

Services offered/What to expect

Located in the Nation's capital city Kingston for over sixty years the University Hospital of the West Indies is the primary teaching hospital of the University of the West Indies faculty of Medical Sciences. Currently operating approximately with a five hundred bed capacity the hospital is a primary referral centre for most of the country's regional hospitals as well as for the neighbouring Caribbean islands.

In 1993, Scotia bank Jamaica upgraded the facilities of the Department by building the Scotiabank centennial accident and emergency department. The Emergency Medicine Division (EMD) thus consists of the Scotia bank centennial A&E Unit and the Casualty (ambulatory care) Departments. It is staffed by emergency medicine programme residents, non-programme residents, senior house officers and full-time specialist consultant emergency physicians. The nursing staff includes both emergency medicine trained and non-specialist nurses. There is also a new category of staff the Emergency Room Technicians (ERTs). Patient advocates assist patients with queries, contact relatives and retrieve patient records and by so doing help to reduce waiting times.

Each twenty-four hour day is divided into three 8-hour shifts each headed by a consultant. Patient triage is done by an emergency medicine trained nurse who is often assisted by a doctor. Patients are classified into five triage categories and are seen based on their triage screening designation. Patients are therefore not seen according to the time they arrive in the department but according to the severity of their illness. Patients who are transported via ambulance are usually seen in the Scotiabank accident and Emergency area and sometimes because of the severity of their illness will bypass triage.

On arriving at the hospital information can be gleaned from the patient care advocates or Emergency Room technicians who greet patients and direct their appropriate management. Patients who have life threatening emergencies are taken to the casualty side of the department where they are seen by the triage nurse who takes a brief history and determines the patients triage level. Level four and five patients are assigned to the fast track area and level three patients to the intermediate area and Level one and two patients to the Scotiabank centennial Accident and Emergency area.

Efforts are made to keep the waiting time to see a doctor to less than two hours but very occasionally the doctors assigned to levels four and five may have to assist with the more seriously ill patients prolonging the wait in these areas. Sometimes waiting times are affected by a delay in getting laboratory results or a delay in another doctor coming to see the patient. The doctors who are called to the emergency department to see patients also have responsibilities on the wards or in the main operating theatre which may cause some delay in their arrival to the department. Efforts are made to explain to patients the reason for the delay but questions from friends and relatives are welcomed if there is uncertainty as to the reason for the delay.

The emergency department (ED) case mix is similar to that seen in the developed world, with an increasing number of visits for chronic diseases such as hypertension and diabetes mellitus. Trauma cases are quite common. It is not possible or practical to have an experienced representative from every hospital sub-specialty standing by in the Emergency Department at all times. Emergency Medicine evolved because emergencies can occur in any age group, at any time, in one or many body systems, and emergency physicians developed expertise as 'specialised generalists'. This enables them to make working diagnoses, start appropriate treatment, and if the problem can't be completely fixed at the time, refer on to other appropriate specialists. This means that the doctor working in the Emergency Department provides a wide

range of services and is equipped to perform with skills so as to treat life threats such as severe asthma, acute myocardial infarction (heart attacks), severe infections (severe sepsis). They are able to resuscitate and stabilise victims of multiple trauma who have life threatening or limb threatening injuries until they are seen by the admitting service. Emergency Physicians also suture wounds and splint fractures, and start effective burn care.