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# DAILY NEWS

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## THE LONELY HEART

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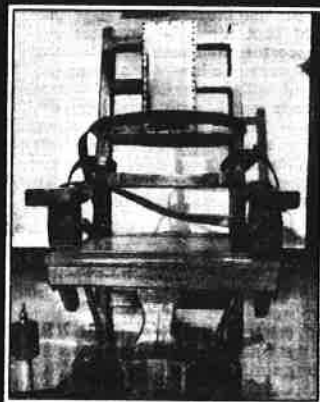
## EMS CRISIS

# NO ROOM

## HOSPITALS TURN AWAY EMERGENCIES

A DAILY NEWS READER POLL

## THE DEATH PENALTY: IT'S YOUR CALL



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**HEROIC NEIGHBORS:** Freddy Wyatt (L.) holds life-saving cable wire as Robert Powell explains how he helped pull woman to safety through his 17th-floor window. **ANTHONY CASALE**

# High-rise drama

## Amazing catch saves her

By **ROSE MARIE ARCE**  
Daily News Staff Writer

A woman raped at gunpoint and forced naked off the roof of a 21-story building survived yesterday after she managed to grab onto some cable-TV wires. Tenants then dragged her in through a window, police said.

The 29-year-old victim was allegedly dragged kicking and screaming about 5 a.m. to the roof of the Drew Hamilton projects at 2698 Eighth Ave. by two men with guns. They then stripped her and raped her at gunpoint, said Housing Authority Police Lt. Cornelius Clark.

"I heard her screaming for help on the roof," said Evelyn Washington, a resident of the building. "They told her to jump or they'd shoot her."

### Caught cable wire

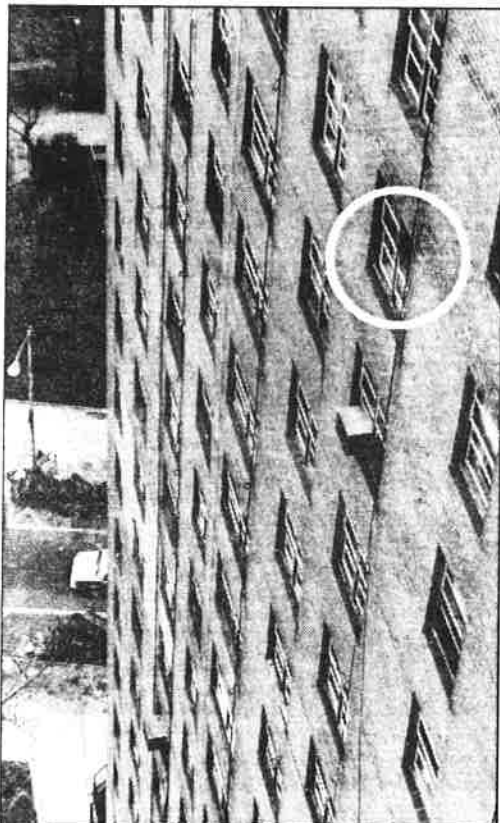
Officer Charles Devine, who was at the scene, said the woman "caught some cable wire at about the 18th floor and was dangling. She was holding on for dear life and yelling, 'Help me. Help me. I can't hold on! I can't hold on!'"

On the 17th floor, Robert Powell was awakened by a scream and a thud on his bedroom window.

"I couldn't believe what I saw," he said. "A woman's naked legs were dangling out my window."

Powell quickly opened the window and grabbed the woman's feet.

Meanwhile, on the 18th floor, Freddy Wyatt woke up, saw the woman swinging



**WINDOW OF LIFE:** Woman who was raped at gunpoint and forced off roof of 21-story building caught cable wire near the 18th floor before she was pulled through 17th-floor window (circled) with the help of residents on two floors of 2698 Eighth Ave. **ANTHONY CASALE DAILY NEWS**

from the thick bundle of cable wire, and grabbed her hands.

By the time Devine reached the 18th floor, Wyatt had lost his grip. "I thought I lost her," Wyatt said. "I just couldn't hold on anymore."

"Jesus. She's gone," Devine replied.

Then Powell screamed from downstairs: "Oh, God. I got her. I got her." She had

managed to slide in through his window.

The woman, who was wearing just a string of rosary beads and some shreds of clothing, told them: "He wasn't going to let me go. He wouldn't do that."

"It really blew me away," Devine said.

The woman was given a rape test, treated at Harlem Hospital and released.

# Hospitals making 911 skip

## EMS is forced to hunt for emergency rooms

By **HEIDI EVANS**

Daily News Staff Writer

More than 20% of the emergency rooms in New York City were closed to the critically ill patients who were being rushed to them by 911 ambulances at any given time during January and February, the Daily News has learned.

