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Health care redesign group backs requests for \$300 million The Associated Press | 08.17.06

NEW ORLEANS (AP) — New Orleans-area hospitals need \$150 million to pay for the costs of staying open through Hurricane Katrina or reopening after the storm, and health care in general needs another \$150 million, the committee set up to redesign Louisiana's health care decided Thursday.

The Louisiana Health Care Redesign Collaborative voted Thursday evening to support three requests totaling \$300 million to alleviate the area's health care crisis.

The \$150 million in federal funds would compensate hospitals which dug deep into their reserves to stay open or reopen after the storms, state Rep. Cheryl Gray told the group of executives, public health workers, and others.

The group also voted to recommend another \$120 million from the U.S. Department of Health and Human Services to retain doctors, nurses and others, and to bring in more to an area where about half the doctors have left and hospitals and nursing homes have to compete with fast-food wages of up to \$10 an hour for potential nursing aides. That money should be made available for sign-on bonuses, moving expenses, income guarantees and to help pay malpractice insurance, the proposal said.

It also asked DHHS for about \$30 million to continue paying doctors, nurse practitioners and others who treat uninsured patients. The money Louisiana has been using for this has run out, it said.

Earlier Thursday, a financial expert with the LSU-run charity hospital system that cares for the poor and uninsured said it got a budget boost this year, but still is allocated nearly \$100 million less than it received before Hurricane Katrina flooded and wrecked its facilities in New Orleans.

Lawmakers who finalized the budget shortly before the new fiscal year began July 1 earmarked \$736.6 million for the eight-hospital public system that covers south and central Louisiana. That's about \$26 million more than last year, but \$96 million less than the budget year that ended before Katrina struck.

Robert Plaisance presented the figures to a committee of the LSU Board of Supervisors that approved the charity hospital system's spending plans.

Much of the drop in funding could be tied to fewer residents in the New Orleans area who might otherwise depend on the system for care. Thousands of area residents were forced away from the city by Katrina.

Don Smithburg, who heads LSU's Health Care Services Division that oversees the hospitals, said the now-shuttered University Hospital in New Orleans is slated to temporarily reopen by Nov. 1 with 200 beds available for trauma and acute care by the end of December.

Meanwhile, a massive health care redesign committee is developing long-term plans for overhauling the entire health care system for the poor and uninsured in the New Orleans area that include a likely reinvention of the public hospitals there.

Two other charity hospitals — in Monroe and Shreveport — are run by LSU but separately from the other hospitals. John McDonald, chancellor of the LSU Health Sciences Center in Shreveport that runs those two facilities, said his budget is adequate for the current fiscal year.

McDonald added, however, that the hospitals face a burgeoning crisis because of increased demands for psychiatric beds cutting into the available beds for emergency room visits. That is a problem facing the

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Health panel urges \$400 million for N.O.

Times – Picayune | 08.18.06

Paying hospitals, luring workers cited

By Jan Moller

The New Orleans area needs more than \$400 million in short-term federal financing to help hospitals, doctors and nurses hurt by Hurricane Katrina, according to a panel charged with overhauling the region's health-care system.

Among other things, the money would be used to pay hospitals for losses they incurred by staying open during the storm, to boost Medicare payments and to provide signing bonuses and other financial incentives for health-care workers who are in short supply since the storm.

The spending recommendations were approved late Thursday by the Louisiana Health Care Redesign Collaborative, a 40-member group charged with making detailed recommendations to Gov. Kathleen Blanco and U.S. Health and Human Services Secretary Michael Leavitt on how to overhaul the New Orleans-area health-care system.

It was the first decision to come from the redesign panel, which is supposed to have a final plan ready for Leavitt by mid-October. The goal is to give everyone in the New Orleans area a "medical home," regardless of their health status or whether they have insurance.

It's unclear how the panel's recommendations will fare with Leavitt, who said earlier this year that he wants the redesign plan to be revenue-neutral.

The recommendations for federal health authorities include:

-- \$120 million to help recruit and retain health-care workers. State Health and Hospitals Secretary Fred Cerise, who heads the redesign panel, said the money would mainly go to recruit nurses and allied health-care workers. A study presented to the panel on Thursday found that many doctors have returned to the New Orleans area, but that there still aren't enough psychiatrists and other specialists available to treat the uninsured and people on Medicaid.

-- \$150 million to pay hospitals for staying open during and after the storm. Hospital association officials said the plan is modeled on payments Congress approved for New York City hospitals that stayed open after the Sept. 11, 2001, terror attacks.

