



Factors Affecting the Delays in Transitions in the Obstetrics Emergency Room to Admission in the Selected Level 3 Government Hospital in CEBU: A Basis for Operational Plan

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ABSTRACT

This descriptive qualitative research conducted among 18 healthcare providers in selected government hospital in Cebu, aimed at examining the factors contributing to the delays during admission in ER-OB. Results revealed several key issues on the experiences, such as Staffing Issues, where Understaffing during Peak Hours-Healthcare providers reported significant delays due to a shortage of staff, particularly during busy shifts, Burnout of Existing Staff-Many staff members experienced physical and emotional exhaustion due to overwork, leading to slower work and increased delays. Factors evolved were Communication Gaps such as Lack of Clear Communication Systems. There was a notable absence of real-time communication between departments, which delayed patient status updates and contributed to longer transition times. Mis-communication on Patient Status-Delays in receiving updates about patient status led to a backlog and further delays in admissions. Additionally, Resource Constraints such as Lack of Available Equipment-The shortage of critical equipment, such as beds, stretchers, and wheelchairs, caused delays in transferring patients from the ER to other departments, Impact on Patient Care-Delays in transitioning patients due to resource constraints also negatively affected patient comfort and overall care. Furthermore, challenges occurred were the Operational Challenges, such as Lack of Standardized Procedures, the absence of clear, standardized procedures for patient transitions led to inefficiencies, with healthcare providers managing transitions on a case-by-case basis, inconsistent Coordination: There was a lack of coordination between the ER, admitting departments, and other hospital services, resulting in delays. Including Training Gaps, where there was inadequate training on Transition Processes, Staff members were not adequately trained in managing patient transitions, leading to inefficiencies and mistakes. Generally, as a recommendation, there were Suggestions for Improvement which included increasing staffing levels, implementing real-time patient tracking systems, optimizing resource allocation through better planning, and standardizing transition procedures across departments.

Keywords: *delay in transition, factors, healthcare providers, challenges, experiences, operational plan Obstetrics Emergency Room*

Introduction

Transitions within hospitals involved complex pathways that vary across healthcare systems globally. Effective intra-hospital coordination was crucial for optimizing resource allocation, reducing delays, and ensuring the continuity of care. However, challenges such as incomplete examinations and delayed specialty reviews can disrupt these transitions, highlighting the need for standardized processes and improved communication across different hospital departments.

Evidently, in a systematic review conducted by Binda et al. (2025), that included 64 studies conducted primarily in Europe, Canada, and the United States between 1990 and 2014 reported prevalence rates ranging from 1.6% to 91.3%, weighted mean: 22.8%. The wide variation in prevalence of delayed admissions was also observed within the same country, with a range of 58.4% in the United Kingdom, 43.0% in Spain, 49.7% in Italy, 70.3% in Canada, and 56.8% in the Netherlands. The United Kingdom had been the most productive in studying and publishing research on bed-blocking. A recent data from that country highlight that in hospitals, one in six patients was medically fit for discharge; however, due to several factors, their hospital stay was prolonged.

On the other hand, in the field of obstetrics, the transition of patients from the emergency room (ER) to admission was a critical process that can significantly impact maternal and fetal outcomes. The Emergency Obstetrics and Gynecology (OB/GYN) departments were vital units that manage high-risk pregnancies and emergencies. However, delayed in transitioning patients from the obstetrics emergency room to admission led to negative consequences such as prolonged wait times, increased risk of complications, and, in extreme cases, adverse health outcomes for both the mother and the baby (Smith et al., 2019; Johnson & Williams, 2020). With these frequent delays in patient transitions from the Obstetrics Emergency Room (OB ER) to admission, it became a significant challenge at selected Level 3 government hospital in Cebu, the raise concerns about the hospital's efficiency and its ability to provide timely, effective maternal care. Delays increased the risk of maternal and neonatal complications and affect overall patient satisfaction. The contributing factors to these delays were varied, including inadequate staffing, limited bed availability and delayed diagnostics. These issues were

compounded by high patient volumes and limited infrastructure, and was inspired by the need to identify the contributing factors to these delays and develop an operational plan to improve the efficiency and quality of maternal emergency services.

