

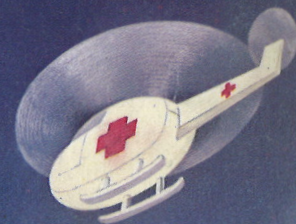
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ONE DOLLAR

FEBRUARY 20, 1978

NEW YORK

EMERGENCY ROOMS



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Emergency!

By Melinda Blau and George Simpson

To most New Yorkers, the word "emergency" evokes the immediate response "Bellevue." True enough, this hospital has compiled an awesome record in quick and efficient treatment of medical emergencies, as shown in George Simpson's hour-by-hour diary of a single Friday night in Bellevue's "War Room." Yet Bellevue is but one element in a network of emergency facilities which we survey in Ms. Blau's compendium of the city's crisis services, along with a report on 911 and how it works.

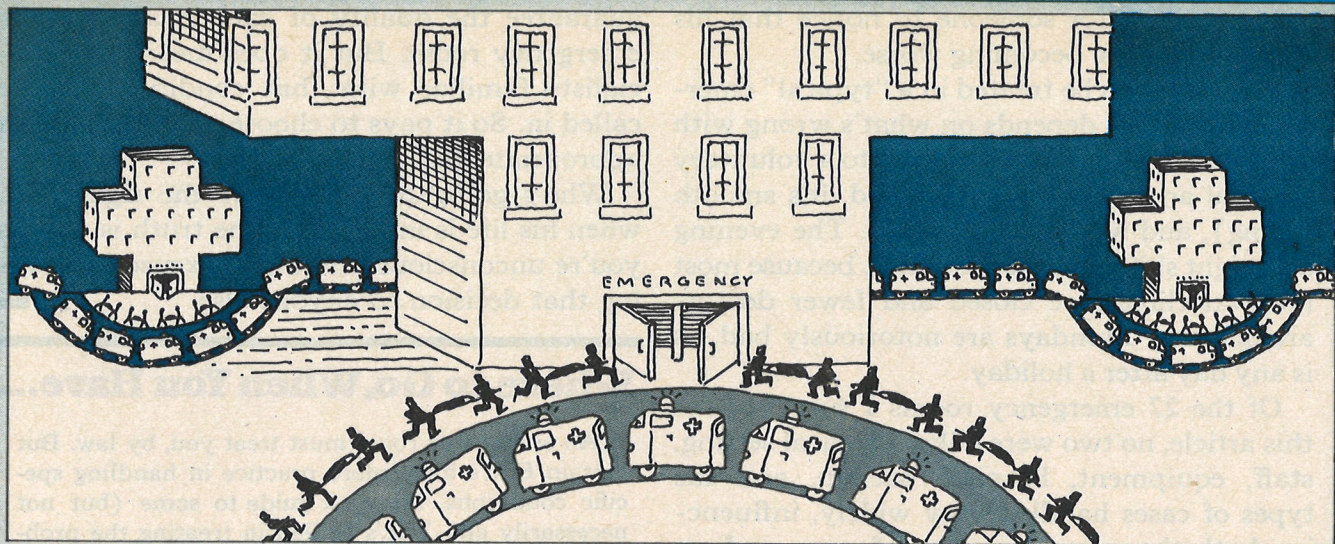
A Guide
That Could
Save
Your Life



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Emergency!

What counts is getting to the *right* emergency room in time.

By Melinda Blau

The number of people lining up at hospital-emergency-room desks has doubled in the past fifteen years, and that is the strongest indictment of the state of the medical profession today. People needing doctors in a hurry don't know where else to turn. Your friendly general practitioner has been pushed aside by legions of superspecialists, his office equipment made obsolete by a galloping medical technology. The burden of primary care now falls on the emergency room—a hospital's most visible, and sometimes only, facility for outpatients.

Many New Yorkers find themselves in emergency rooms long before they have a *real* emergency. Life-threatening crises, like heart attacks, severe burns or bleeding, and gunshot wounds, account for only 20 percent of E.R. visits. The majority of E.R. patients are walk-ins, people with ordinary medical problems.

Like it or not, emergency rooms have become the new G.P.'s. They score low in bedside manner, can leave you waiting for hours, cost more than private doctors, and the quality of care is about as predictable as Russian roulette. Still, for thousands of New Yorkers—more than 2,500 a day just in Manhattan—an emergency room is the family doctor.

The kind of attention you get depends, for the most part, on what's wrong with you. The

rule of thumb is simple: The sicker you are, the quicker you're cared for. "Emergent" cases are those that can't wait—their lives are in danger. "Urgent" conditions, like asthma attacks and minor fractures, are seen next. The "nonurgent"—people with pedestrian ailments like stomachaches and lower-back pains—must wait for all the more serious cases to be taken care of; it makes no difference *who* checked in first.

This screening process is a form of "triage," a practice borrowed, quite appropriately, from the battlefields. Triage in an E.R. can be a tricky business. Except in the most obviously acute situations, "emergency" is in the eye of the beholder. Your condition, however minor, undoubtedly *feels* like an emergency. But a nurse or clerk who triages a few hundred cases a day may be less than sympathetic.

Certain emergencies are more obvious than others. Gushing blood usually puts you right into a treatment room. But judging the severity of a person's pain is more subjective. It's important to be realistic about the urgency of your particular complaint. Nevertheless, if you don't feel you've been given proper attention by a triage officer, speak up. Every E.R. administrator shudders over the memory of a nonaggressive patient who died in the waiting

room, waiting for someone to notice that his chest pains were becoming worse.

How will you be treated in a "typical" emergency room? It depends on what's wrong with you, whom you know (if you go to a voluntary hospital and a doctor calls ahead, it's smooth sailing), and *when* you drop by. The evening and night shifts tend to be busier, because most hospital clinics are closed and fewer doctors are on duty. Mondays are notoriously bad, as is any day after a holiday.

Of the 27 emergency rooms I surveyed for this article, no two were alike. Physical setting, staff, equipment, hospital backup, and the types of cases handled vary widely, influencing both the general quality of care and an E.R.'s ability to handle certain situations well.

Among the hospitals covered, four are municipal (owned by the city and operated by the New York City Health and Hospitals Corporation) and 23 are voluntary (financed by private interests and government subsidies). One of the most basic differences between the two types of ownership is cost to the patient. At city hospitals, the E.R. fee includes the ambulance and any care the patient requires. In contrast, almost all of the voluntaries give you a "hotel-type" bill. The E.R. fee is only a base price, like room rent; "extras," such as X-rays and lab tests, are added on.

Municipals and voluntaries differ in another respect: the types of emergencies they handle. City hospitals are especially good at dealing with "trauma," a type of emergency that includes all kinds of accidents, gunshot wounds, severe lacerations. Practice makes perfect, and the big municipals get more than the lion's share of front-line action.

The doctor who sees you in any E.R. is usually a resident. Generally, the later the hour, the lower the resident's level of training. Depending on the hospital's policy, these residents may not have much authority beyond initial patient workups. To admit patients, they must consult with an attending doctor—a full-fledged M.D. who works in the E.R. or is "on call." In any case, remember you have the right to ask for an attending physician. Just be prepared to wait.

