



The Abaris Group

# The TAG Line

The Abaris Group | Innovative Solutions for the Emergency Care Field  
700 Ygnacio Valley Rd, Ste. 270 | Walnut Creek, CA 94596  
888.EMS.0911 | [www.abarisgroup.com](http://www.abarisgroup.com)

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## California, are you watching?

By James Augustine, MD, FACEP  
Consultant, The Abaris Group

*James J. Augustine, M.D., FACEP, is an emergency physician from Atlanta and serves on the Clinical Faculty in the Department of Emergency Medicine at Emory University. A consultant with The Abaris Group, he serves as Medical Director for the Atlanta Fire Department, which includes operations at Atlanta Hartsfield Jackson International Airport.*

The plans we have implemented for Katrina evacuation look strangely familiar. We have processed over 1,200 persons into Atlanta through air evacuation into Dobbins Air Force Base. The receiving team is as multi-disciplinary as you could imagine, kind of like Mutual Aid on really good steroids. There is great cooperation among all the agencies and personnel.

When was this team originally drawn up?

In the early 1990's, after a major earthquake hit California, the plan to evacuate California and its health care facilities was formulated. This was the process that resulted in NDMS, and DMATs, and then USAR and DMORTs and DMVTs, and so on. Later, the plans for medical evacuation systems were updated for the two Persian Gulf wars. Fortunately, we have not had to utilize that plan to the degree that it is being utilized

now. But California preparedness leaders should be doing a significant study of the mass evacuation of the Gulf Coast.

The lingering Katrina evacuation is one of the saddest events you could ever witness. These people arrived with all their belongings in small trash bags and sacs. Delta Airlines employees remarked on the light load, because there was no luggage of any significance. The people had no showers for the last week, little food, and little to drink until they arrived at the airport. Some had only the clothes they wore.

The medical problems were predictable. Diabetics without insulin for a week. Unbelievable blood pressures. Wheezing. Many of the individuals had never been on a plane before in their lives. About one third of evacuees were removed to hospitals, the rest went to shelters or nursing homes.

A few evacuees arrived with dogs. An important note for future evacuation planning. In our plans, we had always allowed evacuees to bring their pets.

*The Abaris Group continues:*

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November 2, 2005

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## Santa Clara County Trauma Centers Unnecessarily Overburdened, The Abaris Group Says

About four months after Santa Clara County officials authorized a third county trauma center, but now, the County's consultant, The Abaris Group recently reported that many county patients are sent to trauma centers but do not require specialized care.

The County commissioned the consultants' report in fall 2004 when HCA Healthcare announced it would close San Jose Medical Center in December 2004. The County Board of Supervisors in May designated Regional Medical Center for the new trauma center.

The Abaris Group reported, based on the number of trauma patients sent home without hospital admission, the county over-triage rate -- the percentage of patients sent to trauma centers who do not need trauma care -- was more than 45% and only 14% of injuries treated at county trauma centers were considered major. Sixty-nine percent of injuries treated at county trauma centers were minor, according to the consultants.

According to medical authorities, over-triage should occur at a rate of about 20%, to keep under-triage -- sending trauma patients to hospitals not equipped to treat them -- at a rate of about 1%. Over-triage results in high costs and overburdens highly trained surgeons, the Mercury News reports.

The Abaris Group's report concludes that the county should have only two trauma centers: Valley Medical Center and Stanford University Hospital. According to the Mercury News, trauma centers "tend to be a money-loser," and sharing fewer trauma patients among three hospitals could threaten their financial stability

(Woolfolk, San Jose Mercury News, 9/8).



## California, Are you watching? (continued from page 1)

As did many communities, Atlanta really opened up for the evacuation operation, despite the fact this was a holiday week-end. Hospitals stayed open. Resources were brought to assist the ED to avoid diversion. Shelters opened with great community support.

We are learning that disasters have a life-span, and are not just one day events. Recently, our disasters seem to be defined by the length of response, not just by the initial amplitude.

So disaster preparation usually means you are preparing a plan for a different hazard than you think, and maybe for a different geography.

Thanks to all working on behalf of our country. California, thanks for helping us all prepare. And for all you involved in preparation, that All Hazards approach really makes sense!!



