

The Effectiveness Of Emergency Hospital:

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Abstract

In addition to a range of locations where emergency medical care is needed, they have the necessary information and operating policies. People may wait for help longer for various reasons in rural and residential areas. Such facilities are also being investigated for the benefits they may bring in reducing health inequalities. The specialized capabilities of the emergency hospital can help in hastening to reduce research and work. There are also other benefits like more advertisements, doctor credentials, service placement, opening hours, parent family

care, or mandatory consultations. The emergency hospitals are also of universal value. Combining emergency and nonemergency departments can delay the initiation of life-saving care; implying that having specialized emergency and emergency centers increases direct survival after stroke, myocardial infarction, and road traffic crashes .

1. Introduction

Research from Saudi Arabia has the purpose of using statistics to determine the requirements for EMS services to meet the needs of the population, as well as demographic characteristics and the types of cases that utilize services. Factors reflected in insufficient services in this context include excessive patient volume, staffing shortages, and long wait times. Research limitations included the restriction on scope of services, which were primarily focused on stabilization and transfer, death was only confirmed at the hospital and could not be excluded, and size is not defined by strata, making it difficult to compare to other, similar populations. The emergency department should be a part of EMS systems; an emergency hospital provides a complex combination of equipment and qualified personnel (Paolo Cimellaro et al., 2).

Emergency medical services began in the 1960s, and studies of their effects, activities, and costs have since expanded. Hospital service planning has been a concern for healthcare providers and the community. The emergency hospital is also the center for this service, and its effectiveness in fulfilling the local population's needs is an important concern for policymakers. A wide range of cases can be handled at the emergency hospital: stabilizing trauma patients; treating acute and chronic illnesses with severe complications; medical patients who deteriorate in other care setting. Directly due to the number of casualties in critical incidents, ambulance organizations and the emergency services are overloaded. Country hospitals are additionally deep in warfare in a short cycle. There is an unsuccessful or late medical treatment. The need for ratio and prospective collaborators should be provided in the procedures for every component of this segment of the processes through the logistical provisions on each member including routine trainings held in collaboration with other sections in the healthcare services of the hospital. Immediate aid should be provided before retrieval to the critical casualty received (Fava et

al., 2017).s; patients with infectious diseases; and other emergency cases such as surgical, medical, and obstetrical cases (A. Mahmoud et al., 2018).

2. Importance of Emergency Hospitals

Emergency departments possess a vital function since they offer major options for patient access and care to emergency hospital, particularly within nonclinical working hours. An emergency department has rapidly demonstrated its value during every big crisis, such as for armed assaults or big mass-casualty occasions. In such epidemics, it will also detect, recognize, handle and provide endemic action in order to avoid widespread occurrence. The foremost critic topic for complex events, in this wisdom, is the emergency sector. Such events pity on summation of any and every case. Hospitals must be ready for unwanted consequences, severe nature of wounded people, cumulative crises, low resources controlled and solidarity from other neighboring region and towns, emergency departments (ED) should be ready (S. Shehadeh & V. Snyder, 2017). This readiness will involve forecast, coordination, training, strategy and collaborative systems that have to go live. Emergency departments are the main section in a healing facility and they should be accessible. In major incidents, the country's healthcare capability can be questioned. At the bombing, the health facilities and hospital hope to be very thorough. It's been undertaking within providing relevant medical treatment to the people and doctors wounded and killed as well as in quite short MEDVAC times.

In recent years there have been different events that have resulted in various disasters with severe consequences on the global world. Breakout of pandemics, frequency and severity of hurricanes, increase of magnitudes of earthquakes, terrorist act of bombings and shootings, unbearable cold and atmosphere disasters are the examples which had these great consequences. This results in collapses of structures, sudden deaths of susceptible people, outbreak of severely wounded patients, infectious diseases and transfers to hospitals. This is a turbulent but agile situation and any treatment must be quick and fast (Kazemzadeh et al., 2015). For this reason, developments of the healthcare system and emergency care services play a very significant role in the last years.