If your emergency is very serious, you may end up in one of the hospital's intensive-care units. The presence of an ICU doesn't

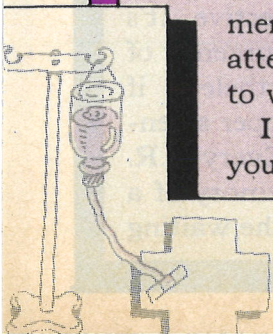
guarantee the quality of care in a hospital's emergency room. But it does mean that specialists familiar with that condition can be called in. So it pays to choose an E.R. with an appropriate ICU.

Who's going to "shop" for the right E.R. when his life is in danger? The truth is, unless you're unconscious, there's no excuse for leaving that decision to anyone else. ■

Where to Go, When You Have...

An emergency room must treat you, by law. But certain E.R.'s have more practice in handling specific conditions. Here's a guide to some (but not necessarily all) E.R.'s skilled in treating the problems listed:

Asthma attack	Bellevue, Harlem, Metropolitan, Mt. Sinai
Bad burns	Bellevue, Harlem, New York
Broken bones	Bellevue, Harlem, Hospital for Joint Diseases, Metropolitan
Car accident	Bellevue, Harlem, Metropolitan
Crushed spinal cord or bashed skull	Bellevue, Columbia-Presbyterian, New York University, St. Vincent's
Drug overdose	Bellevue, Beth Israel, Cabrini, Sydenham
D.T.'s	Bellevue, Beth Israel, Cabrini, Roosevelt, St. Luke's
Gunshot wound	Bellevue, Harlem, Metropolitan
Gynecological problems	Bellevue, Columbia-Presbyterian, New York, New York Infirmiry, St. Luke's
Heart attack	The closest hospital that has a coronary intensive-care unit
Knife wound	Bellevue, Cabrini, Harlem, Metropolitan, St. Luke's
Mental breakdown	Bellevue, Beth Israel, Harlem
Needle in the eye	Manhattan Eye, Ear and Throat; New York Eye and Ear Infirmiry; St. Clare's
Poisoning	Call 911 and ask for Poison Control—or call 340-4494
Been raped	Bellevue, Harlem, Metropolitan, Mt. Sinai, St. Luke's; for counseling by a female police officer, call the Sex Crimes Analysis Unit: 233-3000
Sick infant	Bellevue, Columbia-Presbyterian, New York
Toothache	Mt. Sinai
Undetermined problems (such as stomach pains)	Columbia-Presbyterian, Mt. Sinai, New York



shift change. They must brief the incoming staff and make sure all reports are up-to-date.

One young brunet says, "Christ, I'm gonna go home and take a shower—I smell like vomit."

11:50 p.m. The triage nurse is questioning an old black man about chest pains, and a Hispanic woman is having an asthma attack, when an ambulance, its sirens screaming full tilt, roars into the receiving bay. There is a

split-second pause as everyone drops what he or she is doing and looks up. Then all hell breaks loose. Doctors and nurses are suddenly sprinting full-out toward the trauma room. The glass doors burst open and the occupied stretcher is literally run past me. Cops follow. It is as if a comet has whooshed by. In the trauma room it all becomes clear. A half-dozen doctors and nurses surround the lifeless form of a Hispanic man with a shotgun hole in his neck the size of your fist. Blood pours from a second gaping wound in his chest. A respirator is slammed over his face, making his chest rise and fall as if he were breathing. "No pulse," reports one doctor. A nurse jumps on a stool and, leaning over the man, begins to pump his chest with her palms. "No blood pressure," screams another nurse. The ambulance driver appears shaken. "I never thought I'd get here in time," he stutters. More doctors from the trauma team upstairs arrive. Wrappings from syringes and gauze pads fly through the air. The victim's eyes are open yet devoid of life. His body takes on a yellow tinge. A male nurse winces at the gunshot wound. "This guy really pissed off somebody," he says. This is no ordinary shooting. It is an execution. IV's are jammed into the body in the groin and arms. One doctor has been plugging in an electrocardiograph and asks everyone to stop for a second so he can get a reading. "Forget it," shouts the doctor in charge. "No time." "Take it easy, Jimmy," someone yells at the head physician. It is apparent by now that the man is dead, but the doctors keep trying injections and finally they slit open the chest and reach inside almost up to their elbows. They feel the extent of the damage and suddenly it is all over. "I told 'em he was dead," says one nurse, withdrawing. "They didn't listen." The room is very still. The doctors are momentarily disgusted, then go on about their business. The room clears quickly. Finally there is only a male nurse and the still-warm body, now waxy-yellow, with huge ribs exposed on both sides of the chest and giant holes in both sides of the neck. The nurse speculates that this is yet another murder in a Hispanic political struggle that has brought many such victims to Bellevue. He marvels at the extent of the wounds and repeats, "This guy was really blown away."

Midnight. A hysterical woman is hustled through the lobby into an examination room. It is the dead man's wife, and she is nearly delirious. "I know he's dead, I know he's dead," she screams over and over. Within moments the lobby is filled with anxious relatives of the victim waiting for word on his condition. The police are everywhere asking questions, but most people say they saw nothing. One young woman says she heard six shots, two louder than the other four. At

some point, word is passed that the man is, in fact, dead. Another woman breaks down in hysterics; everywhere young Hispanics are crying and comforting each other. Plainclothes detectives make a quick examination of the body, check on the time of pronouncement of death, and begin to ask questions, but the bereaved are too stunned to talk. The rest of the uninjured people in the lobby stare dumbly, their injuries suddenly paling in light of a death.

12:30 a.m. A black man appears at the admissions desk and says he drank poison by mistake. He is told to have a seat. The ambulance brings in a young white woman, her head wrapped in white gauze. She is wailing terribly. A girl friend stands over her, crying, and a boyfriend clutches the injured woman's hands, saying, "I'm here, don't worry, I'm here." The victim has fallen downstairs at a friend's house. Attendants park her stretcher against the wall to wait for an examination room to clear. There are eight examination rooms and only three doctors. Unless you are truly an emergency, you will wait. One doctor is stitching up the eyebrow of a drunk who's been punched out. The friends of the woman who fell down the stairs glance up at the doctors anxiously, wondering why their friend isn't being treated faster.

1:10 a.m. A car pulls into the bay and a young Hispanic asks if a shooting victim has been brought here. The security guard blurts out, "He's dead." The young man is stunned. He peels his tires leaving the bay.

1:20 a.m. The young woman of the stairs is getting stitches in a small gash over her left eye when the same ambulance driver who brought in the gunshot victim delivers a man who has been stabbed in the back on East 3rd Street. Once again the trauma room goes from 0 to 60 in five seconds. The patient is drunk, which helps him endure the pain of having the catheter inserted through his penis into his bladder. Still he yells, "That hurts like a bastard," then adds sheepishly, "Excuse me, ladies." But he is not prepared for what comes next. An X ray reveals a collapsed right lung. After just a shot of local anesthetic, the doctor slices open his side and inserts a long plastic tube. Internal bleeding had kept the lung pressed down and prevented it from reinflating. The tube releases the pressure. The ambulance driver says the cops grabbed the guy who ran the eight-inch blade into the victim's back. "That's not the one," says the man. "They got the wrong guy." A nurse reports that there is not much of the victim's type blood available at the hospital. One of the doctors says that's okay, he won't need surgery. Meanwhile blood pours from the man's knife wound and the tube in his side. As the nurses work they chat about personal matters, yet they respond immediately to orders from either doctor. "How ya doin'?" the doctor asks the patient. "Okay," he says. His blood spatters on the floor.

