

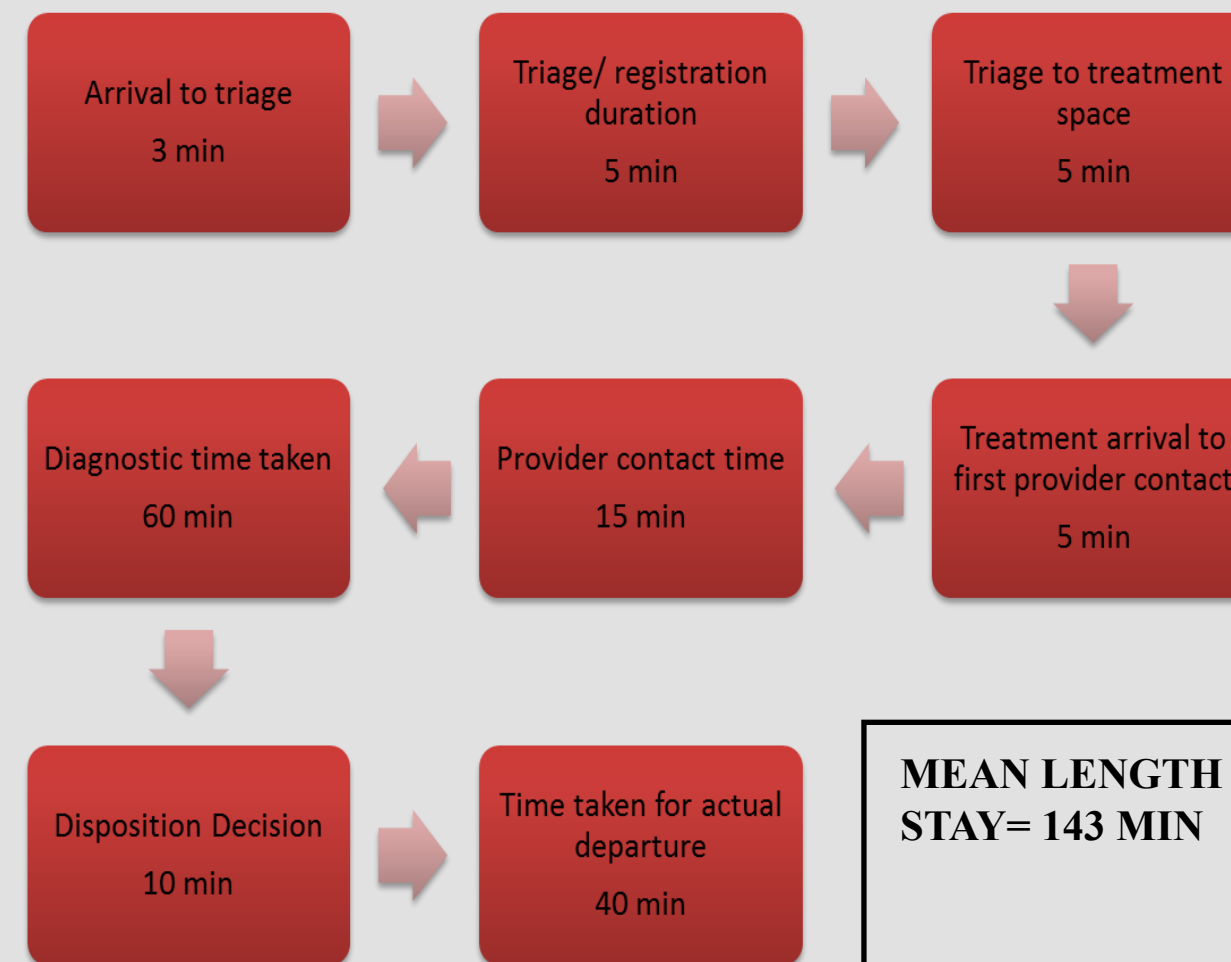
OBJECTIVE:

- To find major causes leading to increase in patient length of stay for more than 2 hours in the emergency department.
- To compare the utilization pattern of emergency services.

