

Empty waiting room not what it seems

This is a cautionary tale about hospital waiting rooms. The one at the emergency department at Taranaki Base Hospital, to be exact.

The main lesson concerns the tenuous relationship between an empty waiting room and what that means in terms of how long you are likely to spend in it.

The tale begins with my wife tripping over a carelessly placed paving stone under our clothesline (I accept responsibility for this, for what it's worth). Her little finger may be broken. It projects at such an oblique angle that neither of us can look at it for very long. She has also fallen on the bionic knee, the \$28,000 one.

For the latter reason, mostly, we head for the hospital (and its x-ray facilities) rather than a GP. The hospital waiting room is empty. This can only be good news.

There is much form-filling, which is to be expected. Then waiting, but surely not for long. There is time to read the waiting room instructions, which warn that we might be there up to six hours. Surely not. Not today. There's nobody in.

Then suddenly there is, a man with an asthma attack. He is taken through the double doors. Fair enough. The poor bugger is gasping for life. We don't mind waiting. Then a couple with a sick child. Of course she should go before us. Then a young man, also with asthma. He's made to wait, like us. He may be known here, because he admits he can't afford to go to a GP, and with a bit of luck they'll give him a new inhaler here. Last time he waited the full six hours, he tells us.

Now we're starting to feel uneasy. I ask at reception. You realise, don't you, that there's a lot happening back there, I'm told. The ward is full, and there's people coming in via the ambulance bay. Of course. This is an iceberg. We're just seeing the tip.

More people arrive and are taken through the doors. Ah, the doors. If only we could get through the doors.

After an hour, I resort to something foolish: I take out my reporter's notebook and start to write. Ostentatiously. For effect. If this was a Jerry Seinfeld comedic sketch, I can hear how he would portray the effects of this on reception: Okay, listen up folks. There is a man in reception taking notes. We have a TROUBLE-MAKER!

The triage nurse, who sets priorities, ventures out into our side to examine the patient. I put the notebook away. I start taking notes on my phone. I could be doing anything - checking mail, twittering, watching video.

At an hour and a half, we're through the doors at last and following dots on the floor through to x-ray. Nobody's there, because now it's lunchtime, of course. We sit in the corridor. The place is busy. Every cubicle is full. Where have all these people come from?

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After x-ray (where somehow they forget the \$28,000 knee) we're directed to different seats in the corridor. A young doctor takes a look at the finger and the knee. The patient might have to be put under, so nil by mouth. He says he has to check with the boss, who is busy. The boss seems to be the one who has to make all the decisions, a sort of bottleneck, so we're getting a clue about why everything takes so long.

I say in as loud a voice as I dare to nobody in particular that it's been six hours since we had breakfast, which is not great for pensioners. A woman in a St John's outfit comes over and asks "as one pensioner to another pensioner, can I get you a cup of tea". We're grateful. She may be breaking some kind of rule by making one for me, since it seems support people don't have any status in this process.

The end - after three hours and 20 minutes - comes quickly. There is no need for anaesthetic. The finger is given a quick jerk and pops back in line, and the knee is declared sound.

Out in the car, the patient reaches round to grab her seatbelt and dislocates the finger again. I had watched what the doc did. I pop it back in line. So next time you dislocate a little finger, feel free to give me a call. I think I can save you several hours of your life. Or not...