FCP and the ED

Saving lives through organising care
Hospital overcrowding

• Reduced Emergency department function.¹

• Increased length of stay.²

• Increase in patient mortality.³,⁴

3. Richardson DB. Increase in patient mortality at 10 days associated with emergency department overcrowding. MJA 2006; 184(5): 213-216.
Hospital overcrowding

• Escalation protocols are put in place to combat overcrowding.

• They are generally composed of 4 levels of response:
Hospital overcrowding

• Full capacity protocols are part of the escalation protocol.

• Admitted patients are moved from the ED to temporary beds in the ward areas.

• This provides an instant relief to the ED and improves patient flow.

• The temporary beds are removed when the overcrowding issue in the ED has been resolved and patients are moved to permanent beds.
The FCP gives you

This

Instead of this
Aims

• To gauge patient opinion on being placed in extra beds rather than staying in the emergency department.

• To determine the underlying factors that influence this preference.
Methods

• Generation of protocols
  • Beaumont Hospital Escalation and Full Capacity protocols updated.

• Study design
  • Survey of patients who had been boarded in the ED and were moved to temporary ward beds.
Methods

• Setting and patient selection
  • Beaumont Hospital is a teaching hospital north of Dublin city centre that provides emergency and acute care services to a population of 290,000 people.
  • Suitable patients were approached and invited to participate in the study.

• Survey and data generation
  • Patients were asked a series of questions about their experience and the responses recorded by the patient recruiter.
  • All data was entered in an anonymised database.
Methods

• Statistical analysis
  • Patients were grouped based on their preference of boarding location as an extra patient.

  • These groups were then assessed thematically to account for the reasoning behind their preferred location.

  • Fisher’s exact test was used to determine if each assessed theme was statistically significant.
Results: Where did patients prefer?

- Ward: 83.84%
- ED: 4.04%
- No difference: 12.12%
Results: Thematic assessment

- Ability to sleep/rest
- Safety
- Confidentiality
- Medical treatment
- Comfort
- Peace & Quiet
- Availability of staff
- Privacy
- Dignity/Respect

Patient opinions:
- Much better ED
- Better ED
- No difference
- Better Ward
- Much better Ward
Results

• Ability to sleep/rest, confidentiality, privacy, and dignity/respect influenced patient preference of boarding location.

• Safety, Medical treatment, comfort, and peace & quiet did not influence preference of boarding location.

• Patient satisfaction with their overall experience in the hospital was not a significant factor when choosing a preference for boarding location.
Summary

• Moving patients from the ED into extra beds on the wards frees up space in the ED and enables staff to more effectively treat patients; this avoids poorer outcomes for patients in the ED.

• The vast majority of patients understand the issues facing modern healthcare providers and welcome the opportunity to be moved out of the chaos of the ED to the relative calm of a temporary bed.

• Patient responses indicated that ability to sleep/rest, confidentiality, privacy, and dignity/respect influenced patient preference of boarding location.
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