While multiple studies had addressed delays in hospital admissions across various departments (Jones & Taylor, 2021), little focused research had been conducted on the specific factors affecting transitions in the OB-ER setting. Existing literature suggested that the factors contributing to delays were multifaceted, ranging from limited healthcare resources and staff shortages to communication inefficiencies and procedural bottlenecks. However, it remained a notable gap in the research directly exploring how these challenges impacted the OB-ER transitions and how specific interventions could address these delays. In addition to internal hospital constraints, external factors such as patient demographics, socioeconomic status, and the availability of emergency medical resources also influence the admission process (Klein & Mitchell, 2020). Despite the recognition of these contributing factors, much of the research failed to pinpoint how these variables interplayed in the context of OB-ER transitions and how they contributed to delays that compromised patient care.

Moreover, effective patient flow was a vital component in providing a quality healthcare delivery especially in fast-paced area in the hospital such as emergency room and delivery room. Delays in admitting patients in the said areas led to challenges such as overcrowding, increased patient waiting time and potential adverse clinical outcomes which can affect in providing a high-quality care and overall performance of the healthcare system. Evidently, the World Health Organization (WHO), such delays increased the risk of poor maternal and neonatal outcomes, leading to unnecessary complications, longer hospital stays, and overcrowding in emergency departments (World Health Organization, 2020). There were common factors which affect the patient transitions in most hospitals such as limited availability of resources and healthcare staffs, inadequate communication and procedural inefficiencies. Timely patient transition was vital in OB-ER setting, delays in transition may comprise maternal and fetal health which led to further complications.

In connection to these, the researcher conducted this study aimed at exploring causes of delays in transitioning patients from OB-ER to admission in order to enhance patient flow efficiency and quality care provided. Additionally, identifying the underlying factors such as limitations in resources, communication breakdown and workflow inefficiencies helped in providing valuable insights for the development of an operational plan. Also, to enhance patient care, the overall functioning of the OB-ER and the efficiency of patient transitions, and to reduce patient waiting time, ensuring quality care provided to patients while enhancing the hospital's ability to handle its resources effectively.

METHODOLOGY

STUDY DESIGN

In the study a Qualitative Descriptive Design was used. This research design was a valuable tool for exploring the characteristics and qualities of a phenomenon. It allowed researchers to capture the complexity and richness of a phenomenon and provided a detailed understanding of its context, history, and cultural significance. Researchers can use a variety of data collection and analysis techniques to conduct descriptive qualitative research. By following careful research procedures and communicating their findings clearly, descriptive qualitative researchers can make valuable contributions to understood a wide range of phenomena (Regoniel, 2023). The study focused on exploring and understanding human experiences, behaviors, and social phenomena. It was used to gain in-depth insights into people's perspectives, motivations, and interactions, rather than relying on numerical data or statistical analysis.

RESEARCH LOCALE

The study was conducted at the selected Level 3 government hospital in Cebu. The hospital was chosen as the research site due to its high patient volume the complexity of its obstetric cases. The study focused on the experiences of healthcare providers, and patients within the OB ER and related departments. Data collection was made within hospital premises through surveys, and document analysis, ensuring direct insights into the factors affecting transition delays.

SAMPLING METHOD

This descriptive qualitative study utilized a purposive sampling technique to select participants with direct experience and knowledge of the delays in transitioning patients from the Obstetrics Emergency Room (OB ER) to admission. Purposive sampling was chosen because it enabled researchers to obtain detailed insights from individuals who were directly involved in or impacted by the transition process.

Inclusion Criteria

To ensure the credibility and relevance of the data collected, the following individuals were included from participation in the study:

- The participants selected had at least one year of experience in the OB-ER.
- The participants were licensed healthcare providers.
- The participants were nine (9) midwives, seven (7) nurses, and two (2) doctors, a total of twenty (18) participants.

Theoretically, a sample size of ten (10) was justified in qualitative descriptive research because it enabled in-depth exploration, was consistent with the concept of data saturation, aligned with methodological guidance (such as Guest et al., 2006), and was well-suited to the aim of providing rich, authentic descriptions rather than statistical generalizations.

Exclusion Criteria

To ensure the credibility and relevance of the data collected, the following individuals were excluded from participation in the study:

- Healthcare providers who were not directly involved in selected level 3 government hospital.
- Healthcare providers with less than a year of experience in the current hospital setting.
- Healthcare providers who were on extended leave, secondment, or temporarily inactive during the data collection period.
- Healthcare providers who declined to provide informed consent or were unwilling to participate.

