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# Hospital 'red alerts' worry health agency

BALTIMORE (AP) — A regional health agency is concerned over the frequency of hospital "red alerts" which cause all but the most gravely ill emergency patients to be sent to other hospitals.

When a hospital is in such an alert, ambulance drivers are told to take most emergency patients and even the majority of heart patients to other hospitals which are not on the alert.

Anne Arundel General Hospital has been on red alert only twice in the past six months, according to a hospital spokesman.

The chief of the city's paramedic and ambulance operation said the alert has not affected emergency medical care.

"Anne Arundel has an extremely low number of red alerts," said Jerry Smith,

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number of red alerts increase during cold-weather months.

One health official said that in the winter as many as 12 hospitals were on the alert at the same time.

In its annual plan for Baltimore and five surrounding counties, the Central Maryland Health Systems Agency lists as one of its top priorities for 1981 the initiation of a revised, uniform alert system.

Although the agency does not say in the report whether the alerts have contributed to the demise of any emergency patients, it does say the potential is there.

"It's very much a concern," said Margo Caulfield, a member of the agency's staff and chairwoman of the state's Emergency Medical Services Council. "It's become increasingly more (often) that red alert is used."

Ms. Caulfield said one of the primary reasons for the frequency of the alerts is the area's shortage of nurses. Also, she cited a lack of beds or equipment to monitor heart patients in some hospitals as contributory causes.

Internal hospital problems are another reason, she added, noting that not all hospitals use the same criteria for judging the necessity of an alert. One other problem, she explained, is the practice by

chief of the city's emergency medical services operation. "Red alert refers to beds with cardiac monitors. Quite often we can stabilize a heart patient in the ambulance, but even in an extreme emergency, I don't know of any time we've been told we can't take the patient to Anne Arundel General."

Patients are taken to the nearest hospital for emergency medical care, Smith said. If the nearest hospital is unable to take a patient, they are transported to the next closest hospital.

"A yellow alert is the most serious one," Smith said. "That means they're on bypass, and they can't handle any more patients. To my knowledge, Anne Arundel has never been on yellow alert."

State-wide, health officials say the  
(Continued on Page 12, Col. 1)

open for future elective admissions and as a "ploy" to justify requests for more beds.

The alerts occur most often in the winter months, said George Pelletier of the Maryland Institute for Emergency Medical Services System. In January and February of last winter, it was not unusual for 11 or 12 hospitals to be on red alert at the same time, he added.

Last year, Maryland General Hospital was on alert 71 percent of the time, Pelletier said, explaining that "they didn't have enough nurses to man the beds."

However, a Maryland General spokesman denied that nurse staffing was the problem. He blamed the situation last year — and this year — on a 90 percent bed occupancy rate.

Pelletier said other hospitals with high alert rates were: Bon Secours, 49 percent; Good Samaritan, 34 percent; South Baltimore General 33, and City Hospitals, 31 percent.

Alvin M. Powers, director of Bon Secours, said not all the coronary beds could be used because of the nursing shortage. Over the last three weeks, he added, the hospital has been on a bypass situation only once.

A spokesman for the Maryland Institute for Emergency Medical Services System says Anne Arundel General and North Arundel hospital had a low number of red alerts compared with other hospitals in

# 4 hospitals lead area in refusing ambulances

By Joe Calderone  
News American Staff

Maryland General Hospital, the Greater Baltimore Medical Center, Carroll County General Hospital and Bon Secours Hospital turned away ambulance patients with heart troubles more often in the last year than others in the metropolitan area, according to a study by the Maryland Institute for Emergency Medical Services Systems.

Overall, 25 area hospitals compared in the study placed themselves on "red alert" — an ambulance radio code — and closed their doors to all but the most critical heart patients 38 percent more often than last year. Maryland General was closed 71 percent of the time to non-critical heart patients, according to the study.

