

## IN AN EMERGENCY

- Ambulance Service
- Emergency Medical Services

Thoughts of a medical emergency can have a significant impact on a person's mind, depending on one's living situation. Certainly, the image of a Walton-esque family in which multiple generations share a large home generates a large measure of personal security, but few such families exist in the U.S. today. So, to where does a person turn in an emergency? The answers lie in varying degrees – beyond immediate family – to friends and neighbors, electronic devices and emergency trauma services.

In many rural areas, the physical distance between homesteads seems to automatically initiate concern for “folks who live down the road a spell.” In such an environment, stories abound of young families who look in on “old Mrs. Jones” or that of a rural mail carrier who gets out of his vehicle to enter the house of “arthritic Mr. Farley” and tie his shoes every morning.

Similar stories exist in close-knit neighborhoods. Geno Hinton, a mail carrier who lives and works in Kalamazoo's Edison neighborhood, acknowledges that he also keeps an eye on the homes of elderly residents for signs of trouble as he walks his route. Tammy Barnard, Executive Director of the Edison Neighborhood Association, praises the positive impact of numerous neighborhood activities, including block parties. “These are opportunities for residents to come together, talk and share food, problems and solutions,” she says. Also, Neighborhood Watch participants work together to eliminate adverse situations that range from sidewalk cracks to crack houses. Through

# EMERGENCY: WHAT TO DO?

these programs, people take a closer interest in each other. “We had a wheelchair bound resident who wanted to participate, so people built an accessibility ramp and rehabbed her house,” Barnard relates. “This is inspiring to me.”

People who live with the ongoing threat of a medical emergency may seek a technological solution through companies such as Emergency Ambulance Response Systems (EARS). Brian Pitts, the company's marketing director, describes EARS' service as “a medical alarm that activates local pre-hospital emergency medical systems.”

The alarm consists of a thin, lightweight, durable, battery-operated, waterproof signaling device worn around the neck or attached, like a watch, to the wrist. By pushing a button on the device, the client can request assistance from a local dispatcher. A two-way connection through a telephone line allows the dispatcher to assess the severity of the situation. If minor, the dispatcher will call a neighbor or a relative with a key; major emergencies could involve police, a fire department, and/or an ambulance with emergency medical personnel.

“The level of response is determined by local medical control protocols, not per our judgment,” Pitts states, noting that EARS has clients in 18 counties, including all of Southwest Michigan. A client profile and emergency contact information comes from interviews with the client and family.

When an emergency requires hospital treatment, quick medical treatment becomes a necessity. To facilitate prompt patient attention, Borgess Medical Center recently instituted its “No Wait ER” program, which means that emergency care begins as soon as a patient comes through the emergency room

(ER) door. This program is an improvement on the “30 Minute Guarantee” for emergency care that the hospital implemented in October 2006.

Shahin Motakef, Executive Vice President, Borgess Hospitals & Extended Care Division, says No Wait ER “will help us improve patient satisfaction and overall outcomes” for the 50,000 people who receive emergency treatment at the Borgess ER facility on Gull Road in Kalamazoo and the 13,000 emergency patients who visit Borgess-Pipp in Plainwell annually.

To accomplish this feat, Borgess transformed ER patient care from a linear process to what the hospital terms “a simultaneous process.” This means that, rather than going through a form-filled check-in station first, patients experience registration while wearing a medical gown within a treatment room while also receiving an IV from a nurse, initial tests from a technician, and questions about medical history and symptoms by a doctor. The hospital also added a second triage bay and enhanced the overall efficiency of triage.”

The result, according to Dr. Steve Kujacznski, D.O., a board certified Emergency Physician and Medical Director, Emergency & Trauma Center, is that “we put the physician next to the patient quicker.”

Dr. Kujacznski praises high-level hospital administrators for implementing this transformation on a hospital-wide basis. “It required the involvement of nearly everyone within Borgess Medical Center because of cooperation needed during high volume periods. For example, if we reach a certain volume of X-rays coming out of ER, professionals from other parts of the hospital are rerouted to the lab,” he says. “This guarantee isn't about market-

ing or being civil or courteous; it's about how we can better serve our commitment to the safety of our community. With support from every staff member, we're easing the concerns of our patients by allowing them to receive care and return to their lives sooner."

In Southwest Michigan, safety and security from a variety of sources – neighbors, trained technical personnel and medical facilities – all contribute to a higher quality of life.

**SOURCES:**

Edison Neighborhood Association; www.edisonneighborhood.com; Edison@chartermi.net

Emergency Ambulance Response Systems (EARS), (269) 353-0559;

Borgess Medical Center, www.borgess.com



**MY WELLNESS PROVIDER CONTACT INFORMATION**

Provider Organization:	Phone No.
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