

## New Glen Burnie emergency room rules cut wait time

By Penny Riordan, Staff Writer

Monica Rice summed up her prior visits to Baltimore Washington Medical Center's emergency room as "speedy getting in but slow getting a doctor."

Forty-five minutes into her most recent visit to the hospital, things were going a little faster than her last three-hour visit to the ER with her daughter. On this visit, Ms. Rice went with a coworker who had very high blood pressure. Her co-worker was registered quickly and taken back to triage, where she was whisked off to wait for a doctor. Within an hour, Ms. Rice received a text message from her co-worker that she had just seen a doctor.

Since Ms. Rice's last visit five months ago, the hospital overhauled its ER operations in August under a new model known as InstaCare. The changes are meant to reduce the length of time a patient waits and the number of times ambulances have to go elsewhere – two national indicators of an overcrowded emergency room.

Six years ago, a new ER opened, able to handle 60,000 patients a year. At the end of last year, the hospital had treated 80,000 patients over the previous 12 months, an average of 219 a day.

Although Baltimore Washington medical Center plans to expand its emergency room next year pending approval from the state, hospital officials knew adding more beds would not be enough.

"Each time the emergency room expanded, we saw more patients," said James Walker, the hospital's CED. "Given the projected growth in our area, we knew we had to find a way to improve ER operations and get patients the quality emergency care they needed."

Anne Arundel Medical Center's emergency room is busy as well, with more than 70,000 patients a year. That number has been rising steadily since AAMC opened a new Acute Care Pavilion at its Parole campus in 2001.

Patients have complained of hours-long waits in the ER waiting room, a problem the hospital has been trying to reduce. The hospital has added another emergency physician, increased nursing staff during peak hours, added hospitalists and intensivists and implemented new ways to move patients through the ER faster, said hospital spokesman Margot Mohsberg.

AAMC has a triage system to prioritize patients and a hotline – 800-MD-NURSE is available to help patients decide whether to go the emergency room. AAMC also is expanding to include a 23-hour “short stay” unit and is planning on further emergency expansions as well.

Under the old system at Baltimore Washington Medical Center, patients entered the ER and spent several minutes filling out paperwork. From there they sat in the waiting room and then saw a triage nurse. Afterward, Patients frequently bounced back and forth between the waiting room and another nurse, or X-ray, or lab, before they were given a bed and seen by a doctor.

Patients who had heart attacks or severe pain were dealt with quickly. It was the patients whose symptoms were not life-threatening who fell through the cracks and endured longer ER visits, said Carol Ann Sperry, director of emergency nursing. Before patients were like yo-yos,” Ms. Sperry said. “You would go to the desk and sit down; you would go to triage and then sit back down. Patients came to the ER to see a doctor and sometimes that took a long time.”

Now patients who arrive at the ER are asked a few questions before they are immediately taken back to a triage nurse, who makes an assessment and determines where to send them next. The goal of the new system, known as InstaCare, is to have them see a doctor faster.

Ms. Sperry stood in the middle of the ER department, pointing to the steady hum of doctors, nurses, gurneys and machines all working together. So far that day in the emergency room, the longest time between a patient checked in and when that patient saw a doctor was 37 minutes.

Hospital officials also report that since the new system started, the amount of time that ambulances were diverted per month fell dramatically from 155 hours to 22. Emergency room wait times had averaged between one and four hours but now wait times average less than 60 minutes, hospital officials said.

Rick Light of Pasadena was preparing for an all-night wait when he arrived in the emergency room on Oct. 7, a Friday. But instead, Mr. Light was in and out in a few hours, after being seen by a doctor less than 30 minutes after he arrived.

“It was a lot better than I expected,” he said.

Dr. Larry Linder, chairman of emergency medicine for the hospital said patients can now have higher expectations.

Under the old system it was just assumed that there would be a delay because that is the way it always had been,” he said “We wanted to change that.”

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