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Assessing Patient Needs in the Emergency Room Department: An Evaluation of Service Delivery in Government Hospitals in the Province of Albay

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Abstract
Aim: This study assessed the current status of the emergency room department, the level of patient needs, and the problems encountered by emergency room department staff of government hospitals in the province of Albay
Methodology: This study used a descriptive-quantitative design, using surveys to determine the needs of patients in the emergency room department based on patient-centered indicators. This study was conducted in two government hospitals in Albay with 93 respondents. Convenience sampling was utilized to assess the patients' healthcare experience at the ERD. On the other hand, total enumeration was employed with the criterion that they work as healthcare providers.
Results: The findings revealed that patients were satisfied in all care domains. At the same time, staff agreed they were experiencing problems in the emergency health care delivery system, which also affects patients' satisfaction with the level of care.
Conclusion: The researchers have identified the following conclusions: Hospital A exhibited efficient service delivery to meet the patient's level of care and needs despite the surge of patient volume. In terms of staffing, there was a significant lack of staff, which significantly affected the care and operational services of the hospitals. Despite this, the patients in the emergency department of government Hospitals in Albay were satisfied with the service delivery exercised by the clinic. In addition, the challenges encountered by the emergency department staff were found to be serious challenges that limit their healthcare service delivery to the public, affecting overall patient satisfaction.

Keywords: Patient needs, Emergency Room Department, Evaluation, Service Delivery, Hospitals

INTRODUCTION

The emergency room department is a critical access point to healthcare, especially in government hospitals where patient volume is high and resources are often stretched. In these high-pressure settings, delivering timely, effective, compassionate care is essential to address medical emergencies and meet patients' needs.

One of the most valuable human resources is thought to be health; scholars and marketing specialists have concentrated on how patient demands relate to the healthcare facility's performance and growth. In today's competitive environment, organizations across all sectors are pressured to deliver top-notch service that aligns with the customer's dynamic needs across all industries (Fei Yu et al, 2020).

According to Willis et al. (2023), one could consider healthcare delivery in the USA to be a consumer-driven sector. Most healthcare facilities in the United States are privately held, and most Americans acquire health insurance coverage through employment, private purchases, or government-sponsored programs.

In a 2018 survey by the Amhara Regional Health Bureau, which was carried out at the Dangila hospital, overcrowding, lengthy wait times, and the provision of lab samples were the main reasons why 35.9% of respondents were dissatisfied, while the patient satisfaction rate was 48.2%, with 2% being neutral. In connection with this**, Stimson (2019)** found that barriers include limited knowledge regarding available services and low general and health literacy. Hence, contentment is associated with the awareness of the benefits of care and the extent to which it matches the patient's expectations.

Hussain et al.'s (2019) study at the Pakistan Hospital identified several effective strategies that hospital management can implement to raise patient satisfaction. These include increasing the number of examinations, the caliber of consultations, and the information provided to the patient throughout the process; establishing a phone or online appointment system to cut down on waiting times; facilitating communication between doctors, nurses, and emergency room management; rewarding doctors who arrive on time; and upgrading the workspace for hospital employees, to increase patient satisfaction, registration processes in the emergency room should also be simplified.

Malaysia is renowned for its hospitality and high-quality services, making it one of Asia's most popular health tourism destinations. Patient happiness, which has been a major issue in their health tourism to sustain the flow of tourists arriving for medical reasons, is also attracted by this high-quality service. With this, Huang et al. (2022) state that the hospital environment and dietary recommendations impact the perceived values of patient satisfaction.

According to Than et al. (2024), public and private healthcare facilities try to achieve full patient satisfaction by providing globally competitive healthcare services and different approaches. Among them, Myanmar patients choose treatment in Bangkok, Thailand, one of the choices for medical travelers, to achieve the best outcome, with the rapid growth of medical tourism worldwide after the pandemic

Based on Panganiban et al. (2024), studies have shown that opportunity costs associated with delays in seeking emergency outpatient care among household individuals with injury and illness can result in poor patient satisfaction. Some strategies selected to provide healthcare service to rural areas in low-income countries like Southeast Asia are partly motivated by the commonly held assumptions about existing healthcare conditions and medical service demands. Patient satisfaction significantly increased in metropolitan regions across 13 survey criteria: health communication, technical capacity, treatment availability, and service efficiency. Six survey items—environment, location, health communication, responsiveness, and service efficiency—saw a notable improvement in rural sites. Only four survey questions indicated a significant gain in service availability and responsiveness, while the remaining ten survey items showed a drop in patient satisfaction at remote sites. It was determined that whereas resource-rich urban locations can swiftly implement complicated health interventions, rural and isolated places struggle to meet patient needs and system requirements.

In the Philippines, public hospitals follow a "first-come, first-served" approach, meaning most patients must wait for their turn for hours, However, many rural health units lack enough trained healthcare workers, leading to long waiting times and overcrowded facilities, The waiting line procedure is the primary clinical process bottleneck; patients must wait longer for essential services due to a lack of medical staff, which hinders timely diagnosis and treatment. Efforts to improve healthcare services in Albay face budget constraints and logistical issues, which limit the reach and effectiveness of public healthcare initiatives, especially in remote communities; addressing these issues is crucial to enhancing healthcare accessibility and ensuring the well-being of Albay's population.

A study by Altavano and Betiz (2023) on assessing healthcare quality standards in government-accredited hospitals in Albay Province shows that most have adequate policies, procedures, services, and human resources. Regional Community Development Hospitals (RRDHs) face the challenge of limited staff, especially in key management positions. However, government-accredited hospitals generally provide quality services and have improved patient satisfaction The emergency room department services in the Province of Albay face significant challenges that have impacted the delivery of essential healthcare to residents. Due to limited resources, including inadequate medical supplies, equipment, and understaffed facilities, emergency healthcare services struggle to meet the growing healthcare demands. Additionally, Albay's vulnerability to frequent natural disasters, such as typhoons and volcanic eruptions, exacerbates these challenges, often disrupting operations and damaging health infrastructure.

Senate Bill No. 1534, commonly known as "The Patient's Bill of Rights and Responsibilities Act," will give patients—especially the poor, aged, crippled, women, and children—more protection by implementing measures that are in line with the Republic Act's current requirements. By educating people about their rights and remedies, the measure aims to empower patients and address the issue of unfair and unjust treatment.

In light of the healthcare industry's shift toward a patient-centered approach, this study assessed the current state of patient satisfaction in the emergency rooms of government hospitals in the Province of Albay. From that perspective, it is one of the most important markers of the caliber of healthcare services offered by medical facilities. Hence, monitoring the service quality of healthcare service delivery is essential.

