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ER recast: Hospitals changing how care is given

Riverside Regional Medical Center in Newport News lets you look up wait times for the emergency room on the Internet and pay $24.99 to hold a place in line while you relax at home.

Bon Secours hospitals recently adopted a "no wait" policy in their ERs.

And Sentara Leigh Hospital in Norfolk just finished a renovation that doubled the number of ER beds and added private observation rooms.

Those are just a few signs that emergency rooms are gaining new emphasis across the region.

Part of it is marketing - hospital executives recognize how key an ER experience is to overall patient satisfaction because it's one of the most common entry points to the hospital. But they're also responding to the growing number of people coming through the doors.

Between 2004 and 2008, the number of ER visits in Virginia rose by 17 percent, from 2.8 million to 3.3 million. The region that includes Hampton Roads had an increase of 19 percent, according to Virginia Health Information, a nonprofit organization. More recent data from hospitals show visits continue to grow.

"In the old days the ER entrance was in the back next to the Dumpster," said Dr. Carl Wentzel, past president of the Virginia College of Emergency Physicians. "Now they're dressing them up to make them the front door to the hospital. We're not the red headed stepchild anymore."

Numbers are increasing here and across the country for a variety of reasons:

n The population of older people is growing.

n The poor economy has increased the ranks of the uninsured. Instead of going to regular doctors at the first sign of a problem, many wait until it's an emergency and head for a place they know can't turn them away.

n The number of people on Medicaid, the government insurance for those with low incomes, is also up, and studies have shown they have a higher rate of emergency room use.

ER doctors also have seen a shift in the way people perceive an emergency. Even insured people may choose to go to the ER for a problem that could be handled in a primary-care doctor's office.

A study released earlier this month in the journal Health Affairs found that 28 percent of visits for acute care occurred in the emergency room between 2001 and 2004, in some cases for problems that could be handled in a doctor's office. A report by the Centers for Disease Control and Prevention showed that the number of visits to U.S. emergency rooms increased by 23 percent between 1997 and 2007, and that about 8 percent of the visits were non-urgent.

One telling detail: Nearly two-thirds went to the ER between 5 p.m. and 8 a.m. during the week, or on weekends.

"The ER is a quick way to get something checked, and our society is based on 'want it hot, want it fast and want it now,' " said Wentzel, who is medical director of the emergency department at Bon Secours Harbour View Medical Center in Suffolk. "You'll hear people say, 'I know this wasn't an emergency, but I have to go to work in the morning, and my doctor's office is closed.' "

But going to an emergency room for a problem that could be treated in an office setting is not cost-effective in most cases, according to health experts. One of the objectives of health care reforms is to get more people insured so they won't use the ER as a primary-care provider. But for that to happen, there must be enough primary-care doctors.

The state is facing a primary-care shortage, so insuring more people through reform efforts could actually add to the ER caseload, which is what happened when Massachusetts first implemented universal health care.

Some states are experimenting with higher co-pays for emergency room visits for Medicaid patients. Anthem Blue Cross Blue Shield in Virginia just launched a Google Maps tool on its website that people can use to search for urgent-care centers or doctor's offices that take unscheduled walk-ins as an alternative to going to the ER. And incentives in the federal health care overhaul aim to encourage the so-called "medical home" concept that could lead to more primary-care offices having longer hours and quicker access to care.

In the meantime, though, expect more ER traffic.

The average length of stay in the nation's emergency rooms increased to four hours and seven minutes in 2009, according to Press Ganey's Pulse Report 2010 - four minutes more than the previous year and 31 minutes longer than in 2002. Virginia ranked 37th, with an average ER stay of four hours and 22 minutes. That was a one-minute reduction from 2008.

The longer the stay in an ER, according to studies, the higher the risk of complications. Because of that, hospitals will be required to start reporting ER wait times to Medicare in 2012 as a way of monitoring quality of care.

State health officials have been working with emergency physician and hospital associations to craft policies to reduce the phenomenon of "boarding" patients in ERs while they await inpatient beds, a common bottleneck.

Unlike some parts of the country, this region has had a growing number of ERs, with stand-alone units popping up in suburban areas of Suffolk and Virginia Beach. Hospitals throughout Hampton Roads also are streamlining routine procedures to lessen wait times. Bon Secours, for instance, started a "no wait" policy at its ERs in June, bolstering a 30-minute guarantee initiative launched in 2009.