3. Factors Affecting the Effectiveness of Emergency Hospitals

Many factors can have an effect on the hospital's effectiveness due to the pandemic situation, including the number of patients, the performance of workers, and the number of workers at the facility, personnel at the clinic. It's also critical to differentiate between good-quality conservative treatment hospitals and emergency hospitals. Factors that directly affect the performance of an emergency hospital can also disadvantageously influence the overall outcome, including ability to recruit and retain qualified staff, pre-set policies and lanes, and emergency hospital location, in proportion to the nearest City,. Furthermore, during a pandemic, the wear of personal protective equipment (PPE) is restricted, which also impacts health workers and staff performance at emergency hospitals. Effective operational management coordination will prevent persistent challenges and needless administrative interventions from arising. The hospital contamination effect during the virus propagation cycle can be minimized via operation management.

The novel coronavirus has spread rapidly and globally, causing serious and urgent concerns for people all over the world - and it appears that it will stay with us longer than expected (Leung et al., 2018). And as of now, the safe and effective vaccine supply available worldwide and the treatment options are changing, the healthcare policy and strategies are facing complex challenges at global level today, which underscores their significance now and in the future. (Wang et al., 2018). The characteristics of the , unavailability of treatment, its early spread, a load of patients, fewer negative cases during pandemic surges for clinical judgement and less resource availability made emergency hospital inevitable from every country to manage patient. Because of its unique operational dynamics, such as set-up time, operators, health care providers, equipment, and training requirements, famously, but also due to administration challenges, the emergency hospital operation is nevertheless not obvious. Emergency hospitals are established to deal with a rapid increase in patient numbers as pandemic has swamped everyday healthcare facilities. (Huang et al., 2016).

4. Strategies to Enhance the Effectiveness of Emergency Hospitals

According to national statistics, nearly 67% of factors that decrease the life expectancy in the country is due to issues such as accident, disaster, car accident, occupational accidents and violence that emphasize the need for an enhanced and developed network of emergency hospital and emergency prehospital. Also, considering the type of accidents and injuries, acute and unexpected accidents are a potential market for the emergency hospital and emergency prehospital services so that, there are large, latent and unexpected clients and various markets for emergency hospitals with lowbudget advertisements. The need for emergency hospital services and prehospital emergency services in other countries and making use of the latest technology in telecommunication and GPS services in the emergency prehospital system for transportation for serious gain from a services.

From this perspective, strategies become a guide for healthcare delivery system organizations and their employees in the course of their affairs. According to the International Health Services Leadership Standards, managers' task is to perform strategic planning and formulate their executive plans based on their identified strategies. Recent efforts have been launched to provide healthcare delivery services based on different contexts, so managers must take the seriousness of this matter into account for better progress (L Burdett et al., 2016). For instance, not providing care services to patients with cutaneous lesions and pelvic traumas or providing these services thereby considering the staff's abilities is not cost benefits and not responsive.

Emergency hospital is a type of hospital affiliated with a service unit designated for receiving patients with acute accidents and severe injuries (H Yarmohammadian et al., 2017). In this progress, strategic management has been introduced as an appropriate strategy for the fundamental change in the provision of emergency hospital services (Bastani et al., 2016). Healthcare centres are complex organizations in which a variety of managerial activities are carried out to provide high-quality services. Through strategic management, managers of healthcare organizations determine the desired future status of their organization.

5. Staffing and Training in Emergency Hospitals

Staffing is simply a function of staff numbers, their job descriptions and rosters in most countries. However, staffing a hospital with a set of qualified emergency personnel is not an easy task anywhere. Efficient staffing hinges on job description, personnel recruitment, working conditions and incentives. The job description describes who should do what, when and for which purpose while working conditions and incentives are designed to entice and retain staff at the hospital (Hosseini et al., 2016). For example, hospitals that tend to work in time pressure and make employees to miss meals and other break's incentives such as overtime payments are likely to retain staff. Availability of hygiene facilities may entice workers and enable them to operate in a healthy environment. Staffing the emergency department of a hospital goes beyond staffing in terms of a set of bodies present; it involves a careful mix and distribution of responsibilities among staff of different qualifications, division of labour for effectiveness and training availability to ensure continuous professional development.

Emergency hospitals are organizations structured and designed to deliver emergency care of a predefined complexity and volume to any patient presenting at the hospital, at any time. The ultimate goal for all emergency hospitals would be to save lives. In order to achieve this goal, all the systems should work well (Botes et al., 2016). This is central to ensuring that all required support systems are well understood and are working correctly. It appears that staffing and staff training are the absolute basics yet provide the cornerstone of an effective emergency hospital (Mancheva & Dugdale, 2017). These two components of an emergency hospital seem to be also the most difficult to get right. Levels of ill health all over the world are such that demand for quality emergency care is such that very few hospitals have none.

