Two Years Later, Every Day is Monday in New Orleans Emergency Departments

City struggles to provide care as populace returns to devastated southern Louisiana

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NEW ORLEANS — It was a few minutes after noon on a hot day in September. The sun was beating down on the concrete that surrounds Tulane University's emergency department (ED), and whenever the double doors slid open, the steamy heat spilled through.

Paramedics surged in with it, shoving a gurney or a wheelchair or guiding someone by the elbow. The patients lined up along one side of the narrow hallway: 3 car accident passengers in cervical collars; one elderly man on oxygen; one suicidal ideation, one possible pneumonia, one teenager found down and hypoxic. The 16 beds were full. There were 9 patients in the waiting room. The radio crackled: Ambulance heading in with a possible myocardial infarction.

Dr. James Moises ran his eyes down the queue of gurneys and along the stack of clipboards waiting for his attention.

"Well," he drawled, "this looks like a Monday for sure."

It was a Monday, as it happened—but Moises' department had been just as busy the day before, and it would be just as busy the day after. Two years after Hurricane Katrina and the floods that followed tore the heart out of New Orleans' health care system, it is always a Monday in the city's EDs.

Charity Hospital, the commanding Art Deco tower that provided primary and specialty care to generations of New Orleanians, was swamped by the storm and has never reopened. Charity was the tarnished jewel of a state-wide public hospital system and the only Level 1 trauma center on the Gulf Coast from Galveston as far east as Savannah. It accepted patients from 4 counties, major traumas from 4 others and referrals from around Louisiana. It routinely saw 450,000 clinic visits and more than 120,000 emergencies a year.

RIPPLES AND WAVES

The ripple effect of its closing has soaked the city's remaining EDs—and on some days, personnel say, it feels as though they are sinking.

"We have patients who will wait 6 to 8 hours and leave without being seen," said Moises, who once worked at "Big Charity" and is now medical director of Tulane's ED. "We're 2 years out from the storm, and we are worse off than we were a year ago, because more people are coming back to town, and more doctors are leaving."

The population of New Orleans still has not returned to pre-storm levels: Depending on which survey methodology you accept, it stands at 60 to 70% of the 455,000 the city claimed in the 2000 census.[1,2]

From an ED standpoint, a smaller population would seem to be good news. But "New Orleans," technically, is only Orleans Parish, as counties are known here. Jefferson Parish to the west is back to pre-storm levels, and the regional population, from north of Lake Pontchartrain down the leg of Louisiana's boot, has reached at least 90%. That population has some significant differences from the before-storm residents. With the exodus of families and a vast influx of construction workers, it is more male than before, and more concentrated in young adults and middle-aged, with fewer children and elderly. There are more Latinos, in a city that was always black and white, and more undocumented workers.[3]

NO SPACE, NO ACCESS, NO CARE

And for a variety of reasons—no Charity, no clinics, no significant public transit system to carry patients to more remote locations—there is much less access to care.

"More than a third of those living in Greater New Orleans (36%) have seen their access to health care deteriorate since the storm," the nonprofit Henry J. Kaiser Family Foundation reported last May. "One in 5 (22%) rated the way their health needs were being met as worse than before Katrina, and nearly as many (18%) said it was now harder for them to get to their regular place of care."[4]

That access problem is in part a space problem. Before the storm, Charity and University Hospitals—the 2 training sites of Louisiana State University School of Medicine, collectively known as the

Medical Center of Louisiana at New Orleans—had 552 inpatient beds, 82 of them in the intensive care units, and 16 operating rooms. Now there are 179 beds, all in University Hospital (which also flooded and did not reopen until May 2006), 23 ICU beds, and 7 operating rooms.

