



ER 101 for Patients and Families: Tips and Tricks for Your Emergency Room Visit

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Conflicts of Interest and Biases

- Passionate about Emergency Medicine
- Passionate about Patient Education
- Worked in multiple ER Departments and Clinics in
 - Toronto and GTA
 - Mississauga
 - Alberta
 - Nova Scotia
 - Northern Ontario
- Find that our Community is exceptionally collaborative and supportive of the hospital
 - I am biased because I keep coming back... shift after shift

Goals

- This is not an exhaustive or detailed presentation but rather a Birdseye overview
 - Numbers and statistics are examples to highlight the principles
 - Reality is varied and we are always striving to improve
 - This is specific to NHH ER and not representative of other centers
- Glimpse into our Resources and Constraints
- Glimpse into how we function/think
- Triage and Flow through the department
 - Supporting and Allied Staff
- What information do we see
 - Your medications?
 - Your past history?
- Assessments and Discharge
- How can you help with your journey

Key Aspects of Emergency Medicine

- Acute Medicine
 - Could be a new symptom
 - Could be exacerbation of Chronic symptom
- ER is Unpredictable
- ER is Varied
- Diagnosis is Key
 - Testing takes time
- Communication is Key
- Constant Preparedness is a Necessity
 - Traumas
 - Cardiac emergencies
 - Resuscitation

What are our Goals

- My Personal View on ER Journey and Our Goals
 - My Personal Experiences as a patient
 - “My family member” perspective
 - We are here **for you** and for **those you love**
- We are **here for you** in the ED, we are your partner in this journey
 - We want to listen to your concerns and do our best to do thorough investigations
 - We want to understand your symptoms and rule out acute findings
 - We want to provide the best possible diagnosis, if possible, or rule out acute diagnoses
 - We want to provide the best possible treatment or treatment options
 - We sometimes cannot completely take away all your symptoms, as safe treatments can take time
 - We must balance risks and benefits
 - We want to progress you through your journey as quickly as possible
 - We want to get you home to your family

What are our Goals

- We are there for **those you love**, if needed
- We want to always be moving the flow of patients, safely
 - If your family member comes in with concerns we want to be able to have the staff and space to attend to them too
- We want to identify the sickest patients and attend to them urgently
 - If your family member came in very unwell we want to recognize it and attend to them urgently
- We want to always be prepared
 - We need to triage and have the available critical care space and equipment at all times

The Department/Resources

- At NHH we have 90-110 Visits per Day
- Times until discharge can average up to 4 to 6 hours
- We can have up to 25 - 27 Beds

- 3-4 Doctors across 24 hours
- Nursing Staff
- Supporting Staff

The Constraints

- At NHH we have 90-110 Visits per Day
- Times until discharge can average up to 4 to 6 hours, sometimes less, sometimes more
- We can have up to 25 - 27 Beds
 - Some patients waiting for tests
 - Some patients waiting for specialists
 - Some patients waiting to be moved up
 - Some patients waiting to be discharged
- 3-4 Doctors across 24 hours
 - Shifts
 - Sick patients take more time
- Nursing Staff
 - Shifts
 - Sick patients take more time
- Supporting Staff
 - Not all supporting staff are available 24/7
 - Some supporting staff cover other areas of the Hospital
 - Specialist support, they could be attending other patients
 - Emergencies and Sick Patients
 - Equipment can malfunction

How do we work around these?

- We Triage
- We **work as a team**
 - You do not need to see a Doctor to have tests started
 - Nurses have Medical Directives
 - Nurses can discuss a case with an MD at any point
- We use the waiting room
- We use Supporting and Allied Health Staff

Triage

- A key component of our practice
- A system to allocate a resource that is not infinite
- Triage **presentations** based on Concern and Acuity
- Triage **investigations**
 - Imaging and Bloodwork
 - Urgent attention to MD if necessary
- Triage available **space**
 - Appropriate Nursing Skills and Experience
 - Resuscitation Room
 - Procedures Room
 - Cardiac Monitoring
- Acute Medicine
- **Unexpected**
- **Varied**
- Diagnosis
- Communication

Triage

- It does mean sometimes increasing your wait
- It does mean that we are able to attend to sick patients first
- It does mean that we are ready for the unexpected

How have we done to Improve?

