

**HOW LONG CAN YOU WAIT IN AN
EMERGENCY ROOM FOR AN NON
URGENT CONDITION?**



WAITING TIMES AVERAGES IN SPAIN

Risk	Example of severity	Average time	
Level 1	Heart attack, sepsis	Immediately	
Level 2	Terrible headache	10 minutes	
Level 3	Growing headache	60 minutes	
Level 4	Bone fracture	120 minutes	
Level 5	Eye pain	240 minutes	



WAITING TIMES AVERAGES IN SPAIN

Risk	Example of severity	Average time	
Level 1	Heart attack, sepsis	Immediately	
Level 2	Terrible headache	10 minutes	
Level 3	Growing headache	60 minutes	
Level 4	Bone fracture	120 minutes	
Level 5	Eye pain	240 minutes	

For those patients with less severity, they can wait from 2-4h. For the 5th severity level they can stay even more than 4h.

Often this results in low quality perceived by those patients.

ED WAITING TIME IS A GLOBAL PROBLEM



JOURNAL OF
NURSING SCHOLARSHIP

CLINICAL SCHOLARSHIP

The Relationship Between Emergency Department Crowding and Patient Outcomes: A Systematic Review

Eileen J. Carter, RN, BSN¹, Stephanie M. Pouch, MD², & Elaine L. Larson, PhD, RN, FAAN, CIC³

¹ Doctoral Student, Columbia University School of Nursing, New York, NY, USA

² Infectious Diseases Fellow, New York-Presbyterian Hospital, Columbia University Medical Center, New York, NY, USA

³ Associate Dean for Research, Columbia University Mailman School of Public Health, Columbia University School of Nursing, New York, NY, USA



RESEARCH

BMJ

ORIGINAL ARTICLE

Relationship between risk stratification, mortality and length of stay in a Emergency Hospital

Association between waiting times and short term mortality and hospital admission after departure from emergency department: population based cohort study from Ontario, Canada

Astrid Guttman, senior scientist,^{1,2,3,4} Michael J Schull, senior scientist and 2010-11 Commonwealth Fund Harkness fellow,^{1,4,5,6,7} Marian J Vermeulen, epidemiologist,^{1,6} Therese A Stukel, senior scientist^{1,4,6}

ED WAITING TIME IS A GLOBAL PROBLEM



JOURNAL OF
NURSING SCHOLARSHIP

CLINICAL SCHOLARSHIP

The Relationship Between Emergency Department Crowding and Patient Outcomes: A Systematic Review

Eileen J. Carter, RN, BSN¹, Stephanie M. Pouch, MD², & Elaine L. Larson, PhD, RN, FAAN, CIC³

