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# Emergency Department

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A UNIQUE SERVICE WITH A CONSTANT  
VARIABLE CHALLENGE

*The ED provides emergency & urgent medical care and is the major gateway for admissions to hospital. The ED is also pivotal in disaster management.*



THE IMPORTANCE OF THE ED AS PART OF THE GENERAL HEALTH SYSTEM,

An acute injury, illness, condition or symptom that poses an immediate risk to a person's limb, life or long-term health

WHAT IS A MEDICAL EMERGENCY?

A medical condition that arises suddenly, is not life-threatening, and requires prompt treatment to avoid the development of more serious medical problems

WHAT IS AN URGENT MEDICAL CONDITION?

*It also addresses a large number of non-urgent cases that seek medical care here rather than the primary health or out patients.*

THE IMPORTANCE OF THE ED AS PART OF THE GENERAL HEALTH SYSTEM,

# Emergency Physician

1. Specialty on its own
2. 7 years of training
3. Quick decision making
4. Communication skills
5. Logistics
6. People management
7. Prioritization
8. Constant pressure all the time

# Other essential members

1. Emergency Nurses
2. Physiotherapists
3. EARs and Team leaders
4. Clerks and receptionists
5. Radiographers
6. ECG technicians
7. Nursing aides and allied health workers
8. Care workers
9. Porters
10. Cleaners
11. Security
12. Police

- *Prehospital*

- *120-150 ambulances per day*

THE SECTIONS



# How to prioritize.....

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## Prehospital

- Rapid response vehicles
- Ambulances
- Ambulance codes



- *Prehospital*
- *120-150 ambulances per day*
- *In hospital*
- *250-310 adult attendances per day*

THE SECTIONS

# How to prioritize.....

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## Prehospital

- Rapid response vehicles
- Ambulances
- Ambulance codes

## In-hospital

- ESI Triage (five tier)

Not by registration time.....but by clinical needs



- *In hospital*



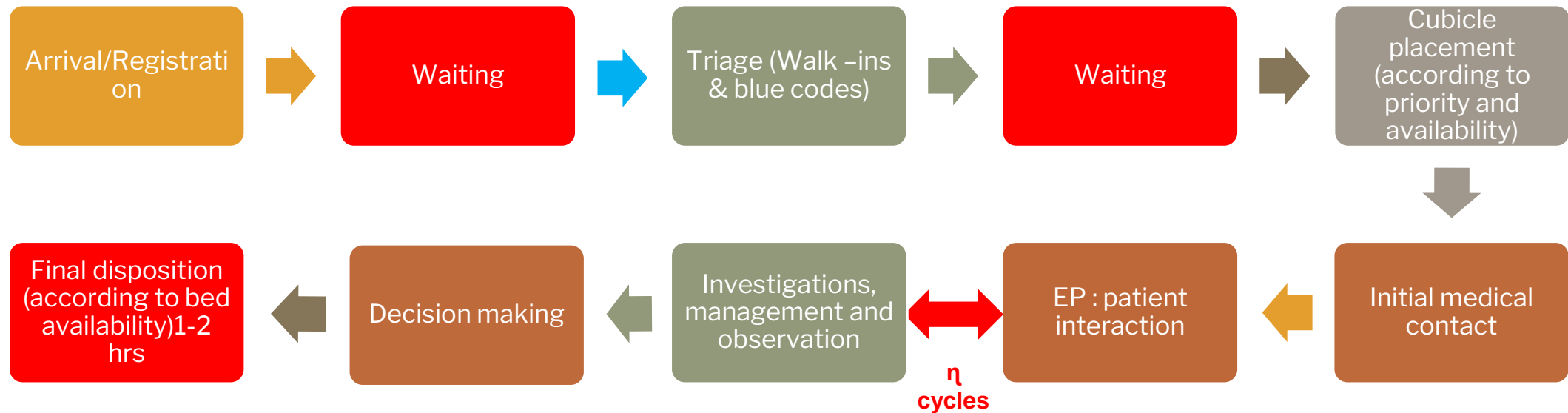
- *Resuscitation rooms*
- *Area 1 and 2*
- *Area 3*
- *MCC*

THE SECTIONS

*The ED visit itself is **not a single encounter** event but should be considered as a sequence of treatment queues separated by periods of investigations and observations.*

# Current post COVID main pathway.....

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Each arrow denotes a queue/waiting process, since the ED being efficiency driven means that no EP is idle, waiting for patient arrival etc/ The red boxes are the longest as regards waiting

# Worrying signs or symptoms

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loss of consciousness

a sudden confused state

fits that are not stopping

chest pain

breathing difficulties

severe bleeding that cannot be stopped

severe allergic reactions (anaphylaxis)

severe burns or scalds

Stroke

Fever in patients receiving chemotherapy

# Multi stage and Multi Class patients.

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Multi stage: ***examination- investigations-observation-decision***. The clinical assessment is paused a number of times for laboratory investigations, imaging, observation and auxiliary services.

Multi class: a non-homogeneous population of patients.



# Our current main pathway.....

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1. Time-variability
2. The patients are of different categories/ severity (multi-class)
3. A very low rate of abandonment (FTA)
4. Most of the Pt will occupy the ED cubicle until final disposition (unstable)
5. Admission bed (final disposition) control is beyond ED



# Some misconceptions....

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Call an ambulance so they see you earlier!!

Ambulance transport back home.

Ghamilli pjacir zommni jumejn!!

For a slight headache I spent 4 hours??

Kollha bil-qieghda ma jaghmlu xejn!!

Gejt ghal X-Ray!!

Any questions?

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Thank you.

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