METHODOLOGY:

- Study type: Descriptive
- Sampling frame: Emergency department, Zydus hospitals, Ahmedabad
- Duration-8th May'17-27th May'17
- Sample size:100
- Sampling Method: Convenience Sampling
- Data Collection: Observation
- Data Analysis: MS Excel

STEP ANALYSIS OF LENGTH OF STAY:

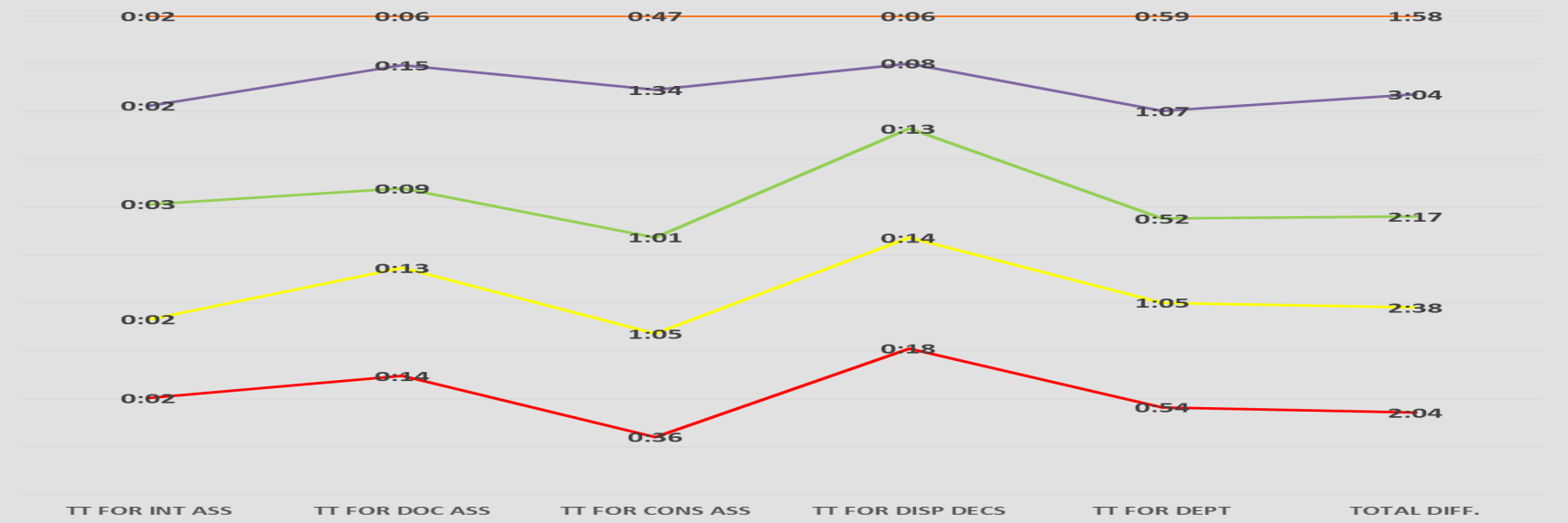


**MEAN LENGTH OF
STAY= 143 MIN**

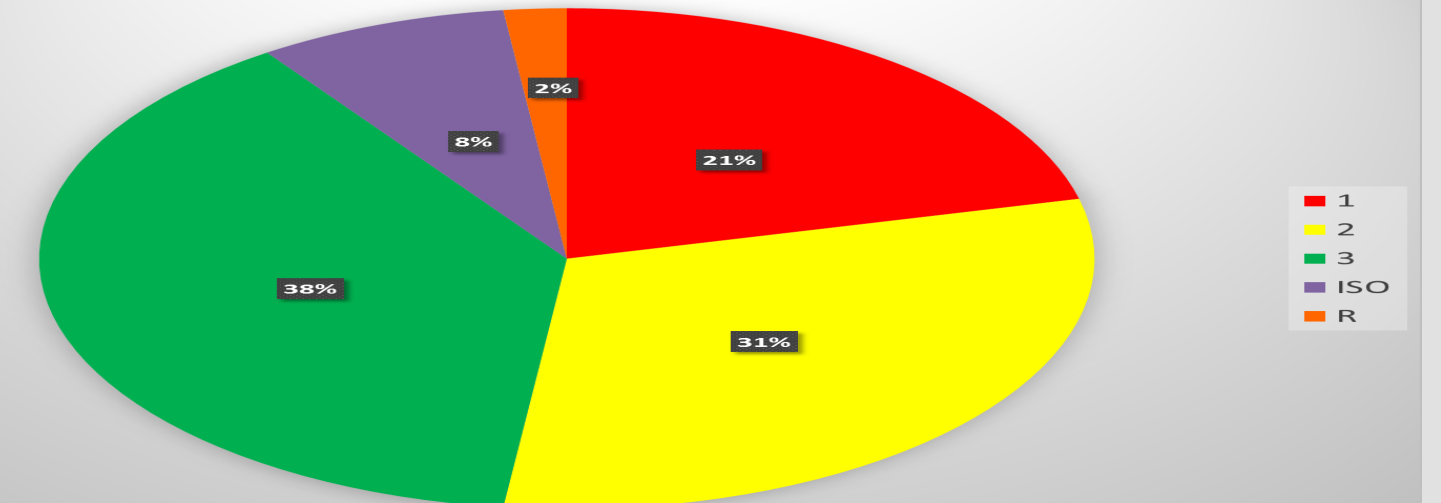
RECOMMENDATIONS:

