

easing THE PAIN

Palm Beach Gardens Medical Center ER staff has one goal:
end suffering

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Dr. Scott McFarland, head of the ER, tends to Arieon Nixon, top, at Palm Beach Gardens Medical Center.

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IT'S ONE OF THOSE DAYS. NO WAY TO explain why, no control over it, just one of those days. Superstition makes RN Stephanie Moore loathe to call it what it is, to utter the four-letter word never spoken in the emergency room at Palm Beach Gardens Medical Center: S-LO W.

"There's what you would like to call a routine, but it all depends on what's waiting for you," she says. "Today is" — she hesitates — "a nice day."

So far, at least. A broken hip, a shoulder injury, a bellyache, a collapse, a chest pain, a nausea-vomiting-anddiarrhea complaint. But it's not yet noon and, by 3 p.m., she predicts, every one of the 24 examining rooms ringing the ER will be filled. It never fails. On any given day, what walks through the automated glass doors, or arrives by ambulance, can test the extent of their skills or be as mundane as a cut finger. They've seen it all.

An emergency room is a place of crisis, of drama, and not just the overthe top sort portrayed on TV. If you visit an ER, the crisis is yours, and the drama is real. You want attention, action, reassurance,



relief. You want help and you want it NOW. Stitch it or staunch it or excise it or enclose it in a cast, or prescribe a treatment, and, yes, please, as soon as possible, stop the pain, ease the fear.

"If people come here with a pulse, we save them," says Dr. Scott McFarland, who heads the ER. "There's nothing that comes in here that we can't stabilize or fix or make better."

He has stories to support that boast. The 11-year-old drowning victim who'd been sucked to the bottom of a Jacuzzi — he still had the drain imprint on his skin — but was brought back to life here, and later appeared on "Good Morning, America" as something of a miracle child.



Dr. Scott McFarland works at a computer that he jokingly calls "Central Command" or "The Nerve Center."
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And the infant, not yet 6 months old, brought in by a rescue team one night: fever of 103, jaws clamped shut in full seizure, frothing at the mouth and nose. A spinal tap revealed fluid, normally clear, that, as Dr. McFarland says, was so bacteria ridden it looked like skim milk. "This kid was FTD," he says. "Fixing to die. But we got a breathing tube in, IV lines for antibiotics and steroids, gave him rectal Tylenol." The little boy had been treated,

at another hospital, for an ear infection, but the antibiotic hadn't done its job and the infection had migrated to the child's brain. This time, the baby recovered. "I do believe miracles happen," the doctor says. He bows his head. There are tears in his eyes.

This is not the face he shows to patients. Out there, the ER is his stage and he is the leading man. He even looks the part: screen-star handsome, with blue eyes, graying blonde hair, ruddy complexion, easy smile. He radiates calm and charm in equal measure.

Here he is, at 9:57 a.m., in Exam Room 5, with the morning's newest emergency. "Good morning, my dear," he says to the elderly woman lying on a five-inch mattress atop the stainless steel examining table, an oxygen tube clipped to her nose, her mottled legs protruding



Equipment stands at the ready to diagnose ailments from the mundane to the serious.

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from the white sheet that drapes her mid-section. "How are you feeling? Are you in much pain as you lie there?"

"A little bit," she says softly. A multicolor flowered robe peeks out from beneath the sheet.



The EMTs, Ashley Terrana and Neil Myers, who brought her here from an extended-care facility, have diagnosed a broken right hip. The woman's right leg, the doctor notes, is noticeably shorter than the left, indicating that the leg has, indeed, broken and rotated. She was headed for a table with her breakfast, she says, when she tripped over a cord on the floor. The cord was the same color as the floor, she says. They should make those cords a different color, she says. "Or maybe use Bob's Barricades," the doctor suggests, trying

to coax a reaction. She stares at him, expressionless. "Or those orange cones," he tries. No smile. "Or maybe not," he says, giving up.