So it goes into the morning hours. A Valium overdose, a woman who fainted, a man who went through the windshield of his car. More overdoses. More drunks with split eyebrows and chins. The doctors and nurses work without complaint. "This is nothing, about normal, I'd say," concludes the head nurse. "No big deal."

The cops are given hospital gowns and wait to receive tetanus shots and gamma globulin—a hedge against infection from the befouled river water. They will hang around the E.R. for another two hours, telling their story to as many as six other policemen who show up to hear it. The woman is rolled into an examination room, where a male nurse speaks gently: “They tell me you fell into the river.” “No,” says the woman, “I jumped. I have to commit suicide.” “Why?” asks the nurse. “Because I’m insane and I can’t help. I have to die.” The nurse gradually discovers the woman has a history of psychological problems. She is given dry bedclothes and placed under guard in the hallway. She lies on her side, staring at the wall.

The pace continues to increase. Several more overdose victims arrive by ambulance. One, a young black woman, had done a striptease on the street just before passing out. A second black woman is semiconscious and spends the better part of her time at Bellevue alternately cursing at and pleading with the doctors. Attendants find a plastic bottle coated with methadone in the pocket of a Hispanic O.D. The treatment is routinely the same, and sooner or later involves vomiting. Just after doctors begin to treat the O.D., he vomits great quantities of wine and methadone in all directions. “Lovely business, huh?” laments one of the doctors. A young nurse confides that if there were other true emergencies, the overdose victims would be given lower priority. “You can’t help thinking they did it to themselves,” she says, “while the others are accident victims.”

10:30 p.m. A policeman who twisted his knee struggling with an “alleged perpetrator” is examined and released. By 10:30, the lobby is jammed with friends and relatives of patients in various stages of treatment and recovery. The attendant who also functions as a translator for Hispanic patients adds chairs to accommodate the overflow. The medical walk-in rate stays steady—between eight and ten patients waiting. A pair of derelicts, each with battered eyes, appear at the admitting desk. One has a dramatically swollen face laced with black stitches.

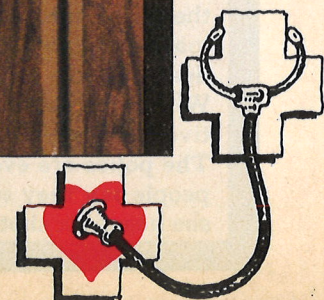
11:00 p.m. The husband of the attempted suicide arrives. He thanks the police for saving his wife’s life, then talks at length with doctors about her condition. She continues to stare into the void and does not react when her husband approaches her stretcher.

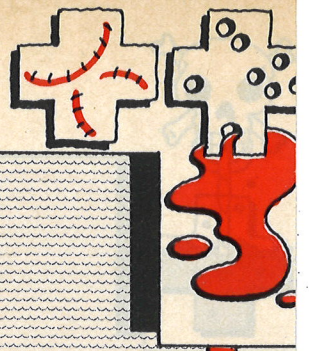
Meanwhile, patients arrive in the lobby at a steady pace. A young G.I. on leave has lower-back pains; a Hispanic man complains of pains in his side; occasionally parents hurry through the adult E.R. carrying children to the pediatric E.R. A white woman of about 50 marches into the lobby from the walk-in entrance. Dried blood covers her right eyebrow and upper lip. She begins to perform. “I was assaulted on 28th and Lexington, I was,” she says grandly, “and I don’t have to take it *anymore*. I was a bride 21 years ago and, God, I was beautiful then.” She has captured the attention of all present. “I was there when the boys came home—on Memorial Day—and I don’t have to take this kind of treatment.”

As midnight approaches, the nurses prepare for the

Battle station: An emergency-treatment room at Bellevue.

ALL VISITORS PLEASE WAIT OUTSIDE
TODOS LOS VISITANTES ESPEREN
AFUERA - POR FAVOR



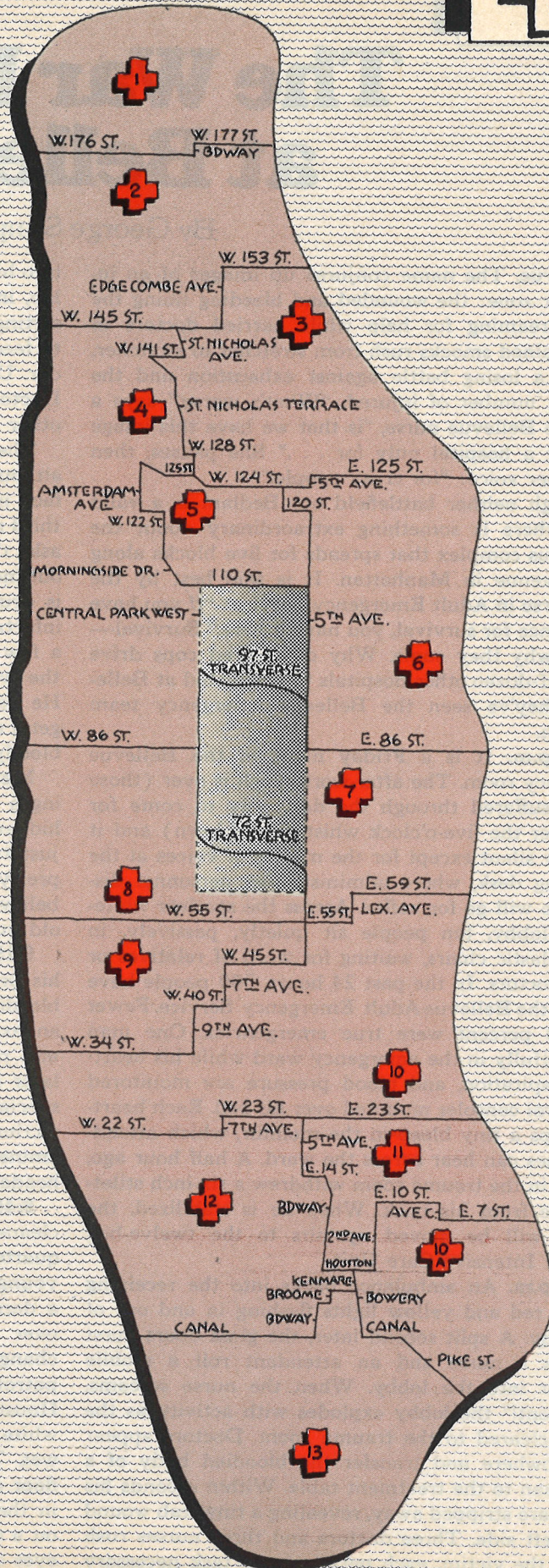


Where You'll Be Taken

This map shows the "catchment" areas for major Manhattan hospitals that receive patients from 911 ambulances. Unless you tell him otherwise, the driver will automatically take you to the hospital designated for that catchment area. When two hospitals are close to each other, the driver has an option; he can, for instance, pick Bellevue over Cabrini. But you have an option too. Unless you're in such critical condition that your life depends upon getting to the nearest hospital instantly, you can choose to go to any hospital within a ten-minute driving radius. The driver may prefer to take you to his home-base hospital, but he's required to honor your request.