Hospital administrators say the closings are because of nursing and bed shortages. Ambulance and emergency institute officials want changes in the system.

Despite the problem, a proposal that would force area hospitals to accept more heart patients has drawn criticism from some local hospital administrators and doctors. The Maryland Institute for Emergency Medical Services Systems, which drafted the proposal, hopes to put the regulations into effect by Oct. 15.

Under existing guidelines, hospitals must admit ambulance patients in the midst of a heart attack, but they can turn away patients who are complaining of chest pains and might be on the verge of an attack.

"We're spending more time on the road with the patient in the back," said Chief Michael Jachelski who is in charge of the city's ambulance service. "A person can be the classic heart attack victim. They could be sitting in the ambulance sweating, having chest pains and shortness of breath. But unless they have no heart beat, we can't bring them to a hospital that's on red alert even if it's the closest one."

The recommended changes, which are to be discussed at a meeting of area hospital representatives Sept. 30, would not allow ambulances to bypass more than one nearby hospital when transporting a patient with heart ailments. Currently, ambulances could bypass as many as three nearby hospitals.

Under the suggested plan, doctors from the Emergency Cardiac Care Committee of the local American Heart Association chapter would visit area hospitals to make sure hospitals that are temporarily closing their doors have good reason.

But some hospital administrators are balking at the idea of outside monitoring and are upset with other proposed changes in the red alert system.

"The idea of someone coming in to see if we are on red alert for proper reasons, violates the hospital's integrity,"

## How often hospitals close their doors to ambulances

Hospital	Percent closed
<b>Hospitals in Baltimore city</b>	
Maryland General	71.0%
Bon Secours	48.6%
Good Samaritan	33.6%
South Baltimore	32.9%
City Hospitals	30.6%
St. Agnes	25.5%
Provident	23.8%
Lutheran	22.4%
Church	19.2%
Mercy	16.4%
University of Md.	15.0%
Sinai	03.8%
Union Memorial	04.2%
USPHS	01.5%
Johns Hopkins	00.2%
<b>Hospitals in Anne Arundel County</b>	
North Arundel	07.3%
Anne Arundel General	00.1%
<b>Hospitals in Baltimore County</b>	
Greater Baltimore M.C.	57.8%
St. Josephs	38.7%
Baltimore County Gen.	35.5%
Franklin Square	25.9%
<b>Hospitals in Carroll County</b>	
Carroll Co. General	49.3%
<b>Hospitals in Harford County</b>	
Fallston	29.6%
Harford Memorial	21.1%
<b>Hospitals in Howard County</b>	
Howard County General	23.4%

This table is based on statistics provided by the Maryland Institute for Emergency Medical Services Systems. It shows what percentage of time area hospitals were closed to ambulance patients with heart troubles — other than heart attacks — during a 12-month period from July 1979 to June 1980.

have been on the honor system on this and that's the way it should be."

