



# The difference between... Emergency Departments and Urgent/Prompt Care Centres

## Be Informed

The Niagara Health System was requested to submit a Hospital Improvement Plan to our Local Health Integration Network on July 15, 2008.

The Plan makes a number of recommendations to provide quality and safe health care to Niagarans and make the best use of our resources.

We invite you to learn more about the recommendations in the Hospital Improvement Plan, as well as the review and recommendations by Dr. Jack Kitts at [www.niagarahealth.on.ca](http://www.niagarahealth.on.ca). Click on the green Hospital Improvement Plan box.

## Quick Facts

- From April/07 to March/08 there were 19,450 visits to Douglas Memorial Hospital Site Emergency Department and 22,860 visits to Port Colborne General Site Emergency Department.
- Between 95% and 97% of adults and children will continue to receive treatment in the proposed Urgent/Prompt Care Centres for Port Colborne and Fort Erie, open seven days per week.

*Many of the ongoing discussions about the Niagara Health System's (NHS) Hospital Improvement Plan and the recommendations by expert advisor Dr. Jack Kitts centre around the differences between a full-service Emergency Department and an Urgent or Prompt Care Centre. Please read on for important information and details.*

A full-service Emergency Department takes every level of patient, from those suffering a life-threatening heart attack or car accident, to those with a minor ear infection or sprained ankle.

Ambulances take patients to Emergency Departments and Emergency physicians admit patients to acute care (medical/surgical) beds or mental health beds.

Urgent or Prompt Care Centres (these terms are interchangeable) are for those patients who have bumps and bruises, mild infections or injuries.

Urgent Care Centres do not accept ambulances or critically-ill patients and Urgent Care physicians



do not admit patients to an inpatient unit, although they may keep a patient for several hours for observation. Patients who come to an Urgent Care Centre but require more detailed diagnostic tests or treatment are transferred to a full-service Emergency Department.

“Knowing where to go is very important,” explains Pat Morka, NHS Health Program Director of the Emergency Program.

“Sometimes patients and

their families are unsure about which site or service they should use when they need medical help. The public needs the right information and the right location for their medical treatment, based on what they or their family member are experiencing. We want people to be treated as quickly as possible whether they have non-life threatening concerns or more serious symptoms.”

## Canadian Triage Acuity Scale (CTAS)

Triage Nurses are usually the first person patients will see in either an Urgent Care Centre or Emergency Department. Triage, or head-to-toe

over ...

Urgent Care Centres Treat ...	Emergency Departments Treat ...
<ul style="list-style-type: none"> <li>• Broken bones, sprains, sports injuries</li> <li>• Cuts that may need stitches</li> <li>• Minor burns</li> <li>• Minor abdominal pain (nausea, vomiting, flu)</li> <li>• Ear, nose and throat problems</li> <li>• Coughs and colds</li> <li>• Eye problems</li> </ul> <p>Urgent Care Centres have access to on-site services such as x-rays, lab tests and pharmacy.</p> <p>Ambulances do not bring patients to Urgent Care Centres.</p> <p>Urgent Care Centres are staffed by Physicians and Nurses.</p>	<ul style="list-style-type: none"> <li>• Chest pain (especially for those with a history of heart problems)</li> <li>• Shortness of breath</li> <li>• Severe abdominal pain</li> <li>• Dizziness</li> <li>• Stroke symptoms</li> <li>• Numbness in arms or hands</li> <li>• Major injuries</li> <li>• Mental health issues</li> </ul> <p>Call 911 with severe chest pain, stroke symptoms or a serious condition which may be worsening.</p> <p>Ambulances bring patients to Emergency Departments.</p> <p>Emergency Departments are staffed by Physicians and Nurses.</p>

## The difference between...

### Emergency Departments and Urgent Care Centres *cont'd ...*

assessment, is done using the Canadian Triage Acuity Scale (CTAS), to determine who needs to be seen immediately, based on their medical need.

Here are the CTAS levels used:

Level 1 – Resuscitation (Critical), e.g. cardiac arrest, shock, major trauma

Level 2 – Emergent, e.g. asthma, altered mental state

Level 3 – Urgent, e.g. abdominal pain

Level 4 – Less-urgent, e.g. vomiting and diarrhea with no dehydration, earache

Level 5 – Non-urgent, e.g. vomiting, sore throat

Ambulance Paramedics use the same triage scale when assessing patients.

Level 1 and 2 patients should ALWAYS go to a full-service Emergency Department or call 911. Right now, most patients in Niagara with serious emergencies are seen at Greater Niagara General Site, St. Catharines General Site and Welland Hospital Site.

Level 3, 4 and 5 patients are treated at Urgent/Prompt Care Centres, as well as Emergency Departments. In fact, the vast majority of patients coming to Emergency Departments are in these categories – not true emergency cases, but adults and children requiring a physician's assessment and diagnosis.

For advice on the right place to receive the care you need, consult your family physician or call

Telehealth Ontario at 1-866-797-0000.

#### Be Prepared for Your Visit

- Bring your up-to-date Ontario Health Card.
- Bring a list of all medications being taken on a regular basis, along with any other important information such as allergies.
- While waiting for treatment, please do not eat or drink without first checking with a nurse.
- If patients decide to leave the hospital before being seen by a doctor, please speak with a nurse.

#### Be Prepared At Home

- Check medications and medical equipment. Make sure that all family members have enough of their medications, both prescription and non-prescription. Don't forget needles, alcohol swabs, etc. Also check inhalers, respirators, oxygen, and glucose testing machines.
- Have extra batteries on hand for equipment such as electric wheelchairs.
- Update all emergency telephone numbers and post them in a visible place (eg. refrigerator).

#### Frequently Asked Questions

**Q: Why are you recommending Urgent/Prompt Care Centres for Fort Erie and Port Colborne?**

**A:** We want to get patients to the right place for the right care.

The statistics show that over 95% of all the adults and children coming to the Fort Erie and Port Colborne Emergency Departments are CTAS Level 3, 4 and 5. All of these patients would continue to be treated at the proposed Urgent Care Centres in these communities.

Many of the serious patient cases who now arrive at these two smaller Emergency Departments by ambulance are transferred to a larger hospital centre.

Under the proposed model, ambulances would take all emergency cases directly to the larger centres in Niagara and beyond as necessary, saving valuable time.

**Q: Will Niagara Falls and Welland Emergency Departments be able to handle the extra patients?**

**A:** Most serious cases are transported to a larger centre now, and both Niagara Falls and Welland would be able to continue managing patient volumes in the future.

Fully 95% to 97% of adults and children in Fort Erie and Port Colborne would continue to receive their treatment in the proposed Urgent Care Centres in these communities.

**Q: What happens in a snow storm if the QEW is closed - how**

**will ambulances get to the bigger centres?**

**A:** (Answer provided by Niagara Emergency Medical Services) In the rare event that weather or any other incident was to cause the closure of the QEW to the public, ambulances would still be permitted to travel on the highway.

Options to assist with travel to Niagara Falls or Welland may involve taking alternate routes and/or requesting snowplows to help clear the way.

For instance, during the October 2006 snow-storm, ambulances continued to travel, despite the QEW being closed.

Niagara EMS would also immediately add additional resources and commit them to the areas affected by the incident. ❖



**Next Steps ...** In the weeks ahead, the NHS Board will review Dr. Kitts' report, along with community consultations, to develop and approve the final Hospital Improvement Plan for submission to our Local Health Integration Network Board. The LHIN Board is expected to make its decision by year-end. The Plan will be implemented over five years, with much dialogue with communities and stakeholders.