



There When You Need Us

Oroville Hospital Emergency Service Department



Oroville Hospital

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The Oroville Hospital Emergency Service Department's goal is to provide excellent care in the most efficient manner possible.
PHOTO BY PAULA SCHULTZ

We're Here for You

Oroville Hospital staff work to provide the best in emergency care

BY MIKE BLOUNT

Medical emergencies happen all the time, and if they happen in Oroville, patients may end up in Oroville Hospital's Emergency Service Department (ESD). Heart attacks, severe cuts, trouble breathing — the staff at the ESD see an unpredictable range of trauma and illnesses every day and experience many tragedies and triumphs during their daily shifts.

Balancing the needs of patients with the resources available can be a challenge. It's something you may not think about until you're the one sitting in the waiting room.

"Sometimes, we're heavily impacted with urgent cases, so patients with more minor problems end up having to wait," says Dr. Mark Heinrich, Oroville Hospital's medical director of the department of emergency medicine. "But sitting in the waiting room, you have no visibility to what's going on in the back area. They may see someone get brought back sooner and feel frustrated."

Heinrich explains that in the ESD, patients are seen in the order of the severity of their symptoms. The goal of ESD staff is to treat and release all patients as quickly as possible. But if the unit becomes busy, resources are directed to patients with more serious concerns.

"Sometimes, we're heavily impacted with urgent cases, so patients with more minor problems end up having to wait."

Dr. Mark Heinrich, D.O.
Medical director of the department of emergency medicine

The Oroville Hospital ESD has 14 beds, with a physician and several nurse practitioners and physician's assistants working at any given time. On average, they see about 100 patients a day.

Heinrich says making sure everyone gets the best emergency care is the number one priority, but if you have a less serious illness or injury, you may be the one waiting the longest. He estimates people with lower level emergencies, such as cold symptoms, can be seen and released in 20-30 minutes if the ESD is not backed up. If someone needs blood work or an X-ray done, it could take about 2-3 hours. For someone with severe trauma, he or she is likely to be admitted as a patient to the hospital.

There are many other ways to get immediate treatment that could keep you out of the ESD altogether. Oroville Hospital's walk-in clinic can respond to acute, episodic illnesses or minor injuries on an urgent basis. If you don't know the best course of action, Heinrich advises calling your primary care provider before making a trip to the ER.

"If you have a severe emergency, call 911," Heinrich says. "But if you have subtle symptoms or you are unsure, call your primary care provider. They can advise you to the best course of action much faster than we'll be able to (in the ESD)."

The care you need — when you need it

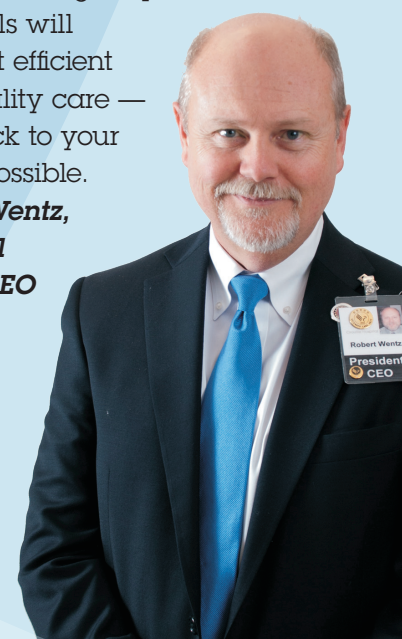
There are many things in life we wait for — a seat at our favorite restaurant, a chance to purchase the latest iPhone. But there are few who would say they enjoy waiting in the emergency room. When you're in pain, the last thing you want to hear is that it could take hours before you can see a doctor and feel better again.

But if people in the waiting room could see the other patients being treated — the woman who was just in a car accident, the baby who was having seizures, the man who had a heart attack — they would understand why they have to wait. Patients need to be prioritized by the severity of their conditions.

After reading this publication, I hope you'll gain a greater understanding of the challenges of treating emergency patients with varying levels of need. You'll also learn about other forms of care that could help you avoid one of those late-night visits to the emergency room: regular preventive care visits to your doctor, proper care for chronic illnesses and walk-in clinics for less immediate concerns.

But if you do have to visit Oroville Hospital's Emergency Service Department (ESD), rest assured that our experienced emergency care professionals will provide the most efficient and highest quality care — and get you back to your life as soon as possible.