6. Technology and Equipment in Emergency Hospitals Technology and hardware come to the aid of hospital systems in efforts to manage emergency ward operations (Hosseini et al., 2016). Portable equipment and software that can be easily adapted to integration with systemic software and hardware are used in emergency hospitals. Emergency hospitals are separated from the main hospital structure and focus primarily on emergency treatment. Therefore, unnecessary medical equipment and

systems were not acquired or associated mainly following other needs. The medical equipment and infrastructure of the main hospital were focused on hospital emergency departments. Emergency hospital operations are primarily directed to fast and high-quality services without any pressure for tariffs, then for revolutionising the structure of health services. Processing time was shortened, resulting in patients feeling more comfortable.

Emergency hospitals are a class of medical facilities created as a response to unacceptably long waiting times, overcrowding, and a lack of access to health care services in hospitals and in order to improve patient access in a timely manner, medical services for emergency treatment were separated (Lu et al., 2013). Considering the establishment and operation of such facilities can be considered a success (Dubey et al., 2015). Comfortable physical and mental conditions were created for the patients and visitors who were referred to these hospitals for treatment and for the staff who provided medical services. Health services could be easily accessed in these hospitals without waiting times and overcrowding due to patient density.

7. Emergency Hospital Protocols and Procedures

The goal of all patient assessment/trauma protocols is to offer the most effective care possible. These guidelines can also help ensure that the legal requirements of patient assessment/triage are followed. Elements of the protocol that spell out damage control procedures can also be explained in terms of what care will be withheld rather than what care will be administered. Finally, the patient assessment/trauma protocol is also a way to clearly assign responsibilities and accountabilities. The protocol can specify what is the role of a nurse, a surgical resident, an anesthetist, etc., and what do you expect them to do and communicate. These protocols are frequently performed by multi-disciplinary teams, and having a single protocol ensures that everyone performing or witnessing the assessment understands the plan and the sequence of its elements. Many protocols attempt to be evidence-based and also based on consensus in the care community, but there can be substantial differences in the details of different protocols. Changing these protocols is difficult, often taking years. Protocols frequently have infinite loops between steps, and are designed with flexibility to respond to specific patient factors or to respond

to concerns about the patient. This approach can be designed out of clinic flow where failure to progress through the clinical pathway is potentially damning.

Emergency hospital protocols and procedures are crucial to minimizing errors and improving the quality of patient care in hospitals (McLachlan, 2017). Patient safety is the highest priority when treating patients in the emergency unit. These protocols help define the role and responsibilities of different health care professionals in performing the primary survey (Shang et al., 2018). These protocols are designed to facilitate the recognition, assessment, and management of injury patterns and diseases that are commonly seen in an emergency or trauma patient population. In routine patient care settings, many kinds of workflow processes are frequently used at hospitals (SUN et al., 2017). In the emergency department, clinical practice guidelines' (CPGs) protocols are frequently used, which are designed as decision making aids for managing a specific clinical issue. CPGs encourage the consistent and high-quality provision of healthcare.

8. Patient Triage and Assessment in Emergency Hospitals In an emergency department, patient triage is prioritized for them. Personnel working in critical communities such as the Emergency Department (ED) are mostly experienced in this very field. On arrival of empty an ambulance at emergency department, a nurse greets the patient and asks about his symptoms and problems in the initial evaluation. Preliminary assessment by a nurse allows doctors, nurses, and health staff to assess the seriousness of the patient's condition and develop a treatment plan. The Emergency Severity Index ESI triage algorithm was recommended by the Unit of Health Care Quality Promotion Centers for Disease Control and Prevention in 2012 as a well-scored triage system and one of the six options that promote patient safety and evidenced base healthcare enhancement. Two Canadian provinces operate on a 'funded fee per pay' scheme and one has no service offerings, while another one has poor reimbursement for offering ED services in hospitals. In order to finance their emergency departments, hospitals in Australia obtained funding through an approved activity-based financing method for admitting an 'emergency patient' not only to incentivize hospital admissions. This funding methodology also offers an emergency response because it is

necessary to recognize that emergency care is costly but not profit-driven..