Some of the routine registration, for instance, is done after a patient is assigned to an exam room and triaged by a health care provider. Instead of sitting at a registration desk, clerks log information at bedside using portable computers.

"We do more things on a parallel basis versus sequentially," said Jeff Doucette, vice president for emergency services for Bon Secours Hampton Roads.

Chesapeake Regional Medical Center streamlined its ER work with a renovation this year, providing more areas for psychiatric patients, a quick-care area for minor illnesses, and specialized areas for treatment of chest pains and strokes. The hospital also partnered with the city to add EKGs on ambulances to relay results to the physicians while en route.

Across the water, Riverside started posting its ER wait times - the period from when you walk in the door until you see a doctor or provider - online in June.

Renee Rountree, vice president of trauma and emergency services for the Riverside health system, said it's not something you'd check after a car accident or in the middle of a heart attack, but patients with less urgent problems might scan the times to find an ER with the shortest wait. Some Richmond hospitals are posting times on digital billboards.

"People want to be kept informed, they want to be communicated with, and they want a good expectation of what the process is," Rountree said.

Another service available at Riverside Regional is "InQuickER," which allows people who want to go to the Riverside Regional ER to get in line while they're still at home. InQuickER is a privately held, Atlanta-based company founded in 2006 that provides patients with an online check-in system.

Terrie Edwards, administrator of Sentara Leigh, said that hospital is less interested in what she calls gimmicks and more interested in expanding capacity at its ER: "It's not just about getting from the waiting room to the exam room in 10 minutes."

Sentara Leigh's $4.5 million revamped ER, which had a grand opening in September, doubled the space and expanded the number of beds from 18 to 36, providing more room for triage, minor-care treatment and observation.

Edwards said the renovation has already improved wait times, an indicator administrators keep a sharp eye on.

"People have choices," she said. "If they wait, and it takes too long, they leave."

Elizabeth Kise, a 49-year-old Portsmouth woman, said she definitely considers her choices when she needs emergency care.

When she recently broke her ankle, she didn't head for the closest ER. She considered experiences that family members, friends and neighbors had relayed to her about wait times and quality, and went to one that was farther away. That experience wasn't great either, so she might try another option next time.

"When I was a kid,we had one ER within 40 miles, so that's where we went," said Kise, who grew up in Illinois. "I don't know that it's necessarily better to have more choices, but I do consider my options."

She'd definitely appreciate wait times posted on line, but doesn't want to be swayed by marketing techniques either: "I would if it's realistic, not just, 'Oh yeah, we'll see you in five or 10 minutes for triage and then you go back to the waiting room.' "

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EMERGENCY ROOMS GETTING BUSIER

Total number of patients cared for in emergency rooms, fiscal year ending in 2004 compared with the fiscal year ending in 2008.

HOSPITAL/MEDICAL CENTER	PATIENTS IN 2004	PATIENTS IN 2008	PERCENTAGE CHANGE FROM 2004 TO 2008
Rappahannock General Hospital	10,941	11,899	+8.8%
Riverside Tappahannock Hospital	18,789	20,152	+7.3%
Riverside Walter Reed Hospital	17,942	20,402	+13.7%
Shore Memorial Hospital	15,704	16,746	+6.6%
Bon Secours DePaul Medical Center	37,532	38,610	+2.9%
Bon Secours Mary Immaculate Hospital	31,096	35,466	+14.1%
Bon Secours Maryview Medical Center	48,864	74,983	+53.5%
Chesapeake General Hospital	62,339	64,277	+3.1%
Children's Hospital of The King's Daughters	42,038	46,588	+10.8%
Riverside Regional Medical Center	56,221	55,534	-1.2%
Sentara Bayside Hospital	38,358	82,980	+116.3%
Sentara Careplex Hospital	89,149	113,254	+27.0%
Sentara Leigh Hospital	44,652	47,532	+6.4%
Sentara Norfolk General Hospital	45,891	54,952	+19.7%
Sentara Obici Hospital	37,399	47,651	+27.4%
Sentara Virginia Beach General Hospital	52,886	49,032	-7.3%
Sentara Williamsburg Regional Medical Center	33,977	38,972	+14.7%
Southampton Memorial Hospital	13,070	13,166	+0.7%
EASTERN REGION	696,848	832,196	+19.4%
VIRGINIA	2,836,142	3,319,210	+17.0%

SOURCE: Virginia Health Information

THE VIRGINIAN-PILOT

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