This study focused on assessing patient needs within the emergency department of government hospitals to evaluate how current service delivery aligns with the needs of the patients. Understanding these needs is vital to improving health outcomes, particularly in underserved and resource-constrained areas like Albay.

The results of this study are expected to provide an in-depth explanation of the dimensions of patient satisfaction and become a recommendation source material to improve the quality of emergency room department services in government hospitals in the Province of Albay.

Objectives

This study assessed the level of needs among patients in the emergency room department service delivery of government hospitals in the Province of Albay.

Specifically, it sought to answer the following research objectives:

1. determine the current status of the emergency room department in government hospitals in the Province of Albay in terms of:
   a. Patient volume;
   b. Staffing and
   c. Logistical resource
2. evaluate the level of patient needs for the emergency room department along:
   a. Access to care
   b. Staff competence
   c. Process of care and
   d. Quality of care
3. identify the problems encountered by the staff of the emergency room department in terms of:
   a. Mitigation
   b. Preparedness
   c. Response, and
   d. Recovery
4. propose a patient-centered enhancement action plan to enhance the emergency room department health care service delivery in government hospitals in the province of Albay.

Conceptual Framework

The study's conceptual framework was structured using the CIPP model, encompassing Context, Input, Process, and Product components. This research assessed the level of patient needs and challenges faced by the staff of the emergency room department in government hospitals in Albay.

The context of the study is the emergency room departments in government hospitals, which are critical in providing immediate and life-saving care to patients in Albay. These facilities serve a growing population with diverse medical needs, often within constrained resources and high patient volumes. Recent observations and health service reports have highlighted persistent challenges in addressing patient needs efficiently, including long waiting times, overcrowding, limited medical staff, and resource shortages. These issues may directly affect patient satisfaction, safety, and overall quality of care. Given the crucial function of emergency healthcare services, assessing patients' specific needs and concerns is essential in identifying gaps in service delivery and areas for improvement.

The Input refers to the resources, capabilities, and institutional provisions available to support the delivery of emergency healthcare services in government hospitals in Albay. This aspect encompasses human and material resources, organizational systems, and institutional policies that effectively enable the Emergency Room (ER) departments to meet patient needs. This component includes the hospital facilities and infrastructure, which provide the physical environment for emergency care delivery and the availability of essential medical equipment, supplies, and medications necessary for prompt and appropriate treatment. Equally significant are the human resources, particularly the number, qualifications, competencies, and readiness of healthcare personnel, including physicians, nurses, and emergency staff, who are directly involved in patient care. Institutional inputs such as budget allocations, emergency response protocols, triage systems, staff training programs, and updated health policies and guidelines are crucial enablers of quality service provision while patient records and data management systems are also integral inputs, facilitating accurate and timely decision-making in emergency situations.

The study's process component pertains to implementing services, procedures, and clinical activities within the Emergency Room (ER) departments of government hospitals in Albay. This aspect focuses on the operational and functional mechanisms through which patient needs are addressed, encompassing the sequence of healthcare services provided from the point of entry to the conclusion of emergency care. The key processes include patient admission, triage classification based on the urgency of medical conditions, and initial clinical assessment. Subsequent interventions involve administering emergency medical procedures, diagnostic evaluations, continuous monitoring, and providing appropriate treatments. The process also involves interdepartmental coordination to

facilitate specialized care and the referral and transfer of patients to higher-level healthcare institutions when necessary. Furthermore, discharge planning for stabilized patients and accurate documentation and reporting practices are essential to the operational process. The inclusion of a patient feedback mechanism serves to evaluate service delivery, providing valuable data for ongoing process improvement.

Lastly, the product includes improved patient care outcomes, reflected in the timeliness, adequacy, and appropriateness of medical interventions provided to patients during emergency situations. Furthermore, enhanced service efficiency is considered an essential product, which involves reducing patient waiting times, improving service delivery flow, and optimizing hospital resource use. Another significant product is patient satisfaction, encompassing the perceived quality of care, responsiveness of healthcare providers, and overall experience within the emergency care setting. The study also anticipated increased patient safety measures, better clinical outcomes, and improved referral and discharge processes as essential indicators of service effectiveness. Ultimately, the quantitative assessment of these products aims to provide evidence-based recommendations for policy formulation, resource allocation, and service delivery improvements, contributing to strengthening emergency healthcare services in government hospitals in Albay.

METHODS

Research Design

This study used a descriptive-quantitative design to assess patients' needs regarding the service delivery system and problems encountered by the government hospitals' emergency room department staff in the Province of Albay.

Population and Sampling

This study was conducted at the two government hospitals in the Province of Albay, from November to December 2024, with 93 respondents. Convenience and Total enumeration sampling are used to collect data from the accessible respondents for each objective, respectively, with convenience being utilized for emergency department patients, while Total enumeration is for the staff in the emergency department of government hospitals in the Province of Albay.

Instrument

The study used document analysis and two survey questionnaires for emergency department patients and staff to collect the necessary data for this study. Experts in the field validated the said instruments.

Data Collection

The researchers distributed letters of permission to conduct the study in each government hospital in the province of Albay. Once the letters were approved, the researchers collected data based on the specific objectives. A letter of request, signed by the academic institution and the agreed-upon ethical conditions, was presented to the respondents. When the respondents agreed to the terms and information provided, they were given sufficient time to complete the questionnaire. After the respondents finished, the researchers retrieved the survey questionnaires. The collected data were then tallied, analyzed, and interpreted in accordance with the study's objectives and adherence to all research protocols.

Data Analysis

The researchers used the direct mean formula to analyze the study results. The average was calculated by multiplying each variable by its corresponding weight, then dividing the result by the total weight. The findings were presented in tabular form with an interpretation to determine the minority and majority responses.

Ethical Considerations

The researchers ensured that all ethical standards were upheld throughout the study. Before participation, respondents were informed about the research's purpose, scope, and objectives through a formal letter of request endorsed by the academic institution. Informed consent was obtained from all participants, emphasizing the voluntary nature of their involvement and their right to withdraw at any time without any consequences.

Confidentiality and anonymity were strictly maintained. No personally identifiable information was collected, and all responses were used solely for academic purposes. The researchers ensured that all data were handled with

integrity and privacy. All ethical procedures were conducted in accordance with the guidelines set by the academic institution and HIPAA ethical standards.

