

CODE RED

CRISIS IN THE ER

Understaffing, funding cuts threaten the quality of emergency care at Santa Cruz County hospitals



Nurse Colleen Lunsford works on an ailing infant in the emergency room at Watsonville Community Hospital.

Bill Lovejoy/Sentinel

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By **JEANENE HARLICK**

Sentinel staff writer

It's another typical Friday evening in the Watsonville ER.

All of the emergency room's 13 rooms are full, so patients are lodged in the halls. An 82-year-old stroke victim has been in one of the rooms for several hours, waiting for a helicopter to take her to the UC San Francisco Medical Center.

That's because Watsonville Community Hospital has no neurosurgeons on staff. Dominican Hospital in Santa Cruz does, but Dominican went "Code Red" this afternoon, which means it's turning away all new patients and the 82-year-old woman has to wait half a day for a doctor to look at the hemorrhage in her head.

But at least it's not as bad as the Sunday before New Year's, nurse Larry Payne said. That evening was just insane, he tells flight nurses as they wheel the stroke victim to a Stanford Life Flight helicopter.

"We had 10 ambulances in an hour and 15 minutes," he said. "Dominican was Code Red. It was just awful. I've been doing this for 25 years, mostly in Los Angeles, ... and I have rarely seen a night so busy."

The stroke patient loaded, Payne steps back. There's a moment of silence before a paramedic yells, "Lift!" and the copter's blades whirl into motion, sending a gust of wind

toward Payne. Hair flying, his eyes follow the helicopter as it gains altitude, then pivots in the direction of San Francisco. It will be at the hospital in 20 minutes.

"Have a safe life!" Payne yells.

A critical national problem

Emergency-room crowding has been a national problem for years, but now it's hit home. Struggling with staffing shortages, declining reimbursement rates from insurance companies and the government, rising operating costs, and a disproportionately large number of uninsured patients, the county's two emergency rooms are approaching a crisis.

The county's two hospitals now close their doors regularly to new emergency patients, because the hospitals get too crowded to take in more. When the emergency rooms are open, wait times are lengthy — less urgent patients often have to wait as long as 10 hours on weekend nights to see a doctor.

Last month, Linda Fahey of Aptos had to wait seven hours before Dominican's emergency staff could see her father, who was suffering from a bacterial lung infection that made it difficult to breathe.

"This is a situation that's critical and really needs to be addressed," Fahey said. "The waiting room was just packed with people — some people waited longer than I did. It was

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'... What if you call 911 and nobody can come?'

KENT BENEDICT, DIRECTOR OF COUNTY EMERGENCY MEDICAL SERVICES

Crisis: Understaffing, funding cuts threaten quality of emergency medicine

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pretty bad to see."

Local doctors agree, and say community, hospital, and state and federal leaders need to do something about it.

"The system is unraveling," said Dr. Stanley Hajduk, a Watsonville ER physician. "This isn't something that's happening in New York City. It's happening in Santa Cruz County. We thought we were all right because we're this 'lah-dee-dah' community, but ... these are national issues that have come home to roost."

"People take it for granted (emergency care) is always going to be there," said Kent Benedict, director of county emergency medical services. "But what if you call 911 and nobody can come?"

Over the past decade, 500 emergency departments have shut nationwide; in California, nearly 60 emergency departments have closed, nine in 2000 alone. In 1990, Santa Cruz County went from three to two when Dominican purchased AMI Community Hospital on Frederick Street. The hospital is now Dominican's rehabilitation center.

But also this decade, ER visits have increased by 15 percent nationally. Almost 9.5 million people visited state ERs in 2000, an increase of 500,000 patients from the previous year. Dominican saw 35,000 ER patients in 2001, a 15 percent increase from 1998; Watsonville saw 24,000 in 2001, a 20 percent increase since 1998.

"Doctors are dedicated people but we can only do so much," Hajduk said. "If you make it too hard for me, I'm going to make a mistake. If the system doesn't improve, I'm going to get out of it. The possibility of error becomes much greater when you're working under conditions of extra stress and are overwhelmed by the needs of the patients yet don't have the proper resources."

Most of California's emergency departments operate at a loss. A study by the California Medical Association found 82 percent of the state's 347 emergency rooms lost money in 2000. Altogether, ERs lost \$325 million, while emergency physicians lost another \$110 million providing uncompensated care.

According to the Office of Statewide Planning and Development, Domini-



A mother and her child wait in the emergency room while a family member is treated recently at Watsonville Community Hospital.

