

ADMINISTRATIVE COMMITTEE

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ADMINISTRATIVE COMMITTEE

The Administrative Committee investigated the following boards, departments and agencies:

Arrowhead Regional Medical Center

Board of Supervisors

County Ethics Office

Human Resources

Purchasing

Superintendent of Schools

Three committee members regularly attended the Board of Supervisor meetings. They also attended a Chiefs of Staff meeting.

The Administrative committee would like to thank the members of the Board of Supervisors and the County Administrative Officer for their cooperation and support. We especially thank all the county personnel we spoke with for their valuable time and limitless patience with our requests for information.

The actions of the Administrative Committee resulted in the following report.

ARROWHEAD REGIONAL MEDICAL CENTER (ARMC)

EMERGENCY ROOM OVERCROWDING

BACKGROUND

Arrowhead Regional Medical Center (ARMC) moved into its present facility in 1999. It has 373 beds and with the remodel of the sixth floor it will gain an additional 84 beds. On an average day the facility is 97% occupied. The Emergency Room at the Medical Center is the busiest in the state. It is 100% full 100% of the time and is considered the ultimate safety net for the area. ARMC is self-sustaining and receives no General Funds from the County but it does have \$30 million in reserve.

In San Bernardino County, 270,000 people have no medical insurance. ARMC's current patient mix as a whole is: 25% have no insurance of any kind; 13% are covered under the Medically Indigent Adult program (MIA); 11% have Medicare; 10% have commercial insurance; 38% have Medi-Cal and 3% are county prisoners. The Emergency Department uninsured numbers are a little higher at 51%. Though the hospital is not paid for all its services provided to patients who cannot pay, it does receive some "Disproportionate Share Hospital Funds" from the federal government and safety net care pool dollars from the state government to help off-set some of the uncompensated care. ARMC also receives financial assistance from the federal government for certain emergency health services provided to undocumented immigrants.

FINDINGS

California has the largest number of uninsured patients in the nation. As a result, hospitals ERs are often utilized as the medical office of first resort. In 2007, the Emergency Department at ARMC saw 110,000 patients. In February 2008, the Governor of California signed into law a total of \$1.2 billion in cuts to the Medi-Cal program. Traditionally, the Medi-Cal program has been under-funded. As it stands now, Medi-Cal covers 78% of the costs that hospitals incur in caring for these patients. Many doctors no longer treat Medi-Cal patients because of the programs low payment rates. When Medi-Cal and other patients cannot find doctors to care for them, they rely on their local ERs for basic health care services. This is adding to the consistent overcrowding in the ERs. Seventy-eight percent of patients admitted to ARMC come in through the Emergency Room doors. Patients experience long wait times in order to be seen by a physician. It was the issue of already overcrowded ERs that the Grand Jury was concerned about. With the new budget cuts, the overcrowding will become a more critical issue.

Several Grand Jury members met with the hospital CEO and voiced their concerns. We learned of their new Emergency Department Access and Triage Re-design program called Rapid Medical Emergency Treatment (RMET). This program funnels the

non-acute patients to an area where they can be treated quickly. They still go through triage, but by a nurse in the waiting room; not behind a window. There is no huge work-up done. The staffing for this area is still 1 nurse for every 4 patients (as required in the ER area). This RMET plan has moved the process in the ER along to the point where the average wait is now 31 minutes. The ambulance diversion hours (that time when the ER was filled and could not take any patients) have also dropped tremendously while the visits to the ER have increased. In 2002, the annual visits to the ER were 58,000; in 2007, the annual visits were 110,000. In April 2007 the monthly ambulance diversion hours were 183; in April of 2008 the hours were 96. In 2002, the wait time in the ER was approximately 240 minutes; in 2007 it was 50-60 minutes. With this re-designed flow plan the wait time is 31 minutes. In 2002, 20% of those patients in the ER left without being seen. In 2008, so far only 1% of patients have left without being seen. The overcrowding issue, thought to be critical, is being resolved with a well thought out and implemented plan.

COMMENDATION

Members of the Grand Jury visited the facility twice, once in November of 2007 and once in May of 2008. The changes made in the Emergency Department were overwhelming. The use of metal detectors and highly visible security personnel added a sense of well-being and seriousness of purpose. The remodeling of the sixth floor and the re-design of the patient flow in the Emergency Room are excellent examples of forward thinking by the executive staff and the efforts of the physicians and nursing staff are beyond reproach. They are dedicated and devoted to their responsibilities.

The Grand Jury would like to commend the administrators, and the physician and nursing staff at Arrowhead Regional Medical Center, for their progressive thinking and complete dedication to their patients' well being. San Bernardino County can be very proud of this facility.