Why you wait

How emergency departments determine who gets seen first

By Alison DeLory

Although the word "triage," from the French *trier*, means "to sort," given the long wait times in hospital emergency rooms, it may feel like it actually means "to wait." Anyone visiting an emergency department is assessed and triaged, which determines how quickly they'll be seen. So how does triage work, and why do patients sometimes sit for hours before seeing a doctor?

What is triage?
Although each hospital manages triage a little differently, they all use the Canadian Triage Acuity Scale (CTAS), which defines five levels of triage and sets benchmarks for how quickly patients should be seen.

Triage scores:

- **One**: See immediately. Patient may have no blood pressure or be suffering cardiac arrest or multiple traumas.
- **Two:** See within 15 minutes. Patient may be bleeding profusely or suffering from chest pain or psychosis.
- **Three:** See within 30 minutes. Patient may have abdominal pain, kidney stones, asthma.
- **Four:** See within an hour. Patient may have minor bleeding or a small bone fracture.
- **Five:** See within two hours. Patient may have the flu or need a prescription refill.

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Although CTAS 5 patients are supposed to be seen within two hours, the wait is generally much longer.

"We have to take people assessed as being of greater illness first," says Dr. Scott Wilson, clinical chief of adult emergency services at Eastern Health in St. John's. "You're having a cardiac arrest and you are a one. There is no delay in your treatment." On a bad day, people with the highest scores can wait as long as 12 hours, Dr. Wilson said. Each year, about 88,000 patients visit two adult emergency sites in St. John's, St. Clare's Mercy Hospital and the Health Sciences Centre.

Doctor Everett Chalmers Regional Hospital in Fredericton had close to 45,000 emergency visits last year. "Triage helps us pick through and sort patients in order of priority," said Nicole Moore, nursing manager at the facility. The hospital's wait-time data shows that last year, 100% of CTAS 1 and 95% of CTAS 2 patients received care within the recommended time frames. However, CTAS 3 patients waited an average of 70 minutes (the benchmark is 30), and CTAS 4 and 5 patients waited an average of two hours.

The QEII Health Sciences Centre in Halifax receives approximately 60,000 emergency department patients each year and is similarly successful in treating CTAS 1s immediately. But Dr. John Ross, head of emergency medicine, said that at all other levels the benchmarks aren't being met. In his opinion, triage is better than first-come, first-served, but he would prefer all patients to be seen as soon as they arrive. "Emergency departments should be the place where waiting is absolutely minimal," he said. "This is the jewel of our whole health care system."

Who performs triage
Patients arriving at the emergency department at Doctor Everett Chalmers Regional Hospital or either of the hospitals in St. John's are seen first by a triage nurse. The nurse will listen to their story and check their temperature, pulse, blood pressure and so on, before assigning a CTAS score. A clerical person then registers patients and sends them to a waiting area until a doctor

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Dr. John Ross, in the QEII emergency department in Halifax: "To have triage means you're overwhelmed and too busy."

Perry Jackson

is available. Patients arriving by ambulance are met by a primary care or triage nurse.

Ambulance paramedics in Halifax have triage training and begin the process en route to the hospital. Otherwise, at the QEII, triage paramedics see patients first. They gather patient histories and vital sign information and begin generating a CTAS number before registration. But the QEII triage staff doesn't assign the CTAS score.; they input information into a computer that processes it and determines the level. Although staff can still override the score when they feel it's necessary, computerization removes some of the subjectivity and tends to be more reliable.

The QEII is also developing a screen to show how long CTAS 2, 3, 4 and 5 patients have waited in the last three hours. "It will be a little like the arrivals-and-departures screen at the airport," said Dr. Ross. "It will be a beginning, at least, to giving people some information about waits."

Nicole Moore believes that communicating regularly with patients is key to keeping them content. "If patients ask what their triage level is, we'll tell them, and also try to explain a bit about why they were put in that level," she said. "It's just being informed about what is going on, what the wait time is, what the delay is. If it's a couple of hours and they're sitting there and no one is talking to them, telling them what the issues are, that's when they get frustrated."

Why wait at all?

Emergency departments are overcrowded because there are no beds for the one in five people who need to be admitted. "The emergency department becomes a parking lot. You begin warehousing people," said Dr. Wilson. Dr. Ross added that if the hospital is more than 85% full, wait times start to go up. Most days the QEII is more than 90% full with admitted patients. Other variables that affect waiting include time of year (flu season from February to early April is the worst), time of day (the waiting area is full by 1 p.m. most days), and day of the week (Mondays are busiest).

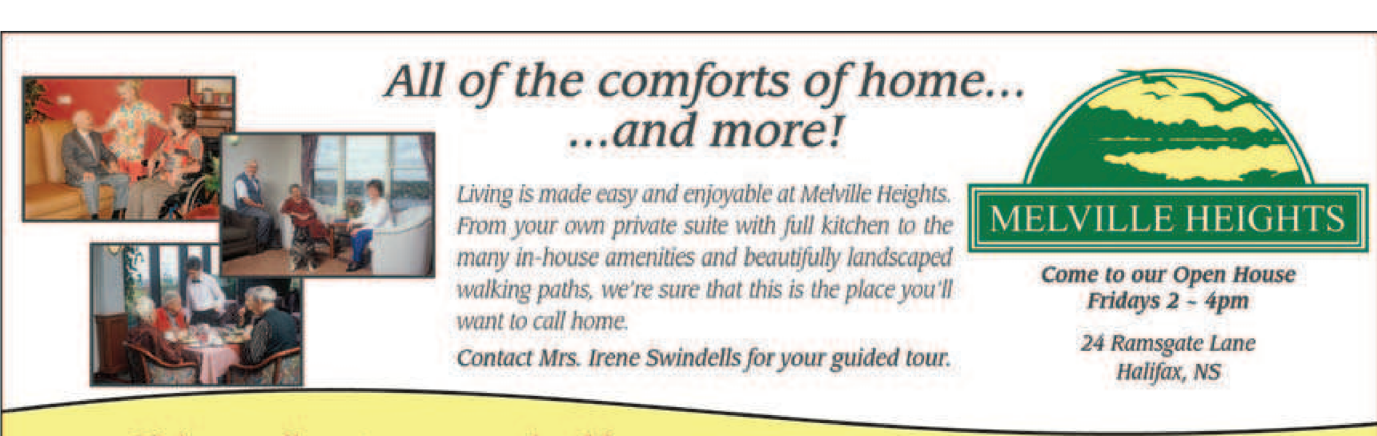
Getting sicker while you wait

The condition of patients sitting in waiting areas may change as the wait continues. Although triage has been in place since the late 1980s, it is continually being refined and a new protocol suggests that patients should be reassessed regularly. "What you're really compelled to do is reassess them every 30 minutes," said Dr. Wilson. "People can deteriorate." However, reassessments depend on the day and staffing levels.

Doctor Everett Chalmers Regional Hospital has a licensed practical nurse (LPN) working most of the day in the waiting area to do reassessments based on the CTAS guidelines. "They act as a liaison between the waiting-room patients and the triage nurse," said Moore. "I think we're the only one in the province doing this. Say you have a diabetic patient who needs a sandwich, for example. The LPN will get it. Their services are invaluable."

Waiting in the future

"People come in expecting to wait," said Dr. Ross. He would like people to be less accepting of waiting in the emergency and demand some explanations; he encourages people to ask their doctors and challenge their political representatives as to whether the wait is necessary. "To have to triage means you're overwhelmed and too busy. A lot of it is mindset and history. I would like to challenge the whole triage concept."



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