- While the printed investigation reports are pending, if completed, the patient file can be sent for billing.
- To produce a copy of the reports of the radiological investigation carried out in the emergency for the patient, to prevent the carrying out of the same procedure twice.
- Call to the emergency department from the path lab, as soon as the blood investigation reports are prepared.
- Ensuring timely cross reference of patients by consultants.
- Formation of a “bridging ward” to facilitate patients who are to be kept under observations or disposition is on hold for wait for reports, but are stable, to maintain a smooth flow in the emergency department.

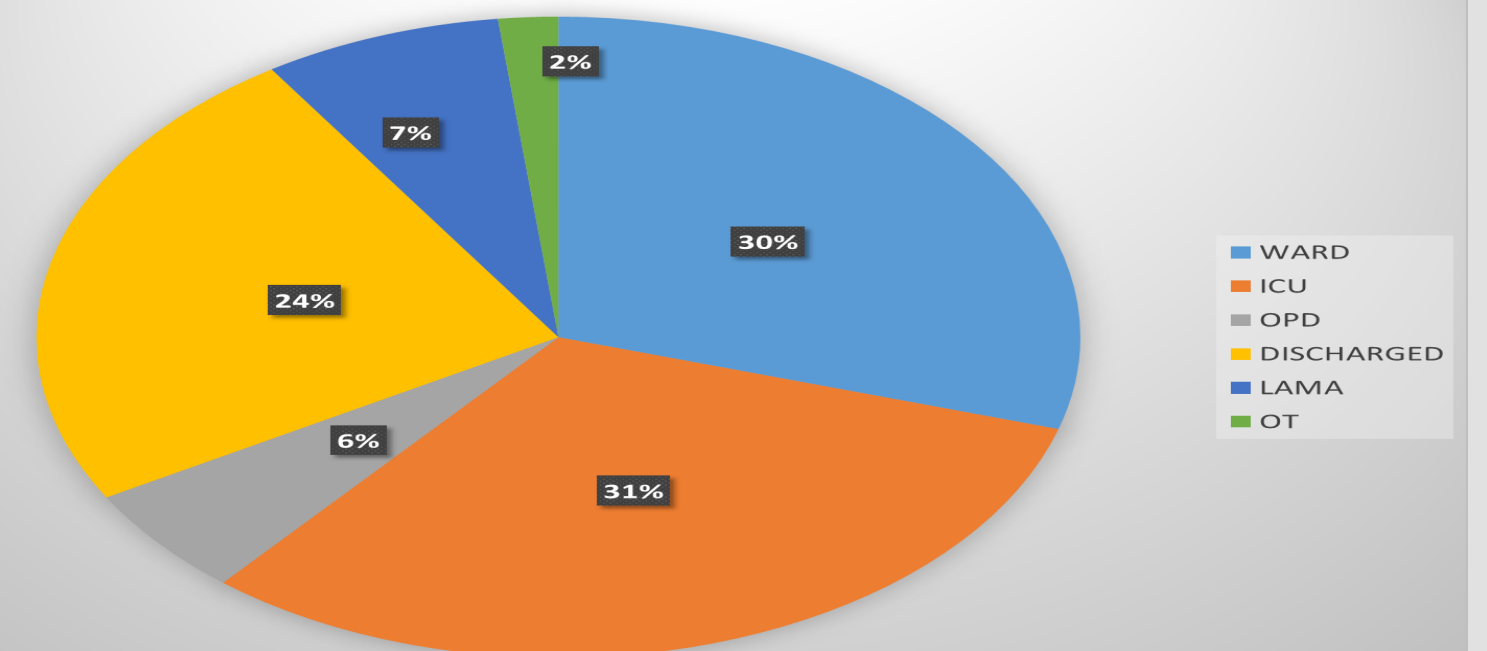
MEAN TIME TAKEN



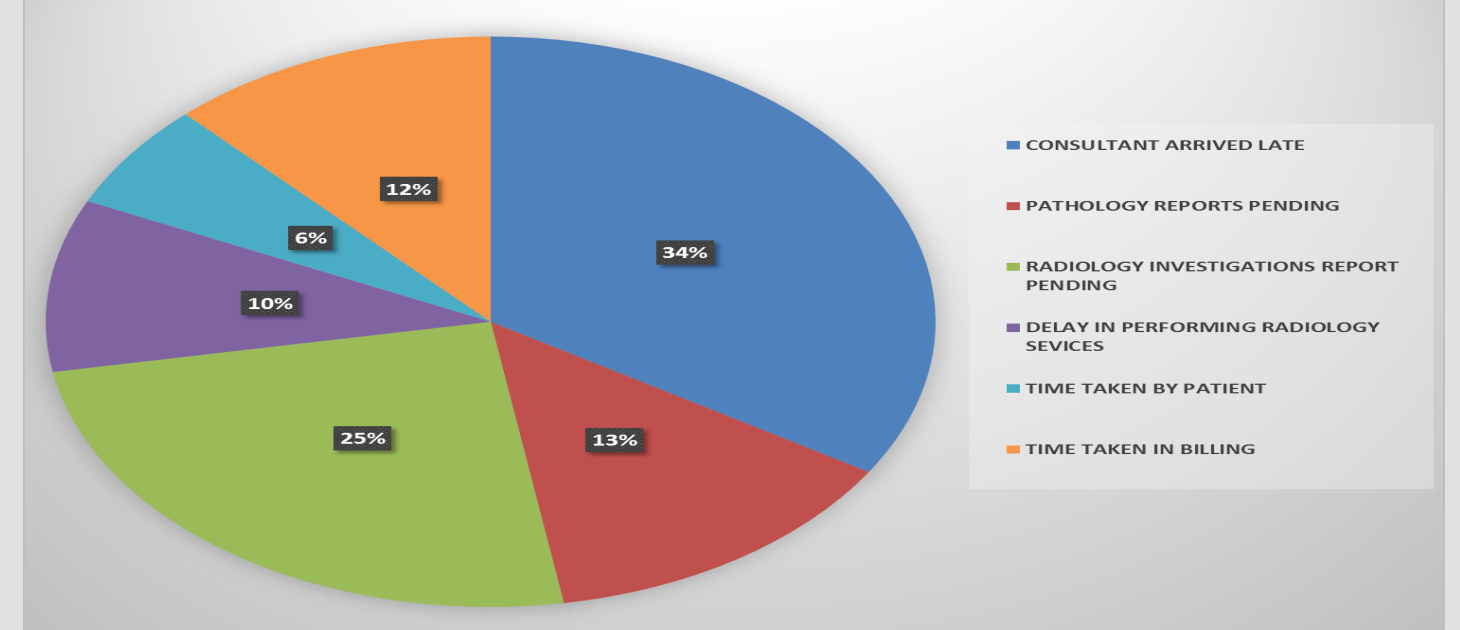
PRIORITY WISE DELAY (>2 HRS)



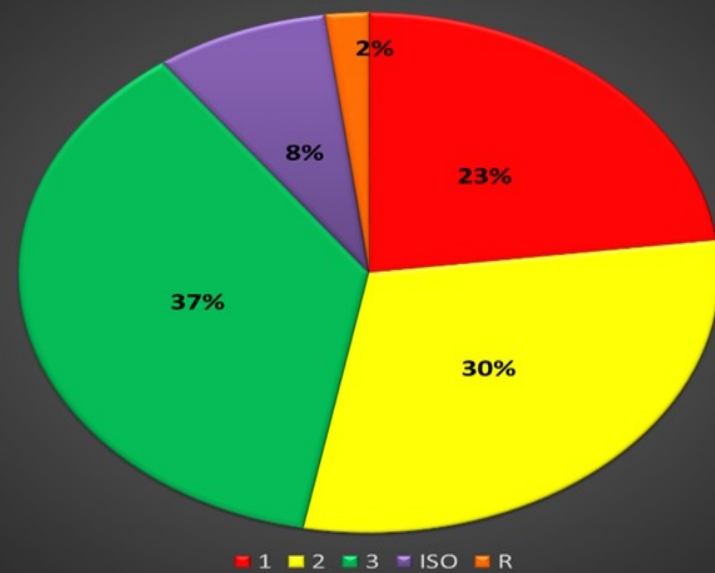
DELAY IN ADMISSION TO (>2 HRS)



