

International Emergency Department Survey

The NEDI project is conducted by the Emergency Medicine Network (EMNet), an emergency medicine research group, to better understand the characteristics and scope of Emergency Departments (EDs) internationally.

Since unplanned medical problems affect people worldwide, NEDI aspires to describe emergency healthcare systems around the world. The NEDI online survey identifies similarities and differences in EDs with a philosophy that different emergency healthcare systems can learn from one another. Using technology to facilitate cooperation, we hope that NEDI will serve as a platform for exchanging ideas on improving the accessibility and quality of emergency care for all.

If you work clinically in an ED, please proceed with the survey.

Are you willing to provide descriptive information about your Emergency Department?

- Yes
 No

→ If NO, please save this survey and return to it when you are ready to fill it out. Thank you for your time.

Please answer the following questions with estimates for the year 2008(unless otherwise indicated).

1. Is your ED physically part of a hospital (e.g. same building or adjacent):

- Yes No

→ If no, please specify the physical location or structure of the ED (e.g. urgent care center, mother and child center, community health center): _____

2. Please estimate the total number of hospital beds; enter 999999 if unknown: _____

3. Please estimate the percent of your patients that are children; enter 999999 if unknown: _____

4. Is the physical plant of your ED:

Contiguous – all medical (e.g. heart attack, acute asthma) and surgical (e.g. trauma) emergency care provided by a general ED in one unified area.

OR

Non-contiguous – emergency care provided in separate areas throughout the hospital; i.e. medical emergency care (e.g. heart attack, acute asthma) provided in a geographically distinct area from surgical emergency care (e.g. trauma).

5. Is there a triage to service (i.e. triage of patients to a specific emergency service, e.g. medical vs. surgical team)?

- Yes No

6. Please, indicate the total number of ED beds, enter 999999 if unknown: _____

7a. In 2008, was your ED open 24 hours/day, 7 days/week?

- Yes No

7b. Who runs the emergency department? (Note: If the first OR second OR last answer is checked, a respondent went down the "1 leader" path.)

- ED director who oversees all emergency services (e.g. medicine and surgery)
 Each service has its own director, however, they jointly oversee the emergency department (e.g. have board meetings).
 Emergency services share the same hospital area but are otherwise completely independent of one another, each with its own leadership.
 Other, please specify: _____

8. Please indicate whether the following types of emergencies can be treated in your ED and whether treatment is available 24/7:

	No	Yes	Not Available 24/7	Available 24/7
a. Medical- Cardiology (e.g., arrhythmia, acute myocardial infarction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Medical- Oncology (e.g., fever and neutropenia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medical- Other (e.g., urinary tract infection, acute asthma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Trauma (e.g., motor vehicle crash, gun shot wound)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Neurological and neurosurgical (e.g., acute thromboembolic stroke, intracranial hemorrhage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Urological (e.g., kidney stone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obstetrical (e.g., complications of pregnancy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Gynecological (e.g., ruptured ovarian cyst, yeast infection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Ear, Nose, Throat (e.g., severe epistaxis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Ophthalmological (e.g., acute glaucoma, eye injury)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Toxicological (e.g., overdose, carbon monoxide poisoning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Psychiatric (e.g., psychosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Dental (e.g., tooth extraction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Surgical- Oral maxillofacial (e.g., jaw fractures, oral abscesses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Surgical- Plastic (e.g., severe lip laceration)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Surgical- Hand (e.g., tendon injury)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Surgical- Orthopedic (e.g., long bone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

fractures)				
r. Surgical- General (e.g., acute appendicitis, pneumothorax)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Please indicate the annual number of patient visits at your ED in 2008:

Children (e.g. ages 0-17) = _____ Unknown
 Adults (e.g. ages 18+) = _____ Unknown
 Total (Adults + Children) = _____ Unknown

If your ED uses a different cut off age to distinguish between children and adults, please specify:
 _____ years

10. Approximate percent of patients that arrived at your ED by ambulance:

- < 20%
- 20 – 39%
- 40 – 59%
- > 60 – 79%
- 80% or higher
- Unknown

11. Do patients require a referral from a physician, or need to arrive by ambulance, in order to receive emergency care? (i.e., with rare exceptions, patients without a referral are not seen)

- Yes
- No

12. What is the average length of stay at your ED?

- < 1 hour
- 1-6 hours
- > 6 hours

13a. Is a physician available to the ED, 24 hours/day, 7 days/week?

- Yes—A physician is physically present in the ED, 24/7
- Yes—A physician is available to the ED from within the hospital, 24/7
- No—Variable staffing (e.g., a physician is available to the ED from outside the hospital)

13b. Is at least one nurse on duty in the ED, 24 hours/day, 7 days/week?

- Yes
- No

14. Are the following consultants available in-person to the ED? Residents or registrars qualify. If YES, please indicate, on average, how long it takes the consultant to arrive and whether the consultant is available 24/7:

	No	Yes 0-29 min	Yes 30-59 min	Yes ≥60 min	Not available 24/7	Available 24/7
a. Anesthesiologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Cardiologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. General Surgeon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Neurologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Neurosurgeon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Obstetrician-Gynecologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Orthopedic Surgeon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Plastic Surgeon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Psychiatrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. In 2008, how would you describe your hospital's ED?

- Under capacity
- Good balance
- At capacity
- Over capacity

16. Please respond "yes" or "no" in reference to the following questions:

	No	Yes
a. Is there a dedicated CT scanner for the ED (i.e. preferentially for ED patients)?	<input type="checkbox"/>	<input type="checkbox"/>
b. Is there a cardiac monitor available immediately in the ED?	<input type="checkbox"/>	<input type="checkbox"/>
c. Is there a mechanical ventilator available immediately in the ED?	<input type="checkbox"/>	<input type="checkbox"/>
d. Is there a respiratory isolation (negative pressure) room available in the ED?	<input type="checkbox"/>	<input type="checkbox"/>
e. Is a computer system used to collect clinical data in the ED?	<input type="checkbox"/>	<input type="checkbox"/>
f. Is internet access available in the clinical area of the ED?	<input type="checkbox"/>	<input type="checkbox"/>
g. Is there a clinical laboratory available for your ED with the capacity to perform a potassium blood test 24/7?	<input type="checkbox"/>	<input type="checkbox"/>

17a. Approximate percent of your hospital's total admissions (i.e. inpatient hospitalizations) that were admitted through the ED:

- < 20%
- 20 – 39%
- 40 – 59%
- 60 – 79%
- 80% or higher
- Unknown
- Question does not apply; ED is not part of the hospital

17b. Approximate percent of ED visits that led to admission (i.e. inpatient hospitalization), including patients admitted to observation unit/status (*in some facilities, a short-stay in the "observation unit" or an admission is designated as "observation status" if the length of stay is < 24 hours*):

- < 20%
- 20 – 39%
- 40 – 59%

- 60 – 79%
- 80% or higher
- Unknown
- Question does not apply; ED is not part of the hospital

18. Is the ED an official department within the hospital organization (e.g. separate and independent from the Departments of Medicine or Surgery with its own leadership and staff)?

- Yes No

→ If NO, ED is part of which department (specify): _____

Please include any comments that would help us understand your survey responses. (e.g., if your ED serves a specific patient population or is a specialty ED):

Thank you for taking the time to complete this questionnaire!