¹ Doctoral Student, Columbia University School of Nursing, New York, NY, USA

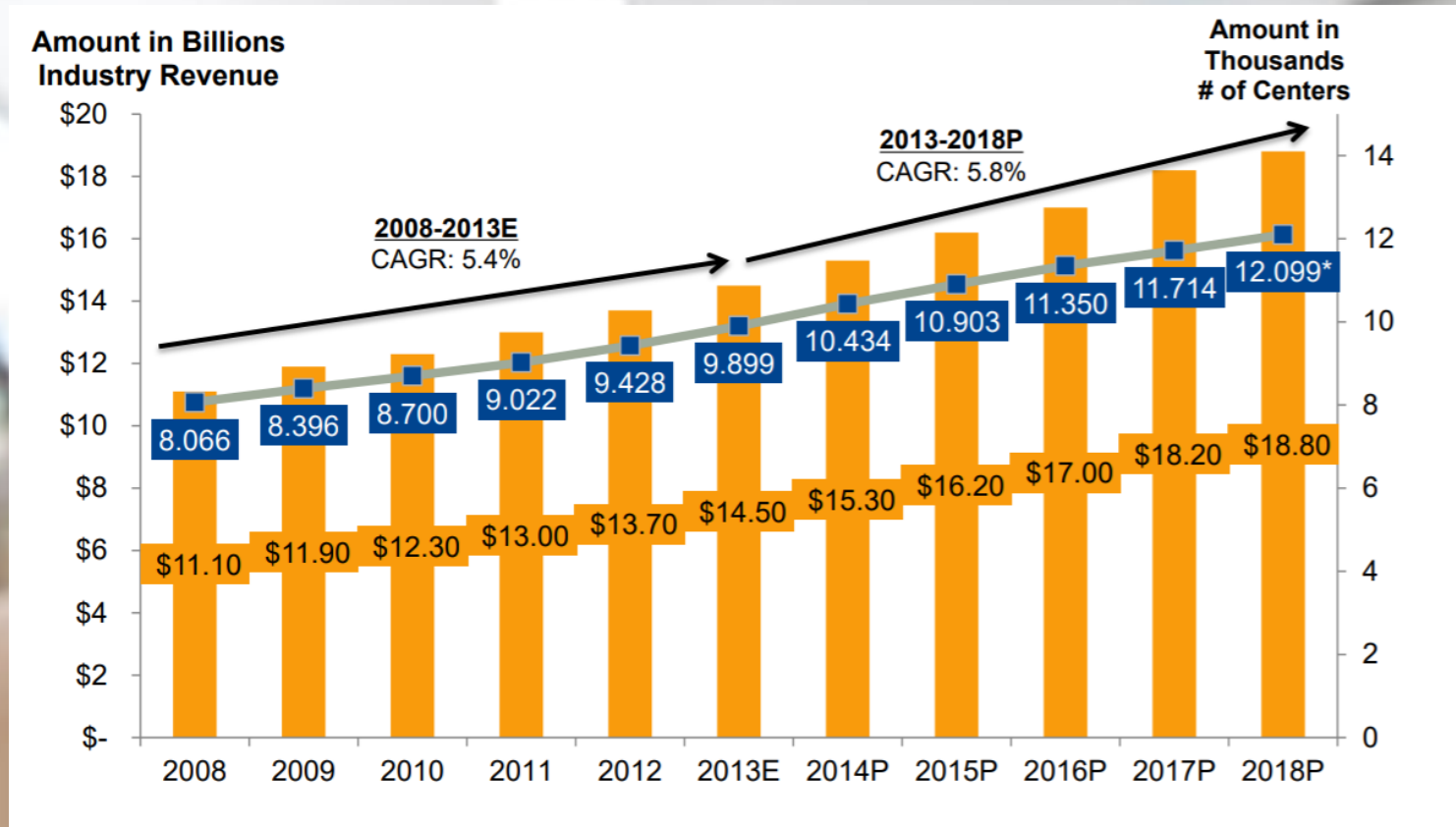
It seems difficult to correlate waiting time with death, but quality of care yes!

ED crowding is a global problem associated with increased patient mortality and poor quality of care (Bernstein et al., 2009; Pines et al., 2011).

mortality and length of stay in a
Emergency Hospital

Astrid Guttman, senior scientist,^{1,2,3,4} Michael J Schull, senior scientist and 2010-11 Commonwealth Fund Harkness fellow,^{1,4,5,6,7} Marian J Vermeulen, epidemiologist,^{1,6} Therese A Stukel, senior scientist^{1,4,6}

GROWING EXPENDITURE IN ED



The year expenditure in emergency care increase

*VMG Projection Sources: IBIS World, HarrisWilliams&Co., McguireWoods



**There is a need to improve the
quality of care for non-critical
patients in Emergency Department**

TENDER



Parc Taulí University Hospital



TENDER



Parc Taulí University Hospital



TENDER

Projectes en curs



COMPRA PÚBLICA

RIS3CAT

PERIS

AGAUR

ISCIH MINISTERI

INTERNACIONALS



UNIÓ EUROPEA
Fons Europeu
de Desenvolupament Regional



Generalitat de Catalunya
Departament de Salut

Els següents projectes han estat cofinançats pel Fons Europeu de Desenvolupament Regional de la Unió Europea en el marc del [Programa operatiu FEDER de Catalunya 2014 – 2020](#):

- ✓ **E-EMPA: Desenvolupament d'una eina digital per estandarditzar i monitoritzar els processos assistencials**
- ✓ **Feeding care: Sistema d'informació i suport a l'alletament en els hospitals**
- ✓ **Sistema de monitoratge de la perfusió intestinal en cirurgies colorectals**
- ✓ **Transformació digital del sistema de triatge d'urgències hospitalàries aplicant Intel·ligència Artificial**
- ✓ **Projecte Crític – ContAs: Millora de l'atenció als malalts crítics mitjançant una assistència precoç per a l'Hospital Universitari de Bellvitge i el Consorci Parc Taulí**
- ✓ **Unitat d'Excel·lència en Diabetis**

TENDER

WHY CPI?



