

Time you'll spend waiting at Markham Stouffville emergency room shorter than in much of province

HOSPITAL ER WAIT TIMES BEAT AVERAGE

BY KEELY GRASSER
Staff Reporter

Most have had the experience of waiting at the emergency department, but at Markham Stouffville Hospital, your wait is a bit shorter than the average.

Figures released by the province last week show the hospital's wait times for both uncomplicated and complex ER cases are lower than Ontario's average.

The Markham figures, which were captured in October and reflect the maximum amount of time spent in the ER before admission or discharge by nine out of 10 patients, show uncomplicated cases spent 4.1 hours and complex cases spent 11.6 hours in the emergency department.

The provincial figures are 4.6 and 13.5 hours.

Numbers for 128 Ontario hospitals were released to increase transparency and accountability, said health and long-term care minister David Caplan.

The numbers' release is coupled with a provincial strategy to reduce wait times: the goal is to reach an average of four hours for uncomplicated cases and eight for more complex ones.

Trying to reduce wait times isn't new at Markham Stouffville Hospital.

"We've been working on this

	Complex	Not
Provincial average	13.5	4.6
Provincial goal	8	4
Markham Stouffville	11.6	4.1
MSH - Uxbridge site	7.3	3.9
Southlake Regional	14.1	3.6
York Central	15.3	4
North York General	21.5	5.4
Scarborough General	19.9	6.1
Scarborough Grace	17	6.4

Figures are for October 2008 and reflect the maximum amount of time spent in the emergency room before discharge or admission by nine out of 10 patients.

for a long time," said David Austin, the hospital's chief of staff, adding there are two pieces to the wait-time puzzle: emergency room flow and in-patient beds.

He said the hospital works hard to alleviate bed gridlock.

"When everyone is starting to recognize is the reasons patients wait a long time in the ER is because there's no beds in the hospital. There's nowhere to go," he explained.

The province is tackling this issue in its strategy, saying it will work toward ensuring beds are available for patients by ensuring faster discharge of hospital patients better suited to other services, like home care or nursing homes.

Dr. Austin gives the example of a 95-year-old woman with pneumonia. After three days of treatment,

she may no longer need acute care, he said, but has other underlying conditions that mean she can't go home.

Instead, she waits at the hospital until a bed in a long-term care home comes up.

Sometimes there are up to 18 people waiting for alternative care in the hospital, Dr. Austin said, explaining this can cause a backlog in the emergency room.

That's why emergency and alternative levels of care are linked, he said.

