

Headed to ER? Some post waits by text, billboard

August 23 2010, By LAURAN NEERGAARD , AP Medical Writer

(AP) -- Need an X-ray or stitches? Online, via text message or flashing on a billboard, some emergency rooms are advertising how long the dreaded wait for care will be, with estimates updated every few minutes.

It's a marketing move aimed at less urgent patients, not the true emergencies that automatically go to the front of the line anyway - and shouldn't waste precious minutes checking the wait.

"If you're in a car accident, you're not going to flip open your [iPhone](#) and see what the [wait times](#) are," cautions Dr. Sandra Schneider, president-elect of the American College of Emergency Physicians.

Despite that fledgling trend, ERs are getting busier, forcing them to try innovative tactics to cut delays - such as stationing doctors at the front door to get a jump-start on certain patients.

And in 2012, hospitals are supposed to begin reporting to Medicare how fast their ERs move certain patients through, a first step at increasing quality of care across the board.

"The longer people stay in the emergency department, the more likely they're going to have complications, deaths. If they're elderly, they're more likely to end up in a nursing home," says Dr. Nick Jouriles, [emergency medicine](#) chief at Akron General Hospital in Ohio, among the hospitals that post estimated wait times.

ER visits hit a new high of more than 123 million in 2008, up from 117 million a year earlier, says preliminary data released this month by the [Centers for Disease Control and Prevention](#). A disturbing report last year from Congress' investigative arm found too often, patients who should have been seen immediately waited nearly a half hour. Add in tests and treatment, and a trip to the ER can easily last three or four hours.

So why post wait times that might encourage people who otherwise could have tried an urgent-care center?

There are no statistics on how many hospitals advertise wait times, although they tend to have multiple ERs in a region, usually the suburbs. The idea: People with less urgent conditions - maybe they need stitches for a cut - might drive a bit farther for a shorter wait, possibly helping a hospital chain spread the load without losing easier cases to competitors.

Akron General, for instance, has four medical centers about a half-hour apart. One afternoon last week, the posted wait from check-in to seeing a physician at the main downtown campus was 53 minutes, while suburban locations were less than 20. Jouriles is beginning a study to see if the postings make a difference in patient volume, the total time spent in the ER and satisfaction.

"They're on their Blackberries in the waiting room," matching the posted wait to the clock, he says. "Not a single patient today, I bet, is going to be 53 minutes" exactly - because that's an average of some who got in in 5 minutes and others who cooled their heels over an hour.

Perhaps more common than posting wait times are other attempts at easing the traffic jams:

-In Nashville, Vanderbilt University Medical Center does "team triage," with a doctor, nurse and paramedics manning the ER's front door. They

work the waiting room, ordering blood work or X-rays so that less urgent cases - like a sprained ankle - may be diagnosed without ever tying up an ER bed and more complicated ones get a head start on diagnosis that can save 40 minutes a person.

Emergency medicine chief Dr. Corey Slovis says the ER averages a 20 minute wait to see the doctor that he hopes to cut to 10 minutes. Team triage allows discharging about 15 patients a day directly from the waiting room.

-The main cause of ER crowding isn't an influx of sprained ankles but a lack of hospital beds for patients so sick they need to be admitted, leaving them "boarding" in the ER so there's no room to bring in new patients, says Dr. Peter Viccellio of the State University of New York at Stony Brook. Mondays, when most hospitals fill inpatient beds with elective surgeries, are especially bad.

Viccellio pioneered "hallway medicine" to ease boarding, where patients are divided on gurneys among the hospital's wings to await available beds. Distributing the load shortened total hospital stays by a day, possibly as patients benefited from more nursing attention, he says.

That jam is where Medicare is focusing first, as hospitals are to begin reporting in 2012 how quickly they move patients from the ER to inpatient beds. Still to come is a final decision on reporting additional wait times, such as how long it takes to see a doctor.

Paradoxically, in the last year some ERs have deliberately started keeping certain patients longer: About 10 or 15 patients a day at Stony Brook have chest pain but a normal EKG, and need to be observed to separate out the 10 percent who really need heart care. Rather than admitting them all to the hospital, some ERs now keep them for up to 16 hours to do repeat testing that shows who can safely go home, Viccellio

says - making it all the more important to avoid other logjams.

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