

Crisis in Hospitals

New York Health System's Problems Resist Quick or Inexpensive Solutions

By HOWARD W. FRENCH

New York City's health-care system is in the midst of a crisis for which few quick, inexpensive or painless remedies are available.

The symptoms of the crisis — dangerous overcrowding, long delays in care and shortages of vital staff and supplies — are most acute in hospital emergency rooms, the one place in the system that experts say may be most resistant to short-term solutions.

So far, the only systemwide attempt to address the crisis is a new state regulation intended to insure timely medical attention by requiring hospitals to move patients quickly through emergency rooms for admission or release. Even before it took effect Jan. 1, the rule was being assailed as counterproductive and unworkable by many in the hospital industry.

But all are united in frustration because each potential short-term tool to ease emergency room burdens carries logistical or financial costs that many consider prohibitive: expanding the 911 emergency system, transferring patients to less-crowded hospitals, discharging patients faster and curtailing elective surgery.

In light of the long delays in care, even for the seriously ill, some doctors and city officials suggest that the general hospitals that do not participate in the 911 system or that have tiny or non-existent emergency rooms should be required to participate or, where possible, to share more of the burden.

More Transfers Considered

Others say, however, that many of those hospitals are nearly full, and that even if they joined, the 911 system would be of limited use in relieving stress at other hospitals.

State health regulators have said another way crowded hospitals can comply with the new emergency room rule is to greatly increase the transfer of patients to less-crowded hospitals.

"There are hospitals with empty beds near hospitals that are overcrowded — not everywhere, but in certain areas of Manhattan and the Bronx," said Raymond D. Sweeney, director of the State Office of Health Systems Management. "The hospitals are just very reluctant to share patients and work on transfers."

Stronger Discharge Planning

While many experts say the hospital system can be made more efficient through greater use of transfers, the

number of unused hospital beds that are available is relatively small.

"In the city, there are as many as 400 to 500 patients on any given day waiting for a bed," said Robert D. Gumbs, executive director of the New York City Health Systems Agency.

Hospital administrators also say there are legal questions involving a patients' right to determine where they would like to be treated. Some say more transfers would make hospitals suspect available beds were being hidden or undesirable patients were being transferred.

Regulators have also urged hospitals to improve their discharge planning so patients can be released more quickly.

"On the discharge planning side, improvements can always be made, but my sense of it is that it won't make a big dent in the problem," said Kenneth E. Raske, president of the Greater New York Hospital Association, a lobbying and research organization that represents most of the city's private and voluntary hospitals.

Not Enough Social Workers

The city's 11 acute-care municipal hospitals are experiencing a 40 percent shortage of social workers, who play a crucial role in discharge planning, said Dr. Jo Ivey Boufford, president of the

Each short-term answer carries burdens.

Health and Hospitals Corporation.

The shortage is caused by financial constraints in the municipal system and the reluctance among many health-care professionals to work for crisis-bound city hospitals.

Administrators of voluntary hospitals fear the new emergency-room rule will force them to restrict lucrative elective patients to clear up the backlog of emergency cases.

Few 'Quick Fixes'

While emergency-room doctors and nurses and public-health advocates support restrictions on elective treatment, the hospitals say elective admissions keep them afloat financially.

Administrators also warn that many doctors will respond to attempts to cut back on elective admissions by encouraging their patients to enter the hospital through the emergency room, thus aggravating the crisis.

"There aren't a lot of quick fixes," said Mr. Gumbs of the Health Systems Agency. "Of all of the conceivable short-term measures, I'm not sure how much impact they can have."

Most experts say that ending the warehousing of patients in emergency rooms can come only through reducing inpatient occupancy rates.

"In order to eliminate the current chronic emergency backups, we need to add critical-care beds and other kinds of special-care beds, and add nursing staff," Mr. Raske said.

Number of Beds Reduced

Responding to an increasing emphasis on ambulatory medical procedures that avoid hospitalization and to a decline in the number of patients, the State Department of Health pushed earlier this decade to greatly reduce the number of hospital beds in the city.

Since then, hospital use has risen dramatically, partly because of the increase in cases involving AIDS and the cocaine derivative crack. Emergency rooms are also seeing more poor people with health problems that have grown more serious because of a lack of primary-care doctors and clinics in low-income neighborhoods.

While the state, in response to the crisis, has recently moved to recertify 500 inpatient beds in the city, many other problems have prevented hospitals from using the beds to relieve pressure on their emergency rooms.

Severe Nursing Shortage

Chief among those problems is personnel. It is estimated that 20 percent of the nursing positions in city hospitals are unfilled, and the shortage extends to many voluntary hospitals.

Other crucial professionals, like X-ray technicians, pharmacists and therapists, are also in short supply.

Hospital administrators complain that while the State Department of Health has approved a Medicaid reimbursement rate increase totaling about \$100 million, intended to help hospitals recruit and retain nurses, payment of the increase has been stalled because of the state's budget deficit. The state's share in financing the Medicaid increase would be about 25 percent.

Health-care experts say the long-term solution to the emergency room crisis — and to the larger problem of overall hospital overcrowding — is to continue to emphasize care that keeps people out of the hospital, where treatments are the most expensive.

Dr. Lewis R. Goldfrank, director of emergency medicine at Bellevue Hospital Center, said, "The long-term key is that we need a real commitment to primary care so that people can be treated outside of hospitals while they have minor illnesses and don't need to come to emergency rooms."