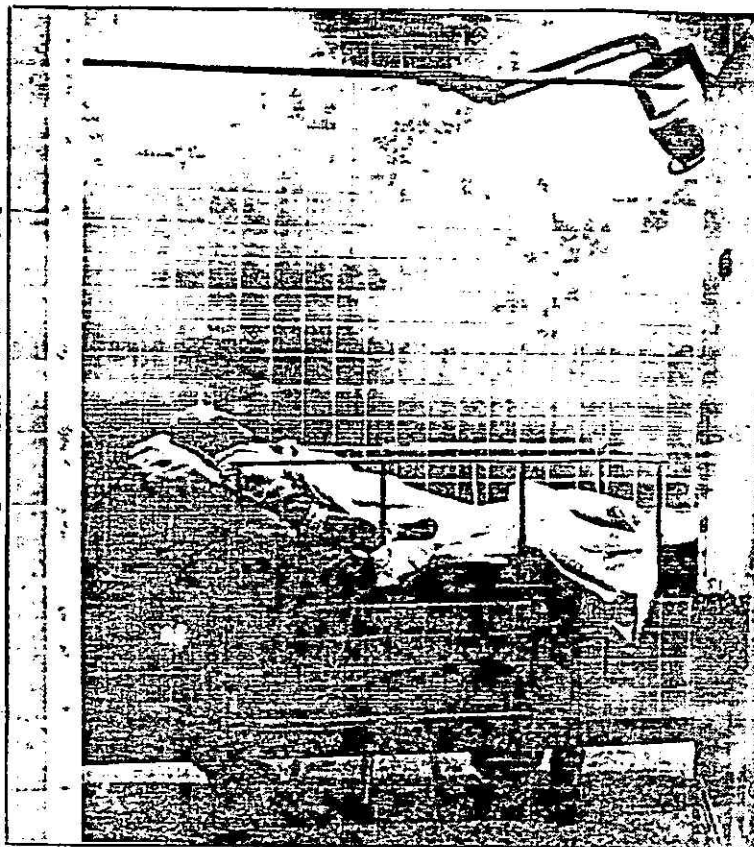
The proposal also calls for area hospitals experiencing staffing shortages to consider postponing elective surgery cases and reshuffling their staff to keep the hospital off red alert and its emergency room open to heart patients.

But that aspect of the proposal also has irritated some hospital administrators.

"We are concerned that the proposal interferes with the internal management prerogatives of the institution," said Dr. John D. Young Jr., associate director for

*"We simply cannot serve our community"*

# Severe Bed Shortage Cripples Local Hospitals.



MESSANGER PHOTO/MICHAEL RUBY

By Jonathan Witty

Officials of the Greater Baltimore Medical Center (GBMC) and St. Joseph Hospital say they will ask state planners for permission to begin major expansions to relieve a severe bed

shortage at both institutions.

"I can produce stacks of letters from Baltimore County residents complaining about waits to get into my hospital," said Paul Becker, executive vice

boom in the area north of Towson. Paul Becker indicated that in addition to the request for new beds, GBMC also is looking into the possibility of establishing a satellite hospital in Cockeysville, and would not rule out cooperation with St. Joseph on such a venture.

But many doctors who have had difficulty gaining staff privileges at the two institutions are pushing for a new full-scale community hospital to serve the up-county area. They fear that unless restrictions on doctor's access to hospitals are relaxed, even the addition of new beds at GBMC and St. Joseph will mean only limited increases in the size of the hospital staffs.

"Every day I have to fight to get someone into the hospital," complained Dr. Ronald Broadwater, Sr., a Timonium physician who is spearheading the drive for a new facility. Broadwater's application for staff privileges at St. Joseph is pending.

About 40 doctors seek to join the hospital staff each year, according to a St. Joseph's spokesman, with some physicians waiting as long as two years to gain acceptance. Doctors not affiliated with GBMC or St. Joseph who want to admit a patient to one of the two generally must

refer that patient to a staff doctor for in-hospital care.

When space is unavailable at GBMC or St. Joseph, patients may be sent to other hospitals far from their communities. The bed shortage is particularly critical in the case of heart attack victims.

During the winter, as many as 13 of the 23 hospitals in the Baltimore metro area may be on "red-alert"—meaning that all coronary care beds are full.

"If it's a life-threatening situation, the ambulance can head for the nearest hospital," explained George Pelletier, coordinator of the Maryland Institute for Emergency Services. However, if doctors determine that the patient's condition is stable, he is transported to the nearest hospital with a free bed. "You could have a heart attack victim in Cockeysville being moved to Union Memorial or Franklin Square," said Pelletier.

GBMC was on red alert 43.7 percent of the time during 1977, a figure that climbed to 64 percent last year. Coronary patients were turned away from St. Joseph 43.1 percent of the time in 1977, down slightly to 37.8 percent in 1979.

Pelletier reports that his group, which coordinates emergency care across the state, is working with hospitals to reduce the red alert

president of GBMC. "We simply cannot serve our community without the extra beds."

