

Abstract:

Introduction: Emergency department is considered as the heart of hospital and as a service provision market in which there is demand for modern and up to date services, special equipment and facilities as well as skillful employees. This department is of high importance because of admitting highest intensity, variety and sensitivity of patients. Delivering high quality and on time services is very essential. Emergency department's purpose is delivering right services, on right time, at right place with existing resources. Emergency medicine specialists have the basic and clinical knowledge and appropriate skills for determining, decision making, caring patients who refer to emergency ward and managing the unit at disastrous situations. This study attempted to study the effect of recruiting emergency medicine specialists on the performance of emergency department of Kerman's Shahid

Methodology:

The present study was an applied study which used mixed method. Different documents and evidence for measuring indices deciding on patients status before six hours, mortality rate, unsuccessful CPR, waiting time, discharge against medical advice, emergency department cost ratio of total hospital income, income ratio of emergency department of total hospital income and number of diagnostic tests were studied. Additionally, a qualitative study was carried out in order to study the issue in more depth. Data were analysed using descriptive statistics and statistical tests of comparing means and we also analysed qualitative data using framework analysis. and share test used existing documents in hospital. For analysing data of this part the descriptive statistics and statistical tests used. In qualitative part that done for better analysis used structural analysis.

Results:

Results indicated decrease in waiting time from 7 minutes and 5 seconds to 1 minute and 41 seconds, radiography clichés per patient from 0.4 to 0.38, mortality rate in first 24-hours in emergency from 1.6 in 1000 people to 1.4 in 1000 and with a little fluctuation to 1.5 in 1000 people, however deciding on patient status before 6 hours from 83.05 to 98.91, cost ratio of total income from 0.38 to 1.04 and income ratio of total income from 7.67 to 32.11, diagnostic tests per

patient from 0.16 to 0.61 and discharge against medical advice from 0.62 to 3.8 increased. In the qualitative section of the study three themes and fifteen sub themes were emerged which include economic impact, services' quality improvement and emergency management. Other results included determining the tariffs of emergency services, permanent presence of emergency medicine specialists in the emergency department, promotion of emergency team knowledge, determining a person responsible for every patient, ward management, nursing system reporting and responding and bed management.

Conclusion:

Investigating special processes of delivering services and promoting them which leads to protecting and improving standard services time in emergency department is necessary and it is essential to be regarded as one of management priorities in all plans. With emergency medicine's presence in health system, patients servicing has become better and waiting time has significantly decreased. Twenty four hour presence of Ems throughout the week has made permanent access to physician possible. Additionally, decrease of waiting time and deciding on patient status before six hours has made it possible to reserve emergency beds for other probable admissions and to keep emergency readiness for future admissions. Improvement of indices like deciding on patient status before six hour, mortality (Although with fluctuations) and income are some reasons of emergency ward improvement. Some other results of emergency medicine deployment are ward management, inter intra-department collaboration improvement, employees satisfaction improvement and determining one responsible for emergency department. These results finally improve quality of delivering services and patient's satisfaction.