Emergency hospital services exist to manage and treat critical illnesses and traumatic injuries, simulating the Rural Doctor and the Remote Doctor at home (Hiram Guzzi et al., 2014). Studies show overcrowding causes medical errors, drug delays, and an increased stay, weakening clinical outcomes (P Aacharya et al., 2011). These will have negative impacts on patient care. According to an estimate, 50% of population visits an ER annually, of which, 50% visitors are non-urgent. However, days of peak use can be nearly doubled. A crisis denotes a situation that introduces strain on a hospital's capability to serve in usual course of events, and this will require a surge capacity, as emergency hospital care is one of the key functions in the concept of combined healthcare (Gligorijevic et al., 2018). Thus, legitimate and moral concepts for crisis care start with an idea of equity and guaranteeing appropriate service availability for all patients, and it also demands a need to shift to a modified version of the hospital standard of care with a crisis, thus requirement of adjustments and modification from threat-dependent to demand-centric healthcare function that inflicts changes in all aspects of both hospital and healthcare function. Ration of health services/medical resources must meet ethical standards and ensure quick and equal treatment access to all. Among other ethical issues, there should be transparency and responsibility regardless of triage or resource concessions made throughout triage.

9. Emergency Hospital Response Time

In emergency medical services, response time plays a crucial role. Reducing the likelihood of rescue for injured patients may lead to irreparable physical and cognitive damages, increasing medical costs, and negative effects on social and national profits. Due to crowding and other main reasons to delay, prehospital emergency services can't be assigned appropriately in some cases, so the aim of the present study was to specifically evaluate the response time and also to consider the probable reasons for delaying of prehospital emergency missions in Mashhad, North-East of Iran (Jafari et al., 2016). (Yao et al., 2016).

10. Collaboration with Emergency Medical Services

3. Conclusion

Collaboration between EMS and emergency departments are improving patient care and preventing overdose deaths. However, the potential for collaboration has been underutilized. A crucial first step for data-driven collaborations is documenting how patients involved in suspected drug overdose cases in prehospital opioid recovery hotspots (ORSs) utilize the emergency department and the manner in which emergency department data can provide a better understanding of the circumstances surrounding opioid overdose. For ED-based syndromic surveillance and collaboration efforts, existing data linkage infrastructure and approaches included ongoing surveillance efforts with the capacity for realtime data exchange. Working collaboratively, efforts were extended to assess whether these individuals presented to ORSadjacent EDs in the year following the event. To align subsequent events with the appropriate structured query and minimize linking error, additional demographic characteristics, toxicology results, disposition, and other survivorship status were compared.

2. Can we do more to harness EMS data to improve patient care in emergency departments?

1. Introduction(E. Gutierrez & Simon, 2018). It is now proposed that emergency departments (and hospitals) will become pivotal community players in response to out-of-hospital cardiac arrest, sepsis, stroke, and time-sensitive emergencies. Therefore the emergency department needs to develop much better relationships with the Emergency Medical Services (EMS) (Bahadori & Ravangard, 2013). EMS needs to be seen as an extension of medical care, not merely transport services. Collaboration with EMS is crucial Emergency Hospital (EH) is functionally a vertically integrated section of the hospital where all emergency patients are streamed without requiring a prior appointment. The EH serves an important role by providing immediate life-saving care, is safe to handle undifferentiated patients in need of short-term but intensive care and can generate income through patient care billing while managing high patient inflows.

11. Emergency Hospital Facilities and Resources Efficiently managing the flow and management of medical facilities, staff, and

even valuable medical equipment is an essential part of providing safe, fast, higher quality, and affordable medical treatment for individuals who require medical care at hospital emergency medical resources. The activities are created to increase throughput in the emergency department and allow in patients who await admission to the ward or admission to leave the department quickly. Emergency bed allocation needs to optimize emergency bed capability, and the facilities are to guarantee the department's capability to maintain patients and anticipate their forecasted additional patient list in the emergency. Additionally, by investing in human resources or its positive effects on decreasing patient clearance time, the current research was consistent with many previous studies. The introduction of additional human resources, especially in senior categories, is suggested to decrease patient clearance times in crisis departments. The primary aim was to discover the effect of 911 operators' triage on patient clearance times (Luo et al., 2018).

