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ALAN BAVLEY and JULIUS A. KARASH, The Kansas City Star

## **ER SERVICE**

A 'patient walking out, that's money walking out':

### **HOSPITALS HURRY UP TO HELP THE HURTING**

Facing a rise in waiting times and intense competition, some in the area even offer guarantees and freebies.

It's bad enough to wait a long time when you're ordering a pizza or getting a tire changed.

But waiting hour after hour for a nurse or doctor to see you in a hospital emergency room may be the most excruciating of clock-watching experiences. Suffering patients fume, complain and even walk out.

That kind of service will no longer do, say St. Joseph Medical Center and St. Mary's Medical Center. The Carondelet Health hospitals this month began guaranteeing -- and advertising -- that ER patients would see a doctor or nurse practitioner within 30 minutes. Wait a minute longer, and the hospitals will cough up a free pair of movie tickets.

Research Medical Center, a Kansas City hospital owned by HCA Midwest, recently expanded its emergency department and promised that ER patients would be seen by a nurse within 15 minutes. If not, they would get a free meal in the hospital cafeteria.

The ER freebies may be just a marketing ploy, but they address a growing consumer concern -- ER waiting times have been rising. And in an era of intense competition, many hospitals are paying closer attention to how their services are delivered.

"Health care is changing," said David Dickerson, an emergency physician and president of the medical staff at St. Mary's in Blue Springs. "Patients want to know they're getting good care, and they want to know their time is being respected."

The quick service worked last week for Judith Kelly of Kansas City, who was running a fever and feeling rundown from a foot infection.

When her doctor couldn't see her, she went to the ER at St. Joseph in south Kansas City and was seen within minutes.

"I like the idea behind that" guarantee, Kelly said, but acknowledged she was unaware of the movie-ticket offer. St. Joseph was just the closest ER.

"If you're really in an emergency situation, you won't be driving an extra 20 or 30 minutes to the emergency room that may give you movie tickets," said Sharon Feltman, director of the Health Access Project of the Missouri Association for Social Welfare in Jefferson City. "People don't shop for emergency rooms."

Enduring the waiting game

While ER guarantees are new to the Kansas City area, they have been used successfully to lure patients to hospitals from Nevada to New Jersey.

Critically ill or injured patients have always had priority at emergency rooms; patients with the flu or a sprained ankle have to wait their turns. But with patients making more than 110 million ER visits a year nationwide, those waits have gotten longer.

The average waiting time for nonurgent ER patients in the United States was 68 minutes in 2000, up 33 percent from 1997, according to the Centers for Disease Control and Prevention. Overall, a patient can expect to spend more than three hours in the ER before being sent home.

Or sometimes even longer.

Take the case of Dyllan Sourk, who collided with a teammate during high school soccer practice last Labor Day. Blood gushed as his two front teeth were shoved up into his gums.

Dyllan's parents rushed him to a Johnson County hospital emergency room, where it took about 20 minutes for a nurse to check them in.

Then they sat and waited.

Four hours later, Dyllan was taken to an examination room, where again they waited. After the Lenexa family had been waiting more than five hours, a doctor finally entered the room. He examined Dyllan's mouth and gave his medical opinion: Dyllan needed to see a dentist.

"They could have taken five minutes to look at him and say we can't help you, go home," said Dyllan's mother, Brenda Sourk. "I shudder to think if it had been something serious."

Frustration like that can prove costly to hospitals.

Many patients just give up and leave emergency department waiting rooms without being seen, said Stevan Bosanac, marketing director for Empath, a health-care consulting firm in California.

"That patient walking out, that's money walking out," Bosanac said. "That can translate into millions of dollars for a hospital."

That financial incentive explains why hospitals are working hard to develop ways to avoid the overcrowding and long waits that have beleaguered many emergency rooms.

The hospital's 'front door'

The emergency department may supply a hospital with half its admitted patients, said Michael Bishop, an emergency physician in Bloomington, Ind., and spokesman for the American College of Emergency Physicians.

"The emergency department is literally the front door of a hospital," Bishop said. "Hospitals don't want insured, paying patients to have a bad experience. They hope you have a good experience so that if you need surgery or something else, you'll come back."

Studies show that the more time patients spend idling in the waiting room, the more negative they become about the care they ultimately receive. After long waits, patients are less likely to feel that they received a thorough exam, or that their doctor listened to them well.

"People hate to just wait around and not know what's going on," said health-care marketing consultant Debra Staecker Mollohan, president of Marketed Care in Lenexa. "(A guarantee) is one way of reaching out and telling them their time is important."

Mollohan points to Oakwood Healthcare System, a hospital group in southeast Michigan, as pioneering the 30-minute emergency room guarantee. The offer was first tried at the system's Dearborn hospital in 2000 and at its other hospitals soon after. Patients who waited more than a half-hour received free movie tickets and a written apology.

