TIME MOTION STUDY ON EMERGENCY TRIGGERS

INTRODUCTION :

Patient flow and long patient waiting times are important aspects of efficiency in the emergency room. The efficient use of emergency room resources can have a significant impact upon patient satisfaction, hospital public relations, quality of care, and cost containment. Understanding and quantifying the variables involved in this process can be beneficial in analyzing and improving efficiency. For the purpose of this study, patient waiting time is defined as the total amount of time the patient spends in the emergency room from the time the patient registers at the front desk to the time of final disposition The terms emergency room (ER) , emergency department (ED), and emergency unit (EU) are used interchangeably.

OJECTIVES :

- To determine time motion study on emergency triggers.
- To identify key variables affecting patient waiting time.
- To recommend for smooth functioning of emergency department

Methodology :

Study Area: Emergency Department of Paras HMRI Hospital, Patna

Study Type: Cross sectional descriptive case study

Duration of Study: 1 Month

Sample Size: 100 patients

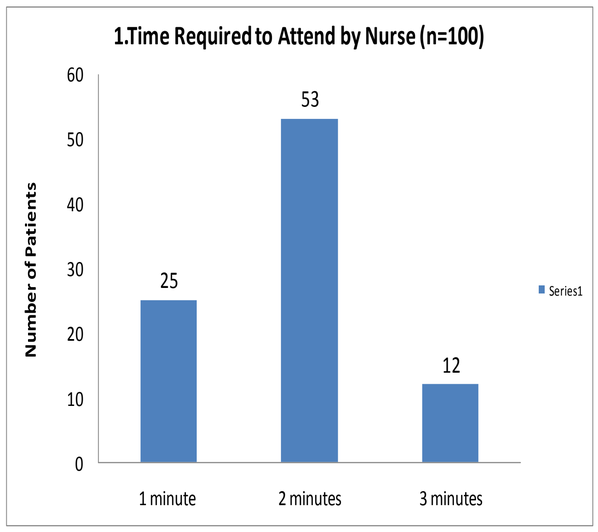
Method of data Collection: The data collected will be quantitative in nature.

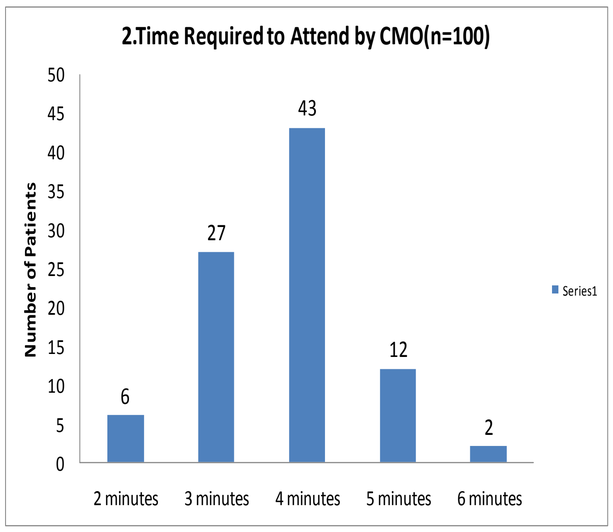
Data Collection Tool: MS Excel Sheet was prepared to note down observation

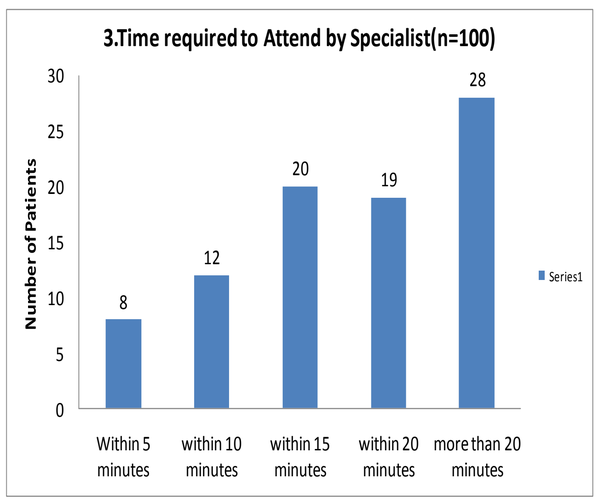
Data collection Technique:

