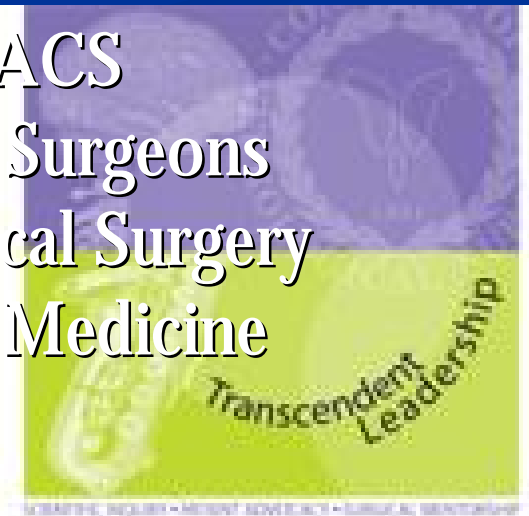


UW Medicine

# THE STATE OF RURAL EMERGENCY COVERAGE

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Congress of Neurological Surgeons  
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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?



Aerial view of Harborview Medical Center's new facade.  
Photo by Ned Ahrens.



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

# WWAMI REGION

- n 25 % OF THE LAND MASS
- n 8% OF THE POPULATION
- n 1 LEVEL I TRAUMA CENTER FOR PEDIATRICS AND ADULTS
- n 20% OF INJURIES HAVE A HEAD OR SPINE COMPONENT
- n 50% OF THE DEATHS HAVE THE SAME
- n 60+ IOM RECOMMENDATIONS

# WHAT DOES THE NEUROSURGEON DO IN A RURAL REFERRAL SYSTEM?

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

# AANS SURVEY Respondent Profile:

## Practice location

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

# Emergency Call Coverage: Taking Call

- n Over 93% of survey participants took ER call.
  - n 43% provided ER call coverage at 1 hospital.
  - n 30% provided ER call coverage at 2 hospitals.
  - n 85% of respondents indicated they were required to take call.
  - n The majority (57%) indicated that on average, they personally covered ER or trauma call two or three days/nights per week.
  - n 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

- n When asked, “have you limited the type of procedures performed by your practice?”
  - n 62% said no.
  - n 38% said they had limited their practices.
    - n **57% said they had eliminated pediatrics.**
    - n 13% eliminated trauma.
    - n 11% eliminated cranial.

# The Future of Emergency Care: Key Findings and Recommendations

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

# PROBLEMS

- n 3200 BOARD CERTIFIED NEUROSURGEONS
- n 5,759 HOSPITALS BY AHA
- n 2,102,035 HOSPITAL DAYS OF ED CALL
- n 8% NURSING SHORTAGE NOW
- n 29% NURSING SHORTAGE ALONE IN 2020  
NOT TO MENTION THOSE SPECIALLY  
TRAINED IN EMERGENCY MEDICINE OR  
SURGERY
- n COST OF MAINTAINING STATE OF  
SUBSPECIALISTS AND GENERALISTS IN A  
RURAL STATE IS EXTRAORDINARY

# SOLUTIONS

- n ONE SIZE DOES NOT FIT ALL: THERE WILL BE NO MAGIC BULLET
- n REGIONALIZE IN GENERAL; STATES TAKE THE LEAD WITH FEDERAL GUIDELINES
- n USE TELEMEDICINE AND SOPHISTICATED EMS; USE THE SOME MILITARY MEDICINE PRINCIPALS
- n **REGIONALIZE FOR PEDS AND ADULTS: NOT ALL HOSPITALS CAN OR SHOULD DO ALL THINGS**
- n REGIONALIZE BY GEOGRAPHY AND LOCATION
- n SOLVE UNDERLYING MANPOWER ISSUES