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Tucson emergency rooms in life-and-death crunch

Critical-care workers admit they're overwhelmed, and some desperate patients spend hours waiting

By Carla McClain

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For eight long, agonizing hours, the young woman sat beside her husband in a Tucson emergency room, terrified as he fought unbearable pain and struggled to breathe.

She begged the people in charge for help. She was told to go sit down. It would be many more hours. There were many people ahead of them who already had waited far longer.

When her husband, 39-year old Rob Sweitzer, was finally summoned to see a doctor — at 2:30 a.m. — it was too late.

His lungs were full of blood. His body was shutting down. His heart stopped twice. They resuscitated him once, but it failed a second time. He died in the ER, most likely of a severe — and untreated — infection.

"I was completely helpless the entire time we were there. There was just nowhere to turn, nowhere to go to get help for Rob," said his wife, Rachel Sweitzer.

"You go to the emergency room because you need emergency care. But you can't get it. It's horrible. It's broken. And this is the United States."

Hospital officials have declined to comment specifically on what went wrong that night, saying the case remains under internal review.

But if Rachel Sweitzer's pleas indeed were ignored that night, that is "totally unacceptable," said St. Mary's spokeswoman Letty Ramirez.

"What happened was so incredibly unusual, so sudden and shocking and disturbing to everybody here," she said.

While this tragedy was unfolding on a recent Saturday night in Tucson, just a few miles away another couple, David and Bette Lou Holstein, packed their belongings, preparing to leave this desert city they had grown to love in the past six years.

They too, have endured six- and eight-hour waits in Tucson ERs. David Holstein has multiple sclerosis but could not find a specialist in that disorder. He has had to wait weeks, sometimes months, to see a neurologist or other specialist, despite acute MS attacks. He was sent instead to the ER. He could not get doctors to answer the phone, to call him back, to even refill a prescription, without begging for days.

The Holsteins finally gave up. They felt unsafe here.

Editor's note

The latest story in an ongoing series examining the problems with emergency and specialty care in Arizona.

"Why are such bad things happening to us?" asked Bette Lou Holstein, who once saw Tucson as the perfect place to retire with her husband. "Why can't we access the health-care system when we need it?"

They asked doctors and nurses what they were doing wrong.

"They told us, 'Nothing.' They all agreed it's a mess, but they said you can't do anything about it," she said.

"We moved to Tucson from Pennsylvania because the winters are mild and healthy. We met wonderful people, made special friends, life was good. Now, because our world in Arizona seems so unhealthy, so uncaring and in such a shambles, we must go back to the snows of Pennsylvania.

"We don't want to leave. But this is health care we're talking about. Why is it not a priority here? It's very frightening."

Beyond the tipping point

Strong evidence is mounting that Tucson's overcrowded, overwhelmed and understaffed ERs have reached crisis level, struggling to safely handle the daily load, unable to handle any new strains at all.

Our emergency physicians are pleading for help. In a letter to the editor printed in the Arizona Daily Star 10 days ago, Dr. Ken Iserson — at University Medical Center — said the current flu outbreak has pushed the city's ERs, including his own, to the "tipping point," putting "our lives at risk."

This, even though we can pretty much predict a flu outbreak, to some degree, every winter. We still can't handle it, they admit.

Rob Sweitzer died Feb. 10 at a packed ER across town also beyond its tipping point, at St. Mary's Hospital.

This meltdown of emergency care is happening throughout the United States, for a complex and cascading series of reasons: a severe shortage of surgeons and specialty doctors willing to do ER duty, a shortage of nurses and ER staff, a shortage of inpatient beds to get emergency patients out of the ER and into the hospital, too many uninsured patients with nowhere else to go, long waits for doctors' appointments that force non-emergency patients to clog the ERs when they're sick, and a huge and aging baby boomer population now needing more emergency care, to name the worst.

But these problems appear to be significantly more acute in Southern Arizona than elsewhere in the nation — and affect our entire health-care system here — a series of studies, affirmed by patient case histories, shows.

- Arizona tops the nation for long waits in the ER. We wait more hours than anywhere else, a 2006 national survey by USA Today found.
- We are among the worst nine states at providing emergency care, with poor patient access to that care, and extreme shortages of emergency physicians, on-call specialists, nurses and trauma centers, said a 2006 study by the American College of Emergency Physicians.
- During the past five years, outpatient visits to ERs jumped 8 percent across the nation. But in Arizona — one of the fastest-growing states — ER visits soared at six times that rate, by 46 percent, according to the American Medical Association.
- The nursing shortage is significantly worse here. In Arizona, we have only 681 registered nurses per 100,000 population, compared with 825 per 100,000 in the nation as a whole, according to the U.S. Department of Health and Human Services.
- We also are seriously short doctors, with 219 per 100,000 population, compared with 293 per 100,000 nationwide.

- As for our jammed ERs, fully 50 percent of all ER patients are seeking primary care — not emergency care — in Maricopa County hospitals, found a recent survey by Arizona State University. Across the country, primary-care seekers totaled only 14 to 17 percent of ER visits. (No similar survey has been conducted yet in Pima County.)

"These strains are not unique to Tucson and Arizona, but the situation is much worse here," said Dr. R. Screven Farmer, a Tucson anesthesiologist who was president of the Arizona Medical Association last year.

"What happened to those two families (Sweitzers and Holsteins) rings all too true. That doesn't surprise me."