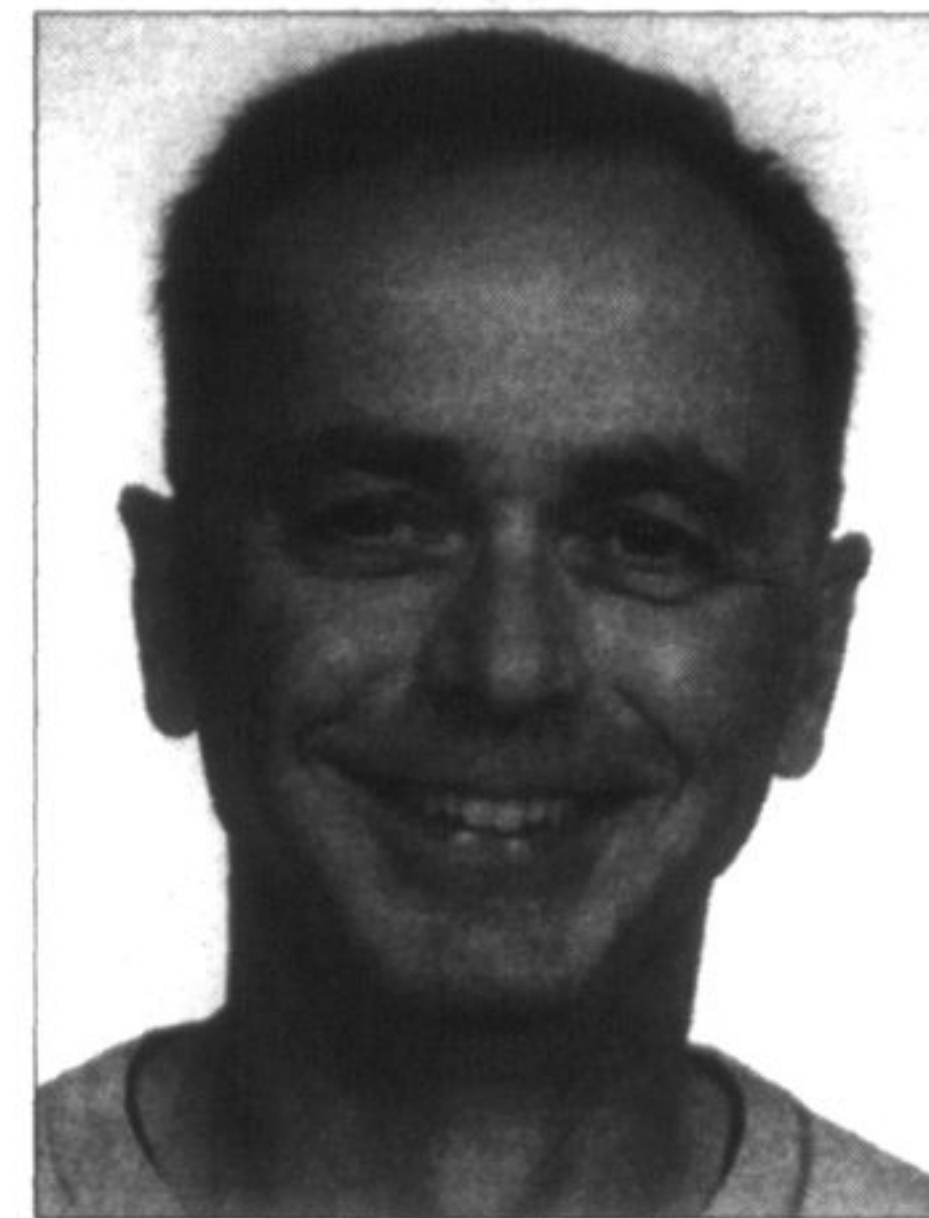
In a perfect world, the hospital wouldn't have 100 per cent of its beds occupied and patients would be able to go directly from the emergency department to a bed, if they needed the care, Dr. Austin said. "People wouldn't be waiting for 10, 15, 20 hours for a bed."

He added the hospital continues to work with its community partners like community care centres, long-term care facilities and nursing homes to develop a partnership to get patients out of the hospital and into the appropriate care as soon as possible.

The province is also trying to increase capacity and improve processes within the emergency room.

The hospital's continuously doing this, Dr. Austin said.

There are many initiatives the hospital is taking to improve flow,



DR. DAVID AUSTIN: Hospital's chief of staff says expansion 'can't come soon enough'.

according to Dr. Austin. These include opening a couple of unfunded beds, a new trial program that has physician assistants providing support to doctors and having hospitalists — doctors with only a hospital-based practice — on staff.

Other initiatives include their fast track unit, dedicated to uncomplicated cases, efforts to use their space as efficiently as possible and working toward getting a nurse position in the department to help get patients off ambulance stretchers quickly, Dr. Austin said.

As part of its strategy, the prov-

ince is also educating Ontarians about appropriate alternatives to the emergency room.

A new website, ontario.ca/healthcareoptions, is designed to help Ontarians make decisions about where to go to get immediate care in their communities.

These choices include family doctors, family health teams, walk-in clinics and urgent care centres. Markham provides all of these venues, including a new non-hospital-affiliated urgent care clinic at 110 Copper Creek Drive in Box Grove. It treats ailments like cuts and broken bones.

Dr. Austin said there is a "mistaken belief" that people are misusing the emergency room. Most patients have no other option, for instance because of the time of day or the treatment they need may not be provided at a walk-in clinic.

"We don't see people, for the most part, coming to the ER for something frivolous," Dr. Austin said.

The area's growth is another challenge, he said, explaining the hospital, built to serve a population of 100,000 in 1990, is serving a catchment area of 350,000.

They work with 20 stretchers in the ER and 200 in-patient beds. The hospital's in-the-works expansion "can't come soon enough, believe me," Dr. Austin said.

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