

Why does my visit to the ER take so long?

For anyone visiting an Emergency Room in the last few years, this is probably the biggest source of frustration for a lot of people. Waiting times have continued to rise with the increase in number of patient visits to the ER. The answer to this question lies in several places. Let's look at both sides of the fence...

From the waiting room...

0915: On arrival to the ER, the first encounter you have is with the waiting room. It's not such a bad place at first, but the visit has just begun. You are directed to the triage nurse where your vital signs are taken, given a chance to explain your reason for this visit, and then sent over to the registration desk to have a chart made up. Step one has been completed and you're wondering what all the fuss in the papers has been about. You take a seat and notice that there are only a few people in the waiting room. "They don't look that sick", you think to yourself. "I'll be out of here in no time!"

1030: The waiting room is starting to get on your nerves. You think someone might have called your name when you went to the washroom so you check with the triage nurse. You're told that they're still waiting for a bed to put you in and to kindly have a seat. "Funny, it doesn't look very busy in here", you mutter as you return to your seat.

1122: You're getting increasingly agitated sitting in this darn waiting room. It is starting to seem like a prison! The warden (triage nurse) has sent several people in, even though you were here well before them. You begin to pace the waiting room, giving the warden the evil eye every chance you get, letting her know that you are aware she has put people in before you. "What's taking so long?"

1150: "Hooray!" Your name was just called. You've paid your dues in that jail someone so aptly called a waiting room. You're sure to get out of here soon. You clamber onto the stretcher and put on the lovely open-backed gown that has been provided. A different

nurse shows up and asks you a bunch of questions that you already answered 2 ½ hours ago! The nurse tells you the doctor shouldn't be too much longer.

1245: You are awakened suddenly by the arrival of the doctor and quickly wipe the drool from your chin having fallen asleep while waiting yet again! The doctor asks you questions along the same lines as the two previous nurses, examines you, and says that lab tests are going to be done.

1358: The doctor comes back to see how you are doing. You relay that other than being bored out of your skull, the original problem seems to have resolved. The doctor suspects you may have gallstones and writes you out a prescription for painkillers. You are told an ultrasound is being booked for you and to see your family doctor or return should things get worse. You think to yourself, "Yeah right... and wait here for another eternity?! Fat chance!" Relief has settled in and you go home to tell your loved ones about the 5 hour ordeal you endured in the ER! On your way out, you notice that your former prison (waiting room) is now 'standing room only' and are silently glad that you're not back out in that uncomfortable chair. Surveying the crowd eagerly waiting to be seen, you think to yourself, "Maybe my wait wasn't so bad compared to these people!"

From the front lines...

0745: On arrival in the ER, you glance at the patient tracking board and see that of the 30 beds in your ER, 8 are filled with admitted patients that should be up on the ward. One of the 3 resuscitation beds is holding an ICU patient on a ventilator, again because of a lack of available beds in the hospital. Already the number of ER beds, in which to see new patients, has been cut by a third. The physician finishing the night shift informs you that there are 3 people waiting for repeat lab work to look at their heart enzymes. They will be tying up beds for another three to six hours before a decision can be made as to their disposition. "Great", you think to yourself. "Another three beds gone!" There are 5 patient charts waiting to be assessed on the desk but luckily, the waiting room is empty... for now.

0845: You've seen all five patients in the last hour and return to the main desk. Eight more patients have registered and are in beds waiting to be seen. At 3-5 patients per hour in the ER (depending on their complexity), this means anyone registering right now has at least a 2 hour wait before being seen. This doesn't even account for ambulances which may arrive. For patients, this is deceiving because they will see an empty waiting room and assume the wait will be brief! However, there is only one doctor working in the ER right now... you!

0914: "CODE BLUE!" You jump up and drop everything you are doing. A patient on one of the wards has gone into cardiac arrest! You rush out of the ER, as passers-by look surprisedly at you running past them. You are in charge of all cardiac arrests in the hospital and think to yourself that maybe, just maybe, this is a false alarm so you can return to your ER before it gets too backlogged.

0955: Unfortunately, despite all efforts to resuscitate the elderly gentleman that arrested, you were not successful. After breaking the bad news to the five family members present and leaving them in the capable hands of the rest of the team, you hurry back down to the ER, dreading what is waiting for you. Since you've been gone, three ambulances have arrived. You quickly attend to the sickest patient leaving the nurses to start working up the other two. "What would I do without their help?" They've kept everyone safe and things in motion during your absence.

1200: You've now seen several patients since returning from the cardiac arrest. With the influx of several sick patients however, the lab has had trouble keeping up with the demand. Turnaround time on lab work is a huge factor in maintaining flow through the ER. The average patient spends at least 1-2 hours occupying a stretcher, waiting for their lab tests to return before they can be adequately re-assessed by the physician. You refer to the patient list you've been keeping and start bugging the nurses and clerks to find out some answers for you. Three people are waiting for X-rays. Lab work is pending on 5 other patients. You have paged two different on-call physicians in order to admit patients

to hospital but they haven't yet called back as they too are swamped with working in an under-serviced area. We are not even close to having enough family doctors to support our current population. The specialist situation is similar.

1245: You stop in to room 21 to see the next patient. You read that this patient has had abdominal pain since 0600 this morning. The patient appears to be sleeping comfortably and is jarred awake by the sound of your voice. He seems quite irritated and tells you that he's been waiting for three hours! You try to explain, as you've done for the last several patients, that you're going as fast as you can and apologize for the long wait. He seems to understand and explains his problem to you. You examine him and suspect that he has had a gallstone attack. He is now pain free and in no apparent distress. You order some tests to attempt to confirm your diagnosis and eliminate other possible causes.

1355: You finally have had a chance to check the lab work which you had previously ordered. Everything appears normal. You ask the clerk to arrange for the patient in room 21 to have an ultrasound within the next few days. She tells you that they are fully booked but will try to squeeze your patient in between others. You go back in to room 21 to discuss the findings with your patient and discharge him. As you shake his hand, you are relieved to hear the voices of one of your colleagues. Reinforcements have arrived! A second doctor is going to open up the Fast Track area and start seeing patients with more minor injuries (such as lacerations, small fractures, sprains, etc.) who are ambulatory and not in need of a bed or lab work. This will surely help ease the strain!

As you can see, there are many reasons for long waits in the ER. Patients are prioritized and seen according to the severity of their problems. Lab tests, X-rays, and other such investigations take a significant amount of time which causes stretchers to be occupied for lengthy periods. Increased complexity of patient problems means increased time spent by all staff sorting things out. Incidental events in the hospital also impact on the ER staff such as cardiac arrests and a lack of beds on the ward. The Emergency Room is just that – a spot for *emergencies!* So the next time you show up at your local Emergency Department, please bear in mind that there is a lot going on beyond the

waiting room which can't be seen! We are all working together to help each other and hopefully, with a little understanding from both sides of the fence, we can all make the community a much happier and healthier one!

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