

Admitted patients boarding in inpatient corridors, what will people think?

Staff and patient perspectives of the ‘transit’ process at Liverpool Hospital

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Emergency department (ED) overcrowding is a known contributing factor of increased clinical errors, length of stay and hospital mortality rates. To facilitate greater access to emergency care services Liverpool Hospital introduced the ‘transit policy’. Stable admitted patients within the ED are transferred to their respective ward when no bed is immediately available.

Aim: The aim of the study was to examine the viewpoint of both staff and patients in regards to the ‘transit’ process.

Method: This was a cross-sectional study conducted between January and April 2014. Survey design included five core questions with additional demographic questions specific to each staff/patient cohort. Staff members were given access to the survey electronically and via paper format. Patients who had recently undergone the ‘transit’ process in the corridor space were selected to participate.

Results: 191 staff surveys were received. Of the 191 responses, 140 (73%) were nursing, 42(22%) medical and 8(4%) were other staff. ED staff showed a greater overall satisfaction with the process in comparison to ward staff, with a median of 7 and 4 respectively. However, there is a general consensus that the ‘transit’ process does assist in decreasing ED overcrowding and access block. 54 patient surveys were received. 23(43%) of patients preferred to board in an inpatient corridor than the ED citing reasons of noise reduction, increased comfort and care.

Conclusion: The ‘transit’ process is preferred by ED staff members and there is a general agreement that the process assists with decreasing ED overcrowding and access block. Patient responses suggest an overall satisfaction with the process with almost half of patients preferring an inpatient corridor than the ED.