Case Study on Improvement

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The story focused on this case study was that of Carla, a patient who was in the emergency room for hours without getting any attention from hospital personnel. Despite being in the emergency room, this patient was kept waiting before her blood was taken for laboratory test. To start with, any patient in the emergency room should get instant treatment or diagnosis since there has to be a pressing issue that that him/her to the emergency room and not to any other department (Chakraborty, 2019). The hospital should make sure that all personnel in this room are efficient and enough to serve patients. Due to this failure, the hospital quality department was instructed to handle a project that would handle this issue with precision.

It is reported that the hospital quality department began with creating an improvement team, which would ensure that the problem was solved and that patients would not be kept delaying in the emergency room. A preliminary literature review was carried out to seek out more information from sources on; what could be the course of delays, the reason why this was unethical and the solutions that could be adopted to improve the situation.
According to evidence-based studies collected by the team, it was noted that an excessive stay within the emergency room contributes to worse outcomes for patients that need to be admitted. Patients admitted promptly are likely to get a positive outcome immediately after being admitted. The improvement team collected baseline data utilizing time stamps found in the hospital's electronic records; this helped in collecting the information retrospectively. Timestamp's accuracy was validated through the use of quality improvement teams to make sure that this data was correct. To evaluate performance, the team decided to analyze ER performance by checking the number of patients discharged within 30 min blocks. The information which was collected discretely was provided in the form of bar charts and the results of this baseline data were provided. In this case study, a thorough analysis is carried out to identify whether the project helped improve the situation or whether the situation in the emergency room remained the same.

**Analysis of Improvement in the Emergency Room**

The records collected before and after intervention are a precise way to evaluate whether there is improvement in the emergency room (Golf, 2019). Hereby are some of the baseline information illustrating patients discharged within (30 minutes) timestamps;

Patients Discharged Before Intervention in percentage form

Patients Discharged after Intervention in percentage form

Below is a table summarizing data in the bar graphs

|  |  |  |
| --- | --- | --- |
|  AVERAGE MINUTES FROM REGISTRATION TO DISCHARGE
 |  PERCENT OF PATIENTS  DISCHARGED (Before QI Project) |  PERCENT OF PATIENTS  DISCHARGED (After QI Project) |
| 0-30 minutes |  |  |
| 31-60 minutes |  |  |
| 61-90 minutes |  15% |  |
| 91-120 minutes |  10% |  |
| 121-150 minutes |  |  |
| 151-180 minutes |  20% |  15% |
| 181-210 minutes |  |  |
| 211-240 minutes |  5% |  55% |
| >240 minutes |  55% |  30% |

After taking a look at the above representation, I was concerned about whether the results were written in a rush or whether they were wrongly recorded. However, I observed that these were the real records since the bar graph and the table had similar results. It is eminent that there was no significant improvement after the intervention project. The percentage of patients discharged before the project is even higher than those discharged after the project. For instance when you look at the 61 to 90 minutes time stamp, one can relatively see that before 15 percent of patients were discharged before the project, after the project, no patients were discharged. Between the 91 to 150 minutes time stamp, there were still no patients released. It was between the 151 – 180 minutes duration that the first batch of patients was released and they were less than the number of patients released before the project. However, an improvement is seen between the 211-240 minutes duration whereby an increase of 50% was viewed meaning more patients were released after the intervention during this timestamp. After the 240 minutes duration, a drop in the percentage of patients discharged is observed.

Checking on these records, I worry that there were no improvements after the project was launched. The percentages in the records show that in most timestamps there was a decrease in the patients discharged instead of an improvement. The only improvement shown is between (211-240) minutes whereby 55% of the patients were released meaning that the improvement increased by 50%. This was a great improvement but it is my thoughts that more patients should be discharged between (151 – 210) minutes to show improvement. It also raises my concern that one of the quarterly board members reported that they were kept waiting for hours in the emergency room after the daughter required to get some stitches after falling in the playground. Less attention is given to young patients and that should not be the case. Younger patients tend to be more fragile than older patients who have fully developed. This is the reason why the young student was concerned about the percentage of patients released in the pediatric section. While looking at her records there are small improvements after the project began meaning that the intervention group has to create better performance improvement metrics.

The team did not use the correct tools for interpretation especially their measurement selections and their variation understanding. This led to their information being a bit biased which may have tampered with the records they presented to the board. In the case of another project, the team could opt to use another tool in the analysis of data and in promoting improvement when it comes to discharging patients in the emergency room. Putting this into consideration, the outcome would be different since the performance metrics used could help patients get better fast. Unfortunately, the behaviors derived was not according to what the team expected since their main objective was to get better results but not declining results.

Sources

Chakraborty, M. (2019). Operation Improvements & Quality Management in Healthcare. *Available at SSRN 3414484*.

Goff, S. (2019, November). Practice-based applications for health services improvements. In *APHA's 2019 Annual Meeting and Expo (Nov. 2-Nov. 6)*. American Public Health Association.

Parrish, I. I., Richard, H., van den Anker, J., & Benavides, S. (2019). Making Meaningful Improvements in Pharmacotherapy and Medication Management for Children and Youth—A Modest Proposal.

Young, C., White, M., & Dorrington, M. (2018). Nurse Staffing Improvements Through Interprofessional Strategic Workforce Action Planning. *Nursing Economics*, *36*(4), 163-194.