

# SAFETY ALERT

“Sharing Lessons Learned”



المركز السعودي لسلامة المرضى  
The Saudi Patient Safety Center  
SPSC



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SAUDI PATIENT SAFETY CENTER

## Preventing Delays in Patient Management within the Emergency Department



Date of issue:

Reference no:

SPSC-2021-002-PSA

This alert is for action by all healthcare facilities

**This is a critical and complex National Patient Safety Alert. Implementation should be coordinated by an executive lead (or equivalent role in organizations without executive boards) and supported by clinical leaders.**

### Description

The emergency department (ED) is characterized by unscheduled visits and unpredictable arrivals of patients with different types of care and a wide variety of situations and acuity (from non-urgent to resuscitation situations). Therefore, the workload is uncontrolled and inconsistent leading to delayed interventions and care management, including but not limited to: (1) patient assessment, (2) medication administration, (3) lab sample collection, (4) physical therapy referral, or (5) any treatment ordered for the patient within a specified timeframe.<sup>1</sup> Any delay in patient management within the ED may result in potentially harmful health consequences, including severe temporary harm, permanent harm, or death.<sup>2</sup>

### Events

- Sixteen (16) events of delayed management within the ED were reported to the Saudi Patient Safety Center (SPSC) for the period from January to December 2020, representing approximately seven (7.2%) percent of the overall reported events.
- Fifteen (15) of these reported events resulted in death; approximately ninety-three (93.75%) percent.

### Contributing Factors

The major contributing factors for these events include:

- Lack of knowledge, skills, and competencies,
- Ineffective communication or lack of coordination during shift handover,
- Inadequate staff to patient ratio which leads to overworked, fatigued, or distracted staff,
- Poor emergency area design, which includes:
  - Radiology room in other building or floor,
  - Difficult access to resuscitation room either from the waiting area, ambulance bay or helipad, and
  - Storage of crash cart supplies and Advanced Cardiovascular Life Support (ACLS) equipment outside of the resuscitation area.
- Failure to follow established policies or procedures, which include:
  - Sepsis guidelines,
  - Emergency airway management guidelines,
  - Suicide assessment: Modified SAD PERSONS Scale, and
  - Intracranial hypertension protocol.
- Lack of Specialty consultation policy for other service.

### Recommendations

Recommendations are based on the current best practices introduced by professional healthcare associations; including The Joint Commission,<sup>2</sup> National Health Service,<sup>1</sup> American College of Emergency Physicians,<sup>3</sup> and other organizations and publications to guide specific challenges related to delayed management in the emergency department:

#### Appropriate staffing, training, and education

- Schedule a certified emergency physician in each shift.<sup>3</sup>
- Provide appropriate staffing levels, adequate staff coverage during peak hours/days to ensure that the busiest shifts are fully staffed.<sup>4,5</sup>
- Provide staff with proper competency-based training, which includes but is not limited to central line insertion, intraosseous line placement, ACLS protocol, and communication skills.

#### Effective team communication

- Handovers should be documented and must reflect the multidisciplinary needs of patients in the ED.
- Emphasize the importance of standard communication method and frequent team huddles during the shift.

#### Standardize procedural practices

- Implement a mandated consultation policy within the hospital to be followed by all specialty.
- Each ED must have an effective triage process to prioritize emergency patients.
- Each hospital must have a surge capacity plan.
- Utilize the Saudi Ministry of Health (MOH) policy for inter-facility critical care transportation.
- Adhere to Saudi Health Council ED Key Performance Indicators (KPIs), published 2015 as recommended by the National Emergency Medicine Development Committee.
- Develop new intra-hospital emergency department KPI's to gain more insight into the workflow.