

Improving Attendants Flow and Reducing Emergency Unit Crowding in Emergency Department of Black Lion Specialized Hospital, Addis Ababa Ethiopia

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Study/Objective: The objectives of this project were improving attendants flow to reduce emergency unit crowding from the baseline Patient:Attendant ratio 1:6 to 1:1 for patients within a six-month period at Black Lion Hospital's Emergency Unit.

Background: Emergency department overcrowding is a circumstance in which demand for service surpasses the capability to provide care within a reasonable time, causing physicians and nurses to be unable to provide quality care. The Organized Emergency Unit establishment at Black Lion Hospital commenced with celebration, Ethiopian Millennium in August 2009 GC. The Emergency Unit of Black Lion Hospital serves more than 20,000 patients per year. It was distinguished and emergency department crowding is one of the leading problems facing emergency physicians, nurses, and their patients. Multiple factors identified a cause for emergency unit crowding.

Methods: Before the implementation of the project, the root cause of the emergency unit was overcrowding (patient process hold up); the input and output was analyzed using Ishikawa Cause and Effect Diagram in order to identify the factors that affected the emergency unit crowding.

Results: Since 2014, there have been significant improvements regarding the attendant/patient flow in the emergency unit following interventions that were implemented. Some of the interventions identified included: proper indoor waiting areas which have adequate space and audio visual aids; patient identification cards; a separate entry/exit point for patients, attendants, and health professionals, as well as a scheduled patient visiting time; an information desk at the front gate; and encouraging ownership and collaborative activities in the emergency unit flow by all members of staffs and other stakeholders. Separate diagnostic, pharmacy, and cashier areas from patient examination and triage areas are all interventions that were implemented.

Conclusion: The way forward is to work towards 100% compliance, with 1:1 Patient:Attendant ratio at 100 %, through the strengthened implementation of all the strategies identified.

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Alleviating Emergency Room Patient Overload during a Disaster (AERPOD)

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Study/Objective: The prehospital EMS system is uniquely positioned to care for 911 patients, and to assist less emergent patients with transport to the most appropriate care setting based on medical and social needs. Such an approach may

reduce the total cost of care, provide more patient-centered care and may reduce the burden on Emergency Departments (EDs). **Background:** Emergency departments provide a significant source of medical care in the United States, with over 131 million total emergency department visits in 2011. Many patients who are treated in the emergency room could have been treated at primary, or urgent care centers. Often patients seek care in the emergency department for non-emergent complaints, knowing that using the emergency department for nonemergency purposes puts a strain on the health care system, **Methods:** The Health and Human Services (HHS) and the Department of Transportation (DOT) jointly collaborated to develop a draft white paper that presents one example of an analysis and models of preventable EMS transports, particularly during disasters. Under the supervision of the Health and Medical Team of the NYC Emergency Management (NYCEM), the researcher will work to accomplish the following:

- Research current/updated white paper models, regarding altered EMS delivery models integrating ambulatory/urgent care facilities.
- Develop a preliminary outline of proposed implementation of ambulatory/urgent care site surge in the NYC EMS system.

Results: Research is ongoing.

Conclusion: There is significant potential for innovation in healthcare systems that may transform the delivery of emergency medical services, reduce the total cost of care, and increase health for a population. Innovations may also change the model of acute care, to one that is more patient-centered, as many of those experiencing an acute event can be evaluated in their home (or current location), and triaged to an appropriate care setting that is compatible with their level of severity. Encouraging clinic-based health care providers to accept more unscheduled visits will ensure greater continuity of care for patients.

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Is Emergency Medical Services (EMS) in Islamic Republic of Iran Practical and Efficient in Facing Ebola?

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Study/Objective: Modern biotechnology provided humans with the opportunity to use microorganisms in a better, faster, and more meticulous way. One of the genetic-modified viruses that threaten the world's security is Ebola hemorrhagic fever. The training of Emergency Medical Services personnel to provide care for disaster victims is a priority for the physician community, the federal government, and society as a whole. There are a few conducted studies about the preparation level of these centers in counter biological threats, especially an

emerging infection like Ebola in Iran. So we decided to design and conduct a study with the aim of evaluating the preparation level of EMS, Iran's counter to Ebola hemorrhagic fever.

Background: The public health personnel in different countries need to be ready in case they find themselves facing a biological threat. Being prepared to face these threats is extremely important, and the Emergency Medical Services (EMS) are the first organizations that act and interfere with these threats.

Methods: The present study is cross-sectional and somewhat descriptive. We used a standard questionnaire that was designed by the Center for Disease Control and Prevention. This questionnaire was captioned "Emergency Medical Services (EMS) Checklist for Ebola Preparedness." We collected a lot of data by studying that questionnaire, and every manager in every province of Iran were informed about this information in 2016. These data were analyzed by using SSPP software, version 16.

Results: Findings have showed that the average score related to the preparation level of EMS in facing Ebola in Iran was 63/73 (SD = 12/77) percent.

Conclusion: The acquired average score in this study is higher than standards, considering the increased threat of the breakout of biologic threats, especially Ebola infection. Using and practicing these measures in order to enhance the preparation level of Emergency Medical Services counter infection and similar infectious diseases is inevitable.

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Harmony in Emergency Departments

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Study/Objective: Emergency Departments (ED) are becoming more crowded with less arrangements. Without harmony, it can cause lot of problems in EDs throughout the world, in

developing and undeveloped countries, for a multitude reasons, including an increase in patient volume, lack of equipment, specialists and so on.

Background: Crowding and overcrowding in EDs has been an important topic in the hospital systems for many years. Every country makes special rules and policies for emergency care delivery, and every hospital has one. EDs are the first place where Patinas go if they have serious conditions, without making appointments, thinking they have easier access.

Methods: Study of some emergency departments in some countries for a few years. Joining emergency management experts in clinical, administrative, education, and policy planning. Critical Pathway Guidelines. Process mapping. Checklist.

Results: Because of this experience, there is no harmony in the EDs that I have visited, many of them closely. I see departments full of patients and staff, narrow hallways were full of extra beds and equipment, next to the patient's bed were one or two people (relatives, friends, sometime with children) what's going on in there? Some patients have a serious situation and need special care. Some of the clients don't need special care, but they are in the emergency room with their family, waiting. Sometimes the emergency room looks like a clinic, people come over looking for simple medical treatment.

Conclusion: Leadership is an essential component of management in Emergency Department and critical situations. Have strong knowledge about structure, policies, networking, capacity, and priorities. Have a general policy for local county EDs. Have knowledge of emergency hospital networking. Have a smart Emergency Department. Several measures have been developed to better quantify and make safety a priority, to having a Harmonious Emergency Department. Those are presented in the main article.

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