— Robert J. Wentz,
Oroville Hospital
President and CEO



Compassionate Care

Triage nurses work to ensure everyone gets treated BY MIKE BLOUNT

When you come to the emergency room, they are the first people you're likely to see — the triage nurse. Triage nurses play an important role behind the scenes to ensure that everyone gets the best care possible. The triage nurses at Oroville Hospital's Emergency Service Department not only prioritize emergencies as they arrive, they make sure everyone is comfortable.

Once a patient is greeted, a triage nurse takes his or her blood pressure and gathers information, including weight and age. The nurse then listens to the patient's complaints and uses his or her expertise to determine the type of care needed.

Michelle Duffy, a day shift triage nurse, explains that patients with more severe symptoms are seen before patients with less serious concerns. For instance, someone who is having difficulty breathing or experiencing chest pain would be treated before someone who is congested or needs a refill on their prescription. Nurses see around 50-60 patients during a typical 12-hour shift, but occasionally, the ESD gets several patients at one time. When that happens, Duffy says patients in the ESD may end up waiting longer than usual to see someone.

Tammy Russell, a triage nurse who works the night shift from 7 p.m. until 7 a.m., says the ESD is busier during these hours.

"All of a sudden, we could get slammed with ambulances," Russell says. "Our job is to decide who is the sickest of the sick and send them back immediately. (Someone) who doesn't need

immediate medical care may end up waiting to see a provider."

"We do everything we can to make sure they are comfortable while they are waiting," Duffy says. "We get them ice packs, blankets and let them know about how long they will be waiting."

While Russell and Duffy work hard to ensure that everyone who comes through the Oroville Hospital ESD gets treated in a timely manner, both have suggestions for patients that may help cut down on their waiting time.

Duffy says many patients are unsure when they should go to the ER. In those cases, she recommends calling your primary care provider. If it is after hours, Oroville Hospital has a walk-in clinic, which patients can go to for non-emergencies. Staff there can help patients with prescription refills, cold symptoms and minor lacerations.

Russell recommends that people get their flu shot, wash their hands regularly and cover their mouth when they cough to decrease their chances of coming down with a flu.

"Of course, if it's a dire emergency go to the ER immediately or call 911," Russell says. "Triage is not first-come, first-serve. But we make sure everyone gets treated, and we do everything we can to keep them comfortable while they are waiting."

PHOTO BY PAULA SCHULTZ

"Triage is not first-come, first-serve. But we make sure everyone gets treated."

Tammy Russell
Oroville Hospital
triage nurse



Michelle Duffy and Tammy Russell are triage nurses in the Emergency Service Department at Oroville Hospital. One of their main jobs is prioritizing patients to ensure they get the best treatment.

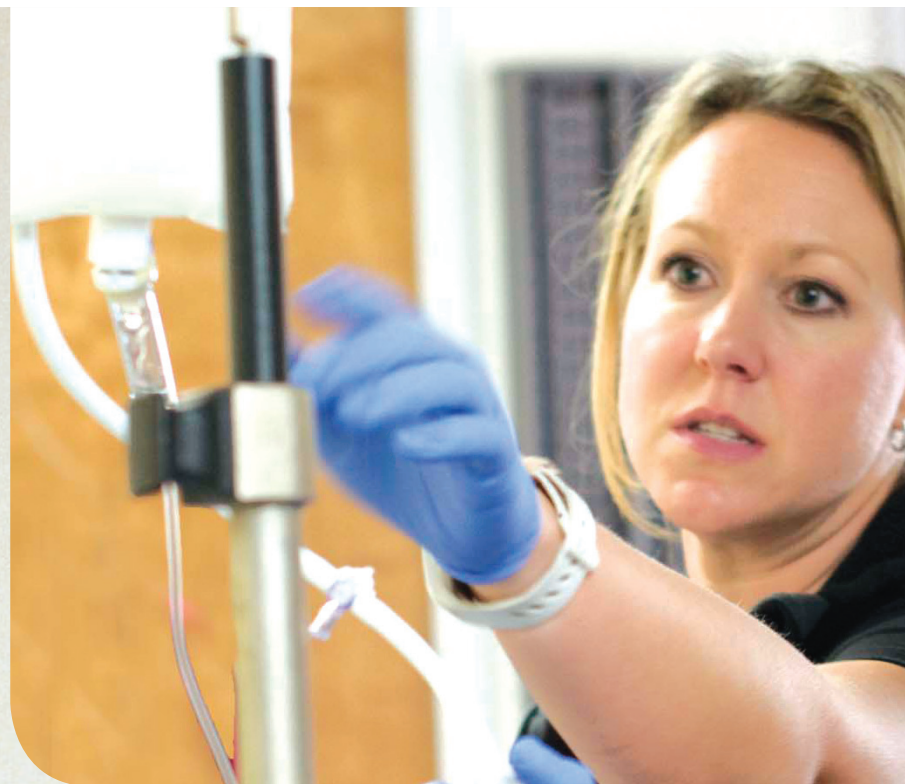
How are patients prioritized?

