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Safety and speed in emergency departments

Is speed putting patients at risk?

Anyone who has visited a hospital emergency department (ED) will have experienced the anxious wait to be seen. New [research](#) from the Australian Institute of Health Innovation, Macquarie University, has found that judging the performance of an ED predominantly on how fast it can see people, however, could be putting patients at risk.

More than 8 million people presented to EDs across Australia last year; and this number is rising annually as the population grows and the proportion of older people increases. As we encounter new diseases such as the COVID-19 coronavirus, EDs will be relied upon even more to care for our population. This unrelenting demand puts EDs under enormous pressure.

We know that overcrowding in EDs results in care that is less safe, and can lead to errors. To help prevent this, Australian governments have set performance targets that are time-based, and provide guidance on the maximum time taken to be seen (depending on urgency of illness or injury), and the maximum time before admission to a hospital or discharge home.

There is evidence that time taken to be seen matters for some conditions, and that patients who stay longer than four hours in an ED have worse health outcomes. Each state and territory has therefore implemented hospital ED targets to ensure that patients are seen promptly and leave the ED for admission, referral or discharge home within four hours.

New [research](#) from some of Australia's largest hospitals, however, shows that hospitals that focus solely on moving patients through EDs faster are in danger of emphasising speed over safety. While strategies designed to keep patients safe are essential—1 in 10 people are harmed in hospital—focusing on speed alone risks punishing EDs that also value adhering to patient safety measures.

Safety and quality

The 'Deepening our Understanding of Quality in Australia' ([DUQuA](#)) study is a long-term Australia-wide in-depth study exploring how quality management systems, leadership and culture in Australian hospitals are related to care delivery



and patient outcomes. The study included 32 large hospitals from New South Wales, Queensland, Victoria, South Australia, Tasmania, the Australian Capital Territory and the Northern Territory.

The Australia-first research has shown that proven policies and procedures that keep patients safe in EDs may result in slightly longer wait times and lengths of stay for patients—which is at odds with the government focus on time measures. In fact, there's an inverse relationship between the time measures we currently use to judge the performance of an ED, and ways of making an ED safer.

Safety and processes

Safety measures range from ensuring patients are given an identification bracelet, to emergency crash carts having a completed checklist of supplies, to appropriate reporting and investigation of poor instances of patient care.

Attending to safety like this, however, increases wait times. On a scale of 1-4, improving implementation of safety strategies by 1 point can mean 5 minutes extra waiting time to be seen, and an 18-minute longer stay in the ED per patient.

Safety and teamwork

Focusing on making sure people move into and out of ED quickly can also work against excellent clinical leadership and teamwork.

In order to achieve the safest patient care in an ED, our research confirmed excellent teamwork is needed. But strangely, we found that when communication and collaboration between doctors

and nurses resulted in shorter wait times, a patient's subsequent length of stay increased.

This seems to indicate that when teams are working well together they are better able to cope with and see people arriving at ED promptly, but then spend more time assessing and treating patients once they are admitted to the ED.

Safety and organisational culture

When an ED has a high safety culture, such as where people feel empowered to follow guidelines and report errors, then wait times and lengths of stay both decrease significantly.

Good governance, and support for safety measures by senior managers, also resulted in shorter ED wait times and lengths of stay.

When hospital executives do not value quality and safety strategies, then the underlying message to the ED is that this shouldn't be their priority either. Tasks are then at risk of being performed more with time in mind rather than quality of care.

Safety and speed

While everyone deserves to be seen promptly when they come to an ED, hospital staff should be supported to provide care aligned with best practice, delivered in a respectful environment. In short, to provide the best service in EDs we need to measure and value safety as well as speed. ^{ha}

Dr Robyn Clay-Williams leads an internationally regarded research stream in the field of human factors and resilient healthcare.



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