

PP93 WAITING TIMES FOR COVID-19 PATIENTS IN THE EMERGENCY DEPARTMENT DURING THE PANDEMIC: EXPERIENCE FROM A SINGLE CENTER IN MALAYSIA

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ABSTRACT

An observational study and case series study performed for a period of time during MCO 2.0 observing COVID-19 positive patients' waiting time for admission in the ED.

This is important since longer waiting time in ED poses higher risk of exposure not only to healthcare workers, but also neighboring patients.

INTRODUCTION

Since the COVID-19 pandemic, long waiting time of patients stranded in the ED increases the risk of exposure to healthcare workers and other patients to the virus. This study will provide support towards the conveyor belt approach in which patients' deposition to COVID wards once tested positive is hastened in order to reduce risk of transmission of the virus in the emergency setting.

METHOD

The data for this study was collected from daily hospital statistics and electronic records in random from 16th February until 22nd February 2021 in Emergency Department of a tertiary hospital which served as a hybrid hospital at the time.

RESULTS

The mean time of a COVID-19 patient's stay in ED is 13.88 hours. A significant percentage of the long waiting time is attributed to the long waiting time for COVID-19 test results.

DISCUSSION

The challenge is not only the long waiting time for admission of COVID-19 patients who tested positive, but also the long waiting time for COVID-19 test results of these patients. The deposition of these patients is delayed because the decision has to be made either to admit patients to COVID wards or general wards.

CONCLUSION

Though the COVID-19 pandemic has been a difficult time for all hospitals globally, there has to be a level of quality of care for the COVID-19 patients. By identifying the long waiting times, we can get an idea of level of exposure risks that the ED faces during this pandemic. Our findings point to the importance of reducing waiting time for patients in ED and significance of identifying COVID-19 positive patient by prioritizing the COVID-19 testing for ED patients as deposition and early initiation of COVID treatment depend on it