RESEARCH INSTRUMENTS

For this qualitative study, the researcher developed a research instrument aimed at gathering detailed data on the factors affecting delays in patient transitions from the Obstetrics Emergency Room (OB ER) to hospital admission. The instrument consisted of open-ended questions, allowing participants to share their personal experiences and insights. By focusing on qualitative data, the instrument sought to explore the underlying causes of delays from the perspectives of those directly involved, providing a deeper understanding of the issue.

Validation of Instrument/Ensuring Trustworthiness

To ensure that the questionnaire accurately captured the experiences, challenges, factors, and recommendations among healthcare providers, the instrument was first reviewed by a panel of experts in qualitative research. Their feedback guided revisions to improve clarity, relevance, and alignment with the study's objectives.

Several strategies were implemented to establish the trustworthiness of the data. Participants were encouraged to provide honest responses, and confidentiality was assured to promote openness. Triangulation was achieved by selecting healthcare providers from various backgrounds and levels of experience, providing a comprehensive view of clinical obstetrics services within the hospital.

During data analysis, Braun and Clarke's (2006) six-step thematic analysis framework was strictly followed. To enhance credibility and dependability, coding and themes were organized and validated using the Delve qualitative analysis tool, ensuring systematic and accurate interpretation. Member checking was conducted by sharing preliminary findings with selected participants to confirm that their perspectives were accurately represented.

DATA COLLECTION PROCEDURE

To ensure adherence to ethical guidelines, the researcher secured approval from the Research and Ethics Committee, secured clearance from the research adviser, and then secured approval from the hospital administration. Once approved, the researcher started data gathering, an informed consent was secured from the participants. The study's objectives, possible harms, and benefits were thoroughly discussed. The questionnaires were given to the identified respondents, for the convenience of the respondents, the questionnaires were sent electronically. To ensure the credibility of the respondent's answers, upon answering the questionnaire the researcher supervised them and they were given a specified time frame to complete the survey, typically during breaks or after their shifts, to avoid interference with patient care. No compensation was given to the respondents. Data from the completed surveys were collected, collated, analyzed and interpreted.

SCOPE AND LIMITATION OF THE STUDY

Scope

This study focused on identifying the factors affecting delays in transitioning patients from the Obstetrics Emergency Room (OB ER) to admission in a selected Level 3 government hospital in Cebu. It examined the experiences of healthcare providers, the challenges encountered, and the operational inefficiencies contributing to these delays. The study also aimed to develop an operational plan based on the findings to improve transition times and patient flow.

Limitation

The study was limited to the OB ER in a selected Level 3 government hospital in Cebu, and did not include other emergency departments, general wards, or private healthcare institutions. The data gathered through surveys and observational methods involving healthcare providers, and patients who had experienced delays. However, the study did not account for external factors, such as regional healthcare policies, funding constraints, or broader systemic issues beyond hospital operations. Additionally, the findings may not be generalizable to other hospitals with different patient demographics, staffing levels, or administrative structures.

Table 1. This showed the summary of thematic analysis based on the research objectives and questions.

Research Objective	Theme	Key points/sub-themes	Significant Responses
1. Explore the experiences of healthcare providers regarding delays during the transition from the Obstetrics Emergency Room to admission and in the hospital	Shortage of staff	Understaffing during Peak Hours. Healthcare providers emphasized that a shortage of staff, especially during busy shifts, resulted in significant delays in patient transitions.	P1: "More staff or even 2 midwives per shift to help manage the load." P4 : "To add more staff." P 6: "We need additional midwives during peak hours to ensure smooth transitions."
	Burnout of Existing Staff	Many respondents noted that the existing staff was often overworked, leading to physical and emotional burnout. This exhaustion resulted in slower work, delayed patient processing, and increased stress among healthcare workers.	"With so few of us, we're forced to rush things. It doesn't matter anymore if there are errors." – P11 "The current staffing shortage is the reason why some of the hospital employees here are tired and overworked." P13 "There is a manual of policies, but support and enforcement are inconsistent." P7
2. Identify the factors contributing to delays in transitions from the Obstetrics Emergency Room to admission and in the hospital	Communication Gaps Between ER and Admitting Departments	Lack of Clear Communication System. A recurring issue raised by respondents was the lack of a real-time communication system between departments, particularly between the ER and admitting physicians. This delay in information sharing led to longer wait times for patients. Miscommunication on Patient Status Updates. Healthcare providers mentioned that communication issues frequently arose when patient status updates were delayed, leading to a backlog of patients and a delay in processing admissions.	"There's no clear communication between the ER and the admitting doctors, which leads to waiting." P5 "Clear communication is needed between ER staff and admitting doctors to ensure timely patient care." P 2 "Sometimes we don't get updates about patient status from the ER staff, so we're left waiting for information." P3
	Resource Constraints Impact Patient Flow	Lack of Available Equipment and Resources Insufficient resources such as stretchers, wheelchairs, and beds were mentioned as contributing factors to patient delays. When equipment was not readily available, it resulted in longer wait times before patients could be moved from the ER to other areas. Lack of Standardized Procedures for Patient Transition Impact on Patient Care and Comfort. Respondents noted that delays caused by resource shortages not only affected patient transitions but also impacted patient comfort and care during the waiting process	"We often have to wait for a free bed, which adds more time before we can admit a patient." P 4 "Lack of staff and hospital equipment, lack of wheelchair that can be used to transport patients." P 5 "When stretchers and wheelchairs are unavailable, patients have to wait longer to be moved, which affects their comfort and well-being." P 2