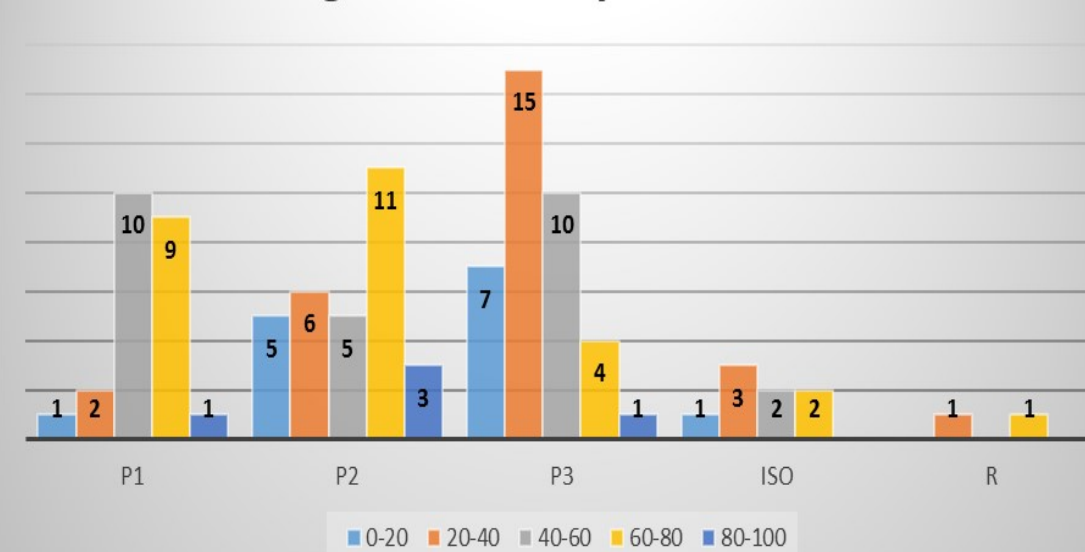
DELAY FACTORS



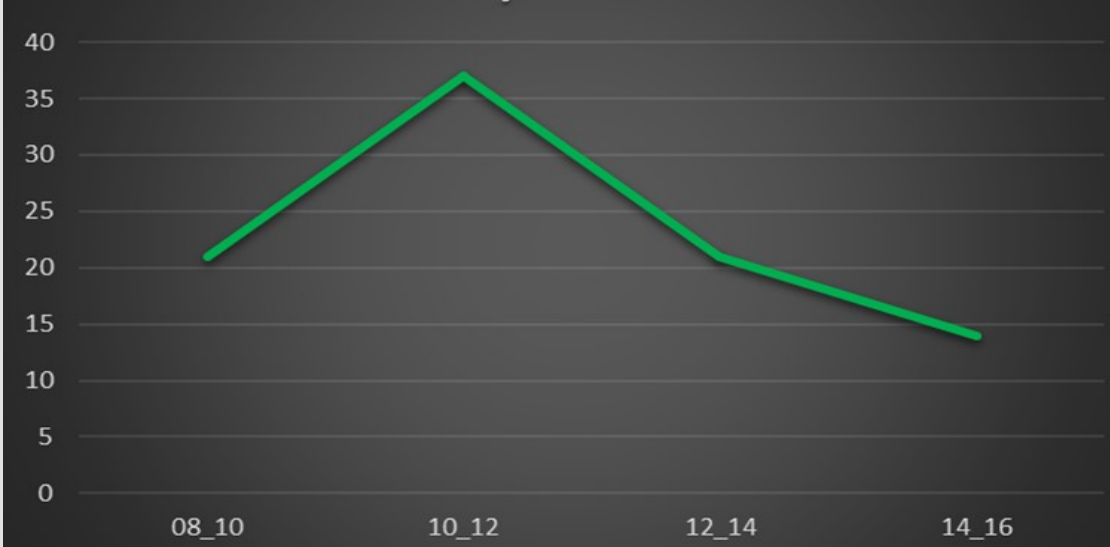
Priority Utilization



Age wise Priority Utilization



Hourly utilization



SPECIALITY UTILIZATION