Emergency hospital facilities and resources play a significant role in improving patient care (Bastani et al., 2017). Overcrowding in the emergency area can result in risk and poor patient results (Barghi Shirazi et al., 2016). The correct staffing and allocation of emergency beds and facilities are helpful for future admissions. The emergency area is known as an entrance for facilities and other possibilities. Reducing waiting time is able to improve the quality and security of nursing clearance as a crucial objective in almost all healthcare settings. Also, efficient allocation of patients enhances resilience to deal with future admissions suboptimally. In many countries, EM (Emergency Medicine) is not separately recognized as a specialty while in the United States, Emergency Medicine is now one of the discrete specialties. Unfortunately, developing or low-income countries still do not have EM recognized as one of their separate specialties. That is why EM is not well-integrated into Health Care Systems in these countries.

12. Quality Assurance and Continuous Improvement in Emergency Hospitals

Morimura et al (PMID: 29351029) studied the association of the CQI program and decreased adjusted inpatient mortality at hospitals in Japan. The researchers concluded that "More effective quality indicators (eg, Cronbach's alpha > 0.70) related to hospital low death reputation should be nominated in the web-based

reporting format for public benchmarking to reduce inpatient mortality up to 48 percent” (Groene et al., 2010). Internationally, there have been similar associations between nominating and publicly reporting hospitals’ names for an outcome and improved outcomes.

The Continuous Quality Improvement (CQI) process emphasizes the importance of customer or patient satisfaction and suggestions for improvement in the quest for improved clinical outcomes and efficiency in emergency hospitals (B Chartier et al., 2017). Emergency care physicians often represent their peers in multispecialty Continuous Quality Improvement committees within hospitals to assist in achieving hospital-wide goals and objectives (T. Normand & M. Shahian, 2007). Physicians have a major role to play during the design phase not only in communicating and understanding the culture of emergency care at their institutions, but also in verifying the data specifications, accountabilities, and workflows that are essential for performance metrics reporting in emergency care. Since performance metrics in emergency care are multifactorial, hospital in Late-Breaking News: The First 6 Hours selects those few relevant metrics on the basis of available evidence and endorsement by subspecialty organizations.

13. Patient Satisfaction in Emergency Hospitals

The patient satisfaction represents one aspect of the quality of healthcare services and is considered an indispensable issue that should be carefully assessed. The quality of care in hospitals are improving by studying patient satisfaction which is one of the widely-used methods. The significance of patient satisfaction assessments is not limited to quality improvement in health care but also has a significant impact on resource allocation in public policies and laws. The satisfaction of Hospital care services is used as an indication of performance and quality of services in health sectors. Patient satisfaction with hospital services acts as a bridge between the government and the health facility to identify and manage poor performance, thus showing the transparency, responsiveness, accountability, and efficacy of policies (A Ogunlade et al., 2007). Patient satisfaction and health care service provision are related to social, economic, and cultural convergences of a specific society or community. Patients with different characteristics such as socio-demographic or physical and

psychological conditions have dissimilar prudences which considerably influence their satisfaction with health care services. Patient satisfaction in hospitals is not only influenced by hospital policies and rules but also related to their past healthcare experiences (Abdelhadi, 2018). The patient satisfaction level of three categories which are Patient variables, hospital-related factors and probability of hospital use are considered as predictors of patient satisfaction. Importance of all these aspects varies and Patient variable is the most important variable that predicted the highest provider satisfaction.

Patient satisfaction and perception regarding emergency care services play a vital role in ensuring that patients receive quality care in International Hospitals and other healthcare sectors (Abass et al., 2017). A key element of the public perception of health care systems is satisfaction with services, as health care services are no longer based on necessity but also perceived quality of services. To measure the quality of hospital care, perception or satisfaction of service receivers in the healthcare sector has also become an essential. The Saudi Ministry of Health has aimed to increase the satisfaction of the patients because it is considered not only as an indicator of quality of care but also it produces positive outcomes in administrative and clinical areas. Studies have demonstrated that satisfaction is a significant contributor to positive clinical outcomes, health-promoting behavior, reduce non-adherence to treatment, increased persistence of mental attitude, increased attendance for follow up visits, minimizing distress, lowering health care costs, and eventually its effects on the morale and engagement of the health care workforce. According to a study, Hospital care quality is being assessed by a metric measuring perceptions such as patient experience or satisfaction. Patient satisfaction is also recognized as an indicator in other industries

14. Challenges Faced by Emergency Hospitals

Most of them might be independent of the ED crowding. Eighty-eight percent of head and neck scans, 81.8 percent of thoracic, and 84.6 percent of the abdomen-pelvis scans were requested as outpatients, and only 61.2% of non-trauma scans were requested as inpatients in their analysis. MRI scans contributed the most in spike hours to the time of the modality that imaging orders had been arrived, while the time of the modality of

orders is available only to inpatients. Even though it refers to diagnostic cancer staging and postoperative complications as the main effective imaging test, because of their courier service and emergency imaging policy, there is a significant reduction on the modality time value of imaging test than MRI imaging.

