

NURSE PRACTITONERS

A pro-active step towards solving the ER wait
time crisis

Emergency Wait Times – Situating the Idea

Recent attempts by various provincial governments to reduce emergency room wait times have met with varied amounts of success. One recent study in Alberta has shown that hospitals have struggled to meet a target of admitting 75 per cent of hospital in-patients from emergency departments in fewer than eight hours (Fletcher, 2013). Nationwide, the numbers are no more impressive. Overall in Canada, about one in 10 patients seeking emergency treatment will wait eight hours or more, while the average length of an E.R. visit in this country is more than four hours. (TorstarNews, 2012). What is even more disturbing is the fact that Canada seems to be lagging behind other developed nations when it comes to emergency department wait times. Canada has some of the most extended E.R. wait times among all developed countries. A 2010 Commonwealth Fund study of 11 wealthy nations found that 31 per cent of E.R. patients in Canada wait four hours or more to be treated, compared to only four per cent in the U.K. and 13 per cent in the U.S. (CBCNews, 2013). These numbers are well known accepted. They have been generated by numerous independent agencies and they lack any apparent bias – aside from soundly criticizing the extended wait times in Canadian emergency departments. So what does it all mean? In short, it means that the quality of care experienced by emergency room patients is suffering due to extensive delays before receiving care. Other studies have cited the fact that prolonged patient wait times often result in reduced patient satisfaction. This can ultimately mean that patients leave without being seen - or even eloping during their medical evaluations. (Lambe S, 2003). Furthermore, a growing body of data has indicated that emergency department overcrowding – and the wait times which result – is directly related to clinical endpoints. This means increases in mortality and delays experienced by even the most time-sensitive patients.

Wait time problems manifest themselves all the way along the entire chain of care – from admission to eventual discharge. Studies have shown that one in eight patient transports by paramedics was delayed (some over an hour) due to E.R. backlogs, and that each admitted patient who was boarded from the E.D. caused an additional 6 minutes of ambulance diversion time (Eckstein M, 2004). In essence, at least two domains of quality of care - safety and timeliness - are compromised by emergency department overcrowding and wait times (Bernstein, January 2009). Furthermore, emergency department wait times can also contribute to medical errors and other adverse events (Bernstein, January 2009).

The current situation is unacceptable. It is also very relevant to the nursing profession. In Canada, nurses are the foot soldiers of Emergency Medicine; without their services, the entire emergency room system would collapse. As Canada's population ages – and more Canadians find themselves in need of emergency room services – the role that nurses play will become even more prominent and important. A 2011 *British Medical Journal* study concerning Ontario E.R. visits found that shaving an hour off the average length of stay in an ER could save 150 lives a year (CBCNews, 2013). Due to this reality, some have suggested that a new national emergency room strategy is now required. (QMIAgency, 2013). Nurses should play an important role in whatever form this strategy takes. This paper will attempt to articulate and analyze the role that nurse practitioners can play within the context of emergency rooms in Canadian hospitals. It will identify and present the emergency wait time problem as it currently exists, and provide some context of the economic, social, and political reasons for this problem. Some examples of the barriers which prevent the problem from being resolved will be provided. Finally, some concrete and practical resolution strategies for increasing nurse practitioners in the E.R. will be provided. The Canadian economy and its demographics are shifting. The nursing profession must also be

willing to shift alongside. This will mean that some very difficult sacrifices must be made by everyone – nurses included. That being said, nurses have never been more important to the Canadian health care system. The correct strategy moving forward will utilize nurses in the best possible way.

A Nurse Practitioner Alternative - Articulating the Idea

Emergency department wait times can be a measure of access to the health care system and a reflection of efficient use of resources (Fletcher, 2013). This makes it a nursing issue because the way nurse practitioners are utilized – both inside and outside of emergency rooms - can play a very important role in mitigating wait times. Nurses are a resource that must be utilized by emergency departments in the best possible way. Nowhere are nurses more visible than in the E.R. Paradoxically however, nowhere have they been more underutilized. There have been some attempts to reverse this trend by increasing the utilization of nurse practitioners in emergency departments. “Acute care/specialty nurse practitioners (ACNP) are members of the general class of nurses who have taken specialty training at the graduate level and are working within an extended scope of practice by means of medical directives that are institution specific. These people typically work in acute care areas and specialty clinics” (Drummond, 2003).