- We change our flow around the Department to get the investigations done faster and always look for ways to improve
- We are up-staffing our Physicians and Nursing Staff
- We have introduced Blue Zone
 - Staffed separately by an Nurse Practitioner and a Nurse
 - Work collaboratively with our MDs and Charge Nurse
- We have expanded our spaces to improve flow and we reassess this constantly
- We have Expanded our Supporting Staff and Allied Health

People You Might Meet Supporting Staff and Allied Health

- **Registration Clerks**
 - Creating Charts and linking to your previous visits
- **Lab Technologists**
 - Phlebotomy
- **Radiology and Radiology Technologists**
 - Imaging, Xrays, CT Scans
 - ER and Other areas of the Hospital
 - Ultrasound
- **Pharmacy Technicians**
 - Verify your medications with yourself and with pharmacy

People You Might Meet

Supporting Staff and Allied Health

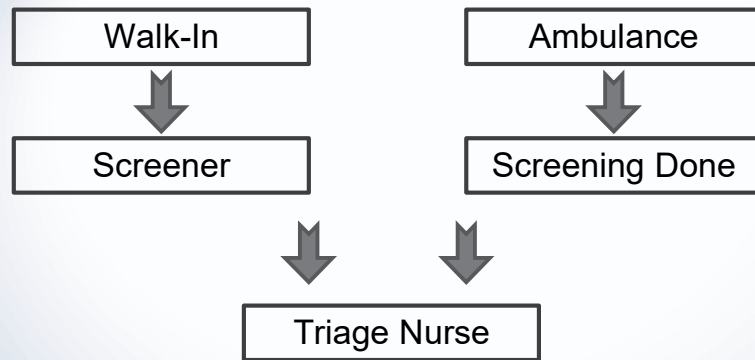
- **Crisis Social Workers**
 - Mental Health Supports
 - Family and Crisis Supports
- **Respiratory Therapists**
 - Support Patients with Respiratory Presentations
 - Support Specialized equipment
 - Provide Patient Education
- **Unit Clerks**
 - Administrative and Phone Support
 - Transportation to other hospitals

People You Might Meet

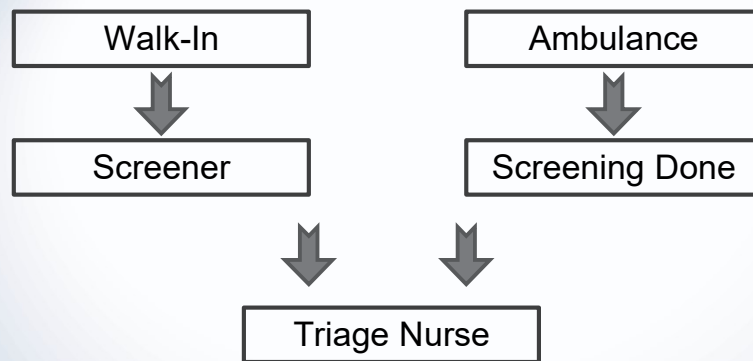
Supporting Staff and Allied Health

- Geriatric Emergency Medicine (GEM) Nurse
 - Support Elderly patients in connecting with community resources
- Nurse Practitioners
 - Support the Blue Zone
- Trainees
 - Medical Students
 - Resident Doctors
 - Nursing Students
- So Many More
- PSW and Porters (New!)
 - Support the Team and Flow

Sample ER Journey Arrival



Sample ER Journey Arrival



Your Mode of transportation does not affect our assessment/wait times/investigations or one's location within the department

We assess everyone equally and ensure that we attend to patients fairly and based on their presentation

