

POSTER PRESENTATION

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Communication between doctors and nurses in the emergency department

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Background

It is experienced in emergency department waiting time to a course of treatment becomes longer due to lack of communication and patient planning. By optimizing the communication between doctors and nurses the waiting time for patients can maybe be reduced.

The emergency department triage patients in category 1 to 5. Category 1 is most emergent. We selected two patient groups, category 3 and 4.

Methods

Phase 1: Processing time for category 3 and 4 patients will be determined and form the basis for the project and will then be used see the effect of the project. To get an insight into the current workflow there is made observations and interviews with doctors and nurses on the ward.

Phase 2: More concrete observation and interview points are made to focus on the most important elements to improve the workflow. The intervention is a communication guide is used by all nurses and doctors in treatment in the emergency department. The implementation phase with the intervention takes place in one month and then data acquisition for 7 days.

Results

Out of the 220 patients, 126 patients were not triaged. The average processing time for Category 3 and 4 patients was respectively, 109,5 minutes (n = 54, 95% conf.limit 104,3-139,8) and 99,0 minutes (n = 40, 95% conf.limit 89,2-132,6). These two groups do not differ significantly.

We observed lack of initial dialogue between doctors and nurses about the patient and lack of planning for patient treatment. Practical chores as i.v. access, ordering venous and arterial blood samples and urine samples

were deferred to the end of treatment resulting in prolonged treatment time. From the interviews there was a desire for better and more detailed oral report on the patient to form the best basis for treatment. Furthermore, there was a desire for optimized teamwork around the patient for better sharing of common tasks.

Conclusion

The project is still ongoing and after phase 1, we note that areas such as communication between doctors and nurses initially in the process can be optimized. We have also found that a lack triaging leads prolonged treatment for the patient.

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