RESULTS and DISCUSSION

This section shows the results collected by the researchers from the accessible respondents of the study. The findings revealed by this study were presented, analyzed, and discussed using a statistical tool. It covers the findings on the current status of the emergency department, the level of patient needs, and the problems encountered by the staff in the healthcare delivery system of the emergency department of government hospitals in the province of Albay.

The first respondents were the patients who had received care in the emergency department, aiming to capture their perspectives on the quality, accessibility, and responsiveness of services. The second respondents were the emergency department staff, including the physicians, nurses, and administrative personnel, to gather insights on their perceptions of patient needs and the challenges faced in delivering optimal care.

1. Current status of the Emergency Room Department in government hospitals in the province of Albay

This component shows the current status of the emergency room department in both Hospital A and Hospital B. It dominates the findings, particularly patient volume status, staffing, and logistical resources.

1. a Patient Volume

The patients are the cornerstone of healthcare. They play a vital role in easily assessing the efficiency and effectiveness of the services provided by the hospital, particularly the emergency department. Thus, patient volume is significant to how those practices were handled and achieved, alongside meeting the highest level of patient satisfaction.

This part alleviates current status of the emergency room department in terms of patient volume. The data was obtained based on the documents given by the two hospitals, whereas only the month of December 2024 was collected, due to time constraints. It tackles the number of patients admitted to the emergency room department for almost 24 hours every succeeding week. The current status of the emergency room department in terms of patient volume is shown in Table 1.

Table 1
Patient Volume of Emergency Department Clinic

NUMBER OF WEEKS	PATIENT VOLUME	
	HOSPITAL A	HOSPITAL B
Week 1	525	210
Week 2	460	175
Week 3	560	205
Week 4	665	196
TOTAL	**2210**	**786**

Table 1 illustrates that Hospital A accommodated 2210 patients for December 2024, while Hospital B catered to 786 patients admitted for the past 24 hours in the emergency department. The number of patients admitted to Hospital A's emergency room department for December 2024 decreased by Week 2, but later increased in the succeeding weeks. Meanwhile, the number of patients admitted to the emergency room department of Hospital B decreased by the 2nd week of the month, increased by the 3rd week, and decreased by the 4th week of December 2024. This indicates that Hospital A exhibited exceptional and efficient service delivery to meet the patient's level of care and needs compared to Hospital B.

The findings imply that the type of illness significantly affected an increasing number of patients. Further, the more patients admitted, the longer the patients' stay. Hence, the increasing number of patients admitted could cause crowding in the emergency department. To emphasize the findings, Deleña and Tabunar (2023) reported that holidays were associated with a considerably lower number of patients aged 50–59 and a significantly larger number of patients classified as Emergency Severity Index 3, poor patients, and trauma cases.

The results showed that, compared to other times, the number of admitted patients observed during vacations was much lower. This significantly affects the operation of the emergency room department, affecting the resources, occupancy, and staffing processes. Thus, the findings contribute to both hospitals by creating a patient-

service-organization plan to support and control the patients admitted to the emergency room department, reducing the volume and the length of stay.

1.b Staffing

The staff were pivotal in efficiently and effectively managing the services and operations. In the emergency room department, staffing requires doctors, nurses, and orderlies. The doctors are the staff who lead medical decision-making and treatment. At the same time, nurses are the staff who handle patient care, are in charge of monitoring, and serve as the supporting system of the doctors, and orderlies are staff who assist with non-medical patient care.

The data shows that there were 15 staff members in total in the emergency room department of Hospital A. It was shown that 3 doctors, 8 nurses, and 4 orderlies were designated in the emergency room department. The schedules were distributed across three shifts: 7 am to 3 pm, 3 pm to 11 pm, and 11 pm to 7 am. Meanwhile, Hospital B has 18 staff designated in the emergency room department, 4 of whom were doctors, 9 were nurses, and 5 were orderlies. The schedules were divided into two shifts: 7 am to 7 pm and 7 pm to 7 am. This indicates that the staff designated in Hospital A and Hospital B cared sufficiently for patients in the emergency department.

Jones (2023) suggests that hospital organizations could address the following areas to ensure effective strategies are implemented to increase the efficiency of emergency healthcare services. Thereafter, Hospitals A and B could formulate strategies essential to the efficiency of the services needed by the staff and the patients, and make the staff feel that the institution prioritizes them. Furthermore, the findings revealed that these problems could challenge the efficiency of operation in the emergency department, and mandatory comprehensive training for emergency room department staff, transitioning to customized staffing, and changes in hospital operations can significantly affect the efficiency of the staff.

1.c Logistical resource

Logistical resources are crucial in ensuring an efficient and effective operation system. In the emergency room department, logistical resources are key to enhancing the service delivery system, ensuring that all patients' needs are met. As the streamlining of operating a hospital, logistical resources also boost staffing competitiveness, which could impact the satisfaction level of the patients.

Hospital A demonstrated better preparedness in terms of ambulance service and bed availability. This suggests that Hospital A can handle high patient volumes and provide faster emergency response. Both hospitals indicate the availability of medical supplies, suggesting that items are present in usable quantities. These factors could directly influence patient satisfaction, especially in high-demand or mass casualty scenarios. The findings have implications for the operational services employed by the hospital's emergency room department.

According to Zhao and Zhang's study (2022), the logistics of the distribution of emergency medical equipment were highlighted. The most crucial element is relieving pressure on each medical treatment location and increasing the effectiveness of emergency medical services equipment. This could pose a serious challenge and a threat to the welfare of both hospitals, most importantly, the safety of the patients

The role of the findings is supplemental to address the issues concerning the logistical resources, which seem to be one of the primary factors that affect the effectiveness and efficiency of the emergency room department. Therefore, the hospitals can provide the needed resources for the staff to perform exquisitely and exceptionally, which could satisfy the needs of the patients.