And it is also a provider problem. "There were 617 primary care physicians in New Orleans prior to Katrina," Dr. Alan M. Miller, Tulane's interim senior vice president for health sciences, testified before Congress last August. "By April 2006 that number had dropped to 140."[5] And what is true for community physicians is just as true for faculty. Louisiana State University had 1,100 attendings before the storm and now has 850, according to Dr. Cathi Fontenot, the medical center's medical director; its corps of 600 residents is down to 160. Some subspecialty programs left the city entirely and never returned.

A patchwork of private efforts is trying to fill the gap, but they report that they cannot meet the need. "We open the doors at 8AM and we're often full by 8:20AM," said Leah Berger, clinic coordinator of the Tulane Community Health Center at Covenant House, north of the French Quarter. "We see 50 to 60 patients, and we turn away 15 to 20 patients, every day."

AND NO FUNDING

And, crucially, the access problem is a payment problem. A quarter of New Orleans adults have no health insurance, far above the 17% average nationwide.[5] "A lot of folks we are seeing were school teachers, X-ray technicians, people who had jobs before the storm," said Dr. Ravi Vadlamudi, the volunteer medical director of the free Common Ground Clinic, founded by a citizen activist group. "They lost their houses, they lost their jobs, and then they lost their insurance."

With no insurance, few doctors and a paucity of places to be seen, the sick and desperate of New Orleans end up in the same place: the ED.

"You have to play a guessing game," Dr. John Wales said. "You have someone with a blood pressure through the roof. They are out of meds; they don't remember what their meds were. They just came back to town from where they have been living, so they don't have their old medical records. And they don't know where to get primary care, so they come here."

"Here" is East Jefferson Medical Center in the town of Metairie just west of Orleans Parish. "East Jeff," as it is universally known, was one of only 3 hospitals that managed to stay open throughout Katrina, hoisting patients out of boats that motored up its submerged ambulance ramp. It is now serving the fully repopulated Jefferson Parish, and other areas as well.

"We continue to get people from far out places—New Orleans East, St. Bernard," Wales said. "I took care of a woman last night who was seen at the clinic in St. Bernard, which is basically a triple-wide trailer that has been up since a month after the storm. It took her 2 days to get here. That is something we never saw before: People did not used to cross parish lines for care."

Length of stay in East Jeff's ED rose as high as 6 hours—an unheard-of number pre-Katrina—but has come back to about 4.5 this year after the reopening of LSU's trauma service decompressed the system. The long waits are only partly due to patient overload: like every other department in the area, East Jeff is bleeding personnel.

"Before the storm I had one nursing vacancy, and now I have 11, and it was as high as 14" out of 46, said Cheryl Carter, nurse-manager of East Jeff's ED. "I get calls every day: 'Are you interested in moving?' "

The East Jeff administration has tried to counter the losses. For the first time, it is subsidizing the emergency physicians' practice group. It has attempted to fill nursing vacancies with 90 Filipino nurses, but their arrival has been blocked by immigration caps. But between substitute contract labor, higher insurance and utility costs, and a rise in the number of uninsured patients, East Jeff chief executive officer Dr. Mark Peters estimates the hospital is losing $2 million to $3 million per month.[5]

"The way to make things better, for any hospital in New Orleans, is to close beds," he said. "But what would be good for the hospital is not in the best interest of the public health, or of the area's re-emergence."

Nowhere to Go for New Orleans Mentally Ill: Psychiatric Patients Linger in City EDs

On that September Sunday, much of the ED was occupied with common problems: neck abscess, shortness of breath, diabetic ketoacidosis, gunshot wound. Seven patients had some version of one of New Orleans' most common complaints: they were transiently or profoundly mentally ill, and there was nowhere for them to go.

And they were just the spill-over: they were in the ED, grouped in a bay under the watchful eyes of 2 nurses and a security guard, because LSU's 9-bed locked unit, a 23-hour holding area called the M-HERE ("Mental Health Emergency Room Extension") was already full. None of the M-HERE gurneys would open until its social workers found an inpatient bed somewhere in Louisiana, a commodity that is in vanishingly short supply.

