

# Factor Causing Delay in Treatment of Patient Seeking Emergency Services at Government General Hospital Ghulam Muhammad Abad FSD

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## ABSTRACT

Emergency department (ED) crowding is a significant international problem. Serious overcrowding in emergency departments became a national issue. Although temporary improvement of the problem occurred, the issue of emergency department overcrowding has now resurfaced and threatens to become worse. Overcrowding is caused by a complex web of interrelated issues described in this article. ED overcrowding has multiple effects, including placing the patient at risk for poor outcome, prolonged pain and suffering of some patients, long patient waits, patient dissatisfaction, ambulance diversions in some cities, decreased physician productivity, increased frustration among medical staff, and violence. Solving the problem of overcrowding will not only require a major financial commitment from the federal government and local hospitals, but will also require a cooperation from managed care.

## Introduction

Emergency Department (ED) is the gateway of our health system. Emergency Departments (EDs) provide an extraordinary important public service mission by providing emergency care 24 hours a day without favoritism by social or economic status. One of the key foundations of emergency

department is the ability and expectation to provide immediate access and stabilization for patients with medical and surgical emergencies. Emergency ward overcrowding is a serious and growing problem. throughout the world and almost half of inpatients are admitted through the emergency ward while its satisfaction is complicated by the high volume of patients, time consuming queue widevariation in patient complaints, and complexities of acute care. For several years hospital managers were under pressure to increase bed capacity and reduce occupancy rates to improve operational competence but public anxiety has arise when patients were subjected to extended delays in emergency ward in the presence of inpatient beds. Emergency caregivers experience considerable new challenges to the provision of competent, sympathetic care. Patients who presented to emergency ward often faced long waiting times to be treated and those who required admission faced even longer waiting time to get access to an inpatient bed. This study is different with previous studies because of its extensive description by dividing delayed subjects by the time of advised admission. Careful review of data makes it more clarifying regarding different factors of delay.

**Research Problem and Significance of study:**

Emergency department is the main entrance in the hospital. Due to overload emergency department patients feels dissatisfied and mismanaged. There is need to find the root of overcrowding. there are several causes of emergency department overcrowding like increased hospital occupancy ,bed shortages, staff shortage, increased patient acuity delayed ancillary service all are the contributing factors delay in seeking emergency services.

There was a need to set several policies and strategies to overcome these issues which is responsible in causing delay in seeking emergency services. All the policies and strategies set by hospital administration and provincial health departments strategies directed towards outputs. such as better triage, applying response, time limit, emergency department length of stay guidelines and

designation of single admitting services rather than specialty admissions which would eventually reduce emergency department overcrowding and errors caused by delay.

**Research question:**

Research question is direct rewordings of statement of purpose, phrase interrogatively rather than declaratively. Research questions invite an answer and help to focus attention on the kind of data that would have to be collect to provide that answer .research question of this study was what are factors causing delay in treatment of patients seeking emergency services at Govt General hospital G M abad.

**OBJECTIVES:**

- 1 Firstly factors causing delay in seeking emergency services.
- 2 Secondly, the nature of study to analyze the cause of delay in seeking emergency services.
- 3 Thirdly, Finding from this study may help the health authorities to make the different polices to improve the emergency services for the better care of patients.

4 Finely, they can also serve as the foundation for further studies in the same field.

### **Study Design:**

The aim of this study was to explore the different Factors causing delay in seeking treatment of patients at Govt General Hospital G m abadthat's why descriptive cross –sectional design used for this study. Because descriptive cross –sectional design explores and describes the phenomenon in real life situations, it provides actual characteristics of particular individuals, situations and groups.

Descriptive design determines the frequency with which something occurs and categorize information and it also help in development of hypothesis that provides basis for future quantitative research. In this study, data was collected by sample survey, which is quick, easy and cheep method.