Manhattan Catchments

1. Jewish Memorial
4600 Broadway
2. Columbia-Presbyterian
622 West 168th St.
3. Harlem
506 Lenox Ave.
4. Logan Memorial
70 Convent Ave.
5. Sydenham
565 Manhattan Ave.
6. Metropolitan
1901 First Ave.
7. Lenox Hill
100 East 77th St.
8. Roosevelt
428 West 59th St.
9. St. Clare's
415 West 51st St.
10. Bellevue
First Ave. at East 27th St.
- 10A. Emergencies in this area taken to Bellevue
11. Cabrini
227 East 19th St.
12. St. Vincent's
153 West 11th St.
13. Beekman Downtown
170 William St.





The War Room at Bellevue

By George Simpson

Bellevue. The name conjures up images of an indoor war zone: the wounded and bleeding lining the halls, screaming for help while harried doctors in blood-stained smocks rush from stretcher to stretcher, fighting a losing battle against exhaustion and the crushing number of injured. "What's worse," says a longtime Bellevue nurse, "is that we have this image of being a hospital only for . . ." She pauses, then lowers her voice: "for crazy people."

Though neither battlefield nor Bedlam is a valid image, there is something extraordinary about the monstrous complex that spreads for five blocks along First Avenue in Manhattan. It is said best by the head nurse in Adult Emergency Service: "If you have any chance for survival, you have it here." Survival—that is why they come. Why do injured cops drive by a half-dozen other hospitals to be treated at Bellevue? They've seen the Bellevue emergency team in action.

9:00 p.m. It is a Friday night in the Bellevue emergency room. The after-work crush is over (those who've suffered through the day, only to come for help after the five-o'clock whistle has blown) and it is nearly silent except for the mutter of voices at the admitting desk, where administrative personnel discuss who will go for coffee. Across the spotless white-walled lobby, ten people sit quietly, passively, in pastel plastic chairs, waiting for word of relatives or to see doctors. In the past 24 hours, 300 people have come to the Bellevue Adult Emergency Service. Fewer than 10 percent were true emergencies. One man sleeps fitfully in the emergency ward while his heart-beat, respiration, and blood pressure are monitored by control consoles mounted over his bed. Each heart-beat trips a tiny bleep in the monitor, which attending nurses can hear across the ward. A half hour ago, doctors in the trauma room withdrew a six-inch stiletto blade from his back. When he is stabilized, the patient will be moved upstairs to the twelve-bed Surgical Intensive Care Unit.

9:05 p.m. An ambulance backs into the receiving bay, its red and yellow lights flashing in and out of the lobby. A split second later, the glass doors burst open as a nurse and an attendant roll a mobile stretcher into the lobby. When the nurse screams, "Emergent!" the lobby explodes with activity as the way is cleared to the trauma room. Doctors appear from nowhere and transfer the bloodied body of a black man to the treatment table. Within seconds his clothes are stripped away, revealing a tiny stab wound in his left side. Three doctors and three nurses rush around the victim, each performing a task necessary to begin treatment. Intravenous needles are inserted

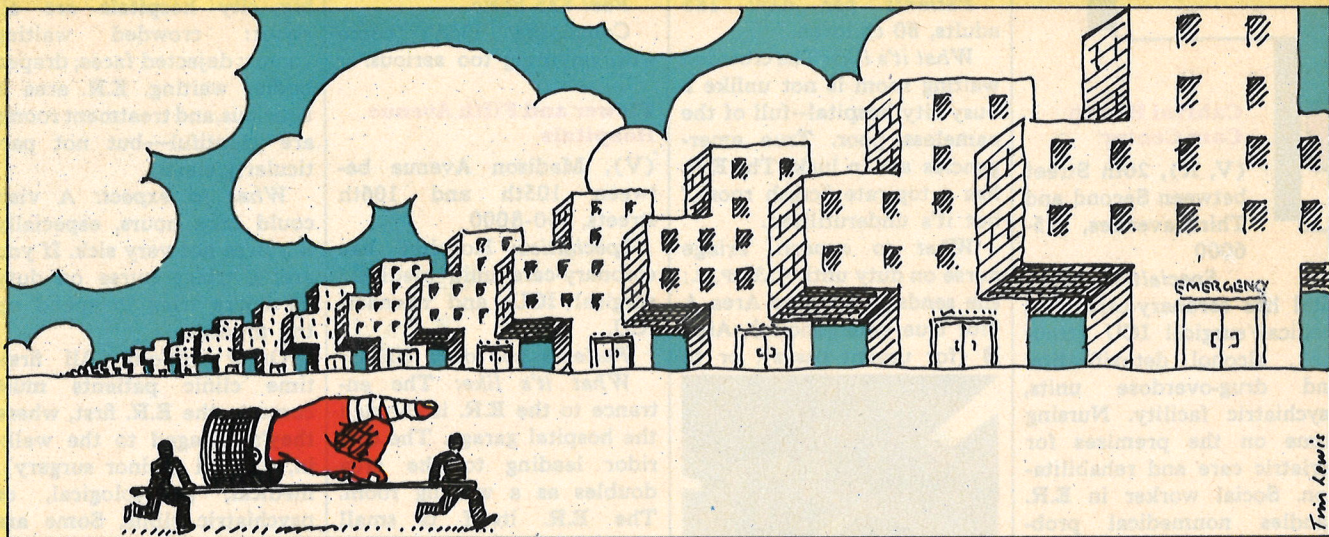
into his arms and groin. A doctor draws blood for the lab, in case surgery is necessary. A nurse begins inserting a catheter into the victim's penis and continues to feed in tubing until the catheter reaches the bladder. Urine flows through the tube into a plastic bag. Doctors are glad not to see blood in the urine. Another nurse records pulse and blood pressure.

The victim is in good shape. He shivers slightly, although the trauma room is exceedingly warm. His face is bloodied, but shows no major lacerations. A third nurse, her elbow propped on the treatment table, asks the man a series of questions, trying to quickly outline his medical history. He answers abruptly. He is drunk. His left side is swabbed with yellow disinfectant and a doctor injects a local anesthetic. After a few seconds another doctor inserts his finger into the wound. It sinks in all the way to the knuckle. He begins to rotate his finger like a child trying to get a marble out of a milk bottle. The patient screams bloody murder and tries to struggle free.

Meanwhile in the lobby, a security guard is ejecting a derelict who has begun to drink from a bottle hidden in his coat pocket. "He's a regular, was in here just two days ago," says a nurse. "We checked him pretty good then, so he's probably okay now. Can you believe those were clean clothes we gave him?" The old man, blackened by filth, leaves quietly.

9:15 p.m. A young Hispanic man interrupts, saying his pregnant girl friend, sitting outside in his car, is bleeding heavily from her vagina. She is rushed into an examination room, treated behind closed doors, and rolled into the observation ward, where, much later in the night, a gynecologist will treat her in a special room—the same one used to examine rape victims. Nearby, behind curtains, the neurologist examines an old white woman to determine if her headaches are due to head injury. They are not.

