

## Preface

# How the Emergency Department Works: A Work in Progress



Joshua W. Joseph, MD, MS, MBE



Benjamin A. White, MD

*Editors*

Emergency medicine is a constantly changing field, and excellent emergency care requires clinicians to possess an intimate and broad knowledge of the principles of clinical care, and the principles needed to sustain a highly functioning emergency department (ED). To be an excellent emergency physician, empathy and a strong clinical acumen are prerequisites, but one must also understand the fundamentals of process flow, time management, team dynamics, efficient and effective communication, and quality improvement. The daily challenge of working in the ED is to actively manage these aspects of care while meeting many different patients' needs.

In this issue of *Emergency Medicine Clinics of North America*, we have attempted to provide a broad overview of current concepts relating to the growing field of ED operations. The authors have been asked to focus on blending the most current research in their fields with practical advice for emergency physicians. Not all of the information is necessarily something you can use on shift, although if you can rewrite troublesome features of your ED's information dashboard between seeing patients, more power to you, but many of the systems issues covered in these articles can and should be addressed by your physician staff as a group. And while many facets of operations research entail deep, technical analyses, sound emergency operations research always has the work of the frontline clinician and their patient's well-being as its ultimate concern.

The field of ED operations remains in constant flux, as the ED is often tasked with responding to larger issues in the health care system, and within society writ large. The issue of crowding has already challenged multiple generations of emergency physicians, reflecting broad gaps in availability for outpatient services, and the frequent misallocation of hospitals' inpatient capacity. For many EDs across North America, the only time there has been consistent respite from crowding has been in the middle of the COVID-19 pandemic, which has posed numerous operational challenges of its

own: from the need to coordinate the provision of protective equipment and ventilators to designing surge scheduling and novel workflows. Yet, this crisis, like many of the demand-capacity mismatches we have faced (and will continue to face) in emergency medicine, has further underscored the importance of understanding and leveraging the fundamental principles of ED operations.

Finally, we are lucky to have a contribution by the late Lorna M. Breen in this issue. Lorna was an active member of the emergency medicine operations community, a supportive colleague, and a dedicated clinician who cared deeply about her patients and the field of emergency medicine. We hope that future emergency physicians are inspired by her dedication to patient care, and to improving how the ED works, for those who are healed in it, and for those who do the hard, worthwhile work of healing in it.

Joshua W. Joseph, MD, MS, MBE  
Department of Emergency Medicine  
Beth Israel Deaconess Medical Center  
Harvard Medical School  
One Deaconess Road  
Boston, MA 02215, USA

Benjamin A. White, MD  
Department of Emergency Medicine  
Massachusetts General Hospital  
Harvard Medical School  
MGH Emergency Medicine  
Founders Building, Suite 852  
Boston, MA 02114, USA

*E-mail addresses:*

[jwjoseph@bidmc.harvard.edu](mailto:jwjoseph@bidmc.harvard.edu) (J.W. Joseph)  
[bwhite@mgh.harvard.edu](mailto:bwhite@mgh.harvard.edu) (B.A. White)