Responding to the pleas of hospital administrators frantically trying to cope with severe overcrowding, the Emergency Medical Service was forced to send patients to more distant emergency rooms at a record — and growing — pace, according to EMS officials.

In February, the city's 53 hospitals called EMS more than 6,000 times asking that patients be taken elsewhere because their emergency rooms were packed. EMS granted the request 3,008 times.

### Suddenly missing

"It's as if 11 hospitals a day are suddenly missing from New York City," said Dr. Lawrence Mottley, medical director of EMS. And he noted that the figure is even higher at night: "It's scary to see those numbers."

The "diversion" of ambulances for eight or 16 hours at a stretch is a phenomenon that has risen sharply in the last six months. It is the latest dramatic sign of a health care system on the verge of collapse.

Along with the crush of patients, it has resulted in declining care, threatens ambulance response time and has led to tensions between EMS crews and emergency room personnel.

### Hours waiting

The situation is so chaotic that paramedics sometimes wait hours in the emergency room, their units idling in the street, because the hospital has no place to put patients if they get off the ambulance stretcher.

"I feel (that) at some stage of the game, somebody is going to die out there because we had to bypass a hospital or they had to send another EMS unit farther because we are stuck in an emergency room waiting for the hospital to sign our patient in," said

Miriam Arnold, an EMS paramedic for six years.

Statistics show that obstetrics units are so full in the Bronx, for example, it is no longer uncommon for a woman who has had all her prenatal care in a hospital there to be driven to another borough to have her baby.

### Extra 20 minutes

Or a person in agony with broken limbs could be driven an extra 20 minutes over Manhattan's choked and bumpy, potholed streets before the ambulance pulls into an emergency room that is still open to 911 patients.

For almost two years now, New York's public and private hospitals have had too few beds to treat the tidal wave of patients seeking care. State health officials, who slashed the number of beds to 35,000 from 43,000

See **CRISIS** Page 22



## Did you forget?

It was no April fool's joke. If you haven't done it yet, you should turn your clocks ahead one hour; daylight saving time began today at 2 a.m.

We'll turn the clocks back on the last Sunday in October, when once again the time will "fall back" to the standard setting.

# Diversions alarm medics

By **MIKE SANTANGELO**  
and **HEIDI EVANS**

Daily News Staff Writers

Paramedics say the city's overcrowded emergency rooms and diversion of ambulances farther distances have created dangerous conditions for their patients.

Tom Cuomo, a six-year veteran, believes they could be deadly.

On Feb. 28, Cuomo brought a critically ill woman to Jacobi Hospital in the Bronx.

"You could see she was going out of the picture. We had no choice but to bring her to

Jacobi, the nearest hospital, even though it was on diversion," he said.

But as he entered the emergency room the triage nurse, who determines treatment priority, blocked his path.

"She was actually standing there and the doctor had to pull her away," said Cuomo.

Paramedics have other fears about the diversion system.

Senior Queens dispatcher Peggy Fitzgerald calls diversion "an atrocity."

"I'll walk in in the morning and see who's on diversion. If

it's Elmhurst Hospital I know I have to send ambulances to Queens General, a half hour drive across the borough. This severely depletes the ambulance supply," she said.

## In short supply

Other staff members complain that New York's severe overcrowding forces them to wait in emergency rooms until patients can use hospital stretchers and equipment that is in short supply.

But it is not just frustrating. While the medics wait, their ambulances are off the road and cannot pick up other pa-

tients.

Miriam Arnold, who works in Brooklyn, said that about 7 p.m. on March 24 she took a patient into Kings County Hospital and waited about an hour for a stretcher.

Arnold said she is stuck waiting at an emergency room at least two or three times a week.

## Use own oxygen tanks

Often, she said, she and her partner must use their own portable oxygen tanks because all hospital oxygen gear is in use.

"Two weeks ago, we waited

2½ hours with an emphysema patient at Kings County. Afterwards we had to go back to our base and get new oxygen because we had to use our own," she said.

One medic has found at least a partial solution to the problem of waiting.

"I bring a book and my reading glasses and that really annoys them," said medic John Schaefer.

"When they see that, they finally pay attention and find my patient a stretcher so I can leave and get to my next call."



**DIVERTING:** Merl Trilling, at EMS headquarters in Maspeth, takes five calls at once from hospitals pleading to divert ambulances from them. "They get hysterical and we try to do the best we can. There are times the hospitals call all night long," she said. A sixth phone line is being added.

KEN KOROTJUN DAILY NEWS

## NO ROOM

The hospitals shown are the busiest in the city, as indicated by the number of times they were allowed to refuse emergency admissions in February.