As word of the guarantee spread, Oakwood's ER visits and market share rose.

It was such a success that a competing hospital in Detroit initiated a 29-minute guarantee in 2004. Oakwood upped the ante last year with a "Zero-Wait Program.."

Meanwhile, another hospital in the area put up a billboard that raised a provocative question: "In an Emergency Do You Want Fast -- Or Good?"

'Beneath the slogan ... a lot of hard work'

Fast service at an ER doesn't mean care has to suffer, said Bishop.

"It's not necessarily a bad thing, but it has nothing to do with quality of care," Bishop said. "It's just a marketing ploy."

But hospitals say that assessment ignores what is being done to make the guarantees workable.

"Beneath the slogan and the promise, there's a lot of hard work," said Rick Wade of the American Hospital Association. "It takes a whole series of changes in their emergency services."

Hospitals may need to hire more staff or buy computer software to track patients. Services throughout the hospital may need to be coordinated better to move patients out of the ER faster.

Officials with St. Joseph and St. Mary's found that it was important to monitor what was happening in the ER and get that information to the right people quickly. Both emergency rooms now have electronic display boards, provided by North Kansas City-based Cerner Corp., that track each patient's progress.

"The (radiology) technologist can check the electronic tracking board and get an indication that patients might need an X-ray even before it's ordered," said Dennis Housley, regional director of radiology for Carondelet Health.

Emergency departments at both hospitals also have worked to relieve bottlenecks. One was the registration process, which delayed getting patients to treatment rooms. To speed up things, patients now get asked a few basic questions when they arrive but don't go through full registration until the end of their visits.

Carondelet declined to say what average ER wait times at St. Joseph and St. Mary's were before the guarantee was launched.

"We're going to release statistics in three months to show how far we've come," said spokeswoman Deborah White.

But Carondelet did disclose that ER visits at St. Joseph went from 40,021 in fiscal year 2004 to 37,660 in fiscal year 2006, a decline of 6 percent. St. Mary's had 28,707 ER visits in fiscal year 2006, about even with the 28,258 visits recorded two years earlier.

Some hospitals, especially those that serve as trauma centers, say a firm time guarantee would not work for them.

St. Luke's Hospital in midtown has a trauma center that is frequently busy with patients who are severely injured or ill.

"For us to promise every patient that comes to the St. Luke's emergency room they will be seen in 30 minutes or less, that would be very difficult for us to do," said hospital spokesman Corrine Everson.

But Everson said St. Luke's also wanted to provide a high level of service with a minimal wait.

The hospital recently partnered with Swope Health Services to open an urgent-care center to relieve some of the pressure on its emergency room.

Shawnee Mission Medical Center offers no guarantee, but it, too, has taken steps to reduce emergency room wait times.

Like St. Joseph and St. Mary's, it uses an electronic patient tracking board.

However, Shawnee Mission might consider offering a guarantee after completion of an emergency department expansion, scheduled for December 2008.

"Certainly, in Johnson County, time is of the essence, and that would appeal to people," said Robin Harrold, the hospital's senior vice president.

#### About the ER

\*\* From 1994 to 2004, the annual number of emergency department visits nationwide increased 18 percent, from 93 million visits to 110 million.

\*\* A declining number of hospitals operating 24-hour emergency departments helped boost by 78 percent the number of ER cases hospitals handled from 1995 to 2003.

\*\* Visits to the emergency department in 2003 took an average of 3.2 hours, including time with the physician and other clinical services.

\*\* The average waiting time for all patients to see a physician in 2003 was 46.5 minutes, about the same as it was 2000. Wait times for nonurgent patients rose from an average of 51 minutes in 1997 to 68 minutes in 2000, an increase of 33 percent.

\*\* Contusions, acute upper respiratory infections, abdominal pain and chest pain were the most frequent primary conditions diagnosed at ERs in 2003.

\*\* In 2003, about 15 percent of ER patients were considered emergent, needing attention in less than 15 minutes; 35 percent were urgent, needing care in 15 to 60 minutes; 20 percent were semiurgent, needing care in one to two hours; and 13 percent were nonurgent, needing care within two to 24 hours. No data were available for the remaining 17 percent of visits.

\*\* In 2003, X-rays, CT scans or other imaging tests were provided in about 43 percent of ER visits. Medications were provided in more than 77 percent of visits, with painkillers the most frequent drugs prescribed.

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Debra S. Mollohan  
President - Marketed Care  
A Marketing Department When You Need One  
[www.marketedcare.com](http://www.marketedcare.com)  
Ph: 913.859.9818 F: 913.541.9818 M: 913.238.1410  
em: [debra@marketedcare.com](mailto:debra@marketedcare.com)  
8527 Blue Jacket Street  
Enterprise Center of Johnson County  
Lenexa, KS 66214