Lack of in-hospital beds and dependencies on ancillary resources such as laboratory studies and imaging are major factors that contribute to emergency department (ED) overcrowding (Girishan Prabhu et al., 2007). In light of these challenges, the current study intended to model imaging delays in the emergency department. Despite the aim of minimizing the time spent in the emergency department, imaging orders were tied to patient time. The mean time spent on the first – and any additional – imaging ordered for the ED patient arrived between modalities, and the mean time it had arrived in modality to starting the imaging process identified as 5.2 (5.7) and 70.8 (65.6) - minutes respectively.

15. Case Studies of Effective Emergency Hospitals

It is possible to use a variety of simulation methods to improve the efficiency of emergency departments (Moslehi et al., 2007). The outputs from the simulation process can be relied upon by policy makers, healthcare professionals, and administrative teams to enhance the viability and effectiveness of their systems. The study will consist of a five-step treatment. This article outlines a framework for determining the structure and parameters of the case study. The tools allow managers to detect system faults more easily and can take the necessary action to improve system performance. The findings also demonstrate the importance of building mixed simulated models into systematic opportunities. In addition, findings suggest that any arrival distribution could be applied as a rule, but it is best to closely provide the required supply of healthcare services. The study also shows the power of using the Series software to perform the simulation process. We generalize that discontinuity in healthcare systems can be incredibly interesting and could significantly influence healthcare outcomes (Alenany & Ait El Cadi, 2007).

The effectiveness of emergency hospitals in responding to mass casualties has attracted a great deal of attention among both researchers and emergency hospital administrators. This is largely because of several large-scale terrorist attacks, mass gatherings,

and public health emergencies that have occurred in Europe and in the United Kingdom (Ravaghi et al., 2018). Including Emergency Department (ED) overflow capacity, staffing capacity, and PPE stockpile issues, the effective management and performance of emergency hospitals to deal with sudden peaks in demand have been the subject of much discussion and study. In the last decade, various academics have conducted survey studies on this topic, and there has been significant focus on emergency hospital response capacity by large institutions such as the World Health Organization, the United States Center for Disease Control and Prevention, and the European Union. However, relatively few empirical studies on effective emergency hospitals exist for event response e.g. terrorist attacks or major emergencies. Our study attempts to address this research gap and to fill this research gap by developing the first available list of cost-effective evidence for emergency hospitals in the world through the London hospital case studies.

16. Conclusion

I found the triage system was found to be effective, but symbolic analysis showed some uncertain situations. The second article in this thesis concluded that significant improvement in order to receive initial care and final diagnosis for all patients must be done. The third and fourth article showed that it is difficult to keep the principles for triage management after an implementation not least because of workload and lack of infrastructure. Emergency departments worldwide are overcrowded and is inappropriate used. Therefore interventions in order to implement the emergency departments according to the expected use should be done. All patients should expect to get final diagnosis and necessary treatment, but emergency departments should be equipped mainly for patients with serious diseases (Naskar et al., 2018).

The aim of this thesis was to illuminate the use of the emergency hospital according to different research questions. Emergency care is an important part of the health care system. Emergency care is an extensive concept and today it mostly takes place in an emergency department. Often, the emergency departments represents the emergency care's primary venue, where various patients seek help according to their needs and what happens is of

great importance for those seeking help as well as for society at large (Paolo Cimellaro et al., 2018). Emergency departments care is, however, expensive and represents a great cost for society. Therefore, society's resources should be utilized in the best possible way. The first article in this thesis concluded that the emergency hospital is effective in order to save lives, but it is costly and not effective to treat a large range of minor symptoms.

Since the - pandemic began, many emergency care institutions, such as emergency departments and other primary care services, have experienced a significant decline in patient attendance and admission rates. This has raised the question of how emergency care institutions can be used more effectively than today (Deshpande et al., 2017).

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