Sample ER Journey

Initial Assessment

- Triage RN
 - Years of ER and Clinical experience
 - Direct communication with Charge Nurse and Physician Team
 - Brief background and understanding of what brings a patient in
 - If time sensitive – will speak to Physician Urgently
 - If in doubt – will coordinate with Physician
 - If symptoms – vomiting/pain – can coordinate with Physician to Treat
 - If critical and requires a room – will coordinate with Charge Nurse



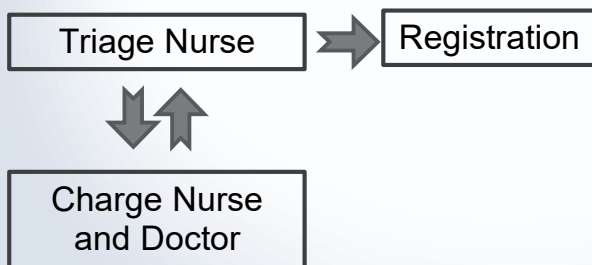
Sample ER Journey Initial Assessment

Triage Nurse

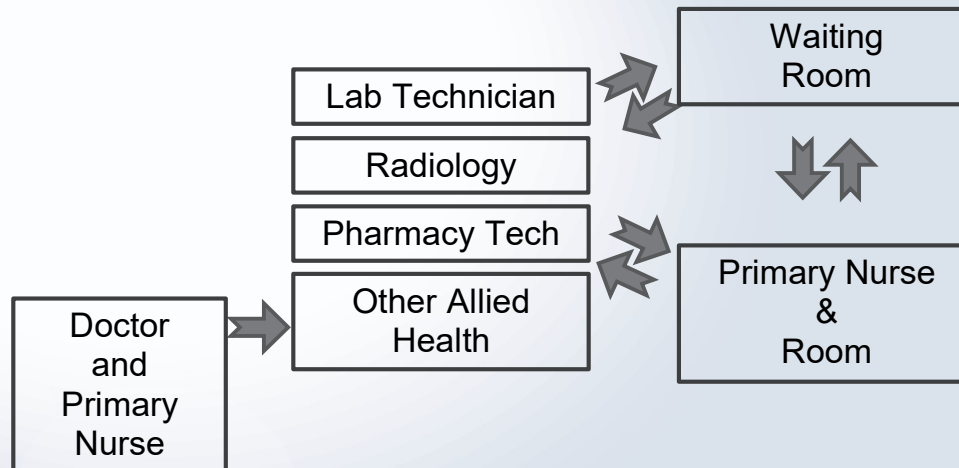


Charge Nurse
and Doctor

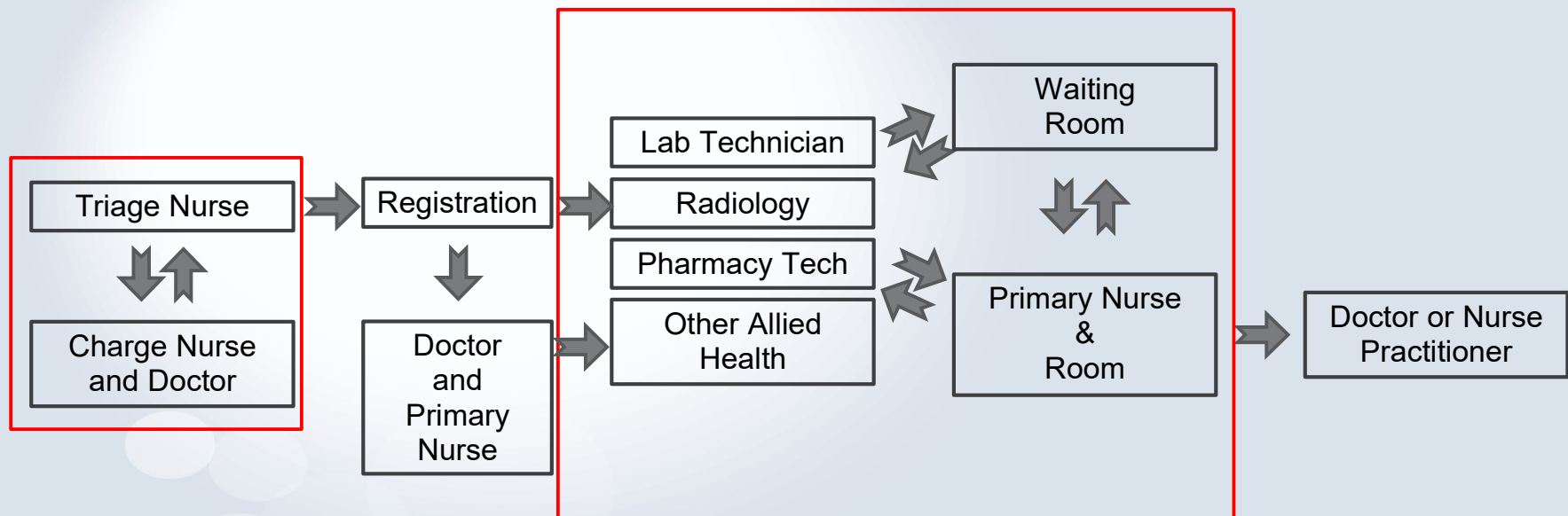
Sample ER Journey Registration



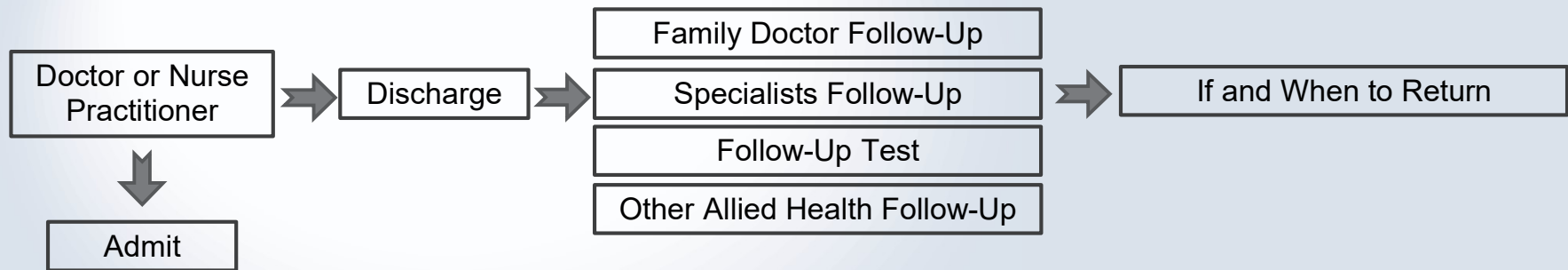
Sample ER Journey Investigations Example



