STUDY ON QUALITY CARE INDICATORS, EMERGENCY DEPARTMENT MAX SUPER SPECIALTY HOSPITAL, DEHRADUN

Author : Dr. Nazia Zaidi Student of IIHMR University, Jaipur

BACKGROUND

An **emergency department** (**ED**), also known as **accident & emergency** (**A&E**), **emergency room** (**ER**), or **casualty department**, is a medical treatment facility specializing in emergency medicine, that is, acute care of patients who present without prior appointment, either by their own means or by ambulance. The emergency department is usually found in a hospital or other primary care center. The emergency departments of most hospitals operate 24 hours a day, although staffing levels may be varied in an attempt to reflect patient volume.

Due to the unplanned nature of patient attendance, the department must provide initial treatment for a broad spectrum of illnesses and injuries, some of which may be life-threatening and require immediate attention. In some countries, emergency departments have become important entry points for those without other means of access to medical care.

Several quality indicators were identified to improve the patient flow and patient care in the emergency department such as cross consultation time and patient shift time.

A descriptive study on cross consultation time and patient shift time was conducted in Max Super Specialty Hospital, Dehradun to further streamline qualitative care in Emergency Department.

The need to address emergency department performance was, as -

1. ED performance compromises care quality.
2. Affects patient satisfaction.
3. Influences patient flow to the organization.
4. Influences community trust.
5. ED crowding becomes one problem with minimum ED performance.

DATA ANALYSIS

Data was analyzed on the following parameters :

- Minimum, Average and Maximum time taken by the specialty department to review the patient in the Emergency Department.
- The policy followed in MSSH Dehradun for a specialty department to review a patient is that – the specialist should see the patient in 30 minutes from the time informed. So data was analyzed on two basis –
  - Less than or equal to 30 minutes
  - More than 30 minutes.
- The policy followed in MSSH Dehradun in ER department - time taken to shift a patient to the respective category i.e Ward, I.C.U. or to discharge a patient is 65 minutes. So data was analyzed on two basis –
  - Less than or equal to 65 minutes
  - More than 65 minutes.
- Minimum, Average and Maximum time taken by the ER department to shift the patient to the respective category i.e Ward, I.C.U. or to discharge a patient.

OBJECTIVES

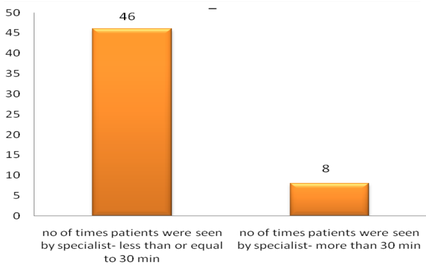
- To assess the time lag between ordering and consultation of the cross referral in emergency department.
- To make necessary recommendations in improving the same.

METHODOLOGY

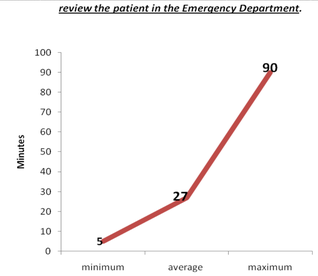
Area of Study – Emergency Department, MSSH-DDN
Study Period – April 20,2015 – 20,May2015
Study Type – Descriptive study
Sample Size – Sample of 50 patients were taken between the study time period.

(Exclusion– only patients in which consulting department were needed were recorded, patient sent LAMA or DOPR were not recorded, if the patient left the hospital before the specialty department reviewed them the entries were not recorded, if the patient was brought dead entries were not recorded)

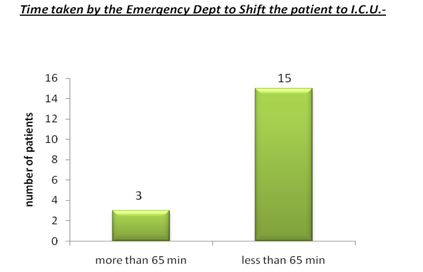
Time taken by the consulting dept to see patients in Emergency



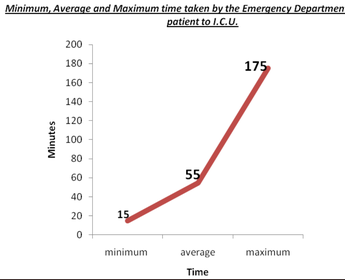
Minimum, Average and Maximum time taken by the specialty department to review the patient in the Emergency Department.