Bill Lovejoy/Sentinel photos



ER visits

Both the Dominican and Watsonville emergency rooms operate at a loss. Dominican lost \$1.8 million in fiscal 1999-2000, at an average loss of \$47 per ER visit, while Watsonville's ER lost \$1.1 million, an average loss of \$53 per visit. Following is a patient breakdown:

DOMINICAN: 23,746 privately insured visits; 7,697 Medicare visits; 1,331 indigent visits (these patients

2000, at an average loss of \$47 per ER visit, while Watsonville's ER lost \$1.1 million at an average loss of \$53 per visit.

Changing use

Originally designed to meet a community's most urgent medical needs, emergency rooms, in today's world of managed care, have instead become the front door to the entire health-care system.

That's partly because of a federal law known as EMTALA, or the Emergency Medical Treatment and Labor Act, which requires emergency services be provided to anyone who comes through an ER's door, regardless of the person's ability to pay. ER staffers must screen each patient, no matter how minor an illness may appear.

But the mandate is not funded. No program reimburses hospitals for services provided to the uninsured.

"We're required to take care of everybody, but nobody is required to pay," Hajduk said. "They're telling us to do it for free."

In low-income areas like Watsonville, ERs are not the last resort for poor, sick residents — they are the only resort. County clinics aren't open late in the night or on weekends and holidays, which makes it difficult for the working poor to take advantage of them.

According to the county Health Services Agency, 42,000 of the county's 250,000 residents have no health insurance, and most of these uninsured use the two local emergency rooms for basic health care they otherwise couldn't afford.

"People without Medicare rely on the ER as a safety net," said Betsy McCarty, county chief of public health. "We have a larger problem than other counties our size ... because a lot of our work is seasonal, so you're going to have people out of work, out of money and working jobs without benefits."

Farmworkers and people working in the tourism, service or retail industries — which often don't provide benefits — make up the bulk of the county's uninsured.

A third of Watsonville's ER patients are uninsured, a third are on Medi-Cal or Medicare — which pay only 20 to 40 cents on the dollar — and a third have insurance, Hajduk said.

At Dominican, 22 percent are uninsured and 30 percent are on Medi-Cal or Medicare, said Dr. Terry Lapid, the hospital's director of emergency medicine.

The county partially compensates emergency rooms for unpaid service with money generated from a traffic ticket surcharge. But that money usually covers just 20 percent of expenses, Hajduk said. The surcharge generates between \$390,000 and \$420,000 annually.

More than 13 percent of the county's population lives below the poverty level, and that's according to the federal standard, which does not take into account the county's high cost of living. (The federal poverty level for an individual is \$8,400; for a family of four, it's \$17,052.) What that means is



Linda Fahey wheels her father, Carl Fritzinger, into the Dominican Hospital ER waiting room. They waited seven hours to see a doctor.

In February, 25 ambulances were turned away from Dominican or Watsonville's doors. Compare that to nine diversions in October.

many county residents who should qualify for indigent care don't, and people living above the poverty line have far fewer options for health insurance than those living below it.

The Watsonville area, meanwhile, places great demands on emergency care because it houses a large number of elderly residents, who usually suffer from more complicated and expensive health problems, Hajduk said.

Despite clinics' limited hours, the county health department is hoping a campaign under way to get the word out about local clinics will help ease the burden for emergency rooms. Many people don't even know the clinics exist.

"When uninsured people need care that is not an emergency, the community is better served if they go to one of the clinics," McCarty said. "There is tremendous technology in an emergency room and it's extremely expensive to operate. (The uninsured's use of it) is poor utilization of a very expensive resource."

A recent Saturday at the Watsonville ER provides a snapshot of the daily challenges it faces. By 10 a.m., all the beds were full, with cases ranging from a common cold to back pain. Only two cases were true emergencies: a stroke victim and someone experiencing complications from open-heart surgery.

"A lot of people just come here auto-

matically," said Lisa Angel, Watsonville's head ER nurse. "Already we're jamming. We've got three very sick people here and the rest are medium-sick to non-sick."

Angel estimates just 15 to 20 percent of the ER's daily caseload are true emergencies. Nationally, just 26 percent of 911 calls were emergencies, according to the National Ambulatory Medical Care Survey.

But that doesn't mean Watsonville ER staffers want the uninsured to stay away, Angel stressed. The department has never turned away someone because of an inability to pay, nor will it, Angel said.

"I don't even care about insurance," she said. "You don't want to make a mistake. Your headache could be some bizarre brain tumor."