She will have hip X-rays. Her pain will increase when the X-ray technicians have to adjust her leg to get complete pictures. "We have more pain medicine here than you have pain," Dr. McFarlane says, flashing a smile before leaving her to the care of her nurses.



The 11-year-old boy in Room 11 proves to be a better audience. He and his mom went to a 24-hour Wal-Mart around 9:30 the night before, he explains. His mom stayed in the car while he went in to buy dog food. "I was running, and I tripped over my feet," says Arieon Nixon, from his prone position on the examining table. "When I fell, I hurt my shoulder." Dr. McFarland presses gently on the spot Arieon indicates. The boy winces. "You have a broken collarbone," the doctor says. "Usually, you'll keep it in a sling for about three weeks. What

sports do you play?"

"I play basketball."

"Well, you're gonna be a one-armed basketball player for a while."



Tessie Nixon, Arieon's mom, sits at the foot of the examining table, looking scared. "About 11 o'clock, he said, 'Oh, mom, I can't move my arm.' But we had a parent-teacher conference this morning, and we didn't think it was that bad," she explains. "But then, we came here."

Broken bones are nothing new for Arieon. He has, his mom recounts, already broken an arm, a leg, a pinky toe. And now, this.

"So, if I were to squeeze real hard," Dr. McFarland says, smiling down at Arieon, "would that ruin our relationship?"

Arieon returns the grin. "Yeah," he says.

And Tessie Nixon smiles now, too, for the first time since they got here.

The doctor is not only in, he is also ON. His bedside manner is, in large part, theater, but there is nothing of the absurd about it. He seeks to reassure. It's all about "getting them through the fear, through the pain, through the anxiety," he says. "Everybody who comes in with a bellyache thinks they have cancer. Everybody who comes in with chest pain thinks they're having a heart attack. They never think indigestion."



In January, Palm Beach Gardens Medical Center treated about 2,500 patients in its emergency room. Many of them were brought in by emergency crews.

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So, yes, his cock-of-the-walk persona is something of an act. If he is joking, if he is laughing, how serious can this be? "It's a little bit of a stage show, probably a lot of ham," he acknowledges, between patients. "A little bit of game-show host. We want to impart that, whatever they're suffering, we can handle it. They won't be in pain too long."

THE BEST GETS BETTER

By the numbers, ER style: In January, the ER at Palm Beach Gardens Medical Center saw about 2,500 patients, average for the snowbird months. The summer season averages 400 to 500 fewer patients per

month. Every patient — 100 percent of them — is examined by a doctor, not a physician’s assistant, not a nurse practitioner. Between 35 and 40 percent of those who visit will be admitted for further treatment. A little more than 20 percent of patients use the ER as their primary-care option, often because they lack health insurance.

None of those who choose this ER will have been directed to it by a billboard.

No “Why wait longER?” or “More than just fastER” drew them here.

“Do you want quality or is this some stupid numbers game?” Dr. McFarland asks. “I think it makes all of us look cheap and greedy. We choose not to participate.”



A cooler holds bags of plasma and medications at Palm Beach Gardens Medical Center.

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But make no mistake: The competition for emergency-room patients is real, especially since walk-in, urgentcare clinics began siphoning patients away. And since well-publicized studies began noting the uptick in ER wait times. A 2009 Archives of Internal Medicine study reported that in 1997 patients waited a median of 22 minutes after arrival. By 2006, that time had increased to 33 minutes. Wait times here vary by month. From door-to-bed averages between 11 and 13 minutes, another nine minutes before a doctor sees the patient. The wait-time for a doctor reflects the climbing number of patients in the winter months: doorto doctor is 20 minutes in October, 26 minutes in November, 29 minutes in December.

When the 24-chair waiting room is jammed, the Who-Goes-First is up to the triage nurse. The procedure goes like this: A patient registers, describes his or her chief complaint, tells the nurse about any allergies. Based on those facts, she assesses the situation. Priority goes to cardiac-airway-breathing cases. And, yes, the triage nurse is the one who gets the dirty looks from the guy who’s still waiting 40 minutes later and sees someone else whisked right in.