At the root of this problem is the troubled state of primary care in Tucson — the difficulty people have getting in to see their doctors when they need them, Farmer said.

For that, he and others blame the managed-care-insurance system that has dominated Tucson for decades. It is a system designed to control costs, by negotiating contracts with doctors to provide care to groups of patients at a discounted price.

The result is low payments to primary-care doctors, along with extremely high office costs to process the maze of managed-care plans. The twin pressures have forced doctors to squeeze too many patients into too short a day, to maintain income. That makes long waits to get in the norm. It also has discouraged doctors from going into primary care, causing a serious shortage in Southern Arizona.

That shortage is forcing too many people to crowd the ERs for garden-variety medical care.

"Students come out of medical school with a huge debt and they look at the economics of primary care and they can't do it," Farmer said.

"My own mother had a heck of a time finding a primary-care doctor when she moved here."

As longtime Tucson primary-care physician Dr. Michael Hamant — who also is president of the Pima County Medical Society — put it bluntly:

"I can spend 30 minutes in an office visit with a patient — take care of his diabetes or high blood pressure or aches and pains, write prescriptions, do the lab work, make referrals, and do all the paperwork that goes with all that, and I'll get paid \$88 from Medicare or the managed-care plan.

"But if I take my dog to the vet for the same amount of time, I'll pay twice that.

"Is something wrong here?"

"We've got to get out of here"

There is no way to quantify how many people have left Tucson because they cannot get adequate and timely health care.

The Holsteins say they know of four other Tucson couples leaving for the same reasons they are. Most declined to talk on the record about it.

"Many times I think I made a mistake moving here," said Ken Bolotin, 52, who left the cold and snow of Chicago for desert warmth two years ago.

"When I had visited Tucson, I saw doctors' offices everywhere and I said, 'Well, I'll get great care here.' I was so wrong."

Also an MS sufferer, Bolotin has endured the same trials as the Holsteins — weeks waiting to see a doctor, sent to the ER instead, to endure 10-hour waits.

"Here, with so much trouble getting in to see your doctor, going to the ER circumvents the whole system," he said. "That's why people try to get in that way."

The Holsteins are absolutely convinced their health-care horror stories will end when they return to their hometown in the Lehigh Valley of Pennsylvania.

Doctors there are far more likely to have extended hours — into the evening and on Saturdays — meaning patients are less likely to be told to go to the ER instead. And if you do go, many hours of waiting are all but unheard of, they say.

"Calling a doctor day after day after day with no response while David is having an MS attack, or is having trouble with a new drug — that would not happen," Bette Lou Holstein said.

"In Pennsylvania, the doctor himself would have called you back, the same day, and would have you come in to the office or meet him at the hospital, even at night."

On one occasion here, the Holsteins waited four days to get a doctor's response to his worsening symptoms of pneumonia. Finally, they were told, go to the ER. They did, and waited 6 1/2 hours for care.

"This kind of thing happened repeatedly," said David Holstein, a retired chemist. "We don't call for every little thing — we don't panic. If anything, we try to sit it out."

"But after that last incident, we looked at each other and said, 'We've got to get out of here.' And it's breaking our hearts."

Hamant admits few doctors here work after hours, when patients are routinely sent to the ER instead.

"It's the worst situation, by far," he said. He described a recent call at 5:15 p.m. from an elderly patient who said her heart was fluttering and she was light-headed.

"I said, 'You've got to go to the ER.' I'm not going to sit on symptoms like that, and often we don't have the capability to deal with the situation," he said.

"But she waited there until 2 a.m. before she was finally admitted to the hospital. Not a good night for her."

However, there may be a small ray of help on the horizon, at least on this issue. One of Tucson's largest primary-care practices — the Carondelet Medical Group of 80 primary-care physicians — is planning to expand office hours into the evenings in the near future.

"We did that during this flu outbreak, at the request of the county Health Department, and it worked," said Ramirez, the St. Mary's spokeswoman who also is chief planning officer for the Carondelet Health Network.

"It really did help significantly to keep patients out of the ER during this outbreak. We are looking to do that permanently now."

That will be at least a finger in the dike of our health-care problems in Southern Arizona. But a comprehensive solution will be complex and will take years of effort, a strong political will and no small amount of money. There is no easy fix.

What must be done — says a task force formed in 2006 by Gov. Janet Napolitano to deal with this crisis — includes:

- Expand our medical schools — especially residency programs — to train and keep more doctors in Arizona.
- Use nurse practitioners more effectively to expand access to primary care and reduce the use of ERs.

- Find funding sources to help hospitals pay surgeons and specialists to work in ERs and trauma centers.
- Improve medical liability protection for doctors who provide emergency and trauma services.
- Expand hospital bricks and mortar — add inpatient and ICU beds, expand emergency-care units.

There has been some progress in Tucson on these fronts. The UA College of Medicine just opened a new campus in Phoenix. Several hospitals — UMC, Tucson Medical Center, St. Joseph's Hospital — now are planning or constructing new bed towers and bigger ERs. St. Mary's just opened a new, state-of-the-art ER.

But whether Arizona is truly capable of tackling a crisis of this magnitude is a troubling question among those who run our state.

"It is shocking to see a family run out of the state because they can't get decent care — a fully insured family with social and economic status. That should not be happening," said state Rep. Phil Lopes, D-Tucson.

"This is sad and embarrassing, that our health-care system has come to this."

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- Contact reporter *Carla McClain* at 806-7754 or at cmclain@azstarnet.com.