



## HOW TO MINIMIZE THE WAIT TIME IN THE EMERGENCY ROOM

### INTRODUCTION

The duration the patients wait to see a provider in the emergency department is an important driver of patient satisfaction. Research conducted shows that patients prefer to be provided with information and updates regarding their progress during the emergency department visit. Today, many emergency departments market themselves by communicating the estimated time to the public. Other health units have decided to display their wait times as an attempt to manage arrivals among multiple emergency departments within a given region.

A number of products, computer applications, and marketing companies have surfaced to assist in determining and displaying emergency department wait times, but their relative effectiveness, safety, and integrity remain a topic of much debate. There is a literature information exploring the practice of publishing emergency department wait times and no universally agreed-upon definition of wait time or method of measurement that currently exists. However, there is the positive and negative effect on emergency department time specifically on various aspects of patient care. In addition, the department has engendered significant interest and concern within the emergency medicine community (Langabeer & Helton 2014).

### CLINICAL ISSUE

The clinical policy focus on issues that concern the medical assessment and management of emergency department patients. Emergency department practices only the care of patients with traumatic injuries or serious signs and symptoms of the disease. Patients are evaluated and treated with an immediate effect as compared to another department which is done on an elective basis. These services are rendered under auspices of hospitals and are available 24hours a day throughout the week. To add up, the emergency department is the only part of the health care system that is required by the federal law to provide care to all patients regardless of the ability to pay. A quantified number of patients who visit the emergency department don't require the level of care that an emergency room provides (Mcnew, R. 2014). Patients who mostly find themselves in overcrowded in the emergency department are likely not to have insurance due to outdated federal and state policies. On a day-to-day basis, as emergency rooms are already operating at peak capacity, the emergency medical system is not able to absorb the massive surge in demand for emergency medical assistance that would follow a natural disaster.



The following are the issues that face clinic emergency department:

- Availability or resources in the clinic. The emergency medical system is stretched beyond capacity. There are few numbers of hospitals, beds in hospitals, and a number of the emergency department which leads to overcrowding in the emergency department.
- The clinic does not absorb the surge in demand that would accompany a pandemic, natural disaster, or terrorist attack due to lack of resources leading patients to wait in the emergency department.
- The number of patients seeking care for non-urgent problems is increasing tremendously.
- The current conditions of emergency department degrade the quality of patient care. For instance, patients are kept for hours or even days in the emergency rooms until a hospital bed is available.
- Lastly, the current conditions contribute to the uncompensated care burden on physicians.

## IMPORTANCE OF CLINICAL ISSUES

The importance of clinical issues to the health of patient populations are as follows:

- Due to lack of medical facilities, emergency medical care is delivered through a complex hospital system of emergency and delivery. The capacities of these systems are the main reason for life and death for many patients. This negative aspect is stretching the clinical emergency department to capacity leaving the little room to accommodate large surge from such disaster i.e. the viral pandemic.
- On matters concerning national disaster, public officials have realized why the emergency section needs to prepare for and manage unexpected and catastrophic events. However, the magnitude and scope are inherently difficult to anticipate such as terrorist attack.
- Uncompensated care i.e. aftermath of the calamity, many patients will not be able to pay for medical services. Therefore, this means must be provided so that to compensate service providers for disaster care.
- There is misaligned incentives in the emergency medical services as well as hospitals based emergency department. Many clinics have evolved without an overall policy plan and this has placed hospital emergency department in a difficult position of serving a community. Most hospitals in the state tend to provide care only to the poor and indigent those without family members to care for them (Maville & Huerta, 2013).



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