The above definition is important because recent data has indicated that between 40%-50% of all emergency department patients suffer from not acute – or not urgent – ailments. (Kellermann, 1994). According to another recent survey, the maximum amount of time spent in emergency rooms by 90% of Ontario patients with minor or uncomplicated conditions was 4.6 hours. Furthermore, most emergency room visits were for minor conditions (CanadianHealthCoalition, 2009). With these patients – the general consensus is that nurse practitioners may well be able to effectively offer treatment (Drummond, 2003).

From an economic point of view, nurses are relatively cheap compared to doctors. Therefore, if emergency wait times can be related directly to the ability to efficiently access a health care provider, more nurse practitioners is likely a very effective way of addressing the problem. In short, nurse practitioners – or the lack thereof in emergency departments - can be directly linked to increased wait times. The literature suggests that NPs can reduce wait times for the E.R, lead to high patient satisfaction, and provide a quality of care equal to that of a mid-grade resident (Carter, 2007). This is one of the reasons why the issue of emergency wait times is very relevant to the nursing community. This is also why nurses should play an active role in shaping a more effective “new look” for Canadian Emergency Departments.

Nurse Practitioner Alternative – Analyzing the Idea

The Economics of more Nurse Practitioners

Canadians like to think they live in a society that offers free health care. Nothing could be further from the truth. Canadian's pay dearly for the health services they receive. Canada spent \$200.5 billion dollars on health care in 2011 – or \$5,800 per person (Information, 2011). Was this money well spent? From a low income, car accident victim's point of view, it probably was. From a high income earners perspective - one who visited the E.R. for a few stiches and an x-ray - it likely was not. As was suggested, increasing the number of nurse practitioners in the E.R. may serve a two pronged benefit. Primarily, it will help to decrease patient backlogs. It should also help to decrease the overall cost of providing emergency care. Despite this fact, in order that this strategy is made truly effective, some consideration should be paid to the amount of public money designated for nursing salaries. It is often difficult for members of a professional

community to take a hard look at themselves, however, if patient care is placed at the forefront, this difficult step must be taken. “The number of Ontario nurses making \$100,000 and up is almost eight times higher than it was five years ago” (OttawaCitizen, 2008). When adjusted for inflation, the average salary of a nurse working in Alberta in 1991 was \$59,523.30; by 2013, that figure had jumped to \$75,608.00 (UnitedNursesofAlberta, 2012). It may seem ironic to suggest that nurses take on more responsibility while, at the same time, accepting less remuneration. However, from an economic perspective, the numbers are what they are. This is why – as many have suggested - before nurse practitioners can become a permanent component of the Canadian health care system, a sustainable funding model needs to be developed (Drummond, 2003).

Social Considerations

As previously stated, many Canadians tend to think of their health care as free. In terms of emergency medicine, patients suffering from minor injuries often pay dearly for their treatment – not with their money – with their time. Nurses are all too familiar with patients that have been termed “frequent flyers”. These are the patients who admit themselves to the E.R. more than 10 times per year – often for less than urgent health issues (Drummond, 2003). The common perception among Canadians is that their health care is paid for, and therefore, the system should be utilized whenever and however they see fit. This is a perception that has to change. Canada’s aging population will mean that more and more patients actually will require real emergency services – services that cannot wait. Nurse practitioners can play a role in helping to shape this new public perception by educating patients who may visit the E.R. for issues that are less than critical. In this way, nurses will be able to help educate as well as provide care.

