THE STATE OF RURAL EMERGENCY COVERAGE

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RURAL SOLUTIONS FOR THE THIRD MILLENNIUM
NEUROLOGICAL SURGERY:
AS A MICROCOSM OF THE IOM ISSUES
What do WE do in the ER to Cover Rural States: WWAMI REGION?

THE ONLY LEVEL I TRAUMA CENTER AND PEDIATRIC HOSPITAL IN 5 STATES

Aerial view of Harborview Medical Center’s new facade. Photo by Ned Ahrens.
WWAMI REGION

- 25% of the land mass
- 8% of the population
- 1 Level I Trauma Center for Pediatrics and Adults
- 20% of injuries have a head or spine component
- 50% of the deaths have the same
- 60+ IOM recommendations
WHAT DOES THE NEUROSURGEON DO IN A RURAL REFERRAL SYSTEM?

- 100 CONSECUTIVE ED VISITS
- 2 HOSPITALS
- 25 OPERATIVE TRAUMA PATIENTS (SPINE AND HEAD)
- 19 NON-OPERATIVE HEAD AND SPINE
- 14 BROKEN SHUNTS
- 12 TUMORS
- 12 HEMORRHAGES
- 5 INFECTIONS
- 5 POST-OPERATIVE
- 5 CSF LEAKS
- 3 MISC CONSULTS
AANS SURVEY Respondent Profile: Practice location

- About 59% of survey participants practiced in a community hospital.
- About 38% practiced in an academic medical center.
- Over 40% of respondents practiced in a level 1 trauma center.
- About 37% practiced in a level 2 trauma center.
Over 93% of survey participants took ER call.

- 43% provided ER call coverage at 1 hospital.
- 30% provided ER call coverage at 2 hospitals.
- 85% of respondents indicated they were required to take call.
- The majority (57%) indicated that on average, they personally covered ER or trauma call two or three days/ nights per week.
- Over 50% of participants did not receive a monetary stipend for ER call coverage AND DO IT AS PART OF THEIR COMMUNITY/HOSPITAL SERVICE.
Emergency Call Coverage: Limiting your Practice

When asked, “have you limited the type of procedures performed by your practice?

- 62% said no.
- 38% said they had limited their practices.
  - 57% said they had eliminated pediatrics.
  - 13% eliminated trauma.
  - 11% eliminated cranial.
The Future of Emergency Care: Key Findings and Recommendations

- Many EDs and trauma centers are overcrowded.
- Emergency care is highly fragmented.
- Critical specialists are often unavailable to provide emergency and trauma care.
- The emergency care system is ill-prepared to handle a major disaster.
- EMS and EDs are not well equipped to handle pediatric care.
PROBLEMS

- 3200 BOARD CERTIFIED NEUROSURGEONS
- 5,759 HOSPITALS BY AHA
- 2,102,035 HOSPITAL DAYS OF ED CALL
- 8% NURSING SHORTAGE NOW
- 29% NURSING SHORTAGE ALONE IN 2020
  NOT TO MENTION THOSE SPECIALLY TRAINED IN EMERGENCY MEDICINE OR SURGERY
- COST OF MAINTAINING STATE OF SUBSPECIALISTS AND GENERALISTS IN A RURAL STATE IS EXTRAORDINARY
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<thead>
<tr>
<th>SOLUTIONS</th>
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<tbody>
<tr>
<td>1. ONE SIZE DOES NOT FIT ALL: THERE WILL BE NO MAGIC BULLET</td>
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<td>2. REGIONALIZE IN GENERAL; STATES TAKE THE LEAD WITH FEDERAL GUIDELINES</td>
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<td>3. USE TELEMEDICINE AND SOPHISTICATED EMS; USE THE SOME MILITARY MEDICINE PRINCIPALS</td>
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<td>4. REGIONALIZE FOR PEDS AND ADULTS: NOT ALL HOSPITALS CAN OR SHOULD DO ALL THINGS</td>
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<td>5. REGIONALIZE BY GEOGRAPHY AND LOCATION</td>
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<td>6. SOLVE UNDERLYING MANPOWER ISSUES</td>
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