Severely ill and injured patients are seen first in the Emergency Service Department, as it is important to stabilize and treat these individuals quickly. You may also notice that patients with minor injuries may be taken to the treatment area prior to you or your loved one. There is a specific area in the department to treat and release patients with minor injuries and illnesses. Your visit may require more detailed medical or nursing care, which could necessitate a wait.

Less Urgent More Urgent				
Level 5	Level 4	Level 3	Level 2	Level 1
If you do not need immediate care and do not have an emergency, you are a Level 5 patient. Examples include someone needing a prescription refill or relief from a cold.	People who do not have an immediate emergency but still need care are considered Level 4. Examples include a broken wrist or a simple laceration.	The largest group of people who come to the ER fall into this category. Level 3 patients include people who have abdominal or kidney pain, but need additional tests before they are diagnosed.	Patients experiencing severe illness or injuries are a Level 2 and will be seen by a provider as quickly as possible.	This is the highest rank and is reserved for people with an immediate, life-threatening illness or injury. They will likely arrive in an ambulance and be an immediate priority for ESD staff.

Inside the ER

There's never a slow — or typical — day for emergency room staff **BY SUKHJIT PUREWAL**



After a close encounter with a log splitter, patient Derrick* is lucky his right thumb is still attached. It's bloody, severely bruised and slightly jarring to passers-by as he holds it aloft, awaiting further care.

His injury isn't considered life-threatening, so he's stitched up right where his bed is parked — at the corner of two hallways inside Oroville Hospital's Emergency Service Department (ESD).

Waiting on a bed in a different corner of the emergency unit is an elderly woman who's known by first name to hospital staff. She is checked in after complaints of chest pain and trouble breathing.

Because of her age and symptoms, her case is considered moderately serious, so she is placed fairly quickly in a room for evaluation and treatment.

All 14 of the ESD beds are now full. Luckily, it's a relatively slow Tuesday afternoon, and the waiting room isn't crowded. But all that could change in a moment.

Oroville Hospital's ESD is an unpredictable, frenetic place where doctors and nurses must do their best to treat everyone in a timely fashion. But who gets treated first or second or third is a matter of degrees — who's the sickest and most in need. Adding to the challenge is the sheer volume of patients that pass through the emergency room.

"We are extremely busy every day," says Paul Robie, a physician's assistant assigned to the unit. "If a room isn't open, we put patients anywhere there is room."

