

News Release

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FOR IMMEDIATE RELEASE

Clark County faces emergency room crisis

(Las Vegas, Nev., - March 15, 2002) – Currently Clark County is facing an unprecedented emergency room crisis and the Clark County Health District is urging residents to utilize the appropriate medical facilities for their illnesses and injuries and to reserve the use of emergency services for life-threatening situations.

Hospitals go on “closure” when they face a shortage of critical care and emergency room beds in response to a higher volume of people accessing emergency department services. While this situation has been an ongoing challenge in the community, the shortages have become more severe. Continuing shortages could affect ambulance response time to emergencies if they are not able to transfer patients in a timely manner once they reach the hospital and therefore available to respond to other calls. Patients arriving at emergency departments on their own may find themselves faced with longer stays in the waiting room.

“Residents can help alleviate this problem by using emergency rooms and the 9-1-1 system for critical care situations only. Primary care physicians, including family physicians, pediatricians and internists, and urgent care centers are the best means for receiving non-critical care,” said Dr. Donald Kwalick, chief health officer for the health district.

Current estimates show that more than 70 percent of ambulance calls are for non-emergencies. Residents should evaluate their needs and use their primary care physicians and

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urgent care centers for injuries or illnesses that are not life threatening but in need of attention. This includes lacerations that may require stitches; sprains; urinary tract, upper respiratory and ear infections; insect bites; rashes; sore throats; diarrhea; and coughs and congestion.

Additionally, representatives from community hospitals have identified internal operational issues that may contribute to the overcrowding of emergency departments. Contributing factors have been identified as: the majority of patients being discharged late in the day; and the large amount of patients who do not have a means of transportation once discharged.

Possible solutions considered by hospitals include encouraging physicians to reschedule rounds so patients can be discharged earlier in the day and pre-arranging transportation for patients with their families.

“Improving the patient’s access to care is a shared community goal and I’m confident that the hospitals, physicians, ambulance providers and members of the public can pull together to improve this situation,” said Dr. Kwalick.

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