EDITOR'S MESSAGE

The long wait: A discussion of emergency department wait time and its impact on clinical outcomes

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trip to any emergency department (ED) across the country is usually associated with long wait times that can sometimes stretch over a full day or a night. Recently, wait times have been increasing to a distressing rate and emergency medicine teams having been sounding the alarms. Despite the growing population and the increased demand on emergency departments due to the extreme shortage of family physicians, emergency medicine remains under serviced¹. While doctors, nurses and the entire interprofessional health team continue to deliver their best efforts to care for patients in timely matter, the lack of resources and space hurdle their efforts.

The impact of ED wait times begins with a concerning percentage of patients leaving without being seen by a healthcare team member. A cohort study from the major emergency departments in Ontario showed that 4.2% of patient visiting EDs across Ontario between 2003-2007 left without being seen2. The same study showed that longer wait times were associated with higher risk of adverse events and/or being admitted to the hospital. Depending on the acuity of the presentation, wait times can vary significantly with higher acuity patients typically seen sooner. However, resources do not exist to monitor patients' conditions during extended wait times, and changes in acuity have become an increasing issue. Finally, the location of emergency departments contributes to different wait times. A retrospective study of wait times in rural and urban EDs in Ontario revealed that rural emergency departments tend to have shorter wait times3. However, it is important to highlight that large urban centers regularly receive higher acuity transfers from smaller rural EDs which contribute to increasing wait times.

Several strategies have been proposed to reduce wait times in EDs. These strategies have been mostly focused on increasing the capacity, decreasing wait time for results after intake and decreasing intake. Several trials across the country showed some degrees of success of these strategies including introduction of satellite health clinics for patients returning to the ED for follow up in British Columbia⁴. A similar study conducted in Saskatchewan showed a positive impact of the reduction of physician reassessment time on wait

times in the ED⁵. Finally, a study by Wong et al. showed that many patients prefer to access after-hours family medicine practices over EDs, therefore reducing the demand of patients with lower acuity presentation on EDs⁶.

Despite these proposed solutions, wait times continue to increase in EDs across the country. The response to this demand continues to fall short and a system-wide solution is increasingly needed to enhance patient outcome and prevent physician burnout.

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