Editorial

Waiting

Nicholas Pimlott MD CCFP, SCIENTIFIC EDITOR

Patience has its limits. Take it too far and it's cowardice.
George Jackson (1941-1971)

As a father of 3 active children, I have spent a fair bit of time in emergency departments (EDs) over the years. In 2008 while I was coaching soccer on a trip to the United Kingdom, my then 12-year-old son fell and broke his arm and injured his nose, requiring 4 visits to the Edinburgh Children's Hospital over the course of 9 days. We never waited more than 30 minutes to see any provider and were never in the ED for more than 90 minutes. Contrast this with a more recent Canadian experience:

A few weeks ago I spent almost 12 hours in the ED with my 10-year-old daughter. After a couple of days of malaise, anorexia, and an intermittent low-grade fever, she woke up at 3:00 AM one morning with severe acute right lower quadrant abdominal pain. On examination she was tender at McBurney point and had peritoneal signs. My wife and I dashed with our daughter to hospital, worried about acute appendicitis or worse. Within an hour she was admitted to the ED, assessed by a nurse, and had seen the family practice resident. So far, so good.

Then time slowed down.

After 2 hours my daughter had an intravenous line put in and blood drawn for a blood count. After 5 hours she was finally sent for an abdominal ultrasound. After 6 hours a second resident returned to reassess her and to collect a urine sample (the first resident had finished her shift). After 10 hours the abdominal ultrasound report became available to the attending physician and he came with the resident to reassess her. All the while her pain was diminishing (it had gone from 8 out of 10 on arrival to about 2 out of 10). After 11.5 hours she was discharged when the physician declared that she definitely did not have a surgical abdomen, just mesenteric adenitis.

Not for the first time, these kinds of ED experiences made me wonder and think more carefully about wait times in our health care system and the contrast between my experiences in the United Kingdom and those here. Wait times in EDs are one of the "hot button" issues in health care systems in many countries, and in Canada public frustration with wait times might contribute to the undermining of support for our current socialized system of health care, which values equity over the ability to pay.

In 2000, the UK National Health Service established ambitious targets to reduce the length of time patients wait for treatment in the ED, including the wait before being seen by a clinician, the time from seeing a clinician until the decision is made to admit or discharge the patient, and the wait from the decision to admit to going up to the ward.[1] By 2006, 98% of all patients visiting EDs in England had to wait less than 4 hours from arrival until final disposition (discharge, admission, or transfer).[2]

How has the National Health Service been able to achieve such ambitious targets? Cooke et al[3] examined the factors that contributed to wait times, including the role of primary care, ED clinical, structural, and procedural problems, staffing, and the ordering and interpretation of diagnostic tests (a factor in my daughter's long wait). They also examined potential solutions and areas that required further evaluative research. The implementation of these findings has allowed the United Kingdom to achieve substantial reductions in ED wait times—improvements that I suspect I experienced first-hand while in Edinburgh.

The Canadian Institute for Health Information has produced a series of 3 reports aimed at understanding the number and types of patients accessing EDs and their wait times, as well as hospital factors that contribute to wait times.[4] As part of its Wait Times Strategy, the Ontario Ministry of Health announced in 2008 a plan to reduce ED wait times—the most important part of which to date appears to be monitoring wait times and feeding that information back to providers to allow them to track the effect of locally applied strategies. According to the most recent figures on the Ministry's website, the average wait times for high-acuity and a low-acuity cases at the hospital we attended are 6.9 and 3.0 hours, respectively.[5] Based on these numbers, roughly half of Ontario ED patients would still be waiting while those from the United Kingdom were on their way home (or to the ward). My daughter's wait time was close to the 90th percentile for a high-acuity case.

To date, as far as I am aware, no comprehensive approach similar to that undertaken in the United Kingdom has been undertaken in Canada.

Meanwhile, in order to be with my daughter through her prolonged visit to the ED, I had to cancel a full day's clinic, adding to yet another important waiting problem: the wait time to see your own family doctor.

Cet article se trouve aussi en français à la **page 625.**

Competing interests
None declared

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