ER is a Team Sport and is Not Linear



Sample ER Journey Disposition



Sample Journey – Chest Pain

- Triage Nurse

- Will take a history
- Will order investigations, bloodwork, ECG, potentially X-Ray
- **Will communicate with the MD if there are any questions or concerns**



- Registration

- Will register your information
- Please verify your Person to Contact
- Please **verify your Family Doctor**



Sample Journey – Chest Pain

- **Lab Chair**
 - Bloodwork and ECG
 - ECG will get reviewed by MD promptly
 - If there is a concern for a life-threatening heart condition – will be attended to urgently

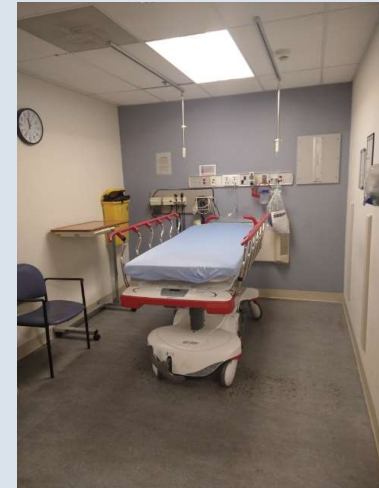
- **Waiting Room**
 - To allow us to always be prepared and to improve flow
 - We continue to monitor you even in the waiting room



