RESPONSE TO LETTER TO THE EDITOR


Thank you for your interest in the report of our research. You raise some important questions in relation to providing quality care that promotes patient safety in the busy, time pressured environment of the ED as well as in-patient areas. As you correctly point out, prolonged length of stay can lead to adverse outcomes and the Western Australian experience of the ‘four hour rule’ suggests that a short length of stay can be achieved without increased mortality. We agree that eradication of deterioration is impossible but we do believe that more work can occur in formalising systems to recognise and respond to deterioration in ED patients.

While our research identified that 5% of admitted ED patients had MET activation within 24h of in-patient admission,1 a recently published study reports that more than half of in-hospital emergency responses for clinical deterioration were for admitted ED patients, with one quarter of these within 24h of in-patient admission.2 The development of risk management strategies aimed at identifying patients at risk of deterioration early during in-patient admission should promote the communication of risk and maintain continuity of the level of care required across the ED, in-patient ward interface.

Provenance and conflict of interest

There is no conflict of interest declared. This paper was not commissioned.

References


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26 September 2014