Response to: “Development of Consensus Statement on Definitions for Consistent Emergency Department Metrics”

Dear Editor:

I am writing with regard to the article “Development of Consensus Statement on Definitions for Consistent Emergency Department Metrics.” I work in a 28-bed, Level III trauma center north of Houston. Our department sees 90 to 120 patients daily, and we continue to have patients leaving without medical screening examinations as we remain saturated. Most of our beds remain occupied with patients holding for admission or with psychiatric patients boarding in the emergency department for 12 to 48 hours awaiting psychiatric placement.

Researching ED metrics, I found that Canada and England are also working on studying the timeliness of care to decrease overcrowding in the emergency department. I agree that the metric definitions should be standardized across the United States so that they can be benchmarked. I am proud to see the Emergency Nurses Association and other organizations working hard to develop the ED metric definitions to help alleviate this critical situation facing our emergency departments.

Our department is discussing ED metrics with staff, and staff members are feeling overwhelmed with the push to get patients in and out of the emergency department faster. As a nurse leader, I have concern with the time from admitting decision to the depart time. This is where the most time is spent waiting for a room assignment and then struggling with a nurse to take report. Do the authors have suggestions for process improvement in this particular metric? “We can likely agree on the harm of ED overcrowding—errors in care, delays in treatment, patient dissatisfaction and staff burnout and turnover.” As a nurse, my top priority in the emergency department is to provide my patients with the best health care and with safe nursing practice.—Jessica N. Traylor, RN, BSN, Member, Houston ENA Chapter 195, Emergency Room Staff Nurse, Conroe, TX.

REFERENCES


Department

Dear Editor:

The March 2012 article “Working Toward Perfection on the Pneumonia Core Measure” described the author’s emergency department’s (ED) approach to ensuring core measure compliance. While I appreciate their determination for improvement and applaud their process of restructuring to enhance performance, I was very concerned with the punitive actions brought against staff. ED physicians and nursing personnel were punished for process compliance fallouts, with fees being brought against doctors, and progressive discipline applied to nurses. Roark states that this was to ensure accountability for staff action and to emphasize the importance of delivering the best clinical outcomes; however, with the call for increasing positive practice environments and the professional movement toward a just-culture mentality to promote a culture of safety, it is prudent to question the use of punishment to command compliance with the core measurement process.

The just-culture model concedes that most errors reflect predictable human flaws in the context of poorly designed systems. This model permits an open, fair, and just culture to facilitate staff comfort in reporting errors, yet allows for the maintenance of professional accountability. Staff members are encouraged to be forthright about their own mistakes, and are not penalized for their honesty. Through this open communication, the process of risk analysis can be induced, thus leading to discoveries for process betterment and the production of safer and higher quality patient care.

Roark is headed in the right direction by addressing organizational system processes first, but stands to alienate ED staff through a continued punitive program. The use of positive reinforcement to support staff in their efforts to improve core measure compliance should be initiated. Staff could be rewarded with a celebratory gathering, monetary bonus, or public recognition for a job well done.—Helen Machelle Skinner, RN, BSN, CEN, Member, ENA Chapter 160, Emergency Department Staff Nurse, Heartland Regional Medical Center, Adjunct Clinical Faculty, Missouri Western State University & North Central Missouri College, Saint Joseph, MO; E-mail: helenskinner@hotmail.com

REFERENCES