“There is absolutely nothing that comes in here, from a snake bite to a breech birth, that we cannot treat,” Dr. McFarland says. He makes

clear, though, that not every area emergency WILL come in here. The most serious of traumas — a gunshot, say, or a rollover on I-95 — will go to St. Mary's trauma center in West Palm Beach. A critical burn victim will be TraumaHawked to Miami's UM/JM Burn Center at Jackson Memorial Hospital's Ryder Trauma Center. A serious psychiatric emergency usually goes to Columbia or St. Mary's.

But, he says, have a heart attack north of Okeechobee Road and this is your destination. HealthGrades, an independent healthcare ratings company, ranked the hospital as one of the country's 50 best — and in the top five percent of hospitals nationwide for cardiac services.

That best got better last summer, with the completion of a \$13.6 million renovation that tripled the size of the Emergency Department, giving it 24 private examining rooms and state-of-the-art MEDHOST electronic medical records and monitoring equipment.

"Here, look at this," says Dr. McFarland, gesturing toward a computer in the middle of the ER, the area he jokingly calls "Central Command" or "The Nerve Center." On the screen is an X-ray of Areoin's upper chest. With a mouse-click, the doctor views a close-up, another click brings the faint image closer still. "It's not like a really clear image," he says, leaning in, nearly nose-to-screen. "We may have to do a shoulder" [X-ray], he tells a nurse. "The tenderness is just so severe, he may have a separated shoulder." But one more click summons another image, an X-ray of the boy's ribcage, and there it is: a discernible fracture line across the collarbone. Diagnosis confirmed.

Overhead, a series of flat-screen monitors wink and blink for attention. "It looks like PacMan," a nurse says. "Everybody thinks we're playing games."

But, no. What looks like a Monopoly board is a schematic of the Emergency Department: a rectangle outlined by exam rooms numbered 1 through 24. Across each occupied room, the patient's last name appears in uppercase letters. The treating doctor's name goes up here, too. Symbols — a heart, a vial, pills, a bone — indicate action awaited or taken. An EKG, a blood test, medication, an X-ray. If a heart is red, the EKG has been ordered; gray means it's completed. Patient status at a glance. Steps saved. Time saved. And, sometimes, lives saved.

In Exam Room 14, a young Latino man is the picture of misery. Nurses have attached a half-dozen bright blue monitors to his chest and belly. Sitting upright on the examining table, he describes the symptoms

that drove him here. "I ate a meatball sandwich," he says, glancing from one face to another, "and I have this pain, and it went around to my back." The same thing, he says, happened a month ago, after he ate a pork sandwich.

Dr. McFarland doesn't hesitate. "I can tell you, right away, this guy has a gallbladder problem. Probably a thirdyear med student could diagnose it." Gallbladder problems, the doctor says, generally mean, "Nothing fatty, fried or greasy. It means you can't eat anything that tastes good. Cardboard and water, that's it."

He does not say this in earshot of the patient.

A 'PERFECT NICHE'

Playing doctor was never his first priority. As a boy growing up in Alabama, Scott McFarlane wanted to be a golf pro. His parents had other ideas.

"My mother actually wanted to put it on my birth certificate: 'Doctor Scott,'" he says, and laughs, "but I fought it for 18 years." He fought it even after his coalminer father told him, "I know many golf pros who are out of work; I don't know many doctors who are." He fought it until his senior year of high school, when a research project on aneurisms brought him into contact with a doctor who redirected his life.

The doctor, surgeon Garber Galbraith, took the impressionable young McFarlane into the operating theater, where he saw, as he recalls, "a living, pulsating brain." Another day, he watched, awed, as the surgeon entered an operating room where a burst aneurism was spewing blood everywhere — until the surgeon's well-placed fingertip stanchied the hemorrhage. "This guy was God already," says Dr. McFarlane, who attended Notre Dame, then returned to Alabama for med school. During his medical residency at the University of Miami, he met a nurse practitioner, a former Miss Coral Shores, named Debi, now his stay-at-home wife. "She's still hot," he says. Big smile.

