A STUDY ON QUALITY OF SERVICES AT EMERGENCY DEPARTMENT OF NIVIK NEURO TRAUMA & MULTISPECIALITY HOSPITAL, JAIPUR

Presented by VARSHA SHARMA
MBA HOSPITAL AND HEALTH Management,
Roll no: 1440
faculty guide: DR.P.R. SODANI
industry guide: DR.SHIVA AGARWAL

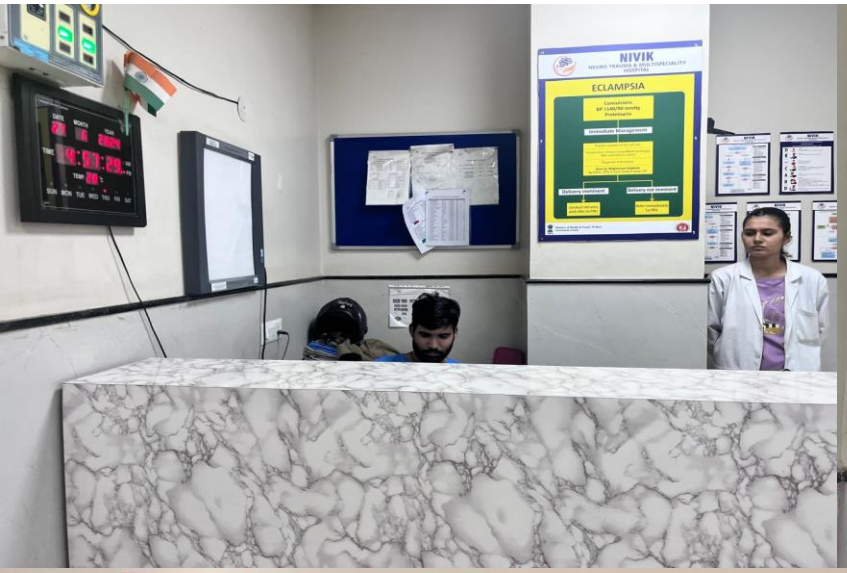
IIHMR UNIVERSITY

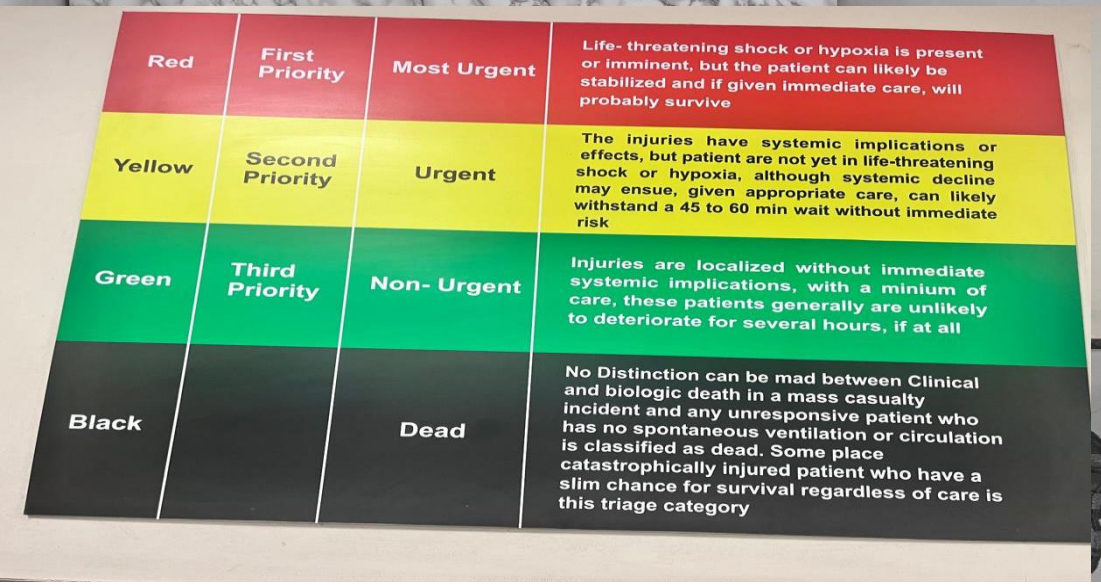
TABLE OF CONTENTS

INTRODUCTION

- Being the face of a hospital, the emergency department should ensure that the entire process of patient care is smooth without any reasons for delay. The Emergency Department in a Hospital is the first point of Contact for a Patient seeking acute care at a hospital. Emergency Department plays a crucial role in ensuring People's Health and saving lives in disasters and accidents. Considering the importance of Emergency Departments in Healthcare System and the high mortality rate of patients referred to these departments, it is crucial to provide Quality Services in Emergency Departments, with the aim to encourage healthcare Organization to join quality Journey.
- The Department of Emergency at NIVIK Hospital provides round the clock emergency services to patients arriving at the facility without prior appointment; either by their own means or by an ambulance.
- The department is easily accessible to patients owing to its strategic location on the ground floor closer to the main entry of the hospital.
- The Emergency department or the ER here has a total of four beds color coded according to the severity of the patient's condition.
- One Bed- Yellow