### **Sampling:**

Population is entire group in which researcher is interested while a sub set of population is known as sample and the process of selecting a portion of the population to represent the entire population is known as sampling .A convenient sample of 381 people has selected for this study. Convenient samples are inexpensive, accessible and usually less time consuming. This method commonly used in health care settings.

### **Site and setting:**

Site is overall location for the research; it can be entire community or entire setup, while more specific places where data collection occurs known

as setting. GOVT GENERAL HOSPITAL GHULAM MUHAMMAD ABAD Faisalabad was a site and MEDICAL EMERGENCY was setting for this study.

### **Data collection:**

Data collection is a precise, systematic method used for gathering of information relevant to research purpose or the specific objective, question or hypotheses of study. There are different types of data collection method. In this study self-administer questionnaire form was used for data collection. It is a printed self report form designed to elicit the information through written and verbal response. Questionnaire form used for this research study was consisting of 30 declarative statements with one response on nominal.

A nominal scale, as the name implies, is simply some placing of data into categories, without any order or structure. In research activities a YES/NO scale is nominal. It has no order and there is no distance between YES and NOand statistics.

### **Ethical consideration**

- The study participants had briefed about the nature of study before data collection.
- Percipients had assured that the data provided by them would be kept confidential.

### **The informed consent form was consisted of following**

- The purpose of study, so that individual can understand nature of study.
- The right to participate voluntarily and right to withdraw at any time.

- Permission to use this information for research purpose.

## **DURATION**

Study was carried out for a period of 18 weeks.

## **Litature Review**

Emergency Department (ED) is the gateway of our health care system. In the absence of an effective primary health care in Pakistan, emergency rooms may be the first point of contact for many patients with acute illnesses or complications of chronic health problem. Everyday thousands of patients visit emergency rooms with various problems that range from simple sore throat to life threatening emergencies, complex medical issues, acute surgical conditions, psychiatric illnesses and trauma. The emergency departments provide as a protection for patients without access to general practitioners and specialty care, which is more expensive and often difficult to obtain in a non emergent situation. In all situations emergency physicians play a very important role in the treatment of different patients, identification and treatment of life threatening conditions as well as appropriate disposition of patients after proper stabilization. To date many developed countries' emergency rooms are facing problems as a result of high patient ratio, high acuity patients boarding, insufficient space, delays in lab and radiology, hospital bed shortage, patient dissatisfaction and stress among health care providers. (Derlet and Richards 2000)

Overcrowding of Emergency department is not a new problem. It has been the topmost issue for health policy reforms in most developed emergency medical systems. Emergency department output block is a reflection of overall throughput processes of a medical institution and in some conditions could be interpreted as rationing of care in the form of delays in decision making, rejection to admission, prevention by blocking beds for certain

elective patients, selection of patients with favorable outcome and those who can afford high treatment costs.

The concept of crowding has been difficult to define exactly they identified an collection of issues as reasons for crowding increased patient acuity, hospital bed shortage, increasing emergency department volume, radiology delays, insufficient emergency ward space, laboratory delays, consultation delays, nursing shortage, physician shortage and managed care issues.

## **1. Increased Hospital Occupancy**

One of the most important reported causes of emergency ward crowding is hospital bed shortage, especially ICU beds. The ability to move admitted patients from the emergency ward to hospital beds depends upon the availability of hospital beds, nursing staff, nursing ratios, additional service availability, and local structure and likely many other factors. Factor affecting bed occupancy also includes those that lie outside the hospital. Inadequate community services for appropriate transfer of care of patients back to the community leads to prolonged stays in the hospital and blocks acute hospital bed access.

