**Scenario 2: Emergency Department**

One Saturday evening in April, you are working the Emergency Department (ED) at a large county hospital. It is one of the first warm days of spring and there have been several motor vehicle and motorcycle accidents…it has been incredibly busy all day. As the only level 1 trauma center in the city, all of these cases are triaged to your center. This makes it exciting, but today has been a constant stream of severe trauma.

You are not on the trauma “side” today of the ED, but because of the high trauma volume, several residents, attending physicians, nurses, and medical assistants have assisted with these patients, leaving your section understaffed. You grab the next chart from the rack and see that it is a 58 year old man who received his second round of chemotherapy last week for acute myelogenous leukemia. He arrived at the ED 45 minutes ago with a temperature of 102.5 F and shaking chills. You begin your evaluation of the patient with a strong concern for a neutropenic fever. After a history and physical exam, you order a complete blood count, blood cultures, urine analysis and culture, chemistries, and a chest radiograph. The patient receives some acetaminophen and feels a bit better after 30 minutes.

One hour (and three patients) later, you notice that his blood had been drawn but is sitting in a bag in the “transfer to lab” box. It appears that no one sent the blood to the lab. This is extremely frustrating to you as you know the importance of starting antibiotics quickly in any patient with neutropenic fever (guidelines recommend within 1 hour of arriving at the ED). The patient has now been here for over two hours and you’re still not sure of the diagnosis. You grab the tubes of blood and walk them to the chemistry lab yourself. After 45 minutes, the blood work confirms that he is neutropenic, so you order appropriate antibiotics and start the paperwork to get him admitted to the hospital.

During a brief break, you express your concern about the lapse in diagnosis time to the nurse supervisor. He listens carefully, sighs, shrugs, and says, “Just a busy day…that’s what seems to happen.” You know the system can, and should, work better…but how can you start to work on this?