

## Foreword

# Emergency Department Operations and Administration



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*Emergency Medicine Clinics of North America* has always been one of the leading sources of cutting-edge information pertaining to the clinical practice of emergency medicine. The reader can frequently take what he or she has learned and apply it during the very next shift. So why in the world do we have an issue focused on emergency department (ED) operations and administration? To many readers, this doesn't sound very cutting edge or clinical, nor does it seem likely to be applicable to one's next shift.

Let me take you back 24 years...I recall in the spring of 1996 as I approached the end of my residency, our conference hosted a well-known guest speaker who was giving a talk on career choices. He asked my residency colleagues and me what we wanted to do with our careers. One of my fellow residents spoke up, "I want to find a place where I can just go to work, do my shifts, and then go home and not worry about anything else." The guest speaker, a veteran of emergency medicine for many years, responded, "That's a sure-fire way of burning out of this specialty." *Every other* senior member of the faculty nodded his or her head in agreement, and it left the rest of us junior doctors wondering why.

The guest speaker continued, "One of the biggest reasons burnout occurs in any specialty, especially in emergency medicine, is because physicians fail to take control of their work environment. They let other people or other circumstances dictate how they have to work...they feel powerless and victimized. If you want to have a successful and satisfying career in this specialty, you *have to* get involved. You *have to* learn how to control and improve the environment where you work." After more than 20 years of practice, I still remember that advice, and I've learned that it is absolutely true.

So why in the world does *Emergency Medicine Clinics of North America* have an issue focused on ED operations and administration? The reason is simple: we emergency physicians must take control of our working environment for the sake of our patients and for the sake of our own career satisfaction. Frontline emergency physicians

are the very best people to make decisions about how their own EDs should function. For us to leave those decisions entirely up to hospital administrators who often know very little about the inner workings of an ED is truly a disservice to everyone who walks through the ED doors, patients and staff alike.

With those thoughts in mind, we present to you our first issue ever of *Emergency Medicine Clinics of North America* focused on ED operations and administration. This topic has been long overdue. Fortunately, guest editors Drs Josh Joseph and Ben White have stepped forward to present a fantastic issue discussing optimal approaches to various aspects of operations and administration. Basic issues that we face every day, such as ED overcrowding, patient dispositions, quality assurance, and information management, are addressed. They also take the reader a step deeper into operations with discussions on queuing theory and lean process improvement. An assortment of other administrative topics is addressed, including methods to optimize patient safety and the patient experience. They conclude with a discussion of provider well-being, acknowledging that patients are not the only participants whose satisfaction must always be addressed.

No emergency physician has the right to complain about their ED work environment unless he or she has made an attempt to improve it. The articles in this issue of *Emergency Medicine Clinics of North America* will carry you far in your journey of trying to improve your environment...for the sake of your patients and for the sake of yourself.

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