9:45 p.m. The trauma room has been cleared and cleaned mercilessly. The examination rooms are three-quarters full—another overdose, two asthmatics, a young woman with abdominal pains. In the hallway, a derelict who has been sleeping it off urinates all over the stretcher. He sleeps on while attendants change his clothes. An ambulance—one of four that patrol Manhattan for Bellevue from 42nd Street to Houston, river to river—delivers a middle-aged white woman and two cops, the three of them soaking wet. The woman has escaped from the psychiatric floor of a nearby hospital and tried to drown herself in the East River. The cops fished her out. She lies on a stretcher shivering beneath white blankets. Her eyes stare at the ceiling. She speaks clearly when an administrative worker begins routine questioning.



27 Emergency Rooms

By Melinda Blau

This guide contains detailed information about 27 emergency rooms in Manhattan. Bear in mind that the medical landscape is constantly changing, and something you heard last year may not be true anymore. Given the financial woes of most hospitals, an intensive-care unit (ICU) here today may be phased out tomorrow; triage offered for 24 hours a day can easily be cut back to 8; and fees, of course, are always on the rise. The data for each facility are distillations of firsthand observations, facts and figures supplied by the hospitals, and reports from various health agencies. Use the information as a guide, not gospel.

"M" indicates a municipal hospital. "V" is a voluntary hospital. "R" indicates a primary receiving hospital on the 911 system.

Hospitals have different methods of computing costs. "Basic" fee indicates the starting point; what a person actually pays also depends on insurance coverage and financial status.

Beekman-Downtown Hospital

(V, R), Gold Street at Beekman Street, 233-5300

Specialties: Mobile intensive-care vehicle staffed by

paramedics operates 8 A.M. to 8 P.M. five days a week. Hospital has coronary ICU as well as general intensive-care facility.

Patients per day: 100.

What it's like: Often cited as a "model" E.R., it features "architectural triage": Depending on patient's condition, he is sent to appropriate area within the E.R.

What to expect: During work hours, the place is jumping. Good triage system minimizes waits, and you'll find a full staff and lots of other patients—65 percent come weekdays between 8 A.M. and 4 P.M.

Other options: Many options open to E.R. patients 8 A.M. to 4 P.M.: walk-in clinic; 40 subspecialty clinics; private physicians in building.

Fee: \$60 basic; fees on a sliding scale for community patients who qualify.

Comments: Physically, this is one of the nicest E.R.'s in the city, but if you come after working hours you'll find a substantially smaller staff. Also, there is neither a pediatric nor an obstetric service.

Bellevue Hospital Center

(M, R), First Avenue at 29th Street, 561-4141

Specialties: Separate E.R. for children. Separate psy-

chiatric E.R.; psychiatric cases now go to another building, old and horribly depressing. Special "emergency ward" (ICU), a step up from the typical E.R. holding area, features ten beds, one specially trained critical-care nurse for every two patients. Hospital has a rich variety of intensive-care units: coronary, medical/surgical (trauma), pediatric, neurosurgical, psychiatric, alcohol detoxification.

Patients per day: 250 adults, 100 children, 35 psychiatric patients.

What it's like: Clean, bright, and spacious quarters that sprawl over a huge area make it difficult to monitor patients. But the really sick ones are well supervised.

What to expect: A good 24-hour triage system ensures that the very sick or urgent cases are handled quickly—and well. Nonemergent cases wait long hours during late afternoon, early evening.

Other options: Triage nurse sends nonemergent patients to the walk-in clinic (open weekdays 8 A.M. to midnight, Saturday noon to midnight), to specialty clinics, or refers case to the public-health nurse.

Fee: \$90 inclusive, on a sliding scale.

Comments: Don't let your prejudices about the Bellevue you *think* you know get in the way. It's one of the best places for trauma. E.R. has even done on-the-spot open-heart surgery.

Beth Israel Medical Center

(V), 16th Street between Nathan D. Perlman Place and First Avenue, 420-2000

Specialties: Hospital has coronary-care unit and neonatal ICU. World-famous Bernstein Institute handles alcohol and drug detoxification and psychiatric cases.

Patients per day: 110.

What it's like: E.R. is in newly modernized space with four adult treatment rooms, two pediatric rooms, and a three-bed acute-care unit. Two waiting rooms separate sick adults from children.

What to expect: There's no formal triage, because of staffing cutbacks. This results in longer waits, and patients don't have a "professional" in the waiting room.

Other options: Hospital is "committed to ambulatory care"; it has a number of outpatient facilities.

Fee: \$50 basic, on a sliding scale.

Comments: A good E.R. to handle O.D.'s and alcohol problems; also good for coronary care. Kitchen is kosher.



Cabrini Health Care Center

(V, R), 20th Street between Second and Third avenues, 725-6000

Specialties: Hospital has coronary-care unit, medical/surgical ICU (trauma), alcohol detoxification and drug-overdose units, psychiatric facility. Nursing home on the premises for geriatric care and rehabilitation. Social worker in E.R. handles nonmedical problems.

Patients per day: 75.

What it's like: The waiting room, full of the poor and elderly, casts a depressing shadow over this E.R. But the area is fairly clean and well lit, ample for its traffic, although storage space is a problem.

What to expect: The staff seem particularly alert and dedicated, despite the unruly derelicts and drug addicts they often treat. It's not a crowded E.R., so waiting time is usually not bad. You see a doctor within 15 to 30 minutes, but you might then wait longer for treatment or tests.

Other options: Triage nurse often sends patients to General Medical Clinic during the day. There are also a number of specialty clinics.

Fee: \$50 basic.

Comments: This E.R. sees a lot of gunshot wounds and stabbings, so the staff have become adept at handling victims of violence. Some personnel can "sign" or communicate with the deaf. Hospital has no obstetric or pediatric service.

Columbia-Presbyterian Medical Center

(V, R), 622 West 168th Street, west of Broadway, 694-2500

Specialties: Hospital is known for its cardiac intensive-care unit; also has trauma, neurosurgery, and neonatal ICU's. Hospital has many specialists and a reputation for dealing with unusual diseases.

Patients per day: 185 adults, 80 children.

What it's like: The crowded waiting room is not unlike a busy city hospital—full of the nameless poor. True emergencies are in luck: The E.R. has a top-rate "crash room," but it's underutilized.

What to expect: Triage nurse on duty until 4:30 P.M.; she sends patients to Area A (for true emergencies), Area B (for urgent cases), or to



At New York Hospital: The triage station on a slow day.

the pediatric section (open till 8 P.M.). Nonurgent cases are "fit in" as time allows.

Other options: Hospital has walk-in clinic and a wide variety of specialty clinics.

Fee: \$35 basic, on a sliding scale.

Comments: Traditionally regarded as one of the "biggies" in the NYC medical/political scene, Presbyterian is known for its esoteric specialties. Recently it has begun to stress primary care. It's a great place to go if you have chest pains, but don't expect the E.R. to be the posh Harkness Pavilion.

Doctors Hospital

(V), 170 East End Avenue, 535-3000

Specialties: Hospital has coronary and medical ICU.

Patients per day: three.

What it's like: This is one of the few hospitals where the E.R. is, literally, a room.

What to expect: A nurse is on duty in the E.R. from 8 A.M. to 4 P.M. weekdays. At other times, visitors check in at the Nursing Office.

Other options: none.

Fee: \$35 basic.

Comments: Don't come with anything too serious.

Flower and Fifth Avenue Hospitals

(V), Madison Avenue between 105th and 106th streets, 860-8000

Specialties: Hospital has coronary-care unit, medical/surgical ICU, and neonatal ICU.