3. Examine the challenges faced by healthcare providers in managing delays during the transition from the Obstetrics Emergency Room to admission in the hospital

Operational Challenges Due to Inefficient Processes

Participants identified the lack of clear, standardized procedures for patient transitions as a major inefficiency in the process. The absence of set protocols led to confusion and delays, as healthcare providers had to manage situations on a case-by-case basis.

“A more efficient system to manage patient transitions is necessary to improve the flow and reduce delays.” – Participant 6

“We need more structured protocols and clearer role definitions to streamline patient movement.” P8

“We need more opportunities for external training and routine updates.”P15

Inconsistent Coordination Between Departments

Respondents noted that inconsistent coordination between departments, such as the ER, admitting doctors, and social services, led to delays and patient backlogs.

“Billing section, cashier, and medical social work must work hand in hand to have a continuous revenue cycle. If one of these is absent, the revenue collection is greatly affected.” P 7

“The ER, admitting department, and social services should communicate better to ensure smooth transitions.” P3

Lack of Sufficient Staff Training

Inadequate Training on Transition Processes

Some respondents pointed out that staff members did not receive adequate training regarding patient transition procedures, which led to inefficiencies and mistakes during the process. Better training programs were suggested to enhance staff preparedness and efficiency.

“Investing in staff training, establishing a clearer communication channel, and improving coordination could help reduce the delays.” P 8

“Training on the transition process should be provided to all departments involved to improve coordination.”P9

4. Develop recommendations and strategies

Suggestions for Improving the Transition Process

Increase Staffing

Respondents emphasized the importance of ensuring that staffing levels are appropriate to manage the increased patient flow and reduce delays in transitions.

“Increasing staffing levels would go a long way in reducing the waiting times for patients.” P 5

“More staff during peak hours would help us manage the load and reduce patient waiting time.” P 2

Implementing Real-time Patient Tracking Systems

Implementing digital tracking systems for patient status was recommended by respondents to ensure smoother transitions and avoid unnecessary delays in patient care.

“A real-time tracking system would allow us to manage patient transitions more effectively.” P3

“Implementing a real-time patient tracking system would help to streamline the transition process.” P 6

DISCUSSIONS

SOP 1. What are the experiences of healthcare providers regarding delays during the transition from the Obstetrics Emergency Room to admission in the selected Level 3 government hospital in Cebu?

Healthcare workers in the Obstetrics Emergency Room (ER) said that patient transitions took longer than expected because there weren't enough staff, there were communication problems, and there weren't enough resources. The main reason for delays in moving patients was not having enough staff,

especially during busy times. Healthcare workers said that when things got busy, they had too much to do, which made it take longer to admit and release patients. These results were in line with Aiken et al.'s (2020) research, which found that healthcare facilities that were short-staffed had longer wait times for patients, more stress on staff, and delays in patient care.

Healthcare providers also added that communication problems between the ER and other departments, such as admitting doctors, were also to blame for delays, along with staffing challenges. Because there was no real-time communication system, updates on patients' conditions were delayed, which made the transfer take longer. Supportedly, Lingard et al. (2020) had demonstrated that poor communication between medical teams slowed down the flow of patients a lot, especially when they were being handed off to another team.