"Psych is our biggest challenge every day," Peter DeBlieux, University Hospital director of emergency services, said. "Our average length of stay back there is 48 hours; the record is 5 days. This hospital has no beds that are psych-ready—that takes much more retrofitting than a normal room—and there aren't many elsewhere."

Before Katrina, Charity Hospital had a 96-bed crisis intervention unit, the equivalent of a psychiatric emergency department. There were more beds at the Touro Infirmary, Methodist Hospital, Lakeland Hospital and the VA Medical Center.[6] Four of those institutions shut entirely. Touro, a private acute care hospital near downtown, reopened a month after the storm, but did not bring its psych unit back. And the count of private practice psychiatrists in the city has fallen from 208 to 42, according to the Louisiana Psychiatric Medical Association.

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The losses are especially acute in a city that is essentially one mass case of post-traumatic stress disorder. Every survey taken so far—by the Louisiana Public Health Institute, the Hurricane Katrina Community Advisory Group at Harvard Medical School, and researchers at LSU and University of Connecticut—has found high and rising rates of depressive disorders, major mental illness, and attempts at suicide.[3, 7-9]

LSU's ED staff sees the results every day. The mix of trauma coming to their two new trauma bays has reversed from the time that everyone refers to as "pre-K." Before the storm, Fontenot said, it was 70% blunt trauma and 30% penetrating. Now it is 40% motor vehicle crashes and falls, and 60% gunshot wounds and stabbings.

Not all of them make it to the ED. At 2:25 p.m. on that Sunday in September, the EMS radio hissed to life. "We have an African-American male, GSW to the mouth, exit wound at the back of the head, pistol still in the right hand," a voice said. "Permission to pronounce."

Jasmine Bookert, a 2nd-year resident, sighed and picked up the handset. "DNR is granted," she said.

Though Charity never reopened, its sister institution University has crawled back piece by piece: first in a tent, then in an abandoned department store with a leaky roof and a rat problem, and now in a hospital building that is being reclaimed floor by floor. Its ED is always full—and not just because of demand, though the flow of patients through the maze of construction equipment never seems to stop. The new University Hospital demonstrates with textbook clarity that ED pile-ups are the health system equivalent of referred pain.

"Two days ago, we were holding 20 admissions—out of 29 beds—that couldn't go upstairs because there was nowhere to put them, and 17 patients left without being seen," Dr. Peter DeBlieux, director of emergency services, said one Sunday morning. "Right now, I have a patient who needs a CT scan and ought to get it in clinic, but the clinic is triple-booked and the person who does the scheduling is out sick—so the patient will get it here and tie up an emergency department bed and the emergency department CT scan that another patient might need."

One question—When will Charity reopen?—looms over emergency medicine in New Orleans as starkly as the abandoned hospital tower looms over downtown.

Charity was staffed by LSU and Tulane, and run administratively by LSU. But the funds that kept it going were Medicaid disproportionate-share payments made to the Louisiana Department of Health and Hospitals, and the building itself belongs to the Louisiana Office of Facility Planning and Control, which has decreed it too ruined to salvage. Instead, the department plans to open a re-imagined Big Charity linked to a hoped-for new Veterans Affairs hospital. The earliest such institutions could be ready, the agency says, is 2012—leaving New Orleans without a functioning public hospital or a major source of uncompensated care for at least 7 years and possibly a decade.

BROKEN LIVES AND FRIENDSHIPS

The furious debate over Charity's future has broken friendships and rerouted careers. Moises was one of a group of 200 health care workers and military personnel who sneaked into the hospital after it was evacuated to clean and decontaminate its first 3 floors where the ED, psych unit and clinics were housed. After almost a month, the group was locked out of the premises. Moises quit his job in protest and charges the university with colluding with the state to protect its access to Charity II.[10]

"There are colleagues I used to respect, who are on the other side of this issue, who I can't even look at any more," he said. "If Charity reopened its third floor, it would make the mental health crisis go away for the entire state. Nothing will fix the health care crisis in this city but reopening Charity."

