

Adverse trends in the emergency department essay sample

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



It is no secret that the wait times and length of stay for patient's within the Emergency Department (ED) has steadily increased over the past several years. With that, comes adverse events affecting all patients alike. According to Weston (2013), " Falls and delays to treatment are the major contributors to serious and sentinel events" (pg. 33). Data collection has now been utilized to capture these delays in hopes of finding cause and solutions. This paper will take us step-by-step through the triage process and data collection which is aimed at decreasing delay times and improving patient satisfaction. Nurse First

Some time ago the current triage process was for a patient to present to registration with a complaint, which was then transcribed onto a piece of paper, after such the patient was instructed to have a seat and wait for the triage nurse to call their name. Not the most efficient process, not to mention patients felt like their emergency was unimportant. To improve on this process, time stamped data is collected concerning time patient checked into the ED, time patient was triaged, to time patient was placed in a treatment room. Using Excel, a general computer program a formula was developed to provide time percentages. This method is simple and cost effective while producing accurate data. Time interval metrics are better understood when evaluating time stamps/time intervals of a typical ED stay (Welch, 2012). After an adequate amount of data was collected the " Nurse First" pilot was implemented.

In other words, a patient, when entering the ED, are immediately greeted by a registered nurse (RN), with a rapid triage assessment instantaneously

being completed. Once triaged the RN could quickly identify this patient's acuity determining the level of care required. Again, time stamped data was collected, entered and reviewed. Up to an average of 20 minutes was decreased for the initial length of stay. Welch (2013), discusses how the first step in decreasing waiting times is to create an ED intake process that assesses patients efficiently and sends them to the appropriate area within the department (pg. 28). With the use of data collection, a simple software application, along with a comprehensive review and evaluation; this system has indeed been changed for the better. Have you seen my doctor?

The next step in evaluating treatment delays is acknowledging when the ED provider assumes care of a particular patient. This information is collected via the Emergency Department Information System (EDIS). This highly advanced computer software integrates physician and nursing care, along with lab and radiology test results. When a provider assumes responsibility he or she electronically places his imprinted initials on the EDIS board.

Arrival-to-provider time (a. k. a. " door-to-doc time"): is the arrival time to provider contact time (Welch, 2013). Again this provides a time stamp, which allows administrators to produce reports. These reports can be generalized to state how many patients a provider has seen that tour or be very specific in determining elapsed time to disposition. According to Welch (2013), " A number of metrics appear in the emergency medicine literature and are used by healthcare leaders as markers for quality and performance. In addition, a number of measures reported as percentages or rates have been used to capture elements of performance in the ED" (pg. 38). With technological

advances such as these, this data collection task has been made readily available and user-friendly.

Setting up Roots

Sometimes it seems that the patient has been within the ED so long, the familiar southern phrase “ he’s setting up roots” is spoken. This is where the final step of data collection occurs. The “ Length of Stay” worksheet is well known to ED charge nurses. This worksheet can either be on an actual piece of paper or inserted into a word document on a facility computer. ED length of stay (LOS): is a recap of times and events that occurred during the patient’s arrival time to the departure time (Welch, 2013). According to Wiler, Handel, Ginde, Aronsky, Genes, Hackman, & Fu (2012) “

Prolonged emergency department (ED) length of stay (LOS) is linked to adverse outcomes, decreased patient satisfaction, and ED crowding. Once this data is collected it is reviewed by nursing management then provided to medical facility administration. This is where specialty services, inpatient wards, along with chief of staff can brainstorm to develop processes directly related to each patient. More brains are better than one when patient safety and satisfaction are at the forefront. Conclusion

Whether it is triage times, door-to-doc or length of stay, adverse effects happen. “ It may be that the higher-volume ED is simply trying to manage so many patients and tasks and so much information that systems and processes break down” (Welch, 2013). Regardless the reason, the determination to fix it is there. Numbers do not lie, and when data is collected patterns can be identified and solutions implemented. So together

hand in hand with technology, those who care for patients can continue to improve each day, each shift, each patient.

Resources

Welch, S. J., M. D. (2012). Using data to drive emergency department design: A metasynthesis. *HERD : Health Environments Research & Design Journal*, 5(3), 26-45. Retrieved from <http://search.proquest.com/docview/1237095725?accountid=458>

Weston, K. (2013). FALLS AND TREATMENT DELAYS MAJOR CAUSES OF ADVERSE EVENTS. *Kai Tiaki : Nursing New Zealand*, 18(11), 33. Retrieved from <http://search.proquest.com/docview/1268828188?accountid=458>

Wiler, J. L., Handel, D. A., Ginde, A. A., Aronsky, D., Genes, N. G., Hackman, J. L., . . . Fu, R. (2012). Predictors of patient length of stay in 9 emergency departments. *The American Journal of Emergency Medicine*, 30(9), 1860-4. doi: <http://dx.doi.org/10.1016/j.ajem.2012.03.028>