

## Hospital drastically cuts ER wait times

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While other hospitals in Ontario struggle with crowded emergency departments during an especially brutal flu season, one **Hamilton hospital's ER** waiting room is astonishingly almost empty.

Earlier this month, **St. Joseph's Healthcare** managed to cut the average length of stay for patients coming into the ER and who don't require admission to an in-patient bed to 3.7 hours from 5.8 hours. And the time from arrival at hospital to initial physician assessment has dropped to 30 minutes from 3.7 hours.

In fact, patients go through the ER at so quickly these days, there are now only five chairs in the waiting room, down from 30 earlier this month.

The rest of the waiting room has been converted into an assessment area where patients are seen by a physician soon after coming through the ER doors.

It's early days yet, but **hospital president Dr. Kevin Smith** said he is buoyed by the results.

"It is a very encouraging first crunch of data," **he** said, adding that he will be closely watching to see if the success can be sustained.

The hospital has added an extra physician shift between 11 a.m. and 7 p.m. every day.

During this time, all patients who come into the ER are seen in the new assessment area by this doctor, who quickly treats and sends off the most mildly ill, perhaps with a prescription or advice. The most seriously ill are ushered inside the emergency department and treated immediately by other ER physicians and nurses.

And for those who are in between, the doctor will get the ball rolling on x-rays and lab tests. Then, when doctors inside the ER get to these patients, they have all the information they need to quickly treat them.

"(We made changes) without having added a single nurse, without having added another clerk, without any changes to the physical plant except for three sets of curtains and three chairs," remarked **Dr. Ian Preyra, interim chief of emergency medicine**, who spearheaded the new process.

The time it takes to off-load patients from ambulances has been cut by 30 minutes, meaning paramedics can get back on the road faster.

“I am quite pleased with the process as I am now able to get paramedic services available for calls that much sooner,” said Hamilton paramedic superintendent Santo Pasqua.

While the solution to long ER waits seems so simple and obvious, **Smith** cautioned that “the road to health-care improvement is littered with unintended consequences.”

The changes will have ripple effects on nursing, the hospital lab and electronic imaging department, **he** noted.

“Change is hard. This isn’t the norm of how triage happens and people got educated and trained,” **he** said.

Meantime, the sickest patients, those who require admission to hospital, still face average waits in the ER of 27.8 hours, **Preyra** noted. That’s because in-patient beds are occupied by people who cannot yet be discharged because they are waiting for long-term care, rehabilitation or community services.

During the night, when the extra physician is not working, an extra bank of chairs is brought back into the waiting room. **Preyra** says there is no need to bring in an extra doctor overnight because of lower patient volumes.

**Preyra** said the new process has been a challenge to implement because it means doctors and nurses have to work harder and faster to speed up the flow of patients through the ER. Each of the 20 ER doctors will end up working 20 extra shifts a year to cover the physician assessment role.

The plan required staff to buy-in, **he** said, adding that he feared he would “find my tires punctured in the parking lot” when he first floated the idea.

“They are totally committed to patient care and to have taken on more work without more pay to provide better care for our community,” **he** said.