

A trip to the ER.

Welcome to SBH Bronx Health Talk produced by SBH Health System and broadcast from the beautiful studios here at St Barnabas Hospital in the Bronx. Hello I'm Steven Clark.

A visit to the hospital emergency room can be a scary proposition especially for older or younger patients, yet it's a trip made by about 20% of Americans every year. With us to discuss what to expect in a hospital emergency room in the Bronx is Dr. Jeffery Lazar, vice chair and medical director of the department of emergency medicine at SBH Health System. Welcome Dr. Lazar.

So let's start out by asking what the most common reason that people visit an ER?

*There's a range of common complaints that bring patients to the emergency department and some of it depends on the season but we see plenty of patients with colds and flus, back pain, abdominal pain, and chest pain as the most common presentations and then of course sort of mechanical or traumatic injuries – ankle sprains, sprained wrists, cuts, bruises broken bones.*

Are these all appropriate reasons to come to an ER as opposed as going to an urgent care center or seeing your primary care physician?

*Sure. You know, it depends on a number of variables and factors. If a patient has a question about what is the most appropriate place to seek treatment they can always start by trying to speak with their primary care doctor if they're available but often times a patient may not know what level of care they need until they're evaluated by a doctor so generally my feeling is better safe than sorry and if there's a question of whether you need to be seen in an emergency department come to the ER and let us check you it out.*

When do you call 911?

*From a medical perspective if you have a medical emergency, you're concerned about your well-being or the well-being of a family member and you don't know how to transport them safely or feel that they are too sick to be safely transported via car or public transportation, then your best bet is to call 911.*

Obviously sometimes you have no choice, but if you can prepare what kind of preparation should you do before going to the ER?

*Sure this is something I would encourage everyone to take a few minutes to do because we generally don't know when we're going to end up in the emergency department. So what an individual can do before ahead of time is to make sure that they carry on their person a*

*list of their medications, the names of the medications, the doses, a list of your providers or physicians telephone numbers. Often times that will allow us to get a more useful history from your care physicians and a list of your medical history and any allergies. Sometimes what's very nice is either on a portable electronic device like a telephone or even on a piece of paper that you fold up into your wallet you can list your past medical history your medications, your allergies, your telephone numbers of your providers or any family members that you might like to be called in an emergency and it's amazing how much a difference that information can make in a true emergency.*

How often do you get that?

*A patient presents with all this information?*

Yes

*It is remarkably rare which is a sort of interesting when you think about how technologically we are advanced these days and we often carry with us a full music library and books and if you're like me a few thousand emails on your telephone but we often overlook some of the most basic and rudimentary information that is central to our well-being in our health.*

If you're lucky enough to have never gone to an ER before what

happens when you get there?

*In most emergency departments including ours, the first person who you will meet will be a nurse greeter who will obtain some basic information such as your chief complaint, what brought you to the emergency department and very quickly assess your level of wellness or sickness. Emergency departments operate on a sort of a system of triage where we expedite the care of those who are most ill and need immediate attention. The first person you encounter will be this nurse who will perform the sort of screening triage exam and determine what level or category of emergency this is. Whether this is a patient who needs to be rushed back to the trauma Bay or resuscitation Bay because they may be having a heart attack versus someone who may have a lesser complaint, who will then potentially be sent over to the registration desk to provide some basic registration information and then eventually be assigned to an area in the emergency department to be seen by a care team.*

I guess the reality is is that in a busy city hospital, chances are you gonna have to wait, right?

*More likely than not and that's probably these days goes for emergency departments everywhere and again oftentimes the time correlates with the severity of illness and I appreciate that this can sometimes be frustrating for someone who feels ill with let's say a bad*

*flu but that will fall behind in line if we get a critically injured patient from a car accident or an individual having a heart attack or a severe asthma attack. Sometimes it's very difficult to also to predict how long a wait can be. We can be preparing literally seconds away from going to see a patient and in those seconds enroll a couple of more emergencies that weren't anticipated so unfortunately it's very hit-or-miss. I can appreciate both as a physician and having been a patient and having had family members who are patients that the the inability to control when you're seen and how long wait times can be very frustrating and we do our best to keep our patients informed.*

If you have a minor injury a sprained ankle or something like that, is there a fast track system?

*We do in our emergency department from 10:00 a.m. to 10:00 p.m. We operate essentially what's an urgent care fast-track area that is designed to see these lower acuity complaints and expedite their management and treatment. So if you're triage to our CDU, our fast-track area, even if the emergency department gets a string of very sick patients this area is isolated and these patients are seen on a separate track and they won't be delayed by the sicker patients.*

How quickly in that case can you give me continue to be seen and then get out?

*You know it all depends on the complaints.*

I guess conceivably it could be within an hour or so right?

*Oh yes certainly, depending on the complaint it may be within minutes.*

Will patients going into an ER always see a physician?