- One Bed- Red
- One Bed- Green
- One Bed- Black

Signage's and equipment's





Objectives:

(i) To understand the process flow of the Emergency department
(ii) To calculate the Length of Stay (LOS) and the initial assessment time of patients in ER.
(iii) To calculate the time in which consultant responds to calls from ER.
(iv) To identify the reasons for delay in shifting the patient.
(v) To suggest the measures to improve the process cycle of ER.

- **Duration of the study:** 17th March to 18th June 2024

RESEARCH QUESTIONS

What is the average time taken to shift a patient from the emergency department to IPD/Discharge at NIVIK hospital, Jaipur?

How much average time do consultants take to examine patients after receiving a call from ER

What is the average time taken within which the initial completed?

What are the possible reasons for delays, if any?

METHODOLOGY

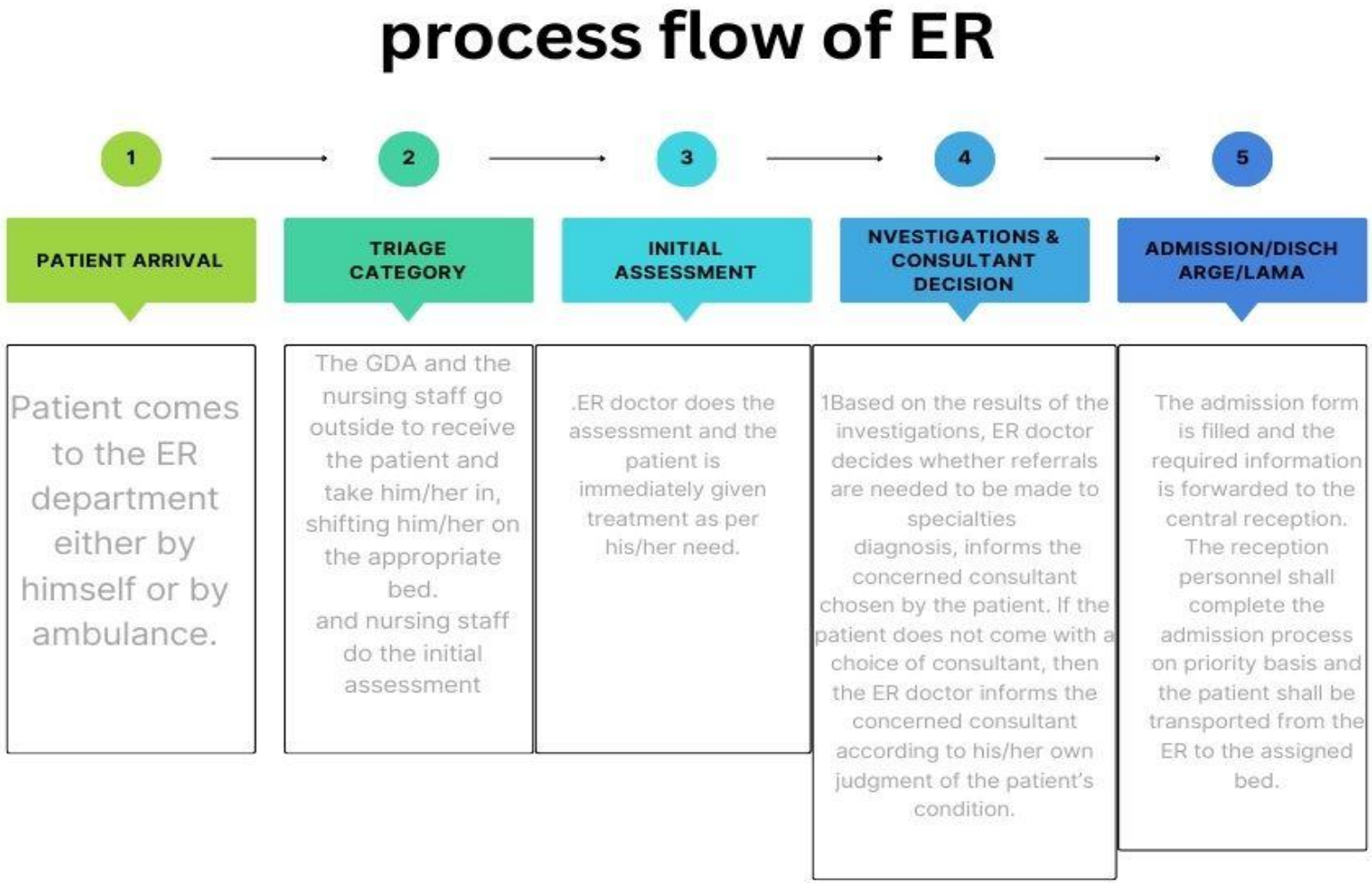
- **Sample Size: 430 Patients**
- **Study type:** Study type: An Observational Study via interviews.
- **Inclusion Criteria: Only** the patients coming between 9:00 a.m. till 3:00 p.m. were considered for the study.
- Both Emergency as well as emergency patients in Day Care were included as part of the study.
- **Exclusion Criteria:** Patients for minor procedures like catheter removal, drip or injection were not a part of the study.
- Patients found dead on arrival were not included.
- **Analysis: Data Collection Method:** Data will be collected using a raw data sheet graphs will be used for the better understanding and clarity.