2. The level of patient needs in the Emergency Room Department

This component diminishes the level of patient needs for the emergency department. This incorporates the level of need along access to care, staff competence, process of care, and quality of care

Table 2
Level of Patients' Need for the Emergency Room Department

A. Access to Care	HOSPITAL A		HOSPITAL B		AWM	AI
	WM	AI	WM	AI		
Timeliness of Emergency Response						
Percentage of patient healthcare providers see within 30 minutes of arrival.	3.1	S	3.1	S	3.1	S
Percentage of high-priority cases	3	S	3.1	S	3.05	S

receiving immediate care upon arrival.						
Availability of 24/7 emergency services for all patient needs.	3.13	S	3.1	S	3.12	S
Availability of Essential Resources						
Proportion of patients able to receive all required medications and treatment on-site.	3	S	3.23	S	3.12	S
Access to the necessary medical equipment without delay.	2.93	S	3.16	S	3.05	S
Number of staff available per shift to meet patient volume	2.9	S	3.26	S	3.08	S
Ease of Entrance and Navigation						
Number of accessible pathways, signage, and resources for patients with mobility impairments.	3.2	S	3.3	S	3.25	S
Patient satisfaction with ease of finding their way to and within the emergency department.	3.2	S	3.03	S	3.12	S
A staff member should be available to guide patients and families upon arrival.	3.2	S	3.06	S	3.13	S
Financial Accessibility of Care						
Patients are provided with options for financial assistance if needed.	3.03	S	3.17	S	3.1	S
Availability of payment options, including government subsidies or emergency funding.	3.1	S	3.3	VS	3.2	S
Reduction in delays for patients needing financial support to begin care.	3.03	S	3.1	S	3.07	S
B. Staff Competence	**Hospital A**		**Hospital B**		**AWM**	**AI**
	WM	**AI**	**WM**	**AL**		
Staff Training in Emergency Care						
Staff trained in emergency care best practices	3.26	VS	3.23	S	3.25	S
Frequency of skills assessments for emergency care providers	3	S	3.13	S	3.07	S
Knowledge of Patient-Centered Care Protocols						
Frequency of patient-centered care training for emergency staff.	3.13	S	3.26	S	3.20	S
Patient feedback on whether they felt understood and respected by the staff.	3	S	3.2	S	3.1	S
Competency in Crisis Communication						
Patient satisfaction with clarity and empathy of communication from staff.	3.07	S	3.1	S	3.09	S
Observed adherence to communication protocols, such as explaining treatments and procedures.	3	S	3.06	S	3.03	S
Rate of positive feedback regarding interactions with healthcare providers.	3.03	S	3.16	S	3.10	S
C. Process of care	**HOSPITAL A**		**HOSPITAL B**		**TWM**	**AI**
	WM	**AI**	**WM**	**AI**		
Efficiency of Initial Assessment						
Number of steps and time taken from	3.13	S	3.1	S	3.12	S

arrival to triage to reduce delays.						
The frequency of assessments is based on the acuity level (emergency need).	3.13	S	3.1	S	3.12	S
Speed and Accuracy of Treatment Initiation						
Average time from initial to the beginning of treatment	3.16	S	3.2	S	3.18	S
Patient satisfaction regarding the timeliness of care provided.	3.23	S	3.06	S	3.15	S
Continuity and Coordination of Care						
Percentage of patients given clear, written instructions for follow-up or ongoing care.	3.16	S	3.13	S	3.15	S
Rate of patient and family satisfaction with information provided about care transitions	3.16	S	3.03	S	3.10	S
D. Quality of care	**HOSPITAL A**		**HOSPITAL B**		**TWM**	**AI**
	WM	**AI**	**WM**	**AI**		
Patient-Centered Outcomes						
Patient feedback on pain management and comfort during treatment	3.26	VS	3.43	VS	3.35	VS
Satisfaction scores related to staff empathy and respect shown during care	3.1	S	3.03	S	3.07	S
Patient Safety and Minimization of Errors						
Frequency of medication double-checks for accuracy in dosing and administration.	3.1	S	3.06	S	3.08	S
Adherence to safety protocols, such as infection prevention and safe handling of equipment	3.06	S	3.13	S	3.10	S
Effectiveness of Care and Follow-Up Support						
Patient satisfaction with the effectiveness of treatment received	3.13	S	3.2	S	3.17	S
Proportion of patients who require follow-up support after discharge	3.03	S	3.1	S	3.07	S
Reduction in readmission rates for patients treated in the emergency department	3.07	S	3.1	S	3.07	S
Infection Prevention Measures						
Rate of adherence to hand hygiene protocols by emergency staff	3.03	S	3.43	VS	3.23	S
Percentage of patients with reduced risk of infection after emergency treatment	3.17	S	3.23	S	3.2	S
Percentage of patients with reduced risk of infection after emergency treatment	3	S	3.2	S	3.1	S

Note: 3.26 – 4.00 - Very Satisfactory (VS), 2.51 – 3.25 - Satisfactory (S), 1.76 – 2.50 - Unsatisfactory (U) 1.00 – 1.75 - Very Unsatisfactory (VU)

2a. Access to care

The study evaluates the level of patient needs, along with access to care, issues with the quality and availability of the emergency department service due to inadequate integration. The findings revealed that Hospital A had a 3.08, 2.94, 3.2, and 3.053 weighted mean average in terms of timeliness of emergency response, availability of essential resources, ease of entrance and navigation, and financial accessibility of care, respectively. Meanwhile, Hospital B unleashed a 3.1, 3.22. 3.13 and 3.19 weighted mean average in terms of timeliness of emergency response, availability of essential resources, ease of entrance and navigation, and financial accessibility of care, in corresponding order. Moreover, the two hospitals exhibited a 3.114 weighted mean average in general in terms of access to care. This indicates that the patients in both Hospital A and Hospital B were satisfied with the level of care provided by the emergency department.

The data proves the importance of the timeliness of emergency response, availability of essential resources, ease of entrance and navigation, and financial accessibility of care in the healthcare systems of the hospitals. In terms of the availability of essential resources, Hansen et al. (2022) showed that patient sociocultural, educational, and financial factors, such as financial difficulties, financial inequality, and regional variation, affect the organization and resources of the emergency department with regard to human and material resources, protocols, and guidelines.

2b. Staff competence

This study incorporates the patients' level of need along with the staff competence of the emergency room department of the two government hospitals in the province of Albay. In the emergency room department, staff competency is significant in providing patients with the highest quality and satisfaction. This illuminates the domains of staff competencies in staff training in emergency care, knowledge of patient-centered care protocols, and competency in crisis communication. The competencies of the staff also reflect the efficiency and effectiveness of the service provided by the hospitals.

The patient's level of need, along with staff competence of the emergency room department of the two hospitals, Hospital A obtained a 3.13, 3.07, and 3.03 weighted mean average in staff training in emergency care, knowledge of patient-centered care protocols, and competency in crisis communication, in a particular order. On the other hand, Hospital B acquired a 3.18, 3.23, and 3.11 weighted mean average in staff training in emergency care, knowledge of patient-centered care protocols, and competency in crisis communication, respectively. Thus, Hospital A and Hospital B generally attained a 3.13 weighted mean average, indicating satisfaction. This signifies that the patients in both Hospital A and Hospital B were satisfied with the level of need along staff competence.

