

ABSTRACT

This study was carried out from 1st of September 2010 to 30th of September 2010 at Base Hospital Dambadeniya to assess the quality of emergency care provided by emergency treatment unit.

A descriptive prospective study design was used. The study composed of three components. First, a facility survey (essential drugs, life saving equipment, human resources and standard guidelines and protocols) at the emergency treatment unit. Second, patient's waiting time (From the admission to the first consultation of a medical officer) and third, knowledge and skills of basic and advanced life supports among medical officers and nursing officers who work at the Base Hospital Dambadeniya. Here check list was used as an instrument to collect data of facility survey and patient's waiting time while knowledge of basic and advanced life support among the staff is gathered by using a self administered questionnaire. Clinical review was considered as the best method to elaborate the skills and experience of the staff. Facility survey was done by collecting data from direct observation and counting and referring the records available at the ETU. Due to weekly ordering system of drugs and equipment, data was collected three times during the study period and the average was taken. Patient's waiting time was collected in all admissions of the ETU during the study period. Data collection was done after process mapping of waiting time and direct observation and counting and referring the records available at the ETU. All graduate medical officers and nursing officers were included into the population of knowledge study. Clinical review was done with the staff who are actively involved in emergency management. A pilot study was conducted at Base Hospital Karawanella to test the study instruments

and data collection methods. Four graduates were selected and trained as interviewers to complete the check list. Informed consent was obtained before completing the knowledge questionnaire.

In the study the average waiting time taken for a patient to receive care was estimated. The mean waiting time was 22 minutes and time range was 2 minutes to 270 minutes (4 hours and 30 minutes).

According to the results most of the life saving equipments and essential drugs were in short supply or not available at all. Inadequate supply and poor management are the main reasons for these results. More than seventy five percent of staff members were knowledgeable on life support techniques and the problem was inadequate training.

Nine case studies were conducted during the study period and each category of staff participated. Writing of ideas was useful to summarize the data and retrieve the facts. Shortages of physical resources, shortage of human resources, inadequate training and skills, delay in decision making were factors which affect negatively on the quality of emergency care.

According to the study, inadequate supply of essential drugs and life saving equipments, poor management, poor information system and maintenance failure could be seen from the facility survey. Inadequate training on procedures for both medical officers and nursing officers were the reasons affecting quality of emergency care.

Regular ETU monitoring and evaluation system and training on all techniques and procedures among medical and nursing officers are essential to improve the quality of care at emergency treatment unit.

Key words: Emergency care, Quality of care