GBMC and St. Joseph, which are operating at 100 percent occupancy on a year-round basis, informed the Maryland Health Planning and Development Agency last week of their preliminary expansion plans. Formal applications will be submitted within 60 days.

GBMC, with 407 beds, is seeking to add 85 beds, including 10 in its coronary unit and others for care of the terminally ill. St. Joseph hopes to increase its bed total to nearly 600 with the addition of 150 new beds.

"We had 11 acutely ill people in the emergency room last night, waiting to get into beds, being cared for by a staff meant to handle emergencies," Sister Marie Cecilia, St. Joseph's administrator, told a meeting of hospital officials, doctors and state health experts last week. The gathering, called by state Senator Francis Kelly (D-5), was the second in the last month to discuss the bed shortage that has seen some patients waiting overnight on stretchers in hospital hallways for rooms to become available.

Hospital officials blame the overcrowding on a population

here have on other hospitals?" he asked. "We have to plan for the region's needs instead of approaching this piecemeal."

But hospital officials replied they had tried many of Giovanis' suggestions.

Becker added that although hospital officials had hoped GBMC's two-month-old same-day surgery facility would relieve the bed shortage somewhat, the new service has had no effect on the availability of rooms.

Little support was voiced among state officials for a new hospital.

"A new hospital costs an awful lot of money," said William Landis, executive director of the Maryland Health and Planning Development Agency. "My understanding is that the major growth in the County is expected in the northeast and the northwest. You can't just look at the expansion in the 83 corridor."

Landis encouraged GBMC and St. Joseph to work together in planning their expansions. "The two applications will be seen as competing applications," said Landis, "unless the two have gotten together to judge the needs of the area."

Sister Marie Cecilia said after the meeting that she does not expect either hospital to alter its bed request, but she did say the two would most likely submit statements of support for each

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Pelletier reports that his group, which coordinates emergency care across the state, is working with hospitals to reduce the red alert time.

"We want them to monitor their patients more closely so they can hold off closing until the last moment," he said. "By and large everyone is doing the best job they can, but there are a few abusers.

"Cardiac units are only a small part of the problem," he continued. "If you add 10 or 15 cardiac beds in some hospitals, that will solve this issue, but what about the rest of the patients? That's the crux."

Although most state health officials at last week's meeting seemed sympathetic to the complaints of bed shortages, hospital administrators were warned that to gain approval for their expansion request they will have to demonstrate that other measures to relieve overcrowding have already been tried.

"Adding hospital beds is the most expensive alternative," said Theodore Giovanis of the Maryland Health Services Cost Review Commission. Giovanis suggested that the hospitals first investigate improved placement of patients in nursing homes, expanded home care programs and more efficient scheduling to maximize bed use on weekends.

"What effect will adding beds

here have on other hospitals?" he asked. "We have to plan for the region's needs instead of approaching this piecemeal."

But hospital officials replied they had tried many of Giovanis' suggestions.

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Sister Marie Cecilia said after the meeting that she does not expect either hospital to alter its bed request, but she did say the two would most likely submit statements of support for each other's application.

Landis refused to take a stand on the issue of doctors' access to hospital staff. "It's not an area in our ballpark," he said. "If doctors can build adequate practices they'll move to the area. One consideration will be whether they can get hospital privileges."

Senator Kelly was not satisfied with that answer. "I don't want to put in legislation saying 20 percent of the doctors with privileges at St. Joseph have to live in Cockeysville," said Kelly. "But the hospitals have to know that there is a problem here and they have to do something about it."

A decision is expected on the request for additional beds by the end of the year. Formal applications will be submitted in about two months. A 15-day completeness review follows to make sure all pertinent information is included. The Central Maryland Health Systems Agency then has 90 days to review the request and make recommendation to the Maryland Health Planning and Development Agency, which must reach a final determination within 45 days. □