*You know it is dependent upon the emergency department. We here at SBH, we solely utilize emergency medicine physicians and pediatricians in our pediatric emergency departments. There are hospitals that utilize we are called mid-level providers. These are physician assistants. PAs or NPs, nurse practitioners and in some emergency departments including other departments that I've worked in, patients had the potential to purely see a mid-level provider PA or NP. Oftentimes who are very expert and skilled in emergency medicine and work alongside emergency medicine physicians.*

I know it St. Barnabas Hospital a pharmacist is embedded in the ER as in other departments, why is that important?

*So this is a relatively younger new development in the field of emergency medicine. The idea of having a pharmacist based in the emergency department and I have to say it's one of the most brilliant developments in terms of improving the safety, the efficiency, the*

*quality of emergency medicine operations in the emergency department. As you can imagine we see everyone from newborn up to you know I think my eldest patient may have been 104 years old and we deal with medications to treat every form of disease and injury that you can imagine. Now emergency medicine physicians are trained with a very wide scope of practice but to have an expert in pharmacology, who has a doctorate in pharmacy, working alongside us to double-check what we're doing, to make recommendations and suggestions when they have other ideas towards assisting our nursing staff in the administration of the medications. The benefits also dealing with medication prescriptions from the emergency department, it is a incredibly important job and it's just been a huge benefit to our emergency department here at SBH to have a pharmacist present.*

I would also think if you're having a geriatric patient who may be taking six, nine, 12 different medications, having a pharmacist right there can make a lot of difference?

*Oh absolutely, it can be pretty amazing how quickly medications, the number of medications can add up in a patient with multiple illnesses and you can you can run across a patient who's on 15 to 20 medications. So keeping them straight, making sure there's no duplications, reviewing them for proper dating etc, that's a huge task and again that's another area where a pharmacist is invaluable*

I know we were discussing before the fact that St. Barnabas Hospital is exploring having a geriatric ER. Why is that important?

*Well you know there's increased recognition that the elderly are particularly vulnerable in hospitals for a number of different reasons they are taken out of their home environments, the hospital architecture from you know hard floors and sharp corners, not knowing where things are in the emergency department, there are a lot of features to being in a hospital that can actually put an elderly patient at increased risk so the idea with geriatric emergency department and geriatric floors and hospitals is to better identify the unique needs of the geriatric population and allow us to really hone in on how we can optimize their time and care in the hospital to provide them with the highest quality of care, to guarantee their safety and to get them out of the hospital as quickly as possible.*

Right on a personal note I'm just curious what made you decide to become an emergency room physician?

*Well when I was in medical school I actually had anticipated going into surgery. In your third year of medical school a student will start performing what are called their clerkships and these are sort of basic rotations through the main areas of Medicine to gain experience and so they include internal medicine and surgery and OBGYN and so when I started my surgical rotation I was super excited and gung-ho*



*believing this is what I want to do is my life but part of my duty while I was on the surgery service was to start any consults in the emergency department so in between dealing with my surgical patients on the floor and going to the operating room I would also go to the emergency department and to evaluate patients in the emergency department and I very quickly realized how much I enjoyed being in the emergency department there was so much going on, there were all types of individuals, old, young well, sick and there was just a level of action and intensity that I found very appealing. I also discovered or had the impression that in the emergency department is when patients are sort of most amorphous and most need help and assistance in figuring out what's going wrong. So there's a big part of emergency medicine that involves clinical diagnosis and having a patient present with a general complaint and then as an emergency medicine physician figuring out what that complaint is, how severe it is and what needs to be done and so I discovered while working with surgeons that I actually was happiest while I was in the emergency department and then one night it was actually a Friday night I went back to my my room where I was boarding at the hospital and I realized that that I had to be an emergency medicine physician.*

I guess you never know what's coming in the door huh?

*Exactly, I mean from minute to minute you know and I've been an emergency medicine physician now for almost 15 years and almost*

*every day I see something completely new and I continue to encounter you know aspects of the human condition that I've never encountered before and it makes the work, I think it keeps it interesting exciting fulfilling and challenges me to continue to grow every shift as a physician.*

and I guess especially in the Bronx you never know what's coming in the door?

*It's true, we've seen everything in anything. We also live in a wonderfully diverse community so while I practice here in the Bronx it's not unfair to say that we run an emergency department that treats the world and we've had patients arrive from you know airplanes from the Middle East, from western Africa, from the Caribbean and South America, so in our emergency department I get to serve our community but I also get to serve the world in an interesting way.*

I know I was speaking to one of your residents who's from Poland and she was mentioning that one time a Polish speaking patient came in and I guess we don't have too many Polish speaking patients and suddenly there was a need for someone who could translate and she's sort of like jumped into action. She's very excited.

*Yeah you know that happens remarkably frequently the other day we had a patient who spoke only Vietnamese and we have also, not only*

*do have a wonderfully diverse patient population we have a wonderfully diverse staff here at the hospital and sure enough one of our residences is of Vietnamese ethnicity so our resident was able to come over and have a have a conversation and help translate for our Vietnamese speaking patient.*

That's great. Well, Dr. Lazar, we're running out of time but I want to thank you for joining us on SBH Bronx Health Talk today.

*It's my pleasure thank you very much Steve.*

Sure. For information on services available at SBH health system visit [www.sbhny.org](http://www.sbhny.org) and thank you for joining us until next time.