Quality indicators of emergency department-

- **Time for initial assessment of emergency patients**
- **Definition:** Initial assessment is the evaluation of the health status of a patient by performing a physical examination after taking a health history. The time shall begin from the time the patient has arrived till the time that the initial assessment has been completed.
- **Benchmark:** 15 min

- **Percentage of return to ER within 72 hrs.**
- **Definition:** Any patient who has returned to emergency within 72 hrs. From his first visit to ER for similar complaints is considered as return to ER.
- **Benchmark:** 0.64%

- **Length of stay in emergency**
- **Definition:** Duration for which a patient stays in ER during a particular time period.
- **Benchmark:** 4hrs



PROCESS FLOW OF EMERGENCY DEPARTMENT OF NIVIK HOSPITAL

Results and discussion

Out of total 430 patients, 72% did not stay for more than 4 hours in ER while the stay was delayed for 28% of them. The major reason for delay is non-availability of beds in IPD.

Some doctors took a long time to visit the patient in ER due to other preoccupations.

Other reason for delay were:

The initial assessment time for ER doctors in some cases was found to be more than 15 minutes. This can be because the doctor was busy with a more serious patient in ICU and less manpower.

Shortage of ER doctors.

Communication gaps inter-departmental and intra-departmental.

No separate admission & billing counter in ER even though there is space for it. The attendant has to go to the central reception for admission and billing increasing chaos and time taken for patient treatment.

ER doctors are hesitant in filling lengthy triage forms.

No fall risk signage used or used very rarely.