Patients per day: 100.

What it's like: The entrance to the E.R. is through the hospital garage. The corridor leading to the area doubles as a waiting room. The E.R. itself is small and dingy. A chart above the nurse's desk translates the "street language" of drugs. A new E.R. is presently under construction.

What to expect: Triage nurse on duty during the day. Medical problems are usually taken care of more quickly than surgical problems.

Other options: Non-emergent patients are often sent to walk-in clinic, open 9 A.M. to 4 P.M. on weekdays.

Fee: \$45 basic; all fees on a sliding scale.

Comments: Although this is not a receiving hospital, its E.R. is quite active, but its physical size is too small for the daily traffic. The E.R. is known for its pediatric service but has all specialists on call.

Harlem Hospital

(M, R), Lenox Avenue at 135th Street, 621-3131

Specialties: Separate pediatric E.R. for children two months to fifteen years (busiest between 4 P.M. and midnight and on weekends). Hospital has wide range of critical-care units; coronary, medical/surgical, neonatal, respiratory, and alcohol detoxification. Site of one of the city's five crisis-intervention centers—for battered wives, battered children, and victims of rape. Other social services provided to patients who need it. Ophthalmology department treats lye burns, eye trauma (punches). Large asthma-treatment room.

Patients per day: 325 adults, 90 children.

What it's like: This is what

big city hospitals are all about: crowded waiting rooms; dejected faces; draped bodies waiting. E.R. area is spacious, and treatment rooms are plentiful—but not particularly clean.

What to expect: A visit could take hours, especially if you're not very sick. If you are, a triage nurse on duty 24 hours tries to speed up the process.

Other options: All first-time clinic patients must come to the E.R. first, where they're triaged to the walk-in, surgical (minor surgery), medical, gynecological, or psychiatric clinic. Some are also sent to specialized clinics.

Fee: \$80 inclusive, on a sliding scale.

Comments: You're likely to see almost anything in this E.R., but the staff is trained to deal with everything and stays in practice. It's a great place for severe trauma and drug O.D.'s.

Hospital for Joint Diseases

(V), 1919 Madison Avenue, at 123rd Street, 876-7000

Specialties: Hospital has all services except obstetrics, but real strength lies in its orthopedic and rheumatology services.

Patients per day: 100.

What it's like: The waiting room is a once white-tiled corridor. Clerk is behind a tellerlike window. Inside the actual E.R. are three small treatment rooms and a slightly larger room for serious cases.

What to expect: Once you check in with a clerk, a doctor or nurse peeks out to assess your condition—if things are not too busy in the back. Otherwise, a clerk triages.

Other options: General walk-in and specialty clinics are open 8 A.M. to 4 P.M. Largest clinics deal with orthopedic specialties and arthritis.

Fee: \$45; on a sliding scale for patients in the immediate community.

Comments: This E.R. is good for broken bones and arthritic pain. It can handle most other emergencies too (with the exception of women in labor).



At Doctors Hospital: Dr. S. Y. Chung (left), Mary A. Burgin, and Alice Matsuuchi—the E.R. day staff—prepare for action.

Jewish Memorial Hospital

(V, R), 196th and Broadway (northeast corner), LO 9-4700

Specialties: Hospital claims to have one of the lower rates of mortality in its coronary-care unit. Also has a surgical ICU.

Patients per day: 40 to 50.

What to expect: Registrar sees all patients immediately to determine priorities. Payment is usually requested first. Busiest times are weekend evenings.

Other options: A number of general and specialty clinics.

Fee: \$35 basic, on a sliding scale.

Comments: Administration described the E.R. as "somewhat older, smallish," and having "no sophisticated life-maintenance unit." It deals with a large elderly population and gets quite a number of coronary-care patients.

Lenox Hill Hospital

(V, R), 100 East 77th Street, between Park and Lexington avenues, 794-4567

Specialties: Hospital has coronary, medical, surgical, and neonatal ICU's.

Patients per day: 100.

What it's like: Given the neighborhood, you might expect a cleaner, better-run E.R. The waiting room is adequate (but the temperature's very cold). Inside, there are the usual treatment rooms and also a crash room.

What to expect: Unless you come in the morning or are very ill or injured, plan on a three-to-five-hour wait to see a doctor and to get lab results.

Other options: A full-service clinic is open 8 A.M. to 4 P.M. weekdays.

Fee: \$55 basic; add-ons tend to be expensive.

Comments: Considering the fine hospital it's part of, this E.R. is poorly run. It's good for serious cases, especially heart attacks, but most visitors here have problems much less severe. Waiting is a problem, and the surly attitude of the clerk on duty adds insult to injury. To be

fair, she sees a lot of private-doctor patients and they give her a hard time too.

Leroy Hospital

(V), 40 East 61st Street, between Park and Madison avenues, 838-8200

Specialties: This is the only New York voluntary identified as an "osteopathic hospital." It has a full range of surgical and medical subspecialties (except pediatrics and obstetrics). There is no ICU per se; it has a "special-care unit" used for both general and intensive care.

Patients per day: two.

What it's like: You might mistake this wood-paneled lobby for a midtown hotel. The E.R. is smaller than most second bedrooms.

What to expect: During work hours the E.R. is handled by two registered nurses. They will call a resident from the floors to treat you, send you to the clinic, or refer you to a private physician in the building.

Other options: There are

a number of subspecialty clinics.

Fee: \$35 basic, on a sliding scale.

Comments: The staff doesn't get much practice with hard-core emergencies. But for minor casualties during work hours, it's at least convenient—and there's no waiting time.

Arthur C. Logan Memorial Hospital

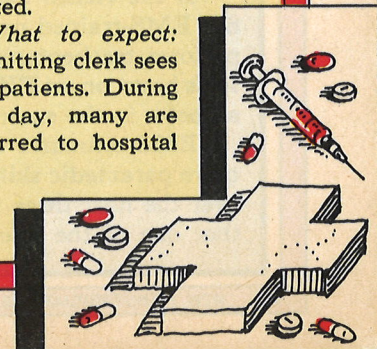
(V, R), 130th Street between Convent and Amsterdam avenues, 690-7222

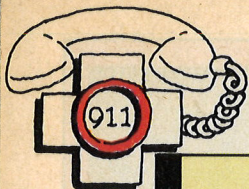
Specialties: Hospital has general intensive-care unit for serious cases. One floor is devoted to drug and alcohol detoxification. Methadone clinic.

Patients per day: 75 to 100.

What it's like: Not visited.

What to expect: Admitting clerk sees all patients. During the day, many are referred to hospital





clinics. Serious cases are sent directly to the operating room since the E.R. has no facilities for such care. Nonurgent cases without insurance are referred to a city hospital.

Other options: This hospital has a number of small specialty clinics.

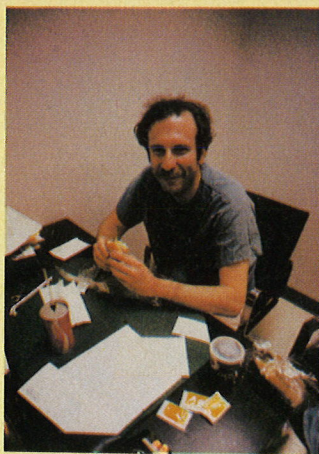
Fee: \$35 basic, on a sliding scale.