Finally, a scarcity of beds, stretchers, and wheelchairs were cited as major obstacles to smooth patient movements. Smith et al. (2021) found similar results in their studies. They observed that hospitals with fewer resources had longer wait times and longer patient transfers.

SOP 2. What are the factors affecting the delays in transitions from the Obstetrics Emergency Room to admission in the selected Level 3 government hospital in Cebu?

Several factors were identified as contributing to delays in patient transitions from the Obstetrics ER to admission. Staffing shortages were the most significant factor. Many healthcare providers reported that the available staff could not handle the patient load, particularly during busy shifts, leading to delays in patient movement. This finding was consistent with Liu et al. (2021), who found that inadequate staffing during peak hours exacerbates delays in patient transitions.

Another critical factor was communication breakdowns. The absence of clear communication systems between the ER and admitting doctors or departments resulted in prolonged wait times. This was especially problematic when healthcare providers were unable to receive timely updates on patient conditions, causing unnecessary delays. Research by Tucker and Singer (2021) supports these findings, as it highlighted that communication breakdowns between departments during transitions result in delays in the treatment process.

Resource shortages also played a major role in delaying patient transitions. The lack of essential medical equipment, such as wheelchairs and stretchers, meant that patients often had to wait for equipment to become available before being moved. Studies such as those by Goh et al. (2020) and Tucker et al. (2021) emphasize that hospital resource shortages, especially in critical care areas like ERs, led to longer patient waiting times and delays in admission.

SOP 3. What are the challenges faced by healthcare providers in managing delays during the transition from the Obstetrics Emergency Room to admission in the selected Level 3 government hospital in Cebu?

The challenges faced by healthcare providers in managing delays were primarily linked to overwork, lack of standardized procedures, and coordination issues. Healthcare providers expressed that the heavy workload, exacerbated by insufficient staffing, led to burnout and stress, which further reduced their ability to manage patient transitions effectively. Research by Aiken et al. (2021) had shown that nurse burnout was directly linked to longer patient wait times, decreased quality of care, and slower transitions between departments.

Additionally, the lack of standardized procedures for managing transitions created inconsistencies in how patients were handled. Without clear guidelines, healthcare workers had to improvise, leading to inefficiencies and delays. According to Kaufman et al. (2020), hospitals that implemented standardized protocols for patient transitions experience fewer delays and improved patient outcomes. In this study, clear and standardized transition processes were found to significantly reduce wait times and increase coordination between departments.

Another significant challenge was poor coordination between the ER, admitting doctors, and other departments. The lack of clear roles and responsibilities often led to confusion and delays. This issue was highlighted in Aiken et al. (2020), which found that interdepartmental coordination was critical for minimizing delays in healthcare settings, particularly during the patient transition process.

SOP 4. What is the best operational plan, based on recommendations, to address delays in transitions from the Obstetrics Emergency Room to admission in the selected Level 3 government hospital in Cebu?

Table 2. This showed the Program Design crafter by the researcher out of the recommendations suggested.

Strategic Goal	Key Activities	Responsible Person/Unit	Timeline	Resources Needed	Expected Outcome
Address Staffing Issues	<ul style="list-style-type: none"> - Review current staffing ratios - Implement targeted hiring - Optimize shift schedules 	Human Resource Department & OB ER Supervisors	Q3 2025	Budget for new hires, HR manpower planning	Adequate staff coverage per shift; reduced personnel overload
Resolve Equipment Shortages	<ul style="list-style-type: none"> - Conduct inventory of available equipment - Purchase additional stretchers/wheelchairs - Schedule preventive maintenance 	Supply Office & Biomedical Engineering	Q3–Q4 2025	Procurement budget; vendor partnerships	Sufficient equipment availability and readiness
Improve Communication & Coordination	<ul style="list-style-type: none"> - Develop standardized protocols for approvals - Use intercom or digital alert systems between units - Conduct interdepartmental coordination meetings 	ER Team Leads, IT Department	Q4 2025	Communication tools/software, meeting time	Faster approvals and clearer coordination in patient flow
Streamline System Processes	<ul style="list-style-type: none"> - Digitize and simplify documentation forms - Implement electronic lab/imaging tracking - Assign transition coordinators 	Health Information Management & IT Department	Q4 2025 – Q1 2026	IT systems, staff training	Shorter turnaround for labs/docs; smoother transitions
Manage ER Overcrowding	<ul style="list-style-type: none"> - Implement pre-triage or fast-track system - Monitor peak hours for overflow management - Designate holding zones for stable patients 	OB ER Coordinator, Admin	Q4 2025	Staff training, space reconfiguration	Reduced congestion; better ER space utilization
Institutionalize Feedback & Monitoring	<ul style="list-style-type: none"> - Launch transition delay reporting tool - Review transition data monthly - Conduct regular debriefings with OB ER staff 	Quality Assurance Unit	Q1 2026	Monitoring forms, analytics tools	Data-driven improvements and continuous feedback loop