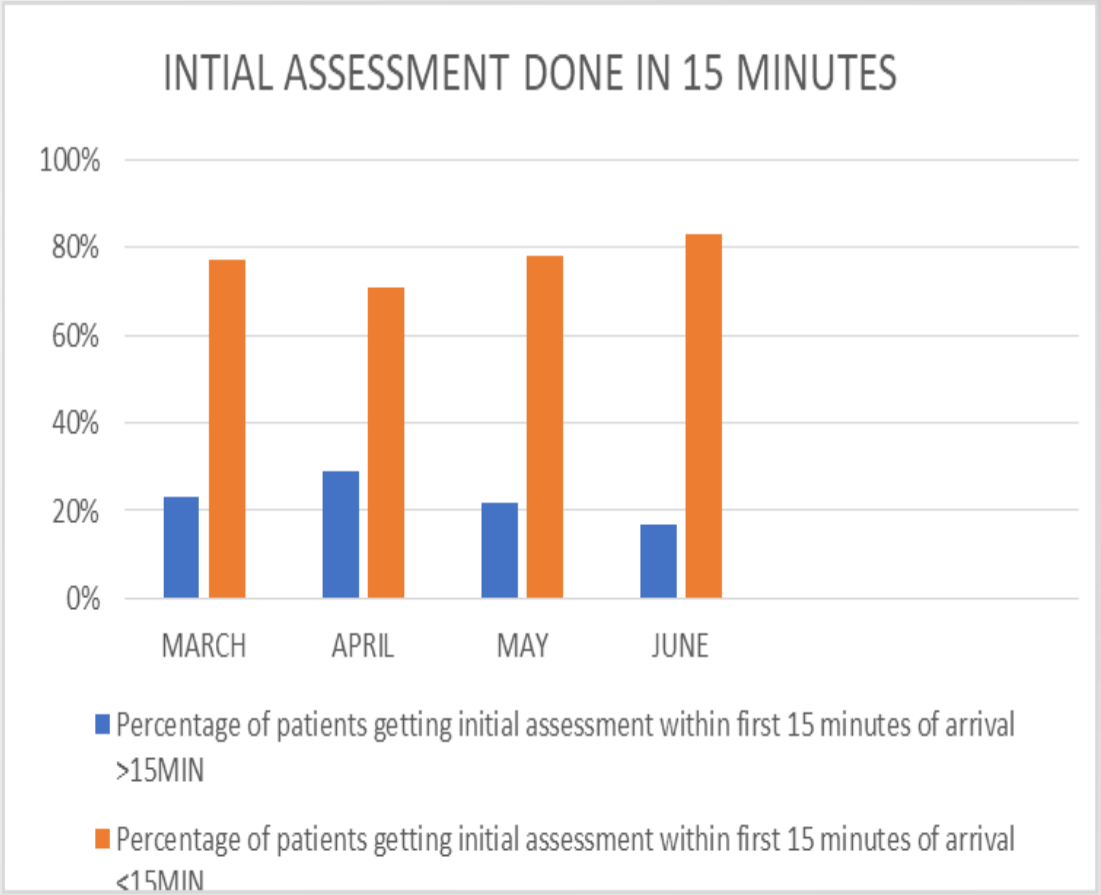
Floor coordinators are mostly unaware about the status of availability of beds. The ER coordinator has to directly call the authorized person in the patient destination to find out if bed is available.

- Continue……

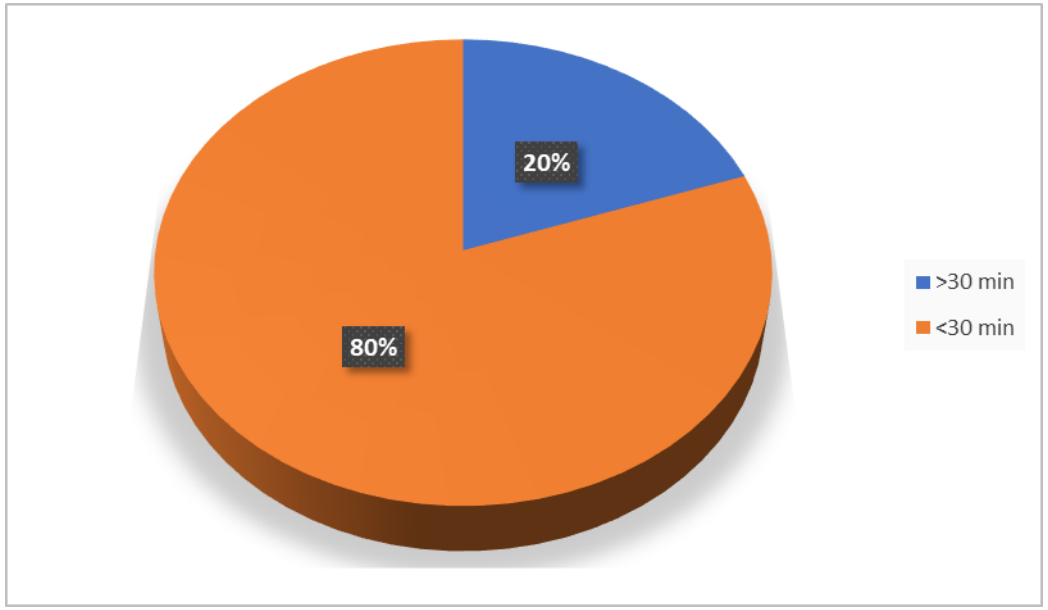
- Even OPD patients come to ER as consultant sends them to start the necessary tests to be done before a surgery. The reason again is unavailability of beds. This creates shortage of beds in ER for actual patients
- Many times, it is observed that the nursing staff doesn’t receive the patients and only GDAs are sent who are unaware of the medical needs of a patient.
- Patients come to ER and get treatment but after getting financial counselling they refuse to get admitted. Financial constraint is a major reason behind patients taking LAMA.
- Waiting for diagnostic test results delays the decision-making process of ER doctors.
- Too many files and registers have to be maintained. A number of forms have to be filled.
- Due to unavailability of proper waiting area for attendants, they have to find a place to sit somewhere else but when they are needed for shifting the patient, it is difficult to find them.

