

The Management of Emergency Department and Services in Different Hospitals of Ahmedabad – A Short Study

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Citation of this Article: Dr. Varun B. Bajaj, Dr. Stuti V. Bajaj, Dr. Akanksha H. Keswani, Dr. Nileshwariba R. Jadeja, Dr. Mansi R. Thakrar, Dr. Nehal V. Patel, “The Management of Emergency Department and Services in Different Hospitals of Ahmedabad – A Short Study”, IJDSIR- January - 2021, Vol. – 4, Issue - 1, P. No. 63 – 67.

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Type of Publication: Original Research Article

Conflicts of Interest: Nil

Abstract

Objectives: Waiting time, crowding and quality of treatment are the commonest problems occurring in the hospitals recently. The current study aims to determine the emergency care with optimum time duration, availability of beds, occupancy and quality of services in an emergency department.

Materials and methods: A pre-validated proforma was prepared and given to patients to record their responses and direct observations were also recorded which were later analysed.

Results: All the patients approaching to the emergency department received the services immediately and were

given the immediate priority. Most of the patients were shifted in rooms within 20 minutes. Almost all patients and relatives reviewed the services, care and treatment provided in the emergency department of the X hospital as satisfactory.

Conclusion: Emergency services of the hospitals that were surveyed were good and swift. Staff and doctors were quick in providing treatment to the patients who came to emergency department and were successful in saving their lives. Patients were contented by the treatment specified to them in emergency department. There were some flaws in the management which can be

upgraded by following constant staff training and recruiting.

Keywords: Emergency department, outpatient department, hospital, services, management.

Introduction

An emergency department (ED), also recognized as an accident & emergency department (A&E), emergency room (ER), emergency ward (EW) or casualty department, is a department dedicated in emergency medicine, the acute care of patients who visits without earlier appointment; either by their own vehicle or by that of an 108 ambulance. The emergency department is found in any hospital or other health care centre and is located on ground floor⁽¹⁾

Emergency Medical Care is progressively acquiring multifaceted dimensions. It has varied components like pre-hospital care, ambulance services, trauma care and it has to encounter medical and surgical emergencies of diverse forms⁽²⁾

Every Hospital, big or small, requires setting up a well-organized emergency unit, because the appearance of hospital depends upon the quality and type of treatment a hospital can provide to a patient suffering from any medical condition requiring instantaneous attention.

In different studies, the patient's availability of bed, occupancy were depending on the attending physicians, the type of services required and provided were found to vary considerably in different hospitals depending upon the average number of patients received per day. Emergency department (ED) flocking is a global problem in current scenario. Fewer researches has led to the increase in the duration of stay of patient in the emergency department, but few studies has literature for the complete management of ED from investigations, diagnosis and treatment. Different studies have different researches like

duration of waiting time of patient, bed occupancy and availability etc⁽³⁾

Information about Emergency department: The hospitals were equipped with the latest monitoring instruments to take care of any kind of emergency, round the clock with all the specialities and super specialities working in the department. All trained doctors, nurses, staffs (auxiliary and ancillary), drug store, investigations, operation theatre room, beds and wards, ambulances – all services were made available for full time in emergency care and were working 24 hours, 365 days in a year.

Methodology

An observational, randomised study was carried out among 50 patients who were willing to take part in this study. A pre-validated proforma was prepared and distributed among subjects to record their responses. Direct observations were also done to record the data.⁽⁴⁾

Questionnaire

All information given in this study will be treated with confidentiality and only used for the purpose of research. Tick the appropriate response. Answer all parts of the questions.

Questions

1. Once you / your relative arrived in the Emergency department, how long did you wait for doctors/nurses to attend?
 - (a) I did not wait to be assessed (immediately attended by ED staff)
 - (b) 1-15 minutes
 - (c) 16-30 minutes
2. How long did you wait for tests (radiology and pathology investigation) to be carried out after arrival in emergency department?
 - (a) 10-15 minutes
 - (b) 15-30 minutes
 - (c) More than 30 minutes

3. Did the nursing staff inform you / your relative about the medicine and injection given to you / your relative in emergency department?

