital to keep patients up to date with waiting times and which room they need to go to.</p>	<p>This recommendation will be reviewed against our current practice to see if improvements can be made.</p>	<p>Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust.</p> <p>Current patient feedback heard by the Trust that demonstrates that the issue that patients are not kept up to date with waiting times has been resolved.</p>
<p>Offers patients with a hearing impairment a buzzer, or equivalent mechanism, so that they know when it is their turn to be seen.</p>	<p>We recently held an awareness session on visual and hearing impairment for lay members of our Patient, Carer and Community Councils as they can help us to identify good practice or areas from improvement during their visits to wards and departments.</p> <p>This recommendation will be reviewed against our current practice to see if improvements can be made.</p>	<p>Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust.</p> <p>Current patient feedback heard by the Trust that demonstrates that the issue that some patients with a hearing impairment are unable to know when it's their turn to be seen has been resolved.</p>

<p>Ensure that staff undertake customer service and disability awareness training annually, and that this is reviewed regularly to ensure staff have appropriate support and training to meet patients' needs and rights (ensuring that BSL interpreters are promoted to all who require them).</p>	<p>We recently held an awareness session on visual and hearing impairment for lay members of our Patient, Carer and Community Councils as they can help us to identify good practice or areas from improvement during their visits to wards and departments.</p> <p>Staff also have access to training but this is not mandatory, we will review the current situation and include any actions in our action plan.</p>	<p>Feedback from patients regarding whether their information and/or communication needs are met. And, if not, actions the trust has taken to meet these needs in line with the Accessible Information Standard.</p>
<p>Identify, record, flag, share and meet the information and / or communication needs of patients and service users - and where appropriate their carers or parents - in line with the Accessible Information Standard.</p>	<p>Work continues in ensuring that the Accessible Information Standard becomes fully embedded to ensure that we are fully aware of our patients' communication needs.</p>	<p>Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust.</p> <p>Current patient feedback heard by the Trust that demonstrates that the issue of consistently long clinic running times has been resolved.</p>
<p>Provides appropriate, understandable and accessible ways for people to independently book interpreters, including BSL interpreters, relay speakers or lip speakers. When communication needs are identified, this is recorded on patient's notes and interpreters automatically booked for subsequent visits (dependent on communication preferences).</p>	<p>This recommendation will be reviewed against our current practice to see if improvements can be made.</p>	<p>Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust.</p> <p>Current patient feedback heard by the Trust that demonstrates that the issues experienced by patients requiring an interpreter have been resolved.</p>
<p>Should work directly with people with hearing impairments to develop an information card that can be used to support Trust staff to identify peoples specific needs.<sup>7</sup></p>	<p>During our recent workshop with BID Services they showed us a card similar to this that is available in Birmingham. We will work with BID to see if we can promote this within our hospital sites.</p>	<p>Details of the work with BID to see if an information card for people with hearing impairments can be promoted within hospital sites.</p>

<p>Provides fresh drinking water which is readily available to all patients, and displays clear signposting to refreshments and toilets.</p>	<p>Fresh drinking water and signage to refreshments and toilets is largely available, however we will review any gaps identified.</p>	<p>Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust.</p> <p>Current patient feedback heard by the Trust that demonstrates that the issue directing patients to refreshments and toilets has been resolved.</p>
<p>Allocates a staff member or volunteer on each shift with a specific brief to monitor the food and hydration needs of vulnerable people, such as elderly people, children and people with disabilities.</p>	<p>This recommendation will be reviewed against our current practice to see if improvements can be made.</p>	<p>Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust.</p> <p>Evidence that there is a staff member or volunteer on each shift with a specific brief to monitor the food and hydration needs of vulnerable people, such as elderly people, children and people with disabilities.</p>
<p>Ensures that staff collect patients who are visually impaired in order to guide them to their appointments.</p>	<p>This recommendation will be reviewed against our current practice to see if improvements can be made.</p>	<p>Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust.</p> <p>Current patient feedback heard by the Trust that demonstrates that the issue of not guiding patients with a visual impairment to appointments has been resolved.</p>
<p>Ensures that all patients who need a BSL interpreter are given priority so that they attend their appointments on time, meaning that booked BSL interpreters can support patients for the whole consultation, even if clinics over run.</p>	<p>This recommendation will be reviewed against our current practice to see if improvements can be made.</p>	<p>Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust.</p> <p>Current patient feedback heard by the Trust that demonstrates that the issue that BSL interpreters are not always available for the whole of the consultation, even when clinics overrun, has been resolved.</p>

