



## ERs buckle under patient load

Staff and money shortages mean some must wait hours to see a doctor

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Overcrowded hospital emergency rooms are at the breaking point across the country, with potentially deadly consequences for heart attack victims and other extremely critical patients, doctors warn.

The logjam is the result of a variety of factors, from the number of patients who seek care for non-emergency conditions, to budget cuts, to nursing shortages, to the closing of failing hospitals.

"We don't have enough resources," said Dr. Kristin E. Harkin, former national president of the Emergency Medicine Residents Association. "As our nation's population has grown and aged, the number of emergency departments has decreased."

Research verifies what Harkin and other doctors are saying. In a report last month, researchers at Harvard Medical School reported that patients seeking urgent care were waiting much longer than in the 1990s, especially heart attack victims.

The national data, reported by a team led by Dr. Andrew Wilper, found that on average, heart attack patients waited 20 minutes in 2004 for treatment upon arrival at an emergency room, 2½ times longer than in 1997. A quarter of heart attack victims waited 50 minutes or more.

Overall, the number of emergency room visits rose 18 percent from 1994 to 2004, even as the number of hospitals with round-the-clock emergency rooms fell by 12 percent over the same period.

The crisis is especially acute at publicly funded facilities, which are critical because they have traditionally guaranteed treatment to all comers. Public hospitals make up only 2 percent of the nation's hospitals but treat roughly 25 percent of the nation's emergency patients.

"It's a combination of budget cuts at almost every level of government, increased numbers of uninsured, increased demand on the emergency room and trauma systems," said Dr. Larry S. Gage, president of the National Association of Public Hospitals and Health Systems.

### 'The hospital ... didn't have room for him'

The strain has created a common phenomenon called "boarding," in which patients who are admitted through the emergency room stay there, sometimes for days at a time, while waiting for beds to open up. In a ripple effect, they occupy facilities and resources needed for legitimate emergency care, leaving emergency patients to linger in waiting rooms until they can be seen.

"That's the No. 1 cause of crowding conditions in emergency departments," said Harkin, an attending physician at New York Presbyterian Hospital and board member of the New York chapter of the American Academy of Emergency Physicians.

Harkin knows of one patient who stayed in an emergency room for 57 hours. Besides finding such waits "extremely frightening to endure," these patients, many of whom arrive with weakened immune systems, remain vulnerable to exposure to contagions that could be borne by trauma patients.

Some hospitals are resorting to rejecting emergency patients when things get too busy, redirecting ambulances to other facilities. That's what happened to Alex Webster of Everett, Wash., when he was hit with a viral infection last month.

The 12-year-old has a severe form of diabetes that leaves him susceptible to brain swelling.

When Alex got sick, his parents rushed him to Providence Everett Medical Center, but he was turned away, sent to Children's Hospital in Seattle, 28 miles away.

When Alex arrived at the Children's ER, it was full and, again, he was sent elsewhere. Six hours later, Alex was finally admitted to Swedish Hospital across town.

"I'm angry that the hospital that is meant for children didn't have room for him," said Sara Nakagawa, Alex's stepmother.

Children's Hospital would not comment, but Rob Menaul, senior vice president of the Washington State Hospital Association, said hospitals and administrators were working on a solution to the problem, which saw Children's turn away four other patients the same week as Alex.

"If a person's in a major accident and they can't get to the nearest, best facility, of course there would be some danger involved," he said.

Menaul pointed to a shortage of emergency physicians and nurses, saying patients could face long waits or transfers even if a hospital has plenty of space.

"Is there enough staff to staff the beds that might be available? That's a continuing problem, and it's also going to get worse," he said.

#### **Bad flu season adds to burden**

When 17-month-old Riley Smith of Sacramento, Calif., suffered a deep cut in his lip last month, he had to wait hours in the emergency room before he was seen, and he wasn't through waiting.

"We had to wait quite a few hours, actually, before he even got back there," said Riley's mother, Faith Smith. "Once he got back into the room, it was, like, several more hours."

Dr. Richard Isaacs, physician-in-chief at Kaiser Permanente South Sacramento, said the facility was overwhelmed by a flood of flu cases, echoing a common refrain of doctors and administrators this year.

"Our limited emergency medical resources quickly become overburdened with minor illnesses, and it is much harder for people with serious illnesses to get the treatment they need in a timely manner," the Department of Emergency Services in Kern County, Calif., in the Bakersfield area, said recently in a public plea.

Dr. Jeffrey Sternlicht, chairman of emergency medicine at Greater Baltimore Medical Center in Towson, Md., said his hospital, too, had been overrun, especially in January, when it saw three times the number of positive flu cases over the same period last year. The hospital urged flu patients to stay away from the emergency room.

"There are not enough emergency beds or hospital beds in Maryland right now or nationwide," Sternlicht said.

*With Nancy Snyderman of NBC News and Jesse Jones of KING-TV of Seattle. NBC affiliates KCRA of Sacramento, Calif.; KGET of Bakersfield, Calif.; WBAL of Baltimore; WMAQ of Chicago; WNBC of New York; and WOOD of Grand Rapids, Mich., contributed to this report.*

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