The findings significantly contribute to the practices employed by the staff in the emergency room department of the hospitals, which could be further used for future reference in improving the services, particularly in meeting the needs of the patients. Comia et al. (2023) found that triage nurses become highly competent decision makers because of the information and abilities gained from working in the emergency room. Still, they are only moderately skilled at making decisions in terms of knowledge of patient-centered care protocols. It reflects dedication, perseverance, and goal-centeredness that pave the way for the success of the health care institution. This highlights the need for extensive training on humanitarian care and assessment among the staff to adhere to the needs of the patients.

2.c Process of care

This area tackles the level of patients' needs along the process of care in the emergency department of the two government hospitals. It demonstrates the satisfaction regarding the efficiency of initial assessment, speed and accuracy of treatment initiation, continuity, and coordination of care.

The survey result found that Hospital A underscored a 3.13, 3.20, and 3.16 weighted mean average in the efficiency of initial assessment, speed, and accuracy of treatment initiation, continuity and coordination of care, and continuity and coordination of care, respectively, resulting in a 3.163 weighted mean average in general. In a similar case, Hospital B acquired a 3.1, 3.13, and 3.08 weighted mean average in the efficiency of initial assessment, speed, and accuracy of treatment initiation, continuity and coordination of care, and continuity and coordination of care, in a particular order, which resulted in producing a 3.103 weighted mean average in general. Furthermore, Hospitals A and B achieved satisfactory performance in the patients' assessment, which generally possessed a 3.133 weighted mean average. This indicates that the patients in the emergency room department of Hospital A and Hospital B were satisfied with the level of care during health care delivery.

The study of Takele et al. (2021) showed that patients who arrived in the morning were generally happier with the emergency services. Thus, the findings contribute to the process of care among the hospitals in Albay to

recalculate the services employed, including integrating computer systems and other technologies, redesigning the facilities, improving staffing adjustments, and other operational procedures. This significantly increases the satisfaction of the patients, and is likely to build relationships and trust among them

2.d Quality of care

The findings discussed that Hospital A accumulated a 3.18, 3.08, 3.08, and 3.07 weighted mean average in patient-centered outcomes, patient safety and minimization of errors, effectiveness of care and follow-up support, and infection prevention measures, in a sequential manner, which resulted to 3.103 weighted mean average in general, denoting a satisfactory rating by the patients. Similarly, Hospital B collected a 3.23, 3.10, 3.13, and 3.29 weighted mean average. This value also denotes that the patients rated the level of need as "satisfactory" and the quality of care. Hospitals A and B were rated satisfactorily according to patients, resulting in a 3.146 weighted mean average upon consolidation. This indicates that the patients in the emergency room department of Hospital A and Hospital B were satisfied with the level of need and quality of care.

To emphasize the findings regarding patient-centered outcomes, Havana et al. (2023) suggest that some patients did not receive patient-centered treatment; the majority did. In addition to emphasizing the value of professionals being present and spending time with patients, the patients also stressed the need for improved communication and patient involvement. Considering a satisfactory level, hospitals should integrate more interventions to provide the best level of care to meet the needs of their patients. These measures could be applied by the hospitals, such as teamwork, humanitarian considerations of protocol and guidelines, and integrating technologies to control and minimize cases of errors that could possibly lead to harm among patients. Further, communicating and acquiring the patients ' wider information picture established an efficient service. It built trust and ease in coordinating with the patients, which could help the efficiency and effectiveness of workflow and operational procedures.

These results offer helpful recommendations for enhancing healthcare services and maximizing the patient experience in general. The findings indicate that hospitals should intervene in humane strategies, support the staff, and contribute significantly to the hospitals by considering that knowledge and training should be a top priority.

3. Problems Encountered by the Staff of the Emergency Room Department

This component shows the challenges encountered by the emergency department staff in the emergency room delivery system of Hospital A and Hospital B. It discusses the challenges encountered regarding mitigation, preparedness, response, and recovery.

Table 3
The problems encountered by the staff of the Emergency Room Department

Mitigation	HOSPITAL A		HOSPITAL B		AWM	AI
	WM	AI	WM	AI		
Patient Flow and Throughput						
Waiting time: Average time from arrival to triage and triage to physician evaluation	2.93	A	2.94	A	2.94	A
Length of Stay (LOS): Total time patients spend in the ER from arrival to discharge or admission	2.93	A	2.88	A	2.91	A
Time to Transfer: Speed of transferring patients to other departments or facilities	2.8	A	3	A	2.9	A
Resource Availability and Utilization						
Bed occupancy of ER beds in use at any given time	3.06	A	2.88	A	2.97	A
Number of physicians, nurses, and other critical staff present relative to patient load.	3	A	3	A	3	A
Availability and readiness of essential medical equipment, supplies, and medications.	2.73	A	3	A	2.87	A

Disaster Preparedness and Response						
Ability to handle the influx of patients, including capacity for additional beds, staff, and equipment.	2.8	A	3.05	A	2.93	A
Regularity and effectiveness of drills for emergency scenarios (e.g., mass casualties, natural disasters).	2.8	A	3.05	A	2.93	A
Efficiency in communication and collaboration with other hospital units and external agencies	3	A	2.94	A	2.97	A
Patient and Staff Satisfaction and Well-being						
Feedback on quality of care, wait times, and overall ER experience.	2.93	A	2.83	A	2.88	A
Indicators of morale, burnout, and job satisfaction	2.8	A	3	A	2.9	A
Frequency and type of incidents reported, including near misses and adverse events.	2.96	A	3	A	2.98	A
Preparedness	**HOSPITAL A**		**HOSPITAL B**		**AWM**	**AI**
	WM	**AI**	**WM**	**AI**		
Staff Training and Competency						
Percentage of ER staff trained in emergency response and disaster protocols	3	A	3.05	A	3.03	A
Refresher courses and simulation drills are conducted annually.	3	A	3.05	A	3.03	A
Staff knowledge and comfort level with roles in disaster scenarios	2.8	A	2.89	A	2.85	A
Availability of Emergency Supplies and Equipment						
Inventory levels of essential supplies consistently maintained above minimum thresholds.	2.86	A	2.89	A	2.88	A
Regular checks and maintenance of critical equipment to ensure functionality.	2.85	A	2.9	A	2.88	A
Accessibility of readiness of emergency kits and mobile equipment for immediate deployment	2.86	A	3.27	SA	3.07	A
Action Control and Safety Measures						
Triage and Patient flow Systems.	3	A	2.89	A	2.95	A
Facility Infrastructure and Space Readiness	2.93	A	2.89	A	2.91	A
Infection Control measures	2.86	A	3.27	SA	3.07	A
Response	**HOSPITAL A**		**HOSPITAL B**		**AWM**	**AI**
	WM	**AI**	**WM**	**AI**		
Response Time to Triage and Treatment						
Average time from patient arrival to triage	2.93	A	2.83	A	2.88	A
Time from triage to initiation of treatment for critical cases.	2.8	A	2.77	A	2.79	A
Patients triaged within targeted response times.	3.26	SA	2.89	A	3.08	A
Staff Availability and Deployment						
Ratio of staff to patient load	3.06	A	3.05	A	3.06	A