SUMMARY OF FINDINGS

Table 2. This showed the summary of themes emerged from the participants response.

Objectives	Themes
Explore the experiences of healthcare providers regarding delays during the transition from the Obstetrics Emergency Room to admission in the hospital	Shortage of staff Burnout of Existing Staff
Identify the factors contributing to delays in transitions from the Obstetrics Emergency Room to admission in the hospital	Communication Gaps Between ER and Admitting Departments
Examine the challenges faced by healthcare providers in managing delays during the transition from the Obstetrics Emergency Room to admission in the hospital	Resource Constraints Impact Patient Flow Operational Challenges Due to Inefficient Processes Lack of Sufficient Staff Training
Develop recommendations and strategies	Suggestions for Improving the Transition Process

Table 2 projected the themes emerged based on the objectives. The analysis of healthcare provider experiences regarding delays during the transition from the Obstetrics Emergency Room (ER) to admission in a Level 3 government hospital revealed several key issues, such as Staffing Issues, where Understaffing during Peak Hours or Healthcare providers reported significant delays due to a shortage of staff, particularly during busy shifts, Burnout of Existing Staff-Many staff members experienced physical and emotional exhaustion due to overwork, leading to slower work and increased delays.

Factors evolved were Communication Gaps such as Lack of Clear Communication Systems-There was a notable absence of real-time communication between departments, which delayed patient status updates and contributed to longer transition times. Mis-communication on Patient Status-Delays in receiving updates about patient status led to a backlog and further delays in admissions. Additionally, Resource Constraints such as Lack of Available Equipment-The shortage of critical equipment, such as beds, stretchers, and wheelchairs, caused delays in transferring patients from the ER to other departments, Impact on Patient Care-Delays in transitioning patients due to resource constraints also negatively affected patient comfort and overall care.

Furthermore, challenges occurred were the Operational Challenges, such as Lack of Standardized Procedures, the absence of clear, standardized procedures for patient transitions led to inefficiencies, with healthcare providers managing transitions on a case-by-case basis, inconsistent Coordination, where there was a lack of coordination between the ER, admitting departments, and other hospital services, resulting in delays. Including Training Gaps, where there was inadequate training on Transition Processes, Staff members were not adequately trained in managing patient transitions, leading to inefficiencies and mistakes.

Generally, as a recommendation, there were Suggestions for Improvement which included increasing staffing levels, implementing real-time patient tracking systems, optimizing resource allocation through better planning, and standardizing transition procedures across departments.

RECOMMENDATIONS

The following recommendations were formulated based on the result of the study;

For patients and families, delays in admission can increase patient stress, discomfort, and potential health risks. There will be improvement in service delivery, ensuring a more efficient and compassionate patient experience for expectant mothers and their families.

For healthcare providers, nurses, midwives, and physicians benefit from understanding how workflow inefficiencies impact patient care. The findings can inform training programs and process improvements that reduce unnecessary delays, improve coordination, and enhance patient safety in the obstetrics ER and related departments.

For hospital administrators, they should implement urgent protocols and digital referral systems to track transfers, and multidisciplinary care plans to reduce admission delays.

For policymakers and government agencies, they should prioritize education programs to improve access in underserved areas, implementation of the intervention in reducing wait times, digital health tools, community-based care models, and patient-centered policies.

For researchers, they should prioritize facility-specific audits and experience surveys to inform culturally sensitive interventions, while addressing systematic issues like staff shortage and referral delays.

For future researchers, they should prioritize mixed-methods studies to address obstetrics delays, disciplinary factors, socio-economic barriers, resource issues and long-term outcomes.

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