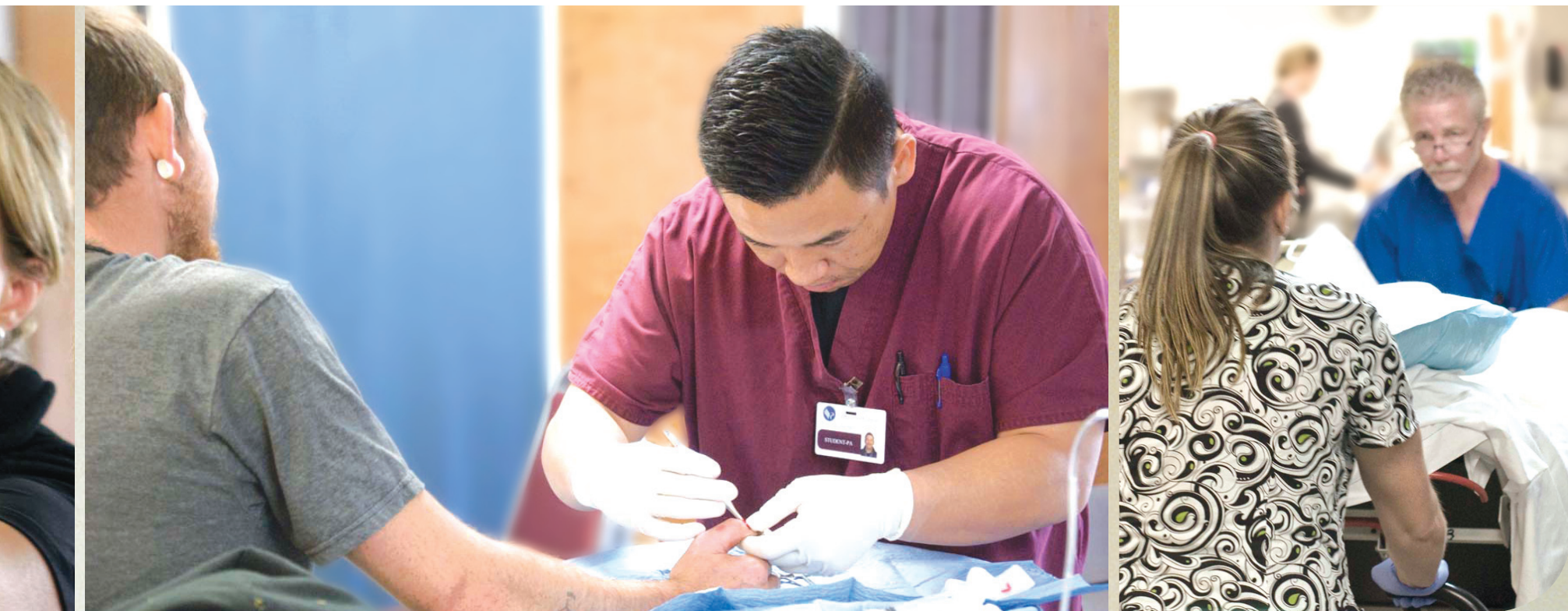
Heavy traffic

It's not unusual for 100 patients to pass through the ER on any given day, Robie says. There have been as many as 25 patients in the unit at the same time. It's no surprise patients end up waiting wherever they can be squeezed in.

While a patient might be admitted and moved to the main hospital upstairs within hours, it's also possible a patient might remain in ESD until a regular bed becomes available in the 133-bed facility, Robie explains.

"We see some really sick patients," he says, citing the hospital's higher-than-average admission rate.





First in, but not always first seen

As a not-for-profit facility, Oroville Hospital never turns away patients, including those who come in to the ESD for something routine like prescription refills. Though non-urgent concerns like these are often better handled at a patient's primary care provider's office, all patients will be helped if they come to the ESD.

They might, however, end up waiting a long time for their medicine as patients with more pressing needs are seen before them.

There is an emergency room truism best summed up by Dr. Sief Naser: "If (patients) are waiting, it's because someone sicker is being seen."

Triage nurse Michelle Duffy's job is to assess and determine which patients should be seen in the ESD, and in which order. She is a patient's first point of contact with the emergency room. She makes sure that patients with life-threatening or serious symptoms get the potentially life-saving care they need as soon as possible, which means others with less serious needs may have to wait a bit longer to see the doctor. Most patients are understanding, she says, which helps make her job easier.

When a tall, elderly man comes in breathing irregularly, sweating, is cold to the touch and speaks only two- to three-word sentences, Duffy grabs a wheelchair and whisks him back right away. After 13 years in the unit, Duffy doesn't miss a beat.

ER 'war stories'

Because the intense pressure of an emergency can emerge at any moment, ESD staff take the opportunity to blow off steam when they can — it helps keep them focused and ready to respond to the next urgent need.

There's a brief lull and the waiting room's empty — for now. A chuckle can be heard emanating from the nurses'

"If [patients] are waiting, it's because someone sicker is being seen."

Dr. Sief Naser
Oroville Hospital

station in the middle of the ESD. Here, nurses, Dr. Naser and other medical staff monitor and discuss cases and await the next emergency.

Charge nurse Shanna Davis is an ER veteran — she's been with the unit for 31 years. She credits her longevity partly to the fact the hospital staff feels like family.

"You can come to work and have fun but still be serious," she says.

The ESD is a high-stress environment, but one gets a sense of the camaraderie among the staff when

walking through the halls of the department. These professionals clearly know how to maintain a sense of calm under pressure, and work together as a team seamlessly.

That's not to say the job is a breeze. All of the staff members have their share

of ER "war stories." Dr. Naser remembers encountering a homemade shank and Davis recalls a small handgun that fell out of a man's shoe.

