

Charge Nurse must also be aware of the staffing within the various areas and initiate staff movement to the area of need.

The Charge Nurse role should be clearly defined, with stated expectations and specific guidelines as how to handle various situations. For example, when the patients' wait time for triage extends beyond 10 or 15 minutes, what are the expected responses of the Charge Nurse.

Empower the staff to handle the minor issues. Have staff meetings to discuss the issues of the staff and possible resolutions to the issues. The management team should review the list and establish parameters for staff to work within in order to resolve the issue independently. Only high level issues should be escalated to the Charge Nurse.

10. Finding: Resource Requirements

Analyzing the visit data by hour of the day and by day of the week, indicated the ED's activity follows relatively consistent and predictable patterns. Regardless, staffing remains fixed each shift and day. For example, patient census falls every night beginning around 12:00 am, and continues to decline until it bottoms out around 7:00 am; at the same time, staffing remains constant. Similarly, arrivals increase throughout the day, and staffing remains constant. This results in longer lengths of stay, which in turn creates an apparent increase in required staffing.

Recommendation: Resource Requirements

Staffing should reflect trends in patient volumes throughout the day. Implementation of Short Interval Staffing tools such as a Shift Management Report and Variable Staffing Plan would provide management with a means to proactively manage according to workload volumes. In addition, variation in shift start times and shorter shifts should be explored for staffing purposes, with a possible combination of 4, 6 and 8 hour shifts. See Resource Requirement spreadsheet and Capacity Calculator at the end of this summary.

11. Finding: Capacity and Staffing of the Rapid Assessment Room

The Rapid Assessment room has 19 chairs, one stretcher and 2 blood draw chairs. When these chairs are full, additional seating is placed in the hallway. Staffing for this room is fixed at 2 RN's and one ED Tech. According to the staff, patient volume averages 25 to 30 patients during busy times of the day and has been as high as 45 patients. Both staff and management stated patients were better off in an over-crowded Rapid Assessment room than in the waiting room.

During observations, the Rapid Assessment room was over-crowded with patients waiting hours in uncomfortable chairs for their turn to be moved to a treatment area. The environment was less than humane – uncomfortable, hot and reeking. Patient privacy was not even remotely possible due to the close nature of the patients. The working conditions for the staff are difficult to say the least. In addition, according to the ED Manager, this area has a greater LWBS rate associated with the prolonged wait times.