Comments: This small voluntary hospital is struggling to stay open but still receives "911" ambulances in its area.

Manhattan Eye, Ear and Throat Hospital

(V), 210 East 64th Street, between Second and Third avenues, TE 8-9200

Specialties: Provides emergency care for ear, eye, nose, and throat problems of children and adults. The hospital specializes in plastic sur-



At Bellevue: Dr. Howard Floch takes a break between duties in a 24-hour workday.

gery; in rare cases, it's done on an emergency basis.

Patients per day: 35 (higher on weekends and after clinic hours).

What to expect: At least one ear-nose-throat resident and one eye resident on duty at all times. Nonemergent cases advised to go to clinic if it's open. Patients seen almost immediately.

Other options: Clinic open 8:30 A.M. to 3:30 P.M., a better choice if your situation is not urgent.

Fee: \$25 (patient is entitled to follow-up visit at \$5).

Comments: A wonderful place for pollution-plagued New Yorkers to know about, but for other kinds of troubles, you might as well go elsewhere.

Metropolitan Hospital

(M, R), 96th Street between York and First avenues, 360-6464

Specialties: Hospital has coronary, medical, surgical (trauma), and neonatal ICU's. Has a MERVAN, a specially equipped mobile unit used for disaster calls and multiple casualties. Special procedure for rape cases allows patients to press charges.

Patients per day: 250.

What it's like: Good physical setup with central desk surrounded by various treat-

ment rooms. Pediatric waiting room and treatment area located in special, separated section of the main E.R. Though it was renovated in the late sixties, the E.R.'s size is far from adequate considering the traffic.

What to expect: If you're in bad shape, this is a good place to be. Long waits for nonemergent cases. All medical and surgical specialties on call.

Other options: Screening clinic available to nonemergent patients before 2 P.M. Patients are then referred to one of 72 specialty clinics. After 2 P.M., all walk-in patients must use E.R.

Fee: \$65 inclusive, on a sliding scale.

Comments: This E.R. claims 40 percent of all patients are *real* emergencies, so they really know how to handle life-and-death situations. They've seen it all. It's a nice place for an emergency, but once you're stabilized, you may not want to stay there.

Midtown Hospital (a division of NYU Medical Center) (V), 309 East 49th Street, between First and Second avenues, 355-6490

Specialties: none.

Patients per day: ten.

What it's like: not visited.

What to expect: Open 24 hours and supervised by the hospital nursing staff, which will call in a resident if the patient's condition is one they cannot treat; suitable transfers will be arranged by private ambulance or the 911 system.

Other options: none.

Fee: \$20 basic.

Comments: This E.R. is conveniently located in midtown but it's only good for minor emergencies.

Mount Sinai Hospital

(V), Madison Avenue at 100th Street, 650-6500

Specialties: Hospital has a host of rare subspecialties not found elsewhere and very expensive and sophisticated equipment accessible to E.R.: CAT scanner (total body X-ray) to determine cause of trauma, and hyperbaric chamber (to treat gangrene, the

CALLING "911": How It Works

New York, like many other cities, has a universal three-digit emergency number: 911. Within seconds—it rarely rings more than three times—a police operator will answer, ready to dispatch a patrol car. If you're calling for medical help, the operator immediately connects you to the city's Emergency Medical Service (EMS), the division of the Health and Hospitals Corporation responsible for coordinating the 110 ambulances on the 911 system.

At the center, an operator writes your name, location, and troubles on a computer punch card. If the call is an obvious emergency, such as a gunshot wound or heart attack, a dispatcher will send an ambulance posthaste. If the operator has any doubt about the urgency of a particular case or does not feel qualified to answer the caller's questions, a registered nurse comes on the line. You don't have to repeat what you've said, because a conveyor quickly delivers the punch card to the R.N. She asks questions and, if necessary, suggests interim treatment.

If the operator or the nurse decides that no ambulance is needed, she may give the caller a little heart-to-heart reassurance or perhaps instruction to go to the nearest emergency room via taxi or public transportation. Of the 1,700 to 1,800 calls that come in daily—greater volume than any other city in the nation—this "telephone triage" weeds out about 200 unnecessary or prank calls.

Once a call has been determined to be ambulance-worthy, the conveyor takes the punch card into an adjacent room to one of five ambulance dispatchers. (Ambulance response time on 911 calls averages ten minutes.)

If the victim has had a heart attack, the dispatcher can deploy one of the five EMS-trained paramedic units. Paramedics can start an IV, give drugs, even perform tracheotomies. Their \$35,000 vehicles enable them to monitor a person's heart on an EKG machine and simultaneously transmit that information to a doctor in the emergency room slated to receive the patient.

EMS estimates that about 300 calls a day—one out of every five runs—require paramedic skill. To fill that need, they plan to phase in 55 more such units over the next three years. In the meantime heart-attack victims can only hope that one of the five units will happen to be free.

—M.B.

bends). Special E.R. "teams" on call to treat particular problems; some, like the trauma team, deal with typical emergency situations; others handle less common subspecialties such as acute intestinal bleeding and hemophilia. E.R. pharmacy open until midnight. Dental emergencies treated on second floor. Department of Communication Disorders deals with speech, hearing—any trouble that affects communication; it's open 8:30 A.M. to 5 P.M.; after that specialists are on call.

Patients per day: 155.

What it's like: E.R. is large and very well equipped to handle its heavy traffic. Adult E.R. has color TV in waiting room, twelve treatment rooms, and a room for minor surgery. Setup prevents constant monitoring of patients, but holding area is well supervised.

What to expect: A "screening" nurse can schedule patient on E.R. list or refer to appropriate clinic. If you're not an emergency or at least urgent, expect long waits during late afternoon and between 6 and 9 P.M.

Other options: Mt. Sinai has over 150 clinics to which E.R. patients can be referred (or you can go directly on your own).

Fee: \$50 basic; all fees on a sliding scale.

Comments: At this E.R. you're getting some of the best minds and most expensive equipment known to the medical profession. It's even worth the wait.

New York Eye and Ear Infirmary

(V), 310 East 14th Street, between First and Second avenues, 673-3480

Specialties: Emergency and clinic facilities for patients with ear, nose, throat, or eye problems.

Patients per day: sixteen.

What it's like: Not visited.

What to expect: E.R. has 24-hour coverage. Nonemergencies should use clinic.

Other options: ENT clinic open 9 to 11 A.M. and 1 to 3 P.M. Eye clinic open 1 to 3 P.M. Both are open Saturdays 9 to 11 A.M.

Fee: \$22 for E.R.; \$15 for clinic.

New York Hospital

(V), 70th Street between York Avenue and the East River, 472-5454

Specialties: Hospital has a gold mine of medical resources, including every specialty you'd need and intensive-care units for coronary, burns, medical surgical (trauma), neurological, neonatal, psychiatric troubles. High-risk-infant transport (by special vehicle or helicopter) handles premature babies, babies with heart defects, and other critical conditions. A 24-hour paramedic service is supplied by a private ambulance company; patients must call 794-3200 for service.

Patients per day: 110.

What it's like: Immaculately clean, incredibly well equipped. There are eighteen treatment rooms—one of which is used *only* for proctoscopic examinations.

What to expect: Patients are triaged immediately. All specialists on call 24 hours. Even though this is not a crowded E.R. and they could handle more "real" emergencies, backups sometimes cause long waits for minor conditions.