### Just Released - The Abaris Group's

### *Ambulance Industry Report, 2005*

This report is the fourth in a series of industry reports since 1999 that comprehensively analyze the private sector ambulance industry in the U.S. This 27-page report broadens its analysis of the evolution, key pressure points and success factors that affect the ambulance industry across the spectrum of provider types -- private, public, volunteer and others. The report provides a detailed evaluation of the industry's two largest providers, as well as the latest trends of market share gain, contemporary delivery models and the "private vs. public" debate. Key financial performance and commentary of these two providers are provided.

**Price: \$340**

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All four reports can be purchased by contacting The Abaris Group or visiting [www.abarisgroup.com](http://www.abarisgroup.com).



## Trauma cases put a strain on Atlanta hospitals

Some metropolitan Atlanta hospitals were overwhelmed last weekend by so many patients needing emergency care that the scene resembled a disaster drill, doctors said Monday.

But the weekend was all too typical, said Dr. Curtis Lewis, chief of staff at Grady Memorial Hospital.

"All the hospitals were frantic," Lewis said. "We would have had a hard time handling a plane crash or anything on that scale. It would have stressed us beyond belief. The citizens of metro Atlanta don't understand they're being put in harm's way."

There is no indication that any patient died or failed to receive care, but hospital officials say they can't guarantee that that won't happen.

Grady and Atlanta Medical Center said they experienced a record volume of patients, but not because of any large-scale car accidents or multiple victims of violence. It was simply "the usual reasons" — a spate of individual car accidents, heart attacks and assorted commonplace injuries. The hospitals reported still being stretched Monday.

"We just opened this phase of the new ER three days ago, and every space was immediately full," said Dr. Mark Waterman, head of emergency medicine at Atlanta Medical Center.

Packed emergency rooms have been stressing hospitals locally and across the country for a decade. Experts say the reasons include the ongoing nursing shortage and the fact that more uninsured people are using emergency rooms as primary care centers.

There are 15 trauma centers in Georgia. Their capabilities are indicated by their rankings as Level 1, 2, 3 or 4 centers, based on services and specialists available 24 hrs/day.

Metro Atlanta's capacity to handle trauma patients hasn't kept pace with its population growth, said Dr. Leon Haley, Grady's chief of emergency medicine.

On Saturday night, 14 trauma patients arrived at Atlanta Medical Center, about triple the number on an average day. The hospital is adding 50 percent more trauma beds and rooms to accommodate the rising need.

"This month, we've seen 178 traumas — our second-highest volume ever," said Dr. Vernon Henderson, chief of trauma and surgery at Atlanta Medical Center. The hospital treats a large number of traffic accident victims, who are flown in by helicopter from a 14-county region.

Intensive care units at Grady, the only Level 1 trauma center in Atlanta, and Atlanta Medical Center, a Level 2 center, can quickly fill with critically ill or injured patients during busy weekends.

At one point Saturday, Grady officials said, 15 emergency room patients needed ICU care, but all 80 ICU beds were already filled. They remained on gurneys in the ER hallways, some of them attached to ventilators.

Grady and Atlanta Medical Center went on "diversion" status, a signal to ambulance services to take patients to other emergency care hospitals if possible.

Many other metro hospitals reported being at capacity or unable to take certain patients at various times Friday evening through Sunday evening, according to Georgia Emergency Medical Services, which oversees area ambulance services.

*(continued on page 4)*





Trauma article, *continued*

Its records showed that North Fulton Regional Hospital, DeKalb Medical Center at Hillandale, Rockdale Hospital, Crawford Long Hospital, Gwinnett Medical Center, South Fulton Medical Center, Emory University Hospital and Atlanta Veterans Affairs Medical Center were "saturated" with trauma, emergency room, intensive care and medical/surgical patients. Children's Healthcare of Atlanta's two pediatric hospitals also hit trauma overload.

(Guthrie, Patricia, The Atlanta Journal-Constitution, 8/30/05)



Privately-contracted helicopters move patients and staff at hospitals crippled by Hurricane Katrina

Twenty helicopters hired by Hospital Corporation of America (HCA) completed the evacuation of patients and staff from Tulane University Hospital and Clinic, which began four days ago following Hurricane Katrina. The evacuation included close to 200 patients and over 1,200 employees and staff. HCA leadership, coordinating with Gov. Blanco's office, has offered the 20 helicopters at its expense to assist with the evacuation of nearby Charity Hospital's two facilities, as well as University Medical Center, which are not affiliated with HCA. As many as 50 Charity Hospital patients, some severely ill and on ventilators, were evacuated by HCA.