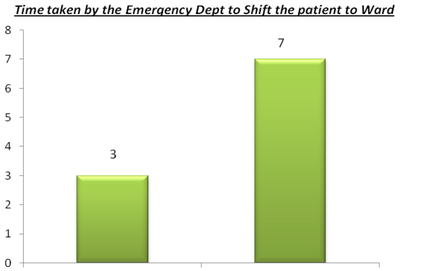
Time taken by the Emergency Dept to Shift the patient to I.C.U.-



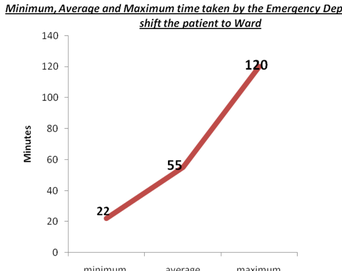
Minimum, Average and Maximum time taken by the Emergency Department to shift the patient to I.C.U.



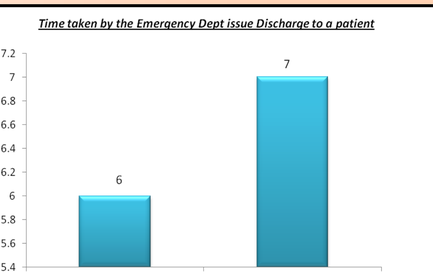
Time taken by the Emergency Dept to Shift the patient to Ward



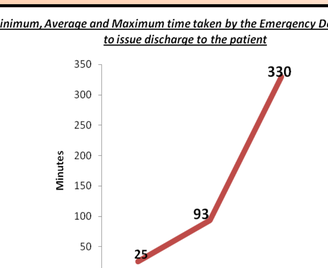
Minimum, Average and Maximum time taken by the Emergency Department to shift the patient to Ward



Time taken by the Emergency Dept issue Discharge to a patient



Minimum, Average and Maximum time taken by the Emergency Department to issue discharge to the patient



Overall Observation

- The observation for the time taken by the specialty department to review the Patient. According to the policy followed at MSSH, Dehradun i.e. 30 minutes was GOOD.85% reported in time.
- The observation for the time taken to shift the patient from ER department according to the policy i.e. 65 minutes were –
  - To I.C.U. – 83% were shifted within 65 minutes.
  - To Ward – 70% were shifted within 65 minutes.
  - To issue Discharge –54% were issued discharge within 65 minutes.

- **Points of Delay** -
  - Presently the patient entry is from the front desk where the doctors enters the tests recommended as well as writes a summary so that speciality can take an overview. Since there is only one JR who does both; that is preliminary check-up and history taking as well as recommends speciality check-up there is a delay.
  - The standard recommended patient to nurse ratio is 2:1 in emergency, total man-hours available currently is 24 hours as as against 30 hours.
  - Due to lack of manpower during crowding, delay in sending reports as well as receiving results.

Limitations of the Study

- Study was conducted in working hours of 10:00 am to 6:00 pm excluding weekends.
- Not each and every patient was recorded, study parameters restricted the data entries.
- Diagnostic test report timings as well as front desk entry timings were not recorded, only observed.

RECOMMENDATIONS

- Increase the number of man- hours in the emergency department for a better flow of work. A floating nurse could be considered at the time of crowding.
- Decrease TAT (turn around time) associated with the diagnostic test/ blood reports /ancillary services.
- Use protocols and order sets for uniformity and to ensure all needed tests and interventions occur at the earliest possible point in the patient's stay.
- Define response time for reassessment to admit/discharge.
- Only emergency cases should be addressed in ER department to reduce crowding.

CONCLUSION

The quality indicators play a model role in improving the efficiency of the emergency department. The study conducted showed that the overall percentage of cross consultation time was good, the patient transfer time from the Emergency Department to the I.C.U. and ward were also observed with a good percentage the main issue was discovered in the discharge of patients from the Emergency Department.