

# Critical thinking on hamad medical corporation

[Health & Medicine](#), [Nursing](#)



## **Hamad General Hospital**

Emergency Department

Observation on our Emergency Department

Points of possible improvement

### INTRODUCTION

I am presenting this document in a preliminary format of possible a larger one which could contain an extensive observation I have worked as a physician in the last 2 years in the department of emergency at Hamad General Hospital. I have noticed that the hospital administration has emphasized a great deal of weight on improvement of the working standards and condition. The hospital has in the recent trying to fall in the right path in order to acquire the JCI accreditation.

I am forwarding these observations of key areas in the emergency department that could be improved as part of the general process of the hospital to improve its quality of care. As a physician who is constantly in direct contact with the daily routine of the department, I would wish certain changes to be made in order to make the work environment better for both the health workers and the patients.

I have provided here samples of some of the areas in the emergency department that ought to be improved by stating the problem, offering a solution and the results expected after instilling solutions to place. All the listed problems mentioned here is what all physicians and nurses commonly witness, whereas the solutions offered are deemed of higher importance in case immediate improvement needs to be done. I believe the results of instilling such solutions in the emergency department would be remarkable

and lead to improvement of quality of care.

If this approach, proposed to you may be found acceptable, then I will be ready to expound on others and offer possible practical solutions. I am willing to offer the solutions and see it implemented through formation of a committee and take full responsibility.

I am a strong believer of change when the outcomes contribute positively towards the improvement of quality of care provided to our esteemed patients.

- Patient's Tracking System

### **The problem:**

There is nobody in the department that uses the patient's track board. Lack of using the tracking system often results to a chaotic scenario when dealing with the arrival of patients in the examination area. Many patients often end up frustrated and angered by the way things are done in the department.

### **The suggested solution:**

Emphasis on the use of the patient's tracking board could be implemented in the department. The first 2 to 4 slots should always be kept empty at all times and only be filled with the examination area card number of patients that have been given priority because of severe pain or complaints that need to be addressed urgently by a physician regardless of their arrival time.

### **Result:**

The patient can always be assured that they are observed on time depending on their arrival order. The patients themselves will adhere and behave themselves when the physician first sees those with severe pain

before the rest. These will ensure that the real emergency cases are observed first before the rest.

- Bed unavailability:

### **The problem:**

In a normal busy day, quite a lot of patients arrive in severe pain or states that require them to be placed on beds to rest or for immediate examinations. Due to bed unavailability at the department, some patients usually remain writhing in pain the hall way. This provides a bad image about the department and creates an impression of the inability of it not ready to face major challenges, not alone minor ones.

### **The suggested solution:**

One or 2 beds can always be kept empty and readily available to such sick patients when they arrive. Upon the use of those beds, a second process to initiate emptying of another bed should be underway to ensure empty beds are always available.

### **Result:**

Sick patients will always find a place to be seen and examined and will never be waiting or standing in the hall way writhing in pain. It will also reflect well on the department's image and hospital in general.

- Triage System

### **The problem:**

The department usually lacks an organized triage system. Many times we found ourselves seeing several patients with trivial complaints or non urgent

ones to find out that the next patient should have already been allowed in or seen before those patients who needed first priority. Those patients could have arrived almost at the same time or with a few minutes difference.

### **The solution:**

Instituting a triage system or reviewing the existing one in order to ensure that patients are seen first based on priority and the nature of complaints they present with and finally on the basis of arrival time. The triage system should be a continuous process, starting from the registration desk, while waiting to be called, while placing on examination area and till discharge. Specific nurses should be assigned to an area in order to ensure the triage process is continuous. The doctors or the consultants should also be able to carry out a quick triage from there. The triage process should regularly be done or prompted after every hour or two.

- Nursing Part

#### 4. 1

Nurses are doing a great job, but need to fine tune some points in their practice in order for them to help more in facilitating the work in the department.

### **The problem:**

Many nurses do not ask the patients about their main complaints or do not do a rapid assessment including taking the vital signs of the assigned patient until the physician orders them to do so. This results in patient's condition assessment delay and possibly late attendance by a physician due to the presence of many patients being observed.

**The solution:**

The patient should always be asked about their main complaints and their vital signs taken in order to initiate first assessment by the assigned nurse. The patient's record should also be kept in the patient's tracking board and prioritized. If necessary, it should be kept based on time of arrival.

4. 2

**The problem:**

Nurses informing doctors in urgent areas or bay1 regarding new cases to be seen or cases that need reassessment often happens to interrupt the physician while he or she is examining another patient. Most of the time, the nurses assume the physician may not have gotten the message when they note some delay, which again they send another nurse. The act of them constantly interrupting examination of patients often result in chaos and unnecessary double work.

**Solution:**

Creating a tracking system in the urgent areas and RR, with columns for “ new patients” and another one for “ need reassessment” and possibly expanding to “ referred” and “ bedding admission” in order to know how the room is utilized at each single moment. Physicians will be able to know easily as who is to be seen and who is ready to be reassessed.

**Result:**

I think this will result to more organization and smooth passage of information about patients' status without interrupting physicians or doubling work of nurses.