

Emergency departments' quality evaluation requires hospital-wide effort

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Time can be important in an emergency department especially in a busy Level 1 Trauma Center like MetroHealth Medical Center in Cleveland, when getting patients appropriate care is essential. However, when the quality of an emergency department is judged by a patient's length of stay, time takes on a new meaning.

A study published in The <u>Journal of the American Medical Association</u> (*JAMA*) found that there is no significant difference between safety-net and non-safety-net hospitals when it comes to the length of stay for emergency <u>patients</u>.

In an accompanying *JAMA* editorial, Charles Emerman, MD, FAAEM, Chair of the Department of Emergency Medicine at MetroHealth and Professor of Emergency Medicine at Case Western Reserve University School of Medicine, discusses the challenges and opportunities of reporting time-to-treatment measures within emergency departments.

"Measuring quality in an emergency department can be very complex," said Dr. Emerman. "Modern departments face many challenges including an increase in patient visits combined with a decreasing number of emergency departments across the country as well as the proposed financial penalties associated with readmissions and key quality measures."

The editorial discusses how quality improvement initiatives for emergency departments should be based on measures that will improve



patient outcomes. He believes that quality in emergency departments will improve greatly in hospitals that focus on changes both within and outside of the department along with supplying them with the necessary resources to care for increasing numbers and complexity of patients.

Under Dr. Emerman's leadership, MetroHealth's Emergency Department is making important changes to create a quality environment including new Rapid Treatment Rooms that were added in October 2011 and improving processes in the department by incorporating industrial strategies to streamline patient flow.

By focusing on patient flow, proper staffing and utilization of the hospital's short stay unit for patients with conditions expected to resolve in a few days, MetroHealth's Emergency Department has:

- Maintained a "left without being seen" rate that is much lower than the national benchmark;
- Discharged patients in an average of 4.1 hours, well below the national average of 4.5 hours at similar hospitals;
- Treated a record-breaking 100,000 patients last year.

"The increase in patient visits in our <u>Emergency Department</u> show that we are known for quality of care and our efficiency," said Dr. Emerman. "We will continue to be a leader in emergency care and continue to improve our care for the benefit of our patients and our community."

More information: *JAMA*. 2012;307[5]:476-482. *JAMA*. 2012;307[5]:511-512.

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