Sample Journey – Chest Pain

- Primary Nurse

- Will move to a room
- Will take **another** history
- **Will communicate with the MD if there are any questions or concerns**



Sample Journey – Chest Pain

- Radiology
 - You may be asked to walk to Radiology to take an Xray
- Pharmacy Technician
 - Will ask you about your medications
 - Will fax your pharmacy and verify your doses
 - Will complete your chart with these medications

Sample Journey – Chest Pain

- Doctor Assessment
 - Will take **another** history

History

- History is a key component of Diagnosis
- Everyone is different
- We ask you multiple things multiple times
 - Your name or DOB/Check Label – to ensure there are no medication errors
 - Your history – to ensure that we did not miss something subtle
 - Your medications – to ensure that your list is reflected correctly

History

- We can see your previous visits to NHH
- We can see your previous imaging, admissions, discharges and notes at NHH
 - With the new EPIC CIS we can see all notes, imaging and visits within our LHIN
 - (SHN, LHO, HHHS, CMH, RMH, NHH, PRHC)
- We can use a system called ConnectingOntario
 - We can see some other hospitals notes and imaging
 - At this moment we cannot access HSC notes or other provinces
 - Has its limitations
- We cannot see your medication list
 - If over 65 or on ODB we can access via ConnectingOntario
- We cannot see your exact Past Medical History as your Family Doctor would have it

History – How can you help?

- Bring your Rx list from your Pharmacy
 - This is especially helpful as we can often glean your Medical History from your Medications
- Bring your Blister pack or your medications with you
 - Especially if you are taking unique/rare medications
 - During your stay in the ED you might have to take your own medications – speak with the nurse
- Please note if you have had
 - Significant Cancer History- Chemotherapy, Radiation, Immunotherapy
 - Significant Heart History - Heart Surgeries, Heart Stents, Pacemakers
 - Significant Surgeries – Cancer surgeries, Appendicitis, Gallbladder, Aneurysms
- If your Family Doctor has advised you to go to the ED please see if they can fax your Patient Profile to us in ED

Sample Journey – Chest Pain

- **Doctor Assessment**
 - Will take **another** history
 - Might order more tests
 - Sometimes we have to repeat your heart tests in 2-3 hours to definitively rule out a heart attack
 - Sometime chest pain is really Abdominal Pain that is referred and vice versa
- **Will come back to re-assess**
 - Will review what we did or did not find
 - Will Discharge you or recommend Admission
 - Will talk about follow-up
 - Will send a note to your family doctor
 - With the new EMR all of our notes get faxed to your Primary Care Provider

Discharge and Follow-Up

- Follow-UP

- You might be asked to follow-up with your Family Doctor
 - We ask that **you call** to make an appointment
 - Our note gets faxed to your Family Doctor
- You may be referred to a local Specialist – such as IMCare clinic
 - Typically they will contact you for an appointment
- You may be referred to a specialist in a different hospital
 - Typically they will contact you for an appointment (this may vary)
- If you already have a relationship established with a specialist clinic
 - We ask that **you call** to make a follow-up appointment
 - We will do our best to send them our notes.

Discharge and Follow-Up

- Supporting Hospitals, Examples
 - PRHC
 - Fracture Clinic
 - Pediatrics
 - Cardiac lab for stents
 - Stroke Centre
 - KGH
 - Neurosurgery
 - Oshawa/LHO
 - Plastics Clinic
 - GTA
 - Traumas
 - Other Complex Presentations

Discharge and Follow-Up

How Can You Help

- Verify we have the correct Family Doctor on File
- Communication
 - We try to update families as much as we can
 - Please have one point-of-contact person that other family members can go to
 - If you have a cellphone please you that for communication with you family
 - We do have phones we are able to use, if necessary
- Transportation
 - Can be a challenge, especially after-hours
 - If possible, notify your family members that you might need a ride home
 - We might call your family on file to kindly request that they take you home
 - Our ER sees patients 24 hours, therefore we assess, treat and discharge patients at any time of day, including at night.

Thank you for your Time!

