



## **SPEED in the Emergency Department**

Speed is important to the emergency physician when the “bottom line” must be met. Is speed the same as efficiency? Can fast care be high-quality care? This discussion focuses on the system issues and personal aspects that will allow the emergency physician to excel in a time-oriented environment.

- Discuss common ways in which time is wasted in the emergency department.
- Develop strategies to become more efficient in patient care.
- Identify processes in your emergency department that create inefficiency.

TH-200  
Thursday, October 14, 1999  
9:00 AM - 9:55 AM  
Room # N247  
Las Vegas Convention Center

## **FACULTY**

Todd L Beel, MD, FACEP

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**American College of Emergency Physicians**

**1998 Scientific Assembly**

**SPEED in the Emergency Department  
MO-62**

**Instructor(s)  
Todd L. Beel, MD, FACEP**

**San Diego Convention Center  
San Diego, California  
October 11-14, 1998**

## *SPEED* in the Emergency Department

MO-62

1 Hour

Faculty: Todd L. Beel, MD, FACEP

Speed is important to the emergency physician when the “bottom line” must be met. Is speed the same as efficiency? Can fast care be high quality care? This discussion focuses on the system issues and personal aspects that will allow the emergency physician to excel in a time oriented environment.

- Discuss common ways in which we waste valuable time in the emergency department.
- Develop strategies to become more efficient in the care of your patients.
- Identify processes in your own emergency department that create inefficiency.

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## **I. Course Outline**

### **A. Introduction.**

There is little literature dealing with this issue.  
This lecture is based on many years' experience  
as an emergency physician and director.

### **B. Why is this important?**

1. Overall department quality
2. Patient satisfaction
3. Department staff satisfaction and retention
4. Hospital medical staff satisfaction
4. Complaints
5. Administration satisfaction
6. Emergency department physician satisfaction
7. Lost Revenue

### **C. Will it decrease your quality of care?**

1. Limits the times that the department is oversaturated.
2. Allow more time for the patient with a difficult or life threatening problem.

### **D. Three main qualities of an outstanding Emergency Physician.**

1. Quality medical care
2. Niceness
3. Speed

### **E. System issues in the department that effect efficiency.**

1. Staffing within the department (clerical, nursing, etc).
2. Laboratory and X-ray turnaround
3. Systems within the department
4. Residents and staff answering pages
5. Getting patients admitted

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**F. Practical Things you can do to improve efficiency**

**1. Decisiveness.**

Studies show is a key issue in patient flow.  
Takes several years (about 5) of experience  
to achieve this.

**2. Stay focused**

When you are at work, your sole function is  
to work.

**3. Don't waste any free time.**

If you have any free time, then anticipate things that  
you will have to do, like writing discharge orders and  
prescriptions

**4. Anticipate phone calls to staff and residents.**

You don't have to wait till all the data is back.  
Set up a plan of action.

**5. If alone you don't have to take charts in order.**

Usually take easier charts first and get them  
started, then go to the more time consuming  
workups.

**6. Delegate as much as possible.**

Yours is the most valuable time in the department.  
This depends on the quality of your staff.

**7. Avoid ordering any unnecessary tests that will delay disposition.**

This comes with experience.  
A good rule is don't order a test if it is unlikely to  
change the outcome.  
Spending a little time explaining things to the patient,  
can avoid many unnecessary tests.

**8. If you are ordering a test, then order all the tests think will be needed.**

This avoids the "sequential" workup.  
This may change with cost effectiveness

- 9. Don't pick up new stable patients chart till your to do "box" is empty.**  
Make sure labs, x-rays and dispositions are done first.  
Must keep patients flowing through the department.
- 10. If you are managing over a certain number of patients patients (about 6-8), then put energy into their dispositions.**  
You can only handle a certain number of patients efficiently.
- 11. Admit patients who obviously need admission.**  
Don't need to wait on all the tests.  
Just need to know what type of bed they need.  
Again, anticipate.
- 12. Periodically review your pending cases to make sure that they are on "track".**  
Assume that about 10% of what you order will be missed.  
Keep in mind the "big" picture, only you and maybe the charge nurse really care about the overall flow.
- 13. Your job includes all jobs.**  
Do what is necessary to maintain the flow.
- 14. Make sure to take short breaks and receive adequate nutrition.**  
You are not a machine.  
By not taking breaks your ultimate efficiency will suffer.
- 15. Use running sutures or staples on most lacerations over 2 cm.**  
Will save significant time during the shift.
- 16. Write multiple prescriptions on one script.**  
Saving time here and there adds up!

**17. Five things to let the patient know you care**

Introduce yourself

Apologize for the wait

Sit down

**Make** as much eye contact as possible

Let the patient talk uninterrupted for 30 - 60 seconds.

**18. Remember we are Emergency Physicians and not Internists.**

Works should be focused for acute problems.

Refer what is not an appropriate emergency department workup.

**19. Be malleable.**

You should have different speeds that are appropriate for the department volume at that moment.

**20. Keep a log.**

This is the key to your organizational system.

It should include the following:

Patient name

Room Number

Chief Complaint

Private physician

**21. Keep the workspace clean and organized.**

In the long run it will save you time.

**G. Six common reasons for a slow physician.**

**1. Inexperience.**

It takes about five years of experience to be able to see patients efficiently

**2. Just received a lawsuit.**

Many physicians slow down after a law suit.

It may take several years till they return to their previous speed.

**3. Disorganized individual.**

**4. Greedy.**

More interested in seeing new patients rather than handling the ones they already have.

**5. Socialite.**

More interested in social issues rather than treating patients.

**H. How to implement this material on a personal level.**

1. Discuss your "profile" with your director.
2. Take one issue every few weeks and implement it into your practice.
3. Take an organizational course.
4. Have your work pattern observed.

**I. How to implement this material on a Departmental level.**

**1. Quarterly statistics on each physician's efficiency.**

May check patients seen per hour and/or average time of patients spent within the department.

**J. Conclusion.**

**II. References.**

*The material is recent enough , that there are no references or bibliography.*