The evacuation process has consisted of a constant airlift using privately-contracted Blackhawk helicopters, Medivacs, passenger helicopters, and, with cooperation from government authorities, Chinook military aircraft. With each arrival, the helicopters dropped 750 pounds of food, water and medical supplies, filling the choppers with people for their return runs to the New Orleans airport, where buses wait ready to transport healthy individuals to shelter locations in Lafayette. The buses took people to HCA's Lakeview Hospital in Covington. Some patients were transferred to hospitals in the area, and, in an effort to alleviate the local burden, others were transported to HCA facilities in Texas and Florida.

HCA had dozens of staff on the ground in New Orleans coordinating evacuation and relief efforts. Many have been in place since Katrina hit. Others, flown in on private aircraft from other HCA hospital locations, have arrived to support nursing and supply efforts in the area. Another 170 nurses were on stand-by through "All About Staffing", HCA's internally-run temporary nurse staffing organization. As the Tulane operation wound down, the 20 helicopters the company had hired to assist in evacuating patients and staff were being maintained at HCA's expense to assist with the evacuations from Charity's two hospitals. Blackhawk helicopters will be used by HCA to provide food, water, and medical supplies for Charity Hospital's patients and staff. Some 150 employees from Chalmette were taken to an HCA-managed makeshift shelter in Lafayette.

"This situation demands we all do everything we can to help one another. We have use of these services, so it only makes sense that we keep these helicopters under contract in the air and provide help to other hospitals as best we can," said Jack O. Bovender, Jr., Chairman and Chief Executive Officer of HCA.

Earlier this week, HCA announced \$2 million in cash donations, half of which would go to the American Red

*(continued on page 5)*

*The Abaris Group continues*

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### Katrina article, continued

Cross for relief efforts, the other half to HCA's Hope Fund, to assist HCA personnel who have lost homes and belongings in the disaster. The company has pledged to maintain all 3,800 employees in the area on full salary indefinitely, and to arrange for them to find employment with other HCA facilities. Three other HCA hospitals in the region have been affected by the storm: all patients and staff from Lakeside Hospital in Metairie, Louisiana were evacuated earlier in the week; operations remain intact at both Garden Park Medical Center, in Gulfport, Mississippi and Lakeview Regional Medical Center, where evacuated patients and employees from Tulane are now being sent.

(Nashville, Tenn., Sept. 2, 2005 - HCA)  
(NYSE: HCA)



### Event Announcements

#### Second Annual San Diego Day of Trauma

Scripps Mercy Hospital Trauma Service in association with the Trauma Research and Education Foundation is hosting a one-day symposium designed to inform trauma surgeons, surgery residents, nurses, and prehospital providers about some of the most difficult clinical and systems challenges confronting trauma centers and trauma care providers today. It includes presentations by several of the nations leading trauma surgeons, a special case management session, and a resident "great case" presentation competition.

You can register online for this event at [www.tref.org](http://www.tref.org).

#### National Audio conference For EMS And Public Safety Providers

"When Disaster Strikes: Katrina's Wake Up Call for Managing the Legal Issues You May Face"  
October 27, 2005 - 3:30 p.m. to 5:00 p.m. (EST)

This special "hot topic" audio-conference will help you understand the unique legal and management issues you must face when there is a large-scale disaster such as Hurricane Katrina. Important questions will be addressed in a pointed and practical manner by Steve Wirth and Doug Wolfberg, national legal experts in public safety law.

Register for this event at [www.pwwemslaw.com](http://www.pwwemslaw.com)



ABARIS GROUP

*Innovative Solutions for the Emergency Care Field*



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The Abaris Group is a consulting firm that specializes in emergency and outpatient services. We provide clients with help on a wide range of topics, including strategic planning, operational improvement, and financial enhancement, to help them achieve their goals.

We pride ourselves on delivering value to our clients in the form of quality recommendations and strategies that work. To achieve this, we conduct detailed analyses, blending insight and experience from all spectrums of the healthcare and emergency care fields to meet our client's unique needs.

Whether it is evaluation of new programs, studies of existing ones or assistance with implementation, we will extend this superior level of service to you and your organization.

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### Contact Us

The Abaris Group  
700 Ygnacio Valley Rd, Ste 270  
Walnut Creek, CA 94596  
Phone: (888) EMS-0911  
Fax: (925) 946-0911  
Email: [subscriptions@abarisgroup.com](mailto:subscriptions@abarisgroup.com)

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