1. Searching for the best talent
2. Fast technology adoption
3. Impulse I+D+i through risk sharing

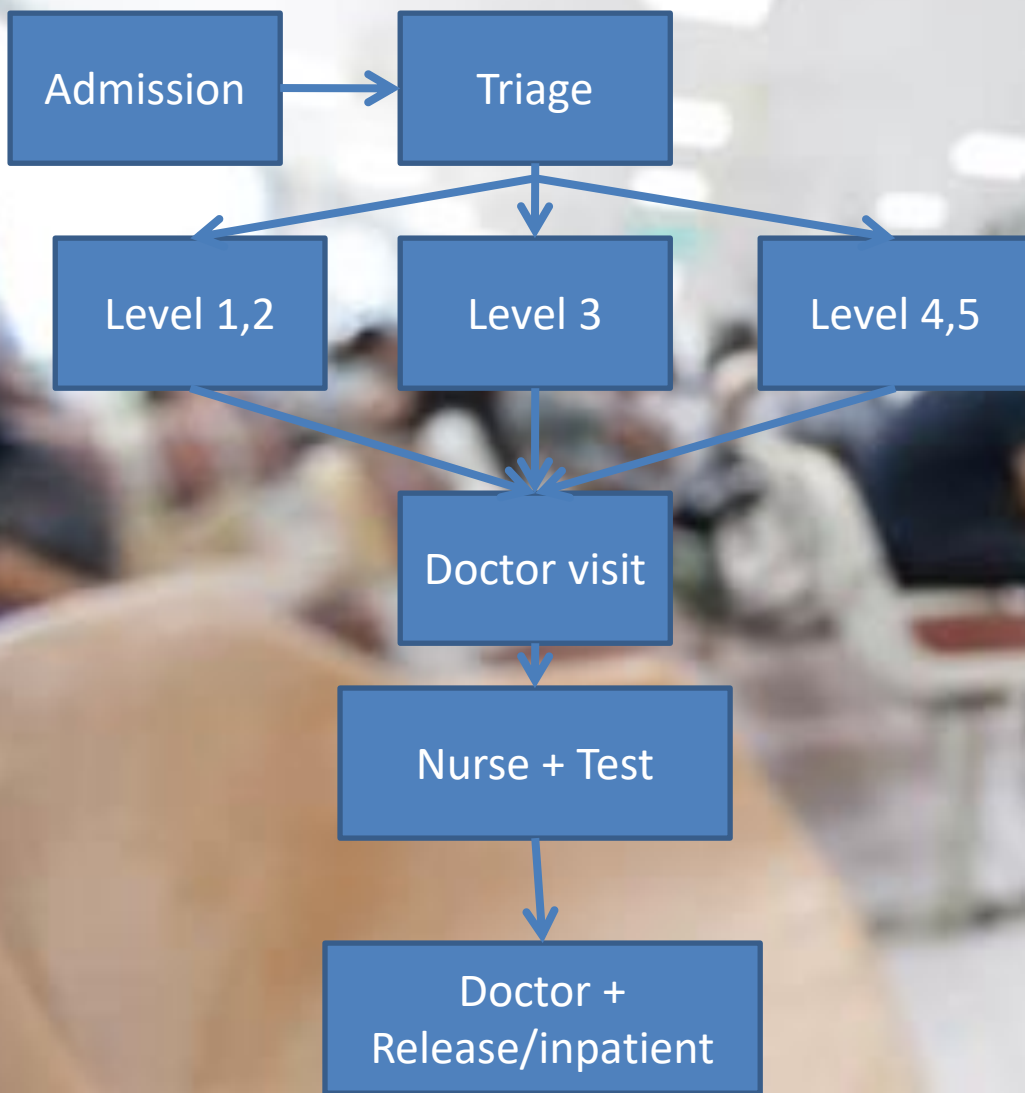
TENDER

OBJECTIVE: To transform the emergency department (ED) into a more effective, efficient, and safe process that results in a higher quality of care perceived by the patients.