And it's not just the uninsured who take advantage of ER services, Angel added. Because of the predominance of managed health care in the county, insured residents often can't get in to their doctor for weeks. So they visit the ER.

Code Red

Both the Watsonville and Dominican emergency rooms go Code Red about 48 to 72 hours a month. A year ago, the total was less than 20 hours. Sometimes, when both hospitals are too packed to take patients, they go Code Red at the same time, as occurred

the Sunday before New Year's. When that happens, both ERs open again — because where else are residents going to go?

"We're both screwed, and so you take in the people in your halls," Hajduk said. "There's no safety valve."

What's happening in Santa Cruz County is something that's been happening in metropolitan areas for years; ambulance diversions are a daily practice in many cities. In the past, diversions were only a problem during winter flu seasons, but now ER overflows are a year-round problem — both nationally and locally.

Diversions have been increasing at a shocking rate in the county. Last year, American Medical Response, the county's ambulance provider, didn't even track diversions because they happened so rarely. But since the company started tracking diversions this fall, the amount has increased almost every month.

In February, 25 ambulances were turned away from Dominican or Watsonville's doors. Compare that to nine diversions in October.

"It's something we're watching closely. ... We're concerned we will have difficulties meeting (mandated) response times if the trend continues," said David Zenker, AMR operations manager.

When either Watsonville or Dominican goes Code Red, patients must wait

longer to see a physician. When both rooms go Code Red, severely injured patients often must wait for a helicopter to take them to San Jose, Stanford or UCSF hospitals, or any place that has room to take them.

Though county health officials say no local patient's health has been compromised by diversions, the risk exists, Benedict said.

Benedict and Zenker say emergency care will all but collapse if diversions continue to increase at the present rate.

"We're on the very verge of a crisis with the health-care safety net," Benedict said. "We have to realize (diversions) are not going to go away."

Few critical-care beds

Nationally, the leading cause for diversions is not, as people often think, inadequate emergency-room capacity but a shortage of hospital beds upstairs, specifically critical-care beds.

Bed shortages account for 31 percent of diversions, according to the American Hospital Association.

Bed shortages impact ERs because an ER physician's job is to stabilize a patient as quickly as possible, call in the needed specialist — a neurosurgeon, cardiologist, plastic surgeon, etc. — and get the patient out of the ER and into a critical-care bed.

In Santa Cruz County, bed shortages or a lack of nurses to monitor those beds

are partially covered by a county program); 796 Medi-Cal visits and 5,305 uninsured visits.

WATSONVILLE COMMUNITY:

11,456 privately insured visits; 4,209 Medi-Cal visits; 3,999 Medicare visits; 28 county indigent visits; and 1,291 uninsured visits.

Source: Office of Statewide Planning and Development

critical-care beds require a nurse-patient ratio of 1:1 — are the leading causes for diversions, Hajduk said.

Watsonville has just six critical-care beds, and construction of two more should be completed by fall. Dominican has 16 critical-care beds.

Northern California, meanwhile, has a severe nursing shortage. There are currently about 580 nurses per 100,000 patients in California. That's the lowest ratio in the nation. On the East Coast, the figure jumps to 1,000 nurses per 100,000 patients.

The California Hospital Association estimates the state will have a nursing shortfall of 25,000 by 2006. Though Benedict could not provide county figures, he thinks the county's nurse-patient ratio is likely lower than other Northern California counties because of the many low-paying service-industry jobs combined with the high cost of living.

"It's harder to recruit people to this area than it is to others," he said.

When beds or nurses run out, ERs "board" patients, or hold them in the hope a bed will soon open up.

"Sometimes we keep a patient 10 to 12 hours before a nurse is available," Hajduk said.

But waiting rooms fill up when ERs "board," and when waiting rooms get too crowded, hospitals go Code Red.

A shaky promise

If there is one message county health officials want to deliver to the public, it's that the emergency-care crisis affects everyone. Most residents take emergency care for granted and are uninformed about how hospitals are run, but everyone has a stake in the quality of the system, McCarty said.

"Everybody's just hoping everybody else is going to take care of it," she said. "People don't think at all about what's going on inside ERs, how hard it is to keep anything open for seven days a week, 24 hours a day, at that state of readiness. They don't understand how difficult it is when you have uninsured patients and no one has put together a workable proposal at the state or federal level to take care of them all."

Wesley Fields, board chair of the California Emergency Physicians Medical Group, says the state's ER crisis is a perfect barometer of how the nation has lost the battle to provide access to health care for all its citizens.

"Emergency service is really a promise we can't keep anymore," he said.

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