

Hospital reduces wait times

New system eases delays

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COLTON - Despite a continuing increase in emergency room visits, Arrowhead Regional Medical Center has dramatically reduced wait times for thousands of patients who rely on the county hospital for emergency health services.

A new patient flow system in the Emergency Department has resulted in door-to-doctor wait times being cut by more than 50 percent.

In March, the first full month after the system was implemented, wait times were down to an average of 29 minutes, officials said.

In April and May, the wait time was lowered to an average of 24 minutes.

The number of patients who leave the 373-bed county hospital without being seen also has been reduced to about one percent, officials said.

The new system has helped alleviate crowding in the hospital's emergency room, one of the busiest in the state. About half of emergency patients have no medical insurance.

Over the past six years, hospital emergency room visits have nearly doubled, from 58,000 in 2002 to a projected total of 120,000 this year.

"Emergency department overcrowding is a huge issue," said Rodney Borger, the hospital's Emergency Department chairman. "This is our way to address it. It's been very successful."

Crowding is not just being driven by the high volume of uninsured patients, Borger said.

"It's also insured patients who can't call up their doctor and say, 'I need to be seen today,'" Borger said.

Illegal immigrants make up about 6percent of emergency room visits, he said.

"(Illegal immigration) is an issue, but it's not the reason why people are waiting so long in the Emergency Department," Borger said.

The hospital's new system drew praise from the San Bernardino County grand jury in its report released this week.

"The overcrowding issue, thought to be critical, is being resolved with a well-thought-out and implemented plan," the report states.

In the previous structure, patients waited in the lobby for registration, triage and medical providers.

In the new design, an experienced registered nurse, who is seated in the emergency room

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lobby, greets and assesses patients when they walk in the door.

"Patients are seen almost immediately when they arrive," Borger said. "The care has moved completely out to the waiting room. The providers are physically in the waiting room with the patients."

Based on the severity of the injury or illness, the patient may begin the registration process and wait for the next available provider. Or the patient may be placed in a bed immediately.

For less seriously ill or injured patients, the triage nurse puts the patient in a cubicle. Once inside the cubicle, the nurse completes the assessment process while a medical provider performs a medical screening exam.

"The communication between the Emergency Department and the clientele that comes through has improved immensely," said Kelly Bernatene, emergency room nurse manager who played a key role in implementing the new system. "There's more dignity toward our patients and the way they're put through the system."

Robert Daniel, who recently visited the emergency room because he had a spider bite on his forehead that was starting to swell, called the difference between the old and new systems "night and day."

"It was a pleasant surprise that I was able to be seen in less than 15 minutes," said Daniel, a 41-year-old Highland resident. "This was such a

great experience that I'm definitely going back."

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