result

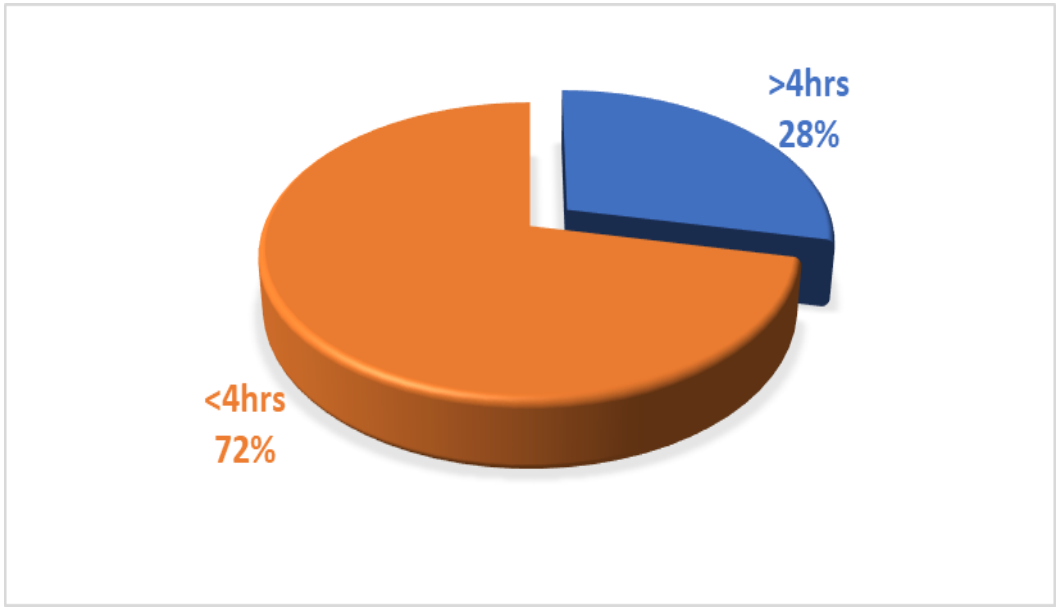
- Percentage of patients getting initial assessment within first 15 minutes of arrival



Percentage Of Patients Who Got Examined By Consultant 30 Minutes After Being Called By ER Doctor



Percentage of patients staying for more than 4 hours & less than 4 hours in ER



RECOMMENDATIONS(1/2):

- Training should be rigorous to improve the soft skills of the ER staff. It is observed that they do not listen to patients who constantly ask for something. All
- female staff should not be allowed to grow their nails to maintain hygiene during patient care.
- Only one person should be authorized to receive calls at the first instance to avoid miscommunication.
- The availability of beds is heavily dependent upon the smoothening of the discharge process. Turnaround Time of 4 hours for cash patients and 6 hours for TPA patients should be maintained.
- Manpower should be increased according to the footfall of patients.
- Regular audits at least once a month to check for delays and identify areas that need improvement.
- ER patients should be given priority in imaging services.
- GDAs do not come on time and leave early. Signatures should be made compulsory and should be allowed to sign only when the next GDAs arrive.
- A separate admissions & billing counter should be made inside the ER.

RECOMMENDATIONS(2/2)

- A guide or guard should stand outside to guide the cars coming with emergency patients.
- Other vehicles should not be allowed to use the path leading to ER.
- One oxygen cylinder should be present outside.
- One small oxygen cylinder should be there on one wheelchair too.
- Nursing & doctor triage form should always be present on every cardiac table so that they don’t look for it when the patient arrives.
- Waiting area should be there for attendants so that they do not go far away to find a place and can be easily called when needed.
- Financial counselling should be done while the patient is being given primary treatment. Validity of TPA card or Bhamashah card should be clarified in the beginning itself.
- Training of doctors and staff should be done about the form, formats and registers present in emergency so that they can keep documents up to date.

REFERENCES

(i) https://www.healthcatalyst.com/insights/emergency-department-quality-improvement-transforming-delivery-care

(ii) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9885566/

(iii) https://www.researchgate.net/publication/330813797_Quality_indicators_to_measure_the_effect_of_opioid_stewardship_interventions_in_hospital_and_emergency_department_settings

Thank You!