Emergency department bottleneck proposal

Emergency Department Bottleneck Proposal Introduction A twenty bed Emergency Department (ED) functions in the Middletown hospital. The hospital averages an intake of about one hundred patients everyday. A quality issue in terms delay in care provision and poor care in the emergency issue has emerged. Initial evaluation of the cause of the care indicates that the problem essentially occurs between 6. 00 pm and 10. 00 pm, when there is peak inflow into the ED and all other services in the hospital are in their after-hours mode. The CEO has called for the creation of a Sigma team to identify the root cause of the problem, develop a plan to overcome the problem and lead the changes in functioning that will be required by the plan.

Plan

The causes of the problem are two fold. The first is that the inflow of patients into the ED is not evenly spaced throughout the day and occurs as a rush during fours in the late evening and night. No plan can be created for changing the pattern of inflow of patients into the ED, as they occur as naturally. The second is that during the peak flow of patients into the ED, the services that are required to provide support for the ED in the provision of timely and quality care are functioning at their minimal ability, since they are in the after-hours mode. This is the cause that the sigma team to address in overcoming the problem.

Practical barriers to receiving quality care in an ED is dependent on two key factors of access to service at the ED and the availability of the services required support services either in the ED or immediately accessible (Rust et al, 2008). Overcoming these barriers to quality service calls for consideration of the types of patients and the emergencies and the resources at the ED

(Frush, 2007). The essential problem in quality care in an ED is the mismatch in the demand and supply of resources at the ED. From the perspective of the patient seamless provision of care from the time of arrival at the ED is the quality of service expected. The first step is this direction is preventing diversion of ambulances to the ED, which will reduce the overcrowding at the ED (Stokowski, 2007).

The next step consists in organizing the ED into three separate areas to attend to areas to attend to medical problems, surgical problems and Urgent care area for triaging of patients. Staffing of the ED is the next issue. Since the ED peaks between 6. 00 pm and 10. 00 pm specialist services in the required different branches of medicine will be available. In addition the number of interns or residents at the ED will peak during this period of demand in services. Specialist services in the ED will be on call during the other times of the day and the number of interns or residents will be reduced to provide skeleton service at the ED. In a similar manner nursing professional staff strength and expertise will peak during the 6. 00 pm to 10. 00 pm and will be reduced during the rest of the day. In the wards and critical care units staffing will be increased during the peak period of the emergencies to ensure swift transfer of patients to these facilities. Imaging, laboratory and pharmacy facilities will be strengthened appropriately to handle the peak period of the ED. The final step will be diversion of ambulances should the ED be overfull with patients at any time in spite of the increased resources support to the ED to reduce the pressure of demand (Sadock et al, 2007).

Conclusion

The change planned by the sigma team is to first augment the staffing

resources at ED during the peak period and reducing the staffing during other times. This increase in resources at the ED will also be complimented with availability of additional resources at the wards and intensive care units and imaging, laboratory and pharmacy facilities in the hospital.

Literary References

Frush, K. (2007). Preparation for emergencies in the offices of pediatricians and pediatric primary care providers. Pediatrics, 120(1), 200-212.

Rust, G., Ye, J., Baltus, P., Daniels, E., Adesunloye, B. & Fryer, G. E. (2008). Practical barriers to timely primary care access: impact on adult use of emergency department services. Archives of Internal Medicine, 168(15), 1705-1710.

Sadock, J., Arnhjort, P., Malmquist, N. & Aujalay, N. (2007). Emergency Medicine in Sweden, American Academy of Emergency Medicine, 14(3), 16-17.

Stokowski, L. (2007). Emergency Department Crowding: More Than Just a Longer Wait. Retrieved December 20, 2009, from, Medscape Nurses Available at: http://www. medscape. com/viewarticle/554196