He tried his skilled hand at neurosurgery ("But I wanted to FIX things,") and plastic surgery ("I felt like a highpaid cosmetologist") before realizing that his calling was emergency medicine.

"It was the immediacy, the gratification," he says of the ER he joined nine years ago, when, he says, there were cows grazing across the street where the Gardens East complex now stands. "This is my

perfect niche.”

And he has the perfect story to illustrate it: The 95-year-old man who came in, terribly upset because his hearing aide had stopped working. Dr. McFarlane looked into the old man’s ears. Jammed with wax. He removed it. How’s that? he asked. The old man’s face brightened. “I can HEAR! God bless you!” he said. And kissed the doctor’s cheek.

He loves what he does. Loves the place where he works. Has the confidence to express it in outrageous fashion. “These girls are just so darn cute,” he says, surveying the room where a half-dozen nurses, all blonde but one, are tending to patients or watching monitors or writing reports. “It’s like a Stepford ER.”

A ‘POSITIVE ENVIRONMENT’

Stephanie Moore is one of the blondes. For a dozen years, she was a barmaid. Sure, she’d thought about going back to school. And, sure, she’d thought about changing careers. Doesn’t everyone? But, no, she hadn’t acted on those thoughts. So raise a glass to the bar fight she broke up and the separated shoulder it caused. Which led her to a hospital. Which led her into conversation with some nurses. Which led her to study nursing at Palm Beach State College. Which, three years ago, led her here.

The skills share similarities Ms. Moore is expert at reading people. At small talk. At putting people at their ease. “It’s a little bit more of a positive environment than gettin’ people drunk every day,” she quips, then turns away, calls in to Room 14, to the Latino guy with the problem gallbladder: “Did they get a urine sample from you?” A blank look. “A urine sample.” Still a blank look. “Did they get your pee?” Oh. No. She hands him a plastic urinal.

Even on a relatively S-L-O-W day like this, there’s always something else to check on, something else to do, someone else to help. If there’s a frustration, it’s this: You can only be in one place at a time. There’s no Harry Potter school here, she says, no magic wand.

Her colleague, RN Maria Tears, cites another frustration: “filling out forms, keeping the government happy by filling out forms.” Forms take time, time she’d rather spend, face-to-face, with patients. Each nurse — there are 37, total, and nine doctors — works a 12-hour shift. Each is assigned four rooms.

The hour between 9 a.m. and 10 a.m. is one of the ER’s peak times;

noontime is the single busiest period. The action generally starts decompressing around 10 p.m. If there's one day that draws the most patients, it's Monday. People tend to wait out the weekend, address their suffering afterward. Same goes for holidays: the day-after traffic routinely picks up in pace.

The pace keeps the ER staff going.

Ms. Tears once took a paralegal course, "and it was totally boring." She switched to nursing, "and I haven't been bored since." Sometimes, she acknowledges with reluctance, the work can feel overwhelming. "Twice a year, I need to step away to feel fresh again. I have two young children at home, and I feel that someone constantly needs me. You cannot take care of people like this and not get drained." Her remedy: two weeks off, going nowhere, just vegging out.

And, she says, there's less burnout here than on cardiac duty, which she did before transferring to the ER. Cardiac patients can stay for months and, sometimes, die. The ER pace took some getting used to, but the outcomes have tended to be happier, even when she hears the complaints about the big toe that hurts all the time, or the meals that got screwed up during a previous admission. She tries to keep her focus where it belongs, she says: You can only spend "X" amount of time with each patient, so make it the best time possible.

And that, says Dr. McFarlane, is essentially the theme here: "Making patients feel better is what makes us feel good."

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