# Alberta Emergency Healthcare Business Problem

The emergency healthcare system in Alberta is currently grappling with a surge in demand for emergency services, resulting in prolonged patient wait times and overcrowded emergency rooms. The primary goal of this project is to streamline the patient experience in the emergency department, particularly for Laparoscopy Appendectomy and Cholecystectomy cases, by addressing bottlenecks and process gaps. This effort aims to expedite the delivery of medical care, ensuring patients receive prompt and efficient attention. Through comprehensive data analysis, the project seeks to uncover and compare trends among different practitioners, with the aim of process enhancement and wait time reduction.

Furthermore, the Alberta Emergency Health System faces the significant challenge of effectively managing the increased patient load and healthcare demands brought about by the ongoing COVID-19 pandemic. The critical role of data analysis in this context is to gain insights into the population's healthcare needs, the specific types of medical services required, and the overall demand and capacity of the healthcare system. This data-driven approach ensures that the system is adequately equipped and supported to meet these evolving challenges. Additionally, data analysis enables the identification and prioritization of areas in need of improvement, whether it be processes or resource allocation, while also aiding in the identification and mitigation of potential risks.

The importance of this data analysis cannot be overstated, as it serves as a cornerstone in guaranteeing that the healthcare system delivers high-quality care and effectively addresses the needs of Alberta's population. By enhancing the quality of care, reducing wait times, and optimizing resource allocation, the Alberta Emergency Health System can safeguard the health and well-being of Albertans not only during the pandemic but also in the post-pandemic era.

# Stakeholder List: -

Stakeholder	Team Lead	Responsibilities & Activities
Patient:		
Admitting Clerk:	Dept Head/Manager	The receptionist greets and registers patients.
Emergency nurses (ED/ER):	Charge Nurse	Provide emergency or urgent care to patients that need to be evaluated by medical staff when patients arrive at the ED/ER.
Triage Nurse:	Charge Nurse	Triage Nurses sort patients based on complaints, vital signs, and symptoms.
Trauma Nurse:	Charge Nurse	Trauma Nurses work in Trauma Centers and run the show when trauma patients come in by ambulance.
Code Nurse:	Charge Nurse	Provide emergency care for critically ill patients.
Critical-Care Transport (CCT) Nurse (Ambulance):	Charge Nurse	CCT Nurses that work on ambulances are responsible for transporting critical care patients.
Charge Nurse:	Nursing Supervisor/ Manager	responsible for staffing, patient assignments, throughput, and communication with the ED providers and nursing leadership. Your Charge Nurse is your best resource for all things and keeps the department in order when your shift.
Physician:	Senior Physician	reviews assessment and orders appropriate tests and/or treatments.

	Head of Surgical	A surgeon is a doctor who specializes in evaluating
Load Surgeon for	Department	and curing conditions that may need surgical
Lead Surgeon for		treatment on the body to identify or treat illness or
Procedure:		injury.
Anesthesiologists:	Senior	Anesthesiologists might have extra knowledge in
	Anesthesiologists	particular surgery specialties. This could be
		neurosurgical anesthesia or cardiac anesthesia. The
		anesthesiologist participates in three stages of
		surgery: before, during, and after.
Surgical	Registered	Surgical Technologist help with the surgery by
Technologist:	Nurse/Senior	providing a sanitary operating room. They give the
	Technologist	surgeon the tools they need during surgery.
Residents or	Senior Physician	Resident doctors in training and medical students
medical Students:	Schol I hysician	are a part of the surgical team in most training
medical Students.		
		hospitals.
Physician	Senior Physician	Physician assistants put into practice medicine under
Assistant:		the supervision of doctors. They also help to close
		incisions with stitches (sutures) or staples.

## Process Map: -

# Registration

- 1. Upon arrival, the patient enters the Emergency Department.
- 2. A receptionist warmly welcomes and registers the patient.

#### Triage

- 3. A nurse conducts an initial assessment of the patient.
- 4. Once the assessment is complete, the nurse promptly notifies a physician.
- 5. The physician reviews the assessment and prescribes necessary tests and treatments.
- 6. A nurse and/or physician explains the treatment plan to the patient.

#### **Examination**

- 7. The patient is directed to the appropriate area, such as a treatment room or the x-ray department.
- 8. Tests are performed, and treatments are administered as needed.
- 9. Patients are provided with suitable discharge instructions.
- 10. The patient and/or their family are informed about any follow-up instructions, including appointments
- 11. The patient is discharged from the Emergency Department.

# **Operation**

- 12. Surgical procedures are carried out as required.
- 13. After surgery, the patient is transferred to the recovery room for post-operative care.