- (a) Yes, definitely
- (b) Yes to some extent
- (c) No

4. If your relative needs to be admitted how was over all attitude of the admission officer?

- (a) Good
- (b) Average
- (c) Poor

5. Did the "admission officer give proper information about room charges, facilities of the hospital and "other general information about the hospital?

- (a) Yes, definitely
- (b) Yes to some extent
- (c) No

6. If the patient is admitted after the short treatment in the emergency room. Describe the total care taken by the emergency staff and doctor?

- (a) Good
- (b) Average
- (c) Poor

7. How long did it take to shift the patient after settle down in the room from the emergency department?

- (a) 15-20 minutes
- (b) 25-30 minutes
- (c) More than 1 hr.

8. Over all how would you rate the care you received in the Emergency department?

- (a) Excellent
- (b) Good
- (c) Average

9. Would you recommend any of your relative to visit this Hospital in case of any Emergency?

- (a) Yes, definitely
- (b) Yes to some extent
- (c) No

Results

Table 1: Mode of Arrival

Mode of Arrival	No. of Patients	% of Patients
108 Ambulance	16	32%
Private Vehicle	34	68%
Total	50	100%

Table 2: Time interval between patient arrival and issuing of admission case

Time interval (minutes)	No. of patients	% of patients
0-20	40	80
21-40	10	20
Total	50	100

Table 3: Duration between Patient arrival and examination by doctor

Duration (minutes)	No. of Patients	% of patients
No Waiting Time (0-5)	42	84
5-20 minutes	08	16
Total	50	100

Table 4: Time interval between Patient arrival and Starting of Management

Duration (minutes)	No. of Patients	% of Patients
0-5	38	76
5-20	12	24
Total	50	100

Table5: Duration of stay in emergency department

Time (minutes)	No. of Patients	% of Patients
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0-30	34	68
31-60	14	28
61-120	2	04
Total	50	100

Discussion

A trifling quantity of repeated ED users account for an inconsistent number of total ED visits. However, recurrent ED users are generally sicker than sporadic ED users. Interventions addressing their non-medical needs have resulted in less frequent ED use, while those focusing on medical needs alone failed to achieve that objective. Repeated ED users are frequently from susceptible groups, therefore comprehensive care must address medical needs, social needs, and psychological requirements. Individual perceptions also influence ED use for non-urgent illness⁽⁵⁾ In our study results, more number of patients arrived to Emergency department by private vehicle (68%) than ambulance. One of the main reason for this could be that the hospitals in which this survey was carried out were not government hospitals but private hospitals. No major delay was done for the admission of the patient after arrival in ED. The duration of more than 20 minutes was usually taken when relatives took more time to decide on medico-legal cases. Patients were examined immediately or in less than 5 minutes waiting period upon arrival as the dedicated team of doctors were available in the department, thus directly increasing the survival rate among patients brought to the emergency department. Most of the time the patient was treated in less than 5 minutes unless patients seek for second opinion or was not willing for the treatment. If condition was serious during the arrival, the time duration increased as priority was given to stabilising the patient first rather than the treatment. As bed were readily available, the occupancy was not a major difficulty but those patients who were

instable needed more time to stay, resulting in occupying the staff also.⁽⁶⁾

Conclusion

1. Majorly all the patients visiting to the emergency department of the hospital were attended immediately and got the services.
2. Almost all the patients were given desired time for counselling and starting the treatment and management of the patients.
3. Almost all the relatives were satisfied with the information about facilities, rules, room charges and general facilities of the hospital.
4. More than 90% patients & relatives found the emergency department's services to be excellent and 9% rated services as good. 1 % rated service as average, but all the patients and relatives were sure that they would recommend people in need of emergency care to visit X Hospital for treatment.

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