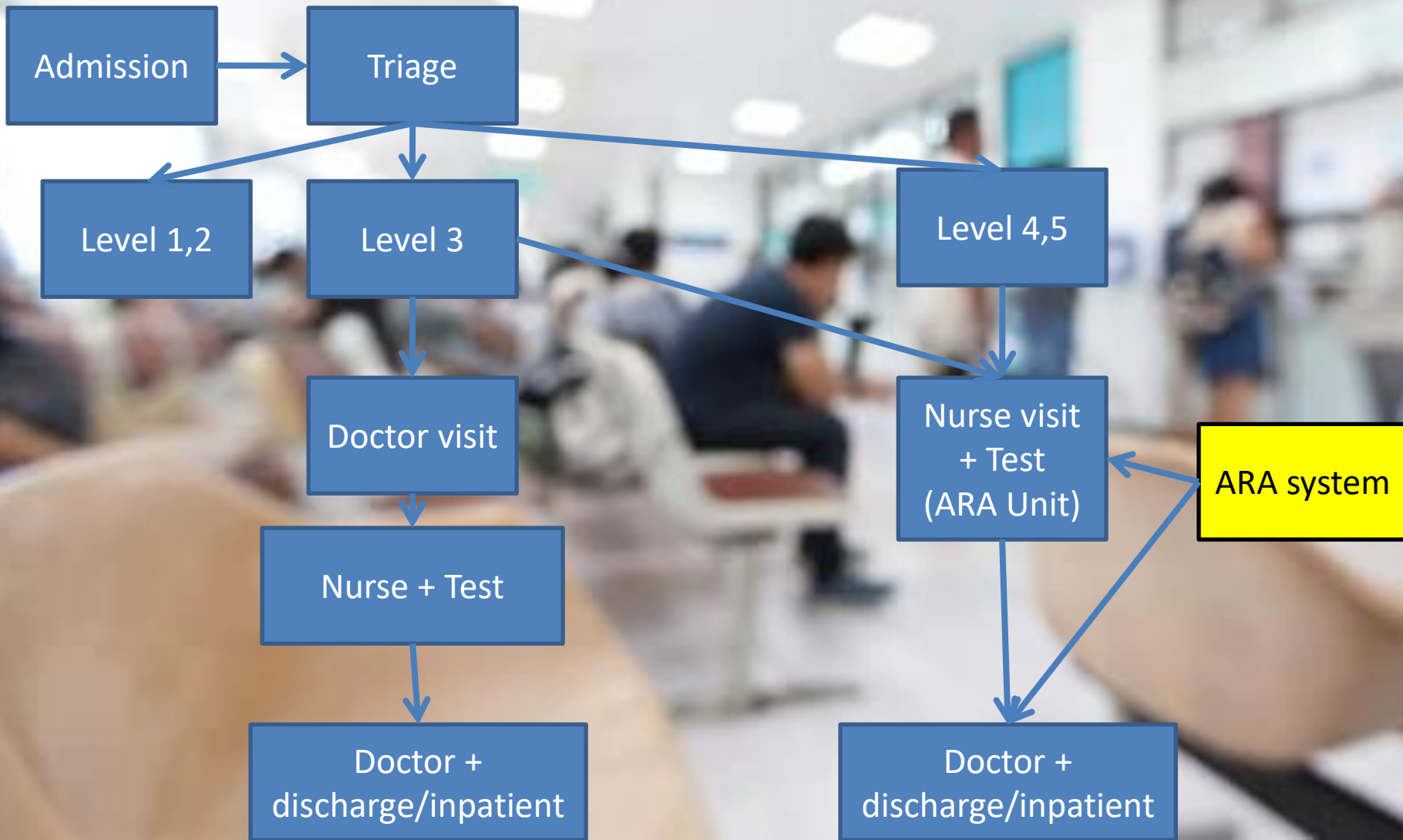
Searching for a solution

***Innovative digital solution for decision support
in the Emergency Department***

ED WORKFLOW



ED WORKFLOW



TENDER

Basic info:

The contract is estimated at **265.664,64€**

Co-financed by FEDER funds

Deadline 30th of November 2020!!

Contract ending estimated October 2022



TENDER

Basic info:

The contract is estimated at **265.664,64€**

Co-financed by FEDER funds

Deadline 30th of November 2020!!

Contract ending estimated October 2022



Preliminar consultation
Jun 2019

Tender publication
Nov 2020

Negotiation
Feb 2021

Development
Mar 2021
(12months)

Implementation and validation
Abr 2022 (6 months)



REQUIREMENTS

Enhance the
autonomous role of
nursing staff

Integration with the
HIS of the hospital

Facilitate the
workflow of ED

Enhance the reduction
of expenditure in
ED

Scalable to other
hospitals

THANK YOU FOR YOUR INTEREST

**Deadline to apply: 30th Nov
265.664,64€**

**<https://www.tauli.cat/en/institut/actualitat/>
[https://contractaciopublica.gencat.cat/ecofin_pscp/AppJava/
notice.pscp?reqCode=viewCn&idDoc=71085134&lawType=](https://contractaciopublica.gencat.cat/ecofin_pscp/AppJava/notice.pscp?reqCode=viewCn&idDoc=71085134&lawType=)**



**Eduard Soler Alonso – Innovation Project Manager a Parc Taulí
esoler@tauli.cat**

linkedin: <https://www.linkedin.com/in/eduard-soler-alonso-9001a1a5/>