Timeliness and effectiveness of staff call-ins and reallocation during high-demand periods	3.13	A	3.05	A	3.09	A
The number of staff per shift trained in emergency and disaster response is adequate.	2.8	A	3.05	A	2.93	A
Capacity Management						
Availability of surge plans to manage sudden increases in patient volume.	3.06	A	3.05	A	3.06	A
Utilization of overflow areas and alternative space to accommodate high volumes	2.93	A	3.11	A	3.02	A
Effectiveness in quickly mobilizing additional resources (staff and equipment) during surges	3.2	A	3	A	3.1	A
Patient Safety and Quality of Care						
Incidence of adverse events (e.g., medication errors, infections) during emergency response.	3.06	A	3.11	A	3.09	A
Patient satisfaction scores related to emergency care.	3.06	A	3.05	A	3.06	A
Compliance with protocols for infection control, especially in high-demand situations	3.13	A	3	A	3.07	A
Recovery	**HOSPITAL A**		**HOSPITAL B**		**AWM**	**AI**
	WM	**AI**	**WM**	**AI**		
Time to Restore Normal Operations						
Time is taken to clear the backlog of patients waiting for beds or discharge after a surge.	3	A	2.94	A	2.97	A
Speed at which staffing levels return to baseline after additional personnel were called in	3.06	A	2.94	A	3	A
Duration required to return to regular workflows and schedules	2.86	A	2.83	A	2.85	A
Post-Incident Review Feedback						
Timeliness of post-incident debriefings to analyze response performance	3.06	A	2.94	A	3	A
Rate of actionable feedback integrated into future response protocols	3	A	2.94	A	2.97	A
Continuous improvement measures based on patient and staff feedback.	3.13	A	2.94	A	3.04	A
Equipment and Supply Replenishment						
Speed of restocking critical supplies depleted during emergency or patient surge	2.93	A	3.05	A	2.99	A
Time taken to conduct maintenance and restocking checks on essential medical equipment.	3.06	A	2.88	A	2.97	A
Adequacy of inventory levels restored to meet routine demands and future surge preparedness	2.93	A	2.83	A	2.88	A
Continuous Improvement						
Environmental and Facility Clean-up	3	A	3	A	3	A

System Resilience and Adaptability	3.2	A	3.05	A	3.13	A
Staff Training and Skills Reinforcement	2.93	A	2.94	A	2.94	A

Note: 3.26 – 4.00 - Strongly Agree (SA), 2.51 – 3.25 - Agree (A), 1.76 – 2.50 - Disagree (D) 1.0 – 1.75 - Strongly Disagree (SD)

3. a Mitigation

This part reveals the challenges the emergency room staff encountered regarding mitigation, along with patient flow and throughput, resource availability and utilization, disaster preparedness and response, patient satisfaction, and staff well-being. Mitigation is a strategy to lessen or minimize the risk and impact on a certain area. In this case, mitigation played a crucial role in the emergency room department as it developed the efficiency and effectiveness of the service delivery system employed by the staff, which further affected operational procedures and patient satisfaction.

The data interprets that staffs in Hospital A agrees that they are facing challenges in terms of patient flow and throughput, resource availability and utilization, disaster preparedness and response, and patient and staff satisfaction and well-being, which gathered a 2.89, 2.93, 2.87, and 2.90 weighted mean average, respectively. Meanwhile, Hospital B collected a 2.94, 2.96, 3.01, and 2.94 weighted mean average in patient flow and throughput, resource availability and utilization, disaster preparedness and response, and patient and staff satisfaction and well-being, respectively. Hospital A collected a 2.90 general weighted mean average, while Hospital B obtained a 2.96 average. To sum up, Hospital A and Hospital B acquired a 2.93 weighted mean average, which significantly denotes that all staff in the emergency room department were facing challenges, particularly in mitigation.

The findings contribute to the management of hospitals to improve the health care system by providing or formulating a framework that prioritizes the welfare of the patients, as well as addressing the needs of the staffs, and to ensure an efficient patient flow and throughput, resource availability and utilization, disaster preparedness and response, and patient and staff satisfaction and well-being.

McKenna et al. (2019) found that the emergency department's congestion is caused by a lack of institutional capacity, which may result in a poorly designed department and a lengthy throughput because of personnel, auxiliary service performance, and flow procedures. Particularly, patient flow and throughput, resource availability and utilization, disaster preparedness and response, and patient and staff satisfaction and well-being were found to be serious.

3.b Preparedness

Preparedness is vital before performing a procedure, as it is essential to have a timely and efficient response. In the emergency room department, preparedness must ensure that the response to treatment and care is met promptly and organized. Thus, an efficient service delivery system results in patient satisfaction.

The result indicates that Hospital A accumulated 2.93, 2.86, and 2.93 weighted mean averages in staff training and competency, emergency supplies and equipment availability, and action control and safety measures. This resulted in a 2.91 weighted mean average, implying that the staff agreed they were experiencing challenges, particularly in preparedness. In the same way, the emergency department staff in Hospital B also agreed that they faced challenges in staff training and competency, availability of emergency supplies and equipment, and action control and safety measures, with a 3.00, 3.02, and 3.013 weighted mean average, respectively. This resulted in a 3.013 weighted mean average in general upon calculation. This indicates that Hospital A and Hospital B acquired a 2.96 weighted mean average upon data consolidation. This signifies that the emergency department staff of both Hospital A and Hospital B experienced challenges, particularly in preparedness.

The findings imply that the challenges encountered in terms of preparedness unveiled several factors and imposed a burden in employing practices and services to the hospital's patients, particularly in staff training and competency, availability of emergency supplies and equipment, and action control and safety measures. Pini et al. (2020) revealed that the factors that made the emergency department a particularly high risk for negative outcomes were time restrictions, staff insufficiency, staff inexperience, team/communication issues, overcrowding, and equipment failures or shortages.

The hospitals may also need to plan and manage their resources as efficiently as possible, coordinate the different flows both inside (between care units) and outside (with providers and stakeholders), and more. Additionally, by implementing policies and developing a strategy that meets all staff demands, the findings can help government hospitals in the province of Albay manage their operations and fulfill their responsibility of providing patients with the required care and treatment.