HOSPITAL	Sum Total
<b>BRONX</b>	
Lincoln	101
Montefiore	122
N. Central Bronx	164
Bronx Lebanon-Conc.	162
Bronx Municipal	161
Our Lady of Mercy	150
<b>BROOKLYN</b>	
Kings County	161
Brookdale	140
Woodhull	101
<b>QUEENS</b>	
Elmhurst	239
Queens Hosp. Ctr.	88
Booth Memorial	46
<b>MANHATTAN</b>	
Bellevue	161
Columbia Pres.	126
St. Vincent's	96
St. Luke's	58
<b>STATEN ISLAND</b>	
St. Vincents	7
Staten Island Hosp.	3

SOURCE: Emergency Medical Service

## CRISIS

FROM PAGE 3

starting in 1975, were not prepared for the exploding number of elderly patients or people with AIDS, drug-related diseases or psychiatric problems.

Now, they say, there is not enough money to reopen the beds or find the nurses to staff them. As a result, patients have been stacking up as many as 40 at a time in the emergency rooms, as harried doctors and nurses scramble to care for them.

This latest fallout of the crisis is now affecting patients' medical care even before they enter the emergency room. Since paramedics are routinely driving farther to bypass the busiest hospitals, they are responsible for patients for longer periods — often having to make critical medical decisions that are better left to doctors.

And once they pull up to the hospital, the emergency room staff, already swamped with patients, are less than thrilled to see them.

"Why are you dumping on us?" they say. "Can't you bring him someplace else?" EMS Lt. Jonathan Pistilli recounts. "If I think they are hiding their stretchers, I make a little stink by bringing all my equipment in the middle of the emergency room to treat the patient."

On Feb. 27, EMS took the unusual step of filing a criminal complaint against Montefiore Hospital, after a critically ill Bronx woman allegedly was refused treatment there and died. "We're filled up right now. Where the hell are we going to put her?" the woman's son claimed the nurse had shouted.

"The paramedics are in an untenable situation and so are we," said Dr. Lewis Goldfrank, head of emergency medicine at Bellevue Hospital. "The entire system is under stress."

Dr. Lewis Soloff, medical director of emergency services at Maimonides Hospital in Brooklyn, said that if hospital staff grumble at the sight of a new patient when they already have 40 waiting for a bed, it's not because

they see the paramedic or patient as the enemy — as EMS workers feel.

"We are really saying 'HELP!' There isn't enough room," Soloff said. "But everyone gets treated."

Under the EMS diversion system, a hospital can temporarily refuse patients arriving by ambulance if it already has more than 15 patients in the emergency room awaiting admission and is short of staff, stretchers or medical equipment.

This "total diversion," as it is called, is granted only after EMS does an independent inspection of the emergency room — and as long as other hospitals in the general area are not equally jammed and asking EMS to bypass them, too.

Hospitals can also ask to be put on diversion for critically ill adult, obstetric, pediatric and psychiatric patients if those departments are too crowded and accepting one more patient would endanger either the life of that patient or a patient already there.

Diversion notices are relayed throughout the shift to ambulance crews, who must

decide where to take the sick in a prescribed geographic area.

If a patient is in extreme danger, like cardiac arrest, EMS goes directly to the nearest hospital, whether the emergency room is on diversion or not.

Hospital administrators say they are so desperate for relief that some set their watch alarms to go off at 8 a.m., 4 p.m. and midnight — the beginning of each ambulance shift — to make sure they get their diversion request in before a nearby hospital does.

Ironically, the diversion system — set up to help hospitals share the burden of overcrowding and insure that emergency patients get timely treatment — is being used so often by the 53 hospitals that take 911 patients that it's almost useless.

Mottley said that if many more requests come in from hospitals asking to be placed on diversion, "no hospital would be used so often by the 53 hospitals that take 911 patients that it's almost useless."

A review of diversion sta-

tistics for early 1989 indicate that emergency-room overcrowding is worst in the Bronx, South Brooklyn and Southeast Queens.

In February, for example, more than a third of the hospitals in the Bronx were closed to critically ill patients at any one time. Lincoln Hospital did not take any 911 ambulance patients 75% of the time unless a patient was near death and Lincoln was the closest hospital.

Ambulances carrying obstetric or psychiatric patients in February bypassed North Central Bronx, Bronx Lebanon and Bronx Municipal Hospitals about 80% of the time because they were drowning in patients.

In Queens, ambulances are most often diverted from Elmhurst Hospital, Queens Hospital Center, Booth Memorial and Flushing Hospitals. And in Brooklyn, Kings County, Brookdale and Woodhull topped the list.

"Taking a patient to the closest hospital is what's best, said EMS' Mottley. "Certainly anything that interferes with that, be it traffic or diverting an ambulance, is less than optimal for the patient."