## **Inexperienced Medical Staff**

Medical education generally includes 5–7 years of undergraduate medical training with 1–2 years of initial training as a house officer followed by 4–8 years of specialist training. In Ireland, medical school consists of five years, followed by one year as a house officer, which is similar to that of a first

year intern with training. The experiences and expertise of more senior staff members (consultants). Experienced doctors spend less time with patients and order less study to arrive at clinical decisions, while inexperienced doctors are slower in decision making. Patients treated by experienced medical personnel have reduced time to medical assessment, laboratory examination, radiology and discharge.(Jayaprakash, O'Sullivan et al. 2009)

### **Staff Shortages**

Reports suggest that nursing shortages worldwide are a cause of emergency department crowding. . Medical school enrollments, however, have remained constant from 1980 to 2005. This would result in an increasing shortage of physicians in coming years.(Jayaprakash, O'Sullivan et al. 2009)

### **Delayed Ancillary Services**

Emergency department radiology system is essential in the rapid diagnosis of patients, implementation of treatment, and final decision on the patient's status. Thus, delays in getting imaging result in delayed assessments and prolonged stays within the emergency ward, especially in the case of trauma patients. Similarly, delays in lab reports reporting lab findings also mean patients unnecessarily occupying ED beds, prolonging wait time and decreasing patient satisfaction.(Jayaprakash, O'Sullivan et al. 2009)

### **Triage in the Emergency Department**

The system of emergency department triaging organizes so that patients into identifiable groups to prioritize the sickest patients. In the U.S. the commonly accepted "prudent layperson law" in essence requires that the emergent nature of a presentation be judge by the patient's initial presentation rather than the eventual diagnosis. Furthermore, according to this law, whether the presentation warrants immediate attention should be judged by the patient. In contrast, in places such as the UK, the triage system is based on clinical assessment at the pre hospital level on arrival at an emergency department and by the first attending physician. A study conducted by Gersenz and Studdert found a difference between lay and expert judgments about what constitutes emergency care, a situation underscored by the significant number of emergency cases in insurance payment dispute.

Method in which patients are seen and treated by senior clinical physicians as early as possible. As soon as patients arrive at the emergency they are seen, assessed, treated, admitted or discharged by one physician. Several studies have shown that the earlier a person is seen in the emergency by a senior clinician the shorter the length of stay. It is now widely accepted across the NHS that triage is an exercise of prioritization that needs to be executed when there is a delay in seeing the practitioner.

### **Sample size calculator**

- Study conducted in 18 weeks

- Estimated 4.5 months.
- Per day total patients: 300
- Per month total patients: 9000
- Total patients in 18 weeks : 41500
- Total population is now 41500

#### **Find out sample size:**

Confidence level: 95%

Confidence interval: 5%

Population size: 41500

Results: 381 Samples or more

- This study is cross-sectional.
- This is a qualitative study.
- Study conducted in one time.

#### **Discussion**

This literature review indicates that despite the prevalence of inappropriate emergency department use was consistent in a large number of studies, even across countries with different health care systems. The studies point to a high prevalence (from 20 to 40%), concentrated more in daytime emergency department visits. The principal factors associated with inappropriate emergency department use were younger age, female gender, absence of co-morbidities, lower health spending, not being referred by a health professional, not having a regular physician or regular source of care, and difficulty in accessing primary care. No association was found between marital status, occupational status, or self-perceived health and inappropriate emergency department use. The associations with other variables such as race or skin color and prior consultation for the current

complaint showed varied and sometimes contradictory results.

#### **Conclusion**

The issue of emergency department crowding has been brought to the forefront of healthcare. The problem has been attributed to many factors, some universal and others specific to certain regions of the world. Overcrowded emergency department leads to adverse clinical outcomes. Patient dissatisfaction is increased as waiting times are prolonged and resources are stretched.

Utility with equal access for everyone and not a free market commodity requires centralized management of healthcare and governments that ensure that adequate allocation of funds for acute hospital and community supports. However, supply and demand influences the availability of health resources, and the proportion of public spending is significantly less. The problem of crowding in the emergency department is one that affects .The emergency department is the gateway to the hospital; problems arising there have the potential to affect the entire hospital. Because emergency department crowding has different regional causes, any potential solutions must be tailored to regional

variations. These differences suggest that while a universal solution is not necessarily practical, we can look at various policies that have had a positive impact on crowding and implement similar solutions across countries, tailored to the needs of individual regions.

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