Everyone has stories of particularly gruesome injuries, including the propeller accidents during boating season.

And then there are the worst-of-the-worst cases. For Robie, it's the ones involving children.

"I don't like to work on Halloween," Robie says, recalling trick-or-treaters who have been struck by cars and ended up in the ESD.

All hands on deck

The afternoon calm explodes when a young victim of an overdose is wheeled in by a crowd of law enforcement officials and paramedics. The young adult was found passed out on the floor by a friend, who then called 911.

Half a dozen hospital personnel rapidly assemble in the room the patient is taken to. They waste no time in finding out the facts of the case and begin treatment.

En route to the hospital, paramedics injected the patient with a medication called Narcan, which quickly

reversed the effects of the drug in the bloodstream. While saving the patient's life, the medication has created side effects of agitation and disorientation.

Dr. Naser asks if the patient was attempting suicide with the overdose.

The patient replies sobbing, "I don't care if I die."

The nurses provide reassurance as the doctor works to stabilize the patient's condition.

Back at the nurses' station, Dr. Naser discusses with staff whether the patient should be referred for a "5150" — a 72-hour involuntary hold to determine whether a person is mentally unstable and might be a threat to him or herself.

And the wait goes on

This dramatic scene unfolds while the man with the thumb injury waits for his antibiotics so he can go home. But those who could help him obviously have their hands full with other pressing matters. He's been patched up and will be sent on his way shortly, and staff will gear up for the next crisis. It's just another day in the Oroville Hospital ESD.

** Patients' names have been changed to protect their privacy.*



Frequently Asked Questions

How long does a visit to the ER take?

That depends. Oroville Hospital's Emergency Service Department (ESD) has a total of 14 beds available and admits patients based on the severity of symptoms. Specially trained triage nurses will determine if you may be expedited and seen before others or you may have to wait longer so staff can care for patients with major illnesses or injuries as they arrive. Depending on the nature of your emergency, you may also need additional tests, lab work or imaging, which take time to process.

Why did you see that patient before me when I was here first?

Unlike most places you receive services from, the ESD is not first come, first served. Nurses prioritize (or triage) patients based on the severity of their illness or injury using a 1 to 5 rating system, with 1 being a patient with critical needs. If you have a minor illness or injury, you may have to wait longer before a doctor, nurse practitioner or physician's assistant becomes available.

Will my insurance pay for this visit?

Make sure to review your insurance coverage so you are familiar with what your plan covers. Not all trips to the emergency room are covered by insurance.

The nurse told me I would be seen in five minutes. Why have I been waiting for an hour?

You may feel like you have been forgotten when you spend awhile in the ESD. But you may not realize there are several things happening behind the scenes that are causing the wait. The ESD can become extremely busy with very sick or injured people all at one time.

Can I get care somewhere else more quickly?

If you do not have an immediate emergency, call your primary care provider. He or she will be able to give you the best course of action. Oroville Hospital also has a walk-in clinic that can respond to acute, episodic illnesses and minor injuries, such as a small laceration or a cough.

Amy Hayse was rushed to Oroville Hospital's emergency room after suffering stroke-like symptoms. The mother of three (pictured with her children and a nephew) says she was diagnosed and treated quickly by ESD staff, which saved her life.

PHOTO BY PAULA SCHULTZ



A Life and Death Situation

Woman says Oroville Hospital ESD saved her life

BY MIKE BLOUNT

For two weeks in 2011, Amy Hayse felt severe pain in her head and neck, followed by intense migraine headaches. Despite being in constant pain, the 37-year-old mother of three young children continued going to her full-time job and taking care of her kids. Hayse remembers it as a throbbing sensation that would spread into both sides of her jaw. She had been going to a chiropractor for adjustments, which provided some relief, but the last few visits did not make her feel any better.

During a visit to her chiropractor for another adjustment in July, she suffered a series of transient ischemic attacks, a series of mini-strokes caused by restricted blood flow to the brain. She couldn't see and had trouble walking.

"I couldn't control my right arm," Hayse says. "I was shivering. The pain was even more intense than before in my head. I became very nauseous."

Hayse was rushed by ambulance to Oroville Hospital's Emergency Service Department. Her doctor immediately ordered a CAT scan and properly diagnosed her, which Hayse says prevented her from having a major stroke and may have even saved her life.

