Primary survey

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Emergency department staffing in England and Wales

Are there enough medics and nurses to go around EDs in the England and Wales (E&W)? This postal questionnaire survey, with a response rate of 45% of Trusts in E&W showed that the predominant workforce comprised "SHO" grade doctors. The bigger the department was, the more doctors there were; this was not matched when looking at the proportional numbers of nursing staff. Most departments do not fulfil the BAEM recommendations of 2005. How does your service compare (***see page 420***)?

Are emergency Department Board Rounds worthwhile?

A good question given that valuable clinical time is spent doing them. The authors set about answering this, in their medium-sized department in the UK, by a prospective observational study of board rounds, collecting data on changes made to patients' investigations, treatment or disposition, and whether any educational benefit arose, or merely delayed unseen patients to be processed. Happily, boards round seem to help! Board rounds, conducted by senior doctors, led to a change in patient management in 5.8% of cases, change in treatment in 15% and only 1.2 patients were delayed to be seen as a result of the board round. In nearly one third, educational events took place. This is an important area of ED management and education, which warrants further study (***see page 440***).

A prospective evaluation of the Cape Triage Score

This paper looks at the Cape triage score and tested it against a four month database, consisting of 798 patients attending an ED in a deprived area of South Africa; this department sees 4500 attendances per month. From their studies, they found that using the simple physiological scoring system, changing the priority ordering based on the MEWS score and identifying certain conditions such as diabetic ketoacidosis, stroke and haemoptysis (and adding additional points for trauma cases) meant that the CTS score, already shown to reduce waiting times and influencing mortality rates, could be modified so that undertriage of patients improved from 24% to 12% and overtriage altered from 25% to 45%, the score applying to patients over the age of 12 years. This group is leading the way in producing safe and sensible systems for improving the deliver of care in the South African setting (***see page 398***).

Litigation claims against ambulance services

The public are for suing! All the 272 claims registered with NHS litigation authority over 10 years (1995–2005) were analysed; 17 cost the UK taxpayer over £1 million each! Commonest causes were the "lack of assistance", "failure/delay in treatment" or delay. Key clinical areas requiring improvement were obstetric care, the recognition of spinal cord injury and decision-making processes about when not to transport a patient to hospital; these latter two have been addressed by JRCALC in their most recent guidelines. The number of claims has been increasing year on year (***see page 458***).

Factors influencing parent satisfaction in a children's ED

This paper reminds the reader about the factors involved in optimally managing children and their parents, in a sensitive and appropriate manner. It reports the results of 225 completed questionnaires completed by parents whose children were triaged as being less than category 1 on the Manchester triage scheme, the study being conducted over a two-week period. The results show that carers want a clear explanation of their child's diagnosis and treatment plan, that they want to be able to stay with their child, that the provision of rapid and effective pain relief is essential, and that a caring attitude shown by the attendant staff is highly important (***see page 417***).

A study of patient actions prior to emergency hospital admission

This study, using a semi-structured interview, asked 200 patients over a four-week period during October and November 2005. The researchers found that the majority of those patients who had called 999 or came directly to the ED did so because they perceived their condition to be severe or urgent; that of the patients who contacted their GP within normal working hours, only 15% did so because they considered this was the correct first step in accessing healthcare services, and that the reasons given by those who did not contact their GPs were: because primary care was not available out of hours (22%) or that contacting a GP would lead to unacceptable delays (17%). This study revealed that if the same problem that made the patient attend the ED occurred again, 35% would call an ambulance or attend the ED directly. The value of such data makes interesting reading in our current climate, and allows for further studies, following the intended changes in the modes of access to primary and secondary care services as proposed by the Department of Health, to be carried out (***see page 424***).