3.c Response

Response is ethically structured to maintain operational integrity, improve outcomes, and address concerns. In emergency room department situations, the response must be directed and coordinated. Thus, it ensures that the safety of the patients is addressed, which could affect the satisfaction of the patients, particularly in the level of care.

The result unveils the challenges encountered by the emergency department staff of both hospitals in terms of response, particularly in response time to triage and treatment, staff availability and deployment, capacity management, and patient safety and quality of care. It was reported that Hospital A uncovered a 3.00, 3.00, 3.06, and 3.08 weighted mean average in response time to triage and treatment, staff availability and deployment, capacity management, and patient safety and quality of care, in sequential manner, which resulted to a 3.035 weighted mean average in the entire, simply denoting that the emergency room department staffs agreed that they faced challenges. Similarly, Hospital B unleashed a 2.83, 3.03, 3.05, and 3.05 weighted mean average in response time to triage and treatment, staff availability and deployment, capacity management, and patient safety and quality of care, in a corresponding manner, indicating that the emergency room department staff agreed that they faced challenges. Hospitals A and B generally accumulated a 3.01 weighted mean average to consolidate the results. This indicates that the emergency room department staff experienced challenges, particularly in response.

The survey result implies that the challenges encountered in terms of response, particularly in response time to triage and treatment, staff availability and deployment, capacity management, and patient safety and quality of care, have significantly influenced the effectiveness in assessing the needs of the patients. Substantial evidence suggests that, in terms of response time to triage and treatment, those with access to a provider had a lower percentage of follow-up compared to patients who had access to the regular medical advice line (Tran et al., 2023).

The findings contribute to the health care system of the hospitals by considering that these challenges could directly or indirectly affect the services and the welfare of the patients, specifically in terms of their health concerns. Thus, it allows the management of hospitals to implement policies and standards that will be used to improve the response time to triage and treatment and to organize the staff's shift schedules.

3.d Recovery

Recovery is the last phase of the operational procedure, unleashing a potential breakthrough. It is a process of change aimed at improving lifestyle and well-being. In emergency room department situations, recovery exercises emotional and mental breakthroughs among patients, families, and staff. This component is vital to ensuring the level of care and treatment provided to the patient. Further, this stage dictates that one must be engaged in the process and be realigned and rehabilitated with the right practice and lifestyle.

Table 3 demonstrates that Hospital A collected a 2.97, 3.06, 2.97, and 3.04 weighted mean average in time to restore normal operations, post-incident review feedback, equipment and supply replenishment, and continuous improvement, respectively. This resulted in a 3.01 weighted mean average in general, which denotes that the emergency room department staff agreed that they faced challenges regarding response. Similarly situated with the findings revealed by Hospital B, which encompasses a 2.90, 2.94, 2.92, and 3.00 weighted mean average in time to restore normal operations, post-incident review feedback, equipment and supply replenishment, and continuous improvement, in particular order, which accumulated a total of 2.94 weighted mean average in general. This indicates that Hospital B's emergency room department staff agreed they faced challenges. The emergency room department staff of both Hospital A and Hospital B experienced challenges in terms of response. The factors associated with the challenges have implications for restoring normal operations, analyzing the post-incident review feedback, checking equipment and supplies, and reviewing the continuous improvement.

According to Chukwuka et al. (2023), the impact of cascading disasters, the lack of legislative regulations that can influence and support disaster relief operations, the limited quality of relief supplies, sanctions and constraints that impede stakeholder collaboration, and war and terrorism are risk factors that impact the effectiveness of the emergency supply chain.

The hospitals may consider these challenges regarding methods and other techniques to mitigate the challenges encountered in the emergency department, particularly in aspects of recovery. This allows the government hospitals in Albay and their administration to conduct several planning and coordination meetings to monitor and assess their effectiveness during recovery.

Conclusions

In support of the in-depth analysis and investigation in illustrating the findings revealed in this study, the researchers have identified the following conclusions:

1. This study found varying trends in emergency room patient volumes between the two government hospitals in Albay, with Hospital A showing more stable and efficient service delivery compared to Hospital B. Staffing shortages, particularly in Hospital B, were identified as factors affecting operational efficiency and quality of care. Logistical inadequacies were also noted. These challenges significantly impact the overall delivery and responsiveness of emergency healthcare services.
2. The results of this study indicate that the patients' levels of needs in the emergency room departments of both government hospitals in Albay were satisfactorily addressed across all evaluated domains, namely access to care, staff competence, process of care, and quality of care. The findings reflect a generally high level of patient satisfaction with the service delivery provided by emergency room personnel. This underscores the capacity of these healthcare facilities to deliver essential emergency services that are responsive, patient-centered, and of acceptable quality. Furthermore, the study emphasizes the critical role of maintaining and enhancing these domains to sustain and improve the overall quality of emergency healthcare services in government hospitals. Continuous assessment and targeted interventions in these areas are recommended to optimize patient outcomes and satisfaction further.
3. The emergency department staff of both government hospitals acknowledged experiencing significant challenges in mitigation, preparedness, response, and recovery. These serious concerns substantially threaten the quality, efficiency, and continuity of emergency healthcare delivery. These difficulties highlight the need for strengthened emergency management systems, improved resource allocation, and enhanced staff training to ensure the delivery of safe, timely, and effective emergency care services, particularly in times of crisis.
4. The proposed patient-centered action plan is designed to enhance emergency healthcare services' efficiency, responsiveness, and quality by standardizing protocols, improving access and governance systems, and strengthening staff welfare and leadership. By adopting these strategies, emergency room departments can better manage patient volumes, optimize resource utilization, and ensure a more organized, timely, and patient-centered approach to care. Ultimately, implementing this action plan will improve overall patient outcomes and satisfaction, while promoting sustainability and continuous development in emergency healthcare services.