-- Boosting Medicare reimbursement rates to reflect higher labor costs since Katrina. The panel did not provide a price tag, but hospital officials said the total cost would be more than \$100 million.

-- \$30 million to pay doctors and other health-care providers for the care they give to the uninsured. The state Legislature has already agreed to pay private hospitals for some of their uncompensated care, but current Medicaid rules do not allow such payments to doctors.

Cerise said the health-care worker incentives would be particularly helpful in recruiting nurses and other allied health-care workers. A recent survey by the Health Works Commission found 969 nursing and certified nurse aid vacancies in the New Orleans region.

Nursing homes have also reported trouble recruiting and retaining staff.

"We know we have a number of things to overcome" in recruiting workers, Cerise said, citing affordable housing as a key barrier to attracting qualified workers.

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Several of the recommendations came from the Louisiana Hospital Association, which has complained for months about the financial hardship its members incurred from an influx of uninsured patients.

"There is a sense of urgency to this," said Jack Finn, president of the Metropolitan Hospital Council of New Orleans, which also backed the recommendations.

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<http://www.nola.com/news/t-p/capital/index.ssf?/base/news-4/115588092977510.xml&coll=1>

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Mental health cases crowd hospitals

Times – Picayune | 08.18.06

Shortage may change plans for University

By Jan Moller

BATON ROUGE -- A statewide shortage of psychiatric beds that has grown worse since Hurricanes Katrina and Rita is contributing to emergency room overcrowding from New Orleans to Shreveport and imperiling hospitals' ability to provide routine care, Louisiana State University officials said Thursday.

Charity Hospital System officials told members of the LSU Board of Supervisors that an influx of acute psychiatric patients, who themselves often have to wait several days to be admitted, is causing waits of 24 hours or more for patients who show up for minor emergencies.

"The crush of mental health needs . . . has become a pervasive problem," said Donald Smithburg, who oversees eight charity hospitals as head of LSU's Health Care Services Division.

Smithburg said the bed shortage could affect the reopening of University Hospital in downtown New Orleans. The hospital, which has been closed since Katrina, is scheduled to reopen with 150 beds by mid-October and expects to have another 50 trauma beds in operation by the end of the year.

Before it was shut down by Katrina's flooding, Charity Hospital took in many of the acute-care psychiatric cases in the city, and Smithburg said he expects the same thing to happen once University reopens. "We may have no choice but to convert ourselves partially into a mental health facility," he said.

The problem is not confined to the New Orleans area. Joseph Miciotto, administrator of the LSU Hospital in Shreveport, said the emergency room there has had up to 21 psychiatric patients awaiting admission at the same time, creating potential safety problems for patients and health workers.

Private hospitals also have been struggling with an increase in psychiatric patients.

John McDonald, chancellor of the LSU Health Sciences Center in Shreveport, said he has urged Health and Hospitals Secretary Fred Cerise to seek a waiver in federal Medicaid regulations that would allow private hospitals to get paid for inpatient psychiatric care, giving them an incentive to accept such patients. Officials did not speculate on reasons for the increase of psychiatric patients in Shreveport.

Current law makes most adult mental patients ineligible for Medicaid coverage.

Cerise is heading a 40-member panel that is working on a plan to overhaul the way health care is delivered and paid for in the New Orleans area, with the aim of providing a "medical home" for everyone who needs care. The group is expected to produce detailed recommendations to U.S. Health and Human Services Secretary Michael Leavitt by mid-October.

Also Thursday, LSU officials announced plans to open eight satellite health clinics in New Orleans over the next month that together could handle up to 100,000 outpatient visits per year.

The clinics are expected to see many of the uninsured patients who received care at Charity before Katrina and have been going to private hospitals since the storms.

Dr. Dwaine Thomas, administrator of the Medical Center of Louisiana-New Orleans, said the mobile clinics will make use of tele-medicine technology to allow patients to receive consultation from specialists in downtown New Orleans.

<http://www.nola.com/news/t-p/capital/index.ssf?/base/news-4/115588206377510.xml&coll=1>

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BREAKING NEWS: Palm leaving LSU to take SUNY job GBRBR Daily Report | 08.18.06

LSU Provost Risa Palm announced today she is leaving the university to take a job with the State University of New York system, a day after she got a raise. Palm will be provost and vice chancellor of academic affairs for the entire SUNY system. Her last day at LSU has not been announced, but Kristine Calongne, an LSU spokeswoman, says that Palm's SUNY job is effective Oct. 1. The SUNY system is made up of 64 