

New Era Photo

Dr. Milton W. Johns working in emergency room of General Hospital.

Four Doctors Staff Emergency Ward

General Hospital in Sixth Month

General Hospital in Sixth Month Of Program; Open 24 Hours Daily

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The operation of the emergency room in a city hospital can be almost an emergency situation itself.

At a time when emergency patient statistics are increasing by leaps and bounds, hospitals across the country are being forced to re-examine the facilities that were once used only by accident victims and for rendering first aid.

Lancaster General Hospital has made such a re-examination and is now six months into a new program that uses a team of four physicians to staff its emergency room on a 24-hour basis.

NO PRIVATE PRACTICE

Everyone familiar with the new program seems to approve: patients, private physicians, hospital staff and the four Lancaster County doctors who gave up private practice for a career in the emergency room.

Thirteen years ago, three of those doctors had their first exposure to emergency service when they were interns at General Hospital.

Dr. Milton W. Johns, Dr. Robert E. Stoner and Dr. Donald D. Dunkle, all Jefferson Medical School graduates, returned to their native Lancaster County to intern at its largest hospital in 1953.

The fourth member of General's new emergency team, Dr. F. Barrie Moberg, interned at General several years later.

Not one of them thought he'd one day become part of a full-time emergency room team.

"This sort of emergency service was not envisioned then," said Dr. Johns, who now heads the E-Room.

MAJOR CHANGE

"This all represents a change in patient behavior and hospital philosophy and the way we use doctors today," he said.

"Now, some authorities say this is because of insurance; some say it's because of the unwillingness of doctors to see people at night.

"Others says it's because of the increasing mobility of the population in general. Personally, I think this is a large part of it," he said.

"Many of the patients we've treated in here have only been here six months to a year

They've had no contact with a doctor here.

"Also, there are those who would rather come by here than disturb their own doctor with a call in the middle of the night, knowing that we keep 'open shop' 24 hours per day and have all facilities at our fingertips."

General's emergency room also treats patients of local doctors who must be away from their practice for a brief period of time.

"Our function in that area hasn't really begun to develop yet," Dr. Johns said. It is expected to increase.

"There are two schools of thought about emergency rooms," the physician continued.

"One is that they should handle only emergency situations.

"The other is that anybody who comes to the emergency room feels he has an emergency, whether he does or not. This is the most logical approach."

MAKE THEM WELCOME

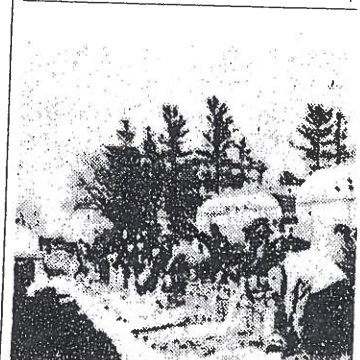
And this is the approach the quartet of doctors at General carry to their patients.

"We try to make them feel welcome," commented Dr. Dunkle. "We were all in private practice before, and this is the basic feeling we're trying to instill in them.

"It's been very well received."

All four agreed emergency patients fall into two categories: the indigent who are accustomed to the service and who accept anything without question, and those who are just finding out

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about it, and who are coming in for the first time.

"A lot of these people off the street think I'm an intern," laughed Dr. Moberg. "And I just let it go that way."

"Many of them aren't aware of the extent of this service, but we're putting the patients through efficiently, and this makes them happier," he added.

General's plan is based on an Emergency Room setup used in an Alexandria, Va., hospital.

Utilization of the Virginia hospital's emergency facilities has increased almost 100 per cent—from 19,000 to 35,000 patients annually—since the new plan started in 1961.

"We are hoping to see this increase here," said Dr. Johns. The Alexandria Hospital is a 275 bed institution; Lancaster General has 475 beds.

NEW FACILITIES

Although present emergency room facilities are inadequate, this situation will be eliminated when General's new North Wing is completed in 1969.

The emergency room will be relocated from the basement of the Lime Street Building to the new wing. Its physical area will be increased 50 per cent, and it will have a new entrance on Frederick Street. As use of the emergency room increases, so should the service's ability to support itself, according to Dr. Johns.

SELF-SUPPORT

"There's no reason why this portion of the hospital cannot pay for itself," he observed. "Not make a profit—but pay for itself."

The minimum fee presently charged patients at General is \$5 for the emergency room,

and \$5 for the doctor. A private physician who asks a patient to meet him at the emergency room for an examination bills that patient separately, although the patient still must pay the \$5 emergency room fee.

(The Alexandria fee is \$7 and \$7.)

"Up to five years ago, the emergency room was written off as a community service, was considered part of the hospital's burden," said Dr. Johns.

WORK IN SHIFTS

The four emergency staff doctors are on duty for five-day shifts, working a schedule of 12 hours on, 12 hours off. Then, they're off for five days.

This averages out to about a 45-hour week, a far cry from the longer weeks worked by these physicians when they were in private practice.

"We have learned to live again," said Dr. Johns, discussing his new free time.

"I've been married 20 years, all through college, medical school and practice, and we've never had any free time that we could call our own," said Dr. Dunkle.

TIME TO SKI

"Why, my wife and I learned to ski this winter. These are things you used to dream about but never did," he said.

"It takes one day to unwind after a five-day shift," observed Dr. Stoner. "We like it very much."

Dr. Dunkle probably expressed the feelings of all four physicians:

"At first, and still, there's an adjustment. We look forward to going home after our five days on, and we look forward after being home to coming back.

"This is a good feeling."