Recommendations

Based on the findings revealed in this study, the researcher provided recommendations and suggestions that future researchers and other beneficiaries will use to bridge the gap and address the issues. The following recommendations are as follows:

1. The Department of Health, in collaboration with relevant government agencies, address the identified challenges by providing adequate resources and increasing the number of medical and non-medical personnel in the emergency room departments of government hospitals. Providing essential resources enhances service delivery systems' efficiency, effectiveness, and responsiveness, ensuring smooth workflow and optimal patient care. Likewise, recruiting additional healthcare professionals and support staff is necessary to manage patient volume effectively, promoting a timely, organized, patient-centered emergency healthcare system.
2. The hospital management can implement regular job readiness and competency-based training programs for the emergency room staff. These programs should assess and enhance medical and non-medical personnel's skills, competencies, and preparedness, ensuring that all staff members are adequately equipped to deliver high-quality, timely, patient-centered care. Such initiatives would contribute to maintaining an efficient workflow and improving the overall effectiveness of emergency healthcare service delivery.
3. It is recommended that emergency room department staff implement an effective stock inventory management system to regularly monitor the availability and status of logistical resources required for emergency operations. This system would help prevent shortages of essential supplies, equipment, and medications, thereby reducing operational challenges and improving the department's capacity to address patient needs promptly. Ensuring the availability of resources is crucial in mitigating patient complaints, enhancing client satisfaction, and maintaining the overall quality of emergency healthcare services.
4. The local government authorities, in collaboration with hospital management, consider the proposed strategies developed by the researchers. These strategies are supported by relevant data and findings,

offering a foundation for rehabilitating and enhancing the healthcare service delivery systems in emergency room departments. Their adoption may facilitate the implementation of sustainable, patient-centered practices aimed at improving the quality, efficiency, and responsiveness of emergency healthcare services.

Patient-Centered Enhancement Action Plan to improve emergency room department healthcare service delivery in government hospitals in the province of Albay.

This patient-centered enhancement action plan is developed in response to the findings of this study that explored the multifaceted needs of emergency department patients from clinical care and communication to comfort and accessibility. The results underscore the importance of adopting a patient-centered approach that addresses medical emergencies, expectations, and the welfare of each patient.

Table 4.
Patient-Centered Enhancement Action Plan

Strategy	Objectives	Activity	Persons Involved	Time Frame	Resources Needed	Budgetary Requirements	Expected Outcome
Standardized Protocol for Enhanced Emergency Department (SPEED)	To enhance the patient flow, reduce the longer duration of waiting time, and ensure easy access and navigation on the pathways.	Redesigning of Emergency Department	Engineers, Contractors, Laborers, Construction Workers, Hospital Management, and Stakeholders	June 2025 – December 2025	Construction Supplies, Laborers	₱ 2,000,000.00	A longer waiting time of patients will be reduced, which can influence the patient volume.
	To help the staff be productive, progressive, and have high emotional intelligence.	Benchmarking	Emergency Department Staff	December 2025	Snacks, Transportation Vehicle, Benchmark Materials	₱ 100,000.00	The staff will be determined to accomplish their roles, further improving the services provided for the patients.
	To prevent misallocation of resources, adequate patient care must be provided, and staff efficiency must be maintained.	Stock Inventory Management Seminar	Emergency Department Staff	June 2025 – July 2025	Keynote Speakers	₱ 15,000.00	There will be adequate supplies and resources used to treat the patients.
Access, Network, Governance for Artistic Throughout in Emergency Department (ANGAT ED)	To help the patients in accessing the required treatment and medications, and lessen anxiety level, particularly regarding financial breakdowns.	Resource Planning	Emergency Department Staff, Hospital Management, and Stakeholders	June 2025 – May 2026	N/A	N/A	To strengthen the relationship between the staff and the patients. Thus, immediate care will be taken into account.
	To help the staff become socially and technically competent in handling and treating the patients.	Career and Job Readiness Training	Emergency Department Staff	June 2025 – July 2025	Keynote Speaker, Snacks	₱ 30,000.00	The staff will be competent in meeting the needs of the patients, considering humane treatment and care.
	Integrating technology for an efficient response and easy management of patients' conditions.	Integration of Technology-Based Procedures	Emergency Department Staff	June 2025 – May 2026	Technology-Based Applications	₱ 50,000.00	There is an efficient treatment workflow and an effective response to the needs of the patients.
	To assess the effectiveness of care in handling and treating patients.	Clientele Satisfaction Performance Evaluation	Emergency Department Staff, Patients	June 2025 – May 2026	Bond Paper, Printer, and Ball Pen	₱ 20,000.00	The performance of the staff will be improved by integrating several sustainable methods and techniques that consider humane considerations.
Welfare Educational Leadership for Emergency Administration (We LEAD)	To prevent overcrowding and the length of stay of patients in the ER.	Establishing Core Stationary System	Emergency Department Staff, Hospital Management, and Stakeholders	June 2025 – May 2026	N/A	N/A	There will be a reduction in patient volume and a shortening of the duration of stay of the patients, and the patients will be satisfied with the treatment used.
	To signal staff to provide a quick response and control measures.	Utilization of Walkie-Talkie	Emergency Department Staff, Hospital Management,	June 2025 – May 2026	Walkie-Talkie	₱ 50,000.00	The practices employed by the staff will be attributed with a high confidence level. Thus, all

			and Stakeholders				patients will be accommodated.
	To manage the capacity of patient volume and staffing changes, minimize errors, and provide quality care.	Standard Implementation	Department Staff, Hospital Management, and Stakeholders	June 2025 – May 2026	N/A	N/A	The errors will be mitigated and fixed. Also, there were no delays or cases of patients being left without being seen. Lastly, all patients will be accompanied.
	To enhance the relationship among staff, evaluate the performance characteristics, and provide recommendations for future improvements.	Debriefing Sessions	Emergency Department Staff	June 2025 – May 2026	Snacks	₱ 50,000.00	The staff could provide and brainstorm solutions for the sustainable development of care.

The researchers proposed three strategies: Standardized Protocol for Enhanced Emergency Department (SPEED), Access, Network, Governance for Artistic Throughout in Emergency Department (ANGAT ED), and Welfare Educational Leadership for Emergency Administration (WE LEAD). Each strategy was aligned with each area of concern. It was structured based on three areas of concern: the current status of ERD in government hospitals in the province of Albay, the level of patient needs for the emergency room department, and the problems encountered by the ERD staff in the healthcare delivery system

The Standardized Protocol for Enhanced Emergency Department (SPEED) was designed to tackle activities in line with the current status of the emergency department in government hospitals in the province of Albay. Meanwhile, the Access, Network, Governance for Artistic, Throughput in the Emergency Department (ANGAT ED) was proposed to provide interventions along with the level of patient needs for the emergency department. Lastly, the Welfare Educational Leadership for Emergency Administration (WE LEAD) was established to assist the problems ERD staff encountered in the emergency delivery system.

In the province of Albay, the emergency department is a vital gateway to healthcare, particularly in government hospitals where demand is often high and resources are limited. assessing and understanding the specific needs of patients in the ER settings is crucial to improving the overall quality of care provided in government hospitals across the province of Albay.

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