Tracks the quality of interpreter provision.	This recommendation will be reviewed against our current practice to see if improvements can be made.	Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust.  Current patient feedback heard by the Trust that demonstrates that the issues around interpretation services have been resolved.
Reviews the management of appointments for clinics that have consistently long running times, to make sure they are being run in the most efficient manner possible.	This recommendation will be reviewed against our current practice to see if improvements can be made.	Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust.  Current patient feedback heard by the Trust that demonstrates that the issue of clinic running times has been resolved.

## Good Hope Hospital

<b>Recommendations based on issues heard</b>	<b>UHB response</b>	<b>Healthwatch Birmingham will request the following information, for inclusion in our six-month follow-up report.</b>
Undertakes a full review of medical notes to ensure that people's individual communication preferences are up to date.	Work continues in ensuring that the Accessible Information Standard becomes fully embedded to ensure that we are fully aware of our patients' communication needs.	Feedback from patients regarding whether their information and/or communication needs are met. And, if not, actions the trust has taken to meet these needs in line with the Accessible Information Standard.
Reviews systems for allocating appointments and the transferring of patient files and develops an improvement plan to address deficiencies identified	This recommendation will be reviewed to ascertain if there is an issue.	Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust.  Current patient feedback heard by the Trust that demonstrates whether this is an issue, and if so that it has been resolved.

# References and Endnotes

- <sup>1</sup>Leather, P., Beale, D., Santos, A., Watts, J. and Lee, L. (2003). Outcomes of environmental appraisal of different hospital waiting areas. *Environment and Behavior* 35(6), pp. 842-869.
- <sup>2</sup>Ortega-Andeane, P. and Estrada-Rodriguez, C. (2008). 'Environmental evaluation of hospital waiting rooms: Relationships of psychoenvironmental variables'. Proceedings of the Environmental Design Research Association (EDRA) 39, 28 May-1 June 2008, Veracruz, Mexico.
- <sup>3</sup>Yoon, J. and Sonneveld, M. (2010). 'Anxiety of patients in the waiting room of the emergency department'. Proceedings of the fourth international conference on tangible, embedded, and embodied interaction, 24-27 January 2010, Cambridge, Massachusetts.
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- <sup>5</sup>Department of Health (2005). 'Now I feel tall' *What a patient-led NHS feels like: Best Practice Guidance*, p. 5. London: Department of Health. At [https://webarchive.nationalarchives.gov.uk/20130123205405/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4124475](https://webarchive.nationalarchives.gov.uk/20130123205405/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4124475)
- <sup>6</sup>Accessible Information Standard: Overview 2017/18. At [www.england.nhs.uk/publication/accessible-information-standard-overview-20172018/](http://www.england.nhs.uk/publication/accessible-information-standard-overview-20172018/)
- <sup>7</sup>A focus group member told us: In Gloucester they have a card which you show to the hospital that explains that you are deaf and living with a hearing disability (deafPLUS focus group member).
- The deaf communication card is a result of partnership working between a local deaf charity, Gloucestershire Deaf Association (GDA) and Gloucestershire Hospitals NHS Foundation Trust to create the cards for deaf patients whose first language is British Sign Language (BSL). The plastic cards help identify patients immediately as deaf and that communication support is needed. It also includes details for the GDA 24-hour-a-day contact line, to help medical staff know how to book a BSL interpreter.
- Within these focus groups Healthwatch Birmingham heard first-hand how beneficial deaf people would find such a system as this. They were passionate about the benefits of NHS services investing in awareness and training to ensure staff are disability aware and can communicate effectively with those with a visual or sight impairment.

**healthwatch**  
Birmingham

**Healthwatch Birmingham would like to thank the Trusts, patients and community and voluntary organisations for their participation and involvement in this investigation.**

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