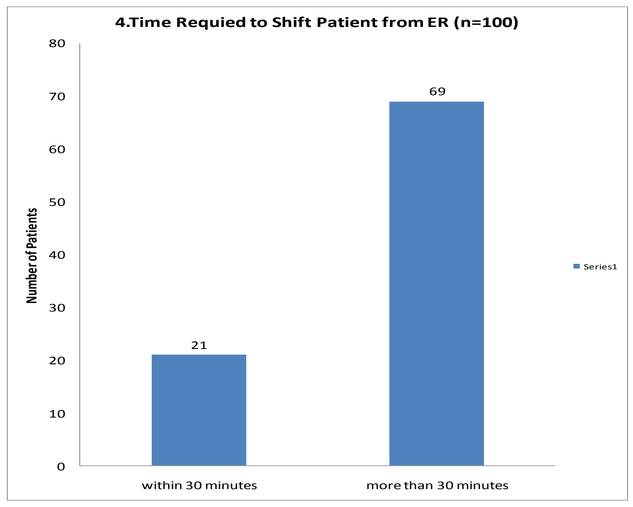
Primary data: Observation and interaction with staff

Secondary data: Record review









Findings:

1.Average time to attend the patient by Nurse in Emergency Room is 2 minutes.

2.Average time for attending patient by CMO is 4 minutes.

3.Average time to attend the patient by Consultant in Emergency Room is 16 minutes.

4.Average time to shift the patient from ER is 97 minutes.

5.There was no major problem with CMO to attend the Patients.

6Major issue was with Specialist and shifting of the patient from ER.

7.Major reasons of Specialist are as follows and they contribute 50% of total reason.

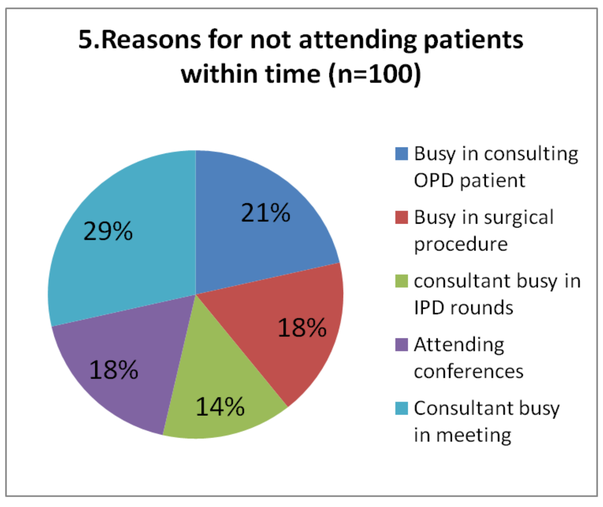
Busy in consulting OPD patients- 21%

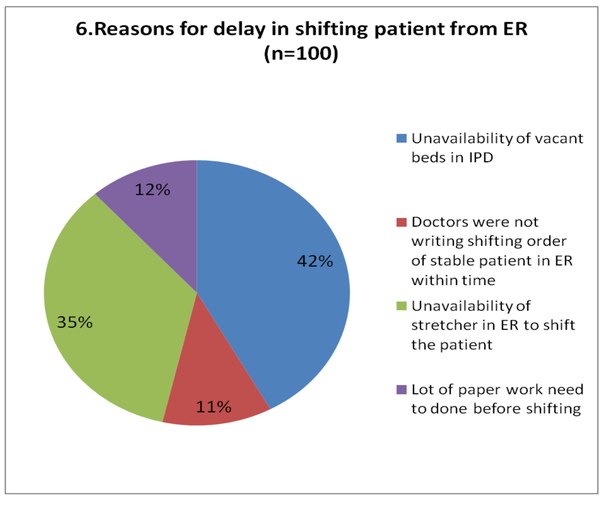
Consultant busy in meetings- 29%

Major problem of shifting of the patient from ER are as follow. They contribute 77% of the total reason.

Unavailability of vacant beds in IPD- 42%

Unavailability of stretcher in ER to shift the patient- 35%





Recommendations:

1.Specialist should be avoid for miner conferences and meetings those conducted in the hospital. There should be weekly meeting with the consultant/ specialist.

2.There should be schedule planning for IPD round and OPD for each consultant of same department and who is attending OPD cases may responsible for attending emergency cases.

3.At present in ER, 8 beds are available in observation room. Hospital can increase in number of beds according to patient load in ER.

4.Hospital operational manager can ensure process flow of the discharge process and identify critical cause and can close the gaps to make availability of empty beds in the IPD.

5.Hospital can arrange additional stretcher in ER as per patient load

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