Other options: Screening clinic open to anyone during the day.

Fee: \$44 basic; other costs added on.

Comments: New York's main problem is that it doesn't get enough work to keep it busy and the staffers don't see much trauma. But it's a great E.R. for most medical problems. Few places rival its capabilities.

New York Infirmary

(V), 321 East 15th Street, east of Stuyvesant Square, 228-8000

Specialties: Hospital has coronary-care unit and medical intensive care.

Patients per day: 30.

What it's like: The E.R. is one of the smallest in the city—literally a "room" with five curtain-separated beds.

What to expect: Attending physicians are on call, but this (Continued on page 52)

M-m-minty. Marvelous.
Our creamy Grasshopper.
Just pour it straight
from the bottle.
We've added the liquor.
All you add is ice.
A delicious idea.



THE HEUBLEIN GRASSHOPPER.

(Continued from page 49) E.R. doesn't see much action.

Other options: Strang Clinic, open 9 A.M. to 4 P.M. weekdays; different schedules for men and women.

Fee: \$30 basic, on a sliding scale.

Comments: This hospital has good obstetrical, gynecological, and pediatric services, but the E.R. isn't geared up to handle serious trauma.

New York University Medical Center

(V), 560 First Avenue, at 33rd Street, 679-3200

Specialties: Hospital has coronary-care unit and also is one of the most active open-heart surgical facilities in the country. Has a medical ICU. Shares a neurosurgery team with Bellevue. Here's the hospital for spinal-cord injuries.

Patients per day: 45.

What it's like: A hospital lobby serves as the E.R.'s waiting area. Inside, there's a triage desk (but no one sat there at the time of this visit) and three treatment rooms.

What to expect: You'll be triaged immediately: Doctor tries to see patients within fifteen minutes.

Other options: none.

Fee: \$43 basic; recurring visits \$29.

Comments: For a hospital of its reputation, this E.R. is surprisingly minimal, but it's a good place to come for heart problems.

Roosevelt Hospital

(V, R), 58th Street off Ninth Avenue, 554-7000

Specialties: Critical-care units in the hospital include coronary, surgical, neonatal, alcohol detoxification, and general ICU.

Patients per day: 130.

What it's like: This E.R. is plagued by run-down quarters and overcrowding.

What to expect: On two visits, one at 6 P.M., the other at 1 P.M., the waiting room was SRO. Traffic inside was equally hectic. Nonemer-

gencies can generally count on a three-to-four-hour wait. No formal triage.

Other options: During the day, patients whose conditions are not serious are referred to the general walk-in clinic or to a specialty clinic.

Fee: \$45 basic, on a sliding scale.

Comments: The atmosphere both outside and inside the hospital smells of decay and hopelessness. And the E.R. truly seems like purgatory's waiting room.

St. Clare's Hospital and Health Center

(V,R), 52nd Street between Ninth and Tenth avenues, 586-1500

Specialties: Hospital has coronary intensive care and medical/surgical ICU (trauma). Ophthalmology service is good. Paramedic unit gives prehospital service; especially good for heart cases.

Patients per day: 85.

What it's like: The main treatment area is small, but it's kept clean and well lit. Actual treatment area consists of a number of small partitioned treatment areas, one of which is kept for pediatric cases.

What to expect: There's no formal triage, but there's not a huge volume of patients either. Waiting time is not bad. You'll be asked for payment before being seen, unless seriously injured.

Other options: Clinic open 8:30 A.M. to 4:30 P.M. weekdays, Thursday till 6:30 P.M.

Fee: \$45, on a sliding scale.

Comments: This hospital handles most general emergencies—except burns, women in labor, and disruptive psychiatric patients. E.R. can do only minor surgical repairs. Good coronary care.

St. Luke's Hospital Center

(V), 113th Street between Amsterdam Avenue and Morningside Drive, 870-6000

Specialties: One of the four teaching institutions connected with Columbia University, the hospital enjoys a fine reputation, especially for open-heart surgery. Several ICU's: coronary, medical,

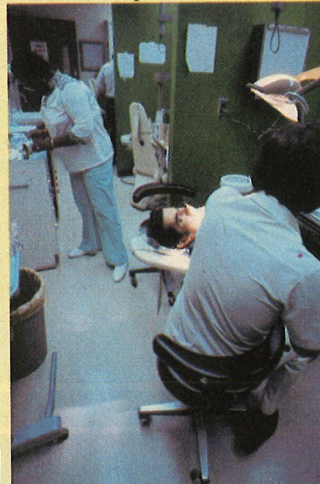
surgical (trauma), neonatal, alcohol detoxification, and drug overdose. Rape intervention team and 24-hour psychiatric coverage in the E.R.

Patients per day: 210.

What it's like: Busiest in the afternoon and evening, when it strains at the seams. It's badly in need of a good face-lift and some modernization.

What to expect: The E.R. is well equipped to handle any situation on a 24-hour basis.

Other options: Medical



At Mt. Sinai: The dental emergency clinic.

clinic, major specialty clinics, and numerous subspecialty clinics take some of the burden off the E.R., as do a number of other community medical programs.

Fee: \$45 basic; only patients in catchment area pay on sliding scale.

Comments: Despite its shoddy exterior, this hospital has excellent credentials, but there are long waits.

St. Vincent's Hospital and Medical Center of New York

(V, R), West 11th Street between Sixth and Seventh avenues, 790-7000

Specialties: Hospital itself has a wealth of facilities, including ICU's for coronary, trauma, spinal-cord injuries, neonatal, psychiatric, and alcohol detoxification.

Patients per day: 140.

What it's like: Overcrowded and antiquated, this E.R. has only four treatment rooms. In busy late afternoons and early evenings its

narrow hallway serves as a "holding area."

What to expect: Triage during the day only. After triage you may wait a long, long time.

Other options: Hospital has one of the largest ambulatory-care clinics in the city, open 9 A.M. to 5 P.M. Triage nurse may send nonemergent patients there. Or you can go directly—Seventh Avenue between 12th and 13th streets. Many subspecialty clinics are available.

Fee: \$45, inclusive, on a sliding scale.

Comments: For a hospital of its reputation and heavy outpatient traffic, this E.R. is a disaster. It takes far too long to actually get through the E.R. to the fine services the hospital has to offer.

Sydenham Hospital

(M, R), 565 Manhattan Avenue, at 124th Street, 678-5151

Specialties: Hospital has medical/surgical ICU for trauma. Social worker on duty in E.R. 9 A.M. to 5 P.M. weekdays.

Patients per day: 100.

What it's like: Building is old and run-down, but patients seem to feel comfortable.

What to expect: Triage done by nursing staff or a clerk. Many of the repeat customers are known by name or face.

Other options: Hospital Neighborhood Family Care Center at 215 West 125th Street (between Seventh and Eighth avenues) relieves the E.R.'s burden. Open 8 A.M. to 5 P.M..

Fee: \$50, inclusive, on a sliding scale.

Comments: Many Harlem residents prefer this atmosphere to the crowded E.R. at Harlem Hospital. Waiting time is less.

Trafalgar Hospital

(V), East 90th Street between Lexington and Third avenues, 876-6600

Specialties: This small community-oriented hospital has one general surgical ICU. Hospital administrator was not available for further information.

