SINGAPORE’S emergency rooms handled a record number of patients during the first half of this year, most of whom suffered from relatively minor ailments such as fevers, sprains and headaches, according to new statistics.

The torrent of non-emergency patients drives up waiting times, say health officials, and has left the Government and hospitals searching for ways to lessen the burden on emergency departments.

A record 398,167 patients sought treatment at the emergency departments of the country’s six public hospitals between January and June - a 5 per cent jump over the same period last year, according to the Ministry of Health (MOH). This is the highest tally since 1970.

More than one in two of these patients had non-life-threatening problems that could easily have been treated at a polyclinic or a private doctor’s office. The number, however, did drop slightly from that a year earlier.

Patients who spoke to the Straits Times said they opted for emergency room visits instead of a trip to a polyclinic because they believe that:

- Waiting times in emergency departments are generally shorter than those at heavily subsidised polyclinics, which often hit three hours;
Patients do not need referral letters for things such as X-rays and lab tests; hospitals often have a patient's medical records on hand and hospitals offer better care than polyclinics.

'Singaporeans want one-stop service and convenience,' said a spokesman for Alexandra Hospital.

Mr Yap Yong Quan is one of those who head straight for the emergency department. The 50-year-old said he had been to polyclinics several times but still suffered from giddiness and periodic blackouts.

'I think going to the emergency room is better,' he said.

But health officials say patients like Mr Yap are contributing to a big squeeze in emergency rooms.

Emergency department numbers have been rising since 2003, when the Sars epidemic hit and people, fearful of catching the disease, stayed away.

The rise also comes as the country's population ages: 8.5 per cent of Singapore's population last year were 65 years and older, up from 7.3 per cent in 2000.

The MOH said relieving the emergency department overload had become 'a constant challenge', one it has been discussing with the public hospitals.

A spokesman told The Straits Times that the solution lay in a mix of developing infrastructure, such as hospital-building, increasing manpower, reviewing hospital operations, emphasising treatment by primary care providers and, if need be, 'right-pricing'.

The crunch is a double whammy for Singapore's emergency rooms. As the country's population gets older, they are seeing an increase in bona fide emergencies.

A Singapore General Hospital spokesman added that patients 'are older and more ill than before'.

This big squeeze is pushing up waiting times. While emergency cases are attended to upon arrival, non-emergency patients typically have to wait half an hour to two hours, 'depending on the patient load at the time', a National University Hospital (NUH) spokesman said.

In 2005, the median waiting time for such patients ranged from 16 minutes at Alexandra Hospital to 54 minutes at Tan Tock Seng Hospital, which has the country's busiest emergency department.

The NUH came up with two initiatives to cut waiting time last year, including posting a senior doctor at the triage counter, where patients are assessed. The move has helped the hospital get a headstart on things such as lab tests, the hospital said.

When is it an emergency?

Emergency cases

The Health Ministry groups these under Priority Level1 (P1) and P2, which are critical or life-threatening situations. The injury or disease happens suddenly, and needs treatment within the next 24 hours.
An emergency patient will have one or more of the following signs:

- Is unconscious;
- Suspected to be suffering from a stroke;
- Has heavy blood loss;
- Has broken bones or head injuries (with vomiting);
- Has a deep wound, such as a stab wound;
- Suspected to be suffering from a heart attack, that is, has chest pains;
- Has difficulty breathing;
- Suffering from severe burns;
- Has a severe allergic reaction to food or medication

Non-emergency cases

These are categorised under P3 and P4, with the injury or disease not life-threatening, such as:

- All sprains;
- Mild abdominal pain;
- Fever with cough for several days;
- Insect stings or animal bites that are not causing severe stress to the patient;
- Superficial injuries with or without mild bleeding;
- Minor head injury without vomiting;
- Foreign bodies in ear, nose or throat;
- Urinary tract infections;
- Headaches;
- Coughs and colds.

Most of these patients can be seen at polyclinics or by general practitioners.