It is possible that Charity was salvageable right after the storm, or even a year later, when the state legislature requested an independent assessment that has not yet been completed. But 2 years without electricity or air conditioning, in a climate where mold grows fast enough to watch, may have put the opportunity out of reach. DeBlieux recently visited his former office on the 13th floor. "The window that blew out 2 years ago is still gone, and the board they put over the window has probably been gone for a year," he said. "There were a lot of pigeons."

With Charity out of the picture indefinitely, New Orleans' EDs are working out solutions that mirror the larger situation: They are idiosyncratic, sometimes improvisational, without benefit of a larger system to be tapped, and reliant on ingenuity and luck. At LSU, one answer has been a sort of super-fast track, the Rapid Triage Area, that scoops patients with minor needs—suture removal, prescription refills—out of the waiting room before they clog up the queue.

The ED of Ochsner Medical Center in Jefferson Parish has taken the opposite approach. Like East Jeff, Ochsner stayed open through Katrina and the aftermath, and has experienced similar losses of nursing staff and surges in demand for care. A year after Katrina, the patient load was 180% of what it was pre-storm, and now has settled at 140%, according to Dr. Joseph Guarisco, chief of emergency medical services for Ochsner Health System, and the proportion of uninsured patients has grown from 8 percent to 26%.

"There is pressure to maintain quality of services, and we have had to be somewhat innovative in doing that," he said. "But it is not chaos."

Guarisco's solution, drawn from management theory as well as from medical experience, was to eliminate Ochsner's fast-track area and guide all the patients entering the ED into a single triage and registration queue. The line is intensively managed: test orders are written while patients are being processed; if at the far end they are well enough not to need a bed, they go instead to chairs in a "results waiting area." Lengths of stay have dropped, he said, and the proportion of patients leaving without being seen has gone from 8% to 1%.

"We have reengineered what we do so we do it smarter, more productively," he said. "Emergency departments are going to have to save themselves. The cavalry isn't coming."

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REFERENCES

1. Eggler B. New Orleans population reaches 262,000 in May. *New Orleans Times-Picayune.* June 28, 2007.
2. Greater New Orleans Community Data Center. *Advance Notice of New Orleans Population Indicators for August 2007.* New Orleans, LA: Greater New Orleans Community Data Center; September 26, 2007.
3. Williams C. The impact of Hurricane Katrina on the demographics of Greater New Orleans and implications for the healthcare delivery system. Presented at: Kaiser Family Foundation Media Fellows; Louisiana Public Health Institute; 2007.
4. Henry J. Kaiser Family Foundation. *Giving Voice to the People of New Orleans: The Kaiser Post-Katrina Baseline Survey*. New Orleans, LA: Henry J. Kaiser Family Foundation; May 2007.
5. *Post Katrina Health Care: Progress and Continuing Concerns – Part II*. Subcommittee on Oversight and Investigations, House Committee on Energy and Commerce. 110th Congress ed. Washington, DC: Government Printing Office; 2007.
6. Moran K. Mental patients have nowhere to go. *New Orleans Times-Picayune.* April 22, 2007.
7. Kessler R. *Overview of Baseline Survey Results: Hurricane Katrina Community Advisory Group*. Cambridge, MA: Harvard Medical School; August 29, 2006.
8. Mills L, Mills T. Prevalence of Posttraumatic Stress Disorder Following Hurricane Katrina. *Society for Academic Emergency Medicine.* 2007;14(S).
9. Mills MA, Edmondson D, Park CL. Trauma and stress response among Hurricane Katrina evacuees. *Am J Public Health.* 2007;97(S):S116-S123.
10. Webster RA. Special treatment: Reopening Charity's first three floors possible. *New Orleans City Business.* July 23, 2007.

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