The Politics of Nurse Practitioners

Health care in Canada is a political animal. The two subjects cannot be easily separated. Anytime fundamental changes are proposed, there will be ramifications and objections. The suggestion that Canadians should – and must - limit their use of emergency departments will undoubtedly raise the ire of many. A proposal to cut nursing salaries in order to have the funding to hire more nurse practitioners will never go over well with the unions. However, these are the tough political choices that must be made. Are we to continue down the path of inefficiency – or should we look towards a new platform where a patient need not expect to wait 4 hours because their fractured foot is deemed ‘less than urgent’? Injuries like these can just as easily be treated by a well-trained nurse practitioner. Neither does the treatment itself have to take place inside the busy confines of an emergency department. Clinics – staffed by nurse practitioners – should be opened nationwide. In other parts of the world, primary care is viewed quite differently. There are many countries that offer these types of clinics where you can get the care that you need at the right time and in the right place (Fletcher, 2013).

A monopoly on care only serves to benefit doctor and nurse salaries. If things remain the same, patients lose and so does the public in general – after all, we are all footing the bill. If given the choice, many Canadians would choose to have their cast applied in under 30 minutes by a qualified nurse practitioner than to wait 8 hours and receive the same treatment from an MD in an emergency department.

Barriers to Resolving the Problem

As mentioned above, there are many barriers which prevent this problem from being resolved. The political clout of the medical unions – especially doctors – will fight hard to ensure the status quo. In fact, a recent conclusion made by the *Ontario Medical Association* indicated

that increasing the number of nurse practitioners should only be considered after an effective means was established to “minimize the potential financial impact on physician incomes” (OMA, 2002). Recently, Canada had the “first graduation of specialty nurses that can fulfill some of the services that a general practitioner physician does. Even though they did not have trouble being placed within the health care system, it is yet to be seen if physicians are willing to release some of their responsibility to them” (Stryker, 2011). Therefore, it would seem that the medical profession itself is one barrier to resolution.

Funding will need to be established in order to hire more nurse practitioners and establish clinics. As mentioned, this funding will be difficult to find. However, money will not solve everything. “Additional funding is not the sole solution...When short term funds are added, they only lead to short term improvement. The best route is to look at how [emergency] wait times are mitigated, measured, monitored and managed” (QMI Agency, 2013). If this can be impressed upon the public, they would generally become more accepting of visiting a nurse practitioner for their less than critical care needs. The public must come to understand that nurse practitioners are the equivalent of dealing with junior house staff in terms of treating minor illnesses and injuries (Drummond, 2003). Once this fact is accepted, more people will be willing to access primary care at a clinic without waiting to see an MD.

Resolution Strategies

1) Public Education and Action Campaigns

Most Canadian’s cite a lack of immediate access to their family physician as a reason for heading to the E.R. (TorstarNews, 2012). What if they had an alternative? In order to overcome public perception of nurse practitioner clinics as a “less-than” option, an effort should be made to

educate and explain how beneficial they could be. By getting the word out through ad campaigns and information initiatives in E.R.s, the public would be more likely to seek care at a practitioner clinic. As it stands now, public perception remains fixated on the idea of “seeing a doctor”. If the government could effectively demonstrate how and why this is not always a requirement, more people would open themselves to receiving treatment in a new setting.

2) Pilot Projects to Demonstrate Effectiveness

As the saying goes, the proof is in the pudding. For this reason, pilot programs should be immediately initiated nationwide. E.R. wait times would almost certainly decline in these areas. By accomplishing a stated goal, these pilot projects would be expanded as more and more patients became more willing to seek care from a nurse practitioner. This would provide the two fold benefit discussed earlier – lowering wait times, and reducing health care costs. In order for nurse practitioners to become more publically accepted, they must be able to effectively demonstrate their skills and abilities in an open and public forum. The best way to accomplish this is through sustained and visible pilot projects.

Conclusion

Emergency wait times have reached a crisis level in Canada. If something is not done quickly, patient overflows and exploding costs will soon implode the emergency care system. One practical solution to this problem is increasing the number of nurse practitioners available to offer care within set parameters. By doing so, the government would be able to open alternative care clinics that could deal with the less severe patients who are now overwhelming emergency rooms throughout the country. As can be expected, there will unquestionably be some challenges

towards resolving this strategy. However, with proper public education, a little belt tightening, and some pilot project examples of success, this strategy may just well offer a practical and cost-effective solution. The nursing community should take hold of this idea and embrace it. Nurses may just be the ones who save us.

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