

Time Analysis of Consultant Services in Adult Emergency Department Admissions

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Objectives: With emergency department (ED) “overcrowding,” efficient patient care and throughput are paramount. We analyzed specialty consultation time to understand delays in the admission process.

Methods: Retrospective chart review of adult ED patients in an urban public hospital with an emergency medicine residency admitted from 8/23/2007 to 9/12/2007. Data collected: triage, time to room, ED physician contact, consult request, admission order, and ED departure times. ED time was defined as ED physician contact to consult request. Consultant time was defined as consult request to admission order. Primary analysis compared consultation time by specialty and admission location. Secondary analysis compared day vs. night admissions and cases where consultants ordered additional studies.

Results: Mean +/- SD for 450 patients was calculated. Overall ED time was 122 +/- 118 min; consultant time was 114 +/- 100 min. Internal medicine (IM) time was 60 +/- 52 min ICU, 95 +/- 71 min telemetry, and 109 +/- 79 min floor admissions. Family practice (FP) time was 148 +/- 83 min. Ob-Gyn (OB) time was 138 +/- 111 min; general surgery (GS) time was 189 +/- 164 min. Trauma service time was 80 +/- 56 min pediatric ICU, 95 +/- 85 min adult ICU, and 109 +/- 110 min floor admissions. There was no difference between day and night consultation time. Additional GS and OB studies increased consultation time, but did not affect ED length of stay. There was no correlation between ED time and consultant time.

Conclusions: Consultants make quicker admission decisions for sicker patients (ICU > telemetry > floor). Consultants in-house (IM) admit patients faster than home-call (FP). Multiple-decision-level consultant services (OB,GS) take longer to admit patients. A closer look at components of consultation may help identify opportunities to improve efficiency in the admission process.