"Many people who have a transient ischemic attack are not properly diagnosed," Hayse says. "Because the symptoms are so similar, they could get diagnosed with an inner ear infection or chronic migraines or an ocular problem. But my doctor knew what was wrong and explained

the severity of it to my husband and I in a way we could understand."

Her doctor arranged a helicopter to transport her to another hospital where she could receive care from a specialist. While she was waiting to be airlifted, Hayse says the ESD staff went out of their way to make sure she was comfortable. They brought her blankets to keep her warm and gave her a breast pump so she could feed her 4-month-old baby.

After seven days at another hospital, Hayse was released to go back home. Though she didn't suffer any permanent damage, she still had a long road of recovery. It took her six months to be able to get back to normal life, including her career as a marriage and family counselor. There are still some things she can't do because they involve quick movements in her neck, like skiing. But Hayse says she is thankful for the care she received at Oroville Hospital.

"I believe I got the best care possible at Oroville Hospital," Hayse says. "Had I not properly been diagnosed or had I just been sent home with something else, it could have been incredibly severe. Now, I'm practically healed."

"I believe I got the best care possible at Oroville Hospital."

Amy Hayse
Oroville Hospital ER patient

Where to Seek Care

BY BRITTANY WESELY

When facing a troublesome medical condition, it is important to consider where you should go for care and why. A visit to the wrong place could mean unnecessary wait times and other frustrations, or could waste time in potentially life-threatening situations. Use this guide to decide whether to seek care from your primary care provider, an urgent care clinic or the emergency room.

Symptoms for ER Visit

- Chest pain
- Loss of consciousness
- Altered mental status or trouble speaking
- Heart palpitations
- Difficulty breathing
- Deep cuts or severe bleeding
- Head or eye trauma
- Sudden loss of vision
- Weakness or paralysis
- High fever or fever with rash
- Serious burns
- Broken bones or dislocated joints

Symptoms for Clinic Visit

When an appointment with your physician is not possible, urgent care clinics are an option for seeking treatment for a medical condition that is not an emergency. If you need unexpected medical care, Oroville Comprehensive Care Walk-in Clinic can provide a prompt, friendly and convenient medical consultation. An appointment is not necessary. Our capable staff of nurse practitioners and physician's assistants can respond to acute, episodic illnesses and minor injuries on an "urgent" basis. Some symptoms that can be treated at a clinic include:

- Vomiting or diarrhea
- Severe colds or flu-like symptoms
- Minor burns or injuries
- Painful urination

Symptoms for Doctor Visit

If your condition can wait for treatment, try making an appointment with your primary care provider. Your medical provider will have a better understanding of your health in order to make a more accurate diagnosis. You may get better quality of care from your PCP than from an emergency room or a clinic. Some reasons to visit your PCP are:

- Medication refills
- Pregnancy test
- Chronic conditions

SOURCE: NATIONAL ASSOCIATION FOR AMBULATORY CARE



You're Covered



A review of Oroville Hospital services and emergency services

Oroville Hospital is a private, nonprofit corporation that has been serving the community's health needs for more than 50 years. The facility has grown and adapted over the decades to maintain the highest level of patient care possible. What was once a small community hospital is now a large operation. Here is some of what Oroville Hospital now offers:

Childbirth services
General surgery
Ambulatory care

Intensive care
Rehabilitation services
Vascular surgery

Emergency care services
Cancer care
Home health services

Need help finding a doctor?

- Most emergencies can't be prevented, but regular visits to a primary care provider may help prevent health conditions from escalating to serious problems.
- The Oroville Hospital medical concierge can help you identify a primary care provider and will provide education on medical resources available for you. To contact the medical concierge, please call **(530) 532-8035**.
- If you're looking for affordable, quality health coverage, Oroville Hospital can help you sign up for insurance through Covered California. To set up an appointment, call the Financial Services Department at **(530) 532-8265**.

Oroville Hospital

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Emergency Services
(530) 532-8342

Oroville Comprehensive
Care Walk-In Clinic
(530) 534-9183

Medical Group
(530) 532-8687

Pediatric Practices
(530) 532-8629
(530) 532-8623

Pain Management
(530) 538-5620

Other Resources:

National Poison
Control Center
(800) 222-1222

Butte County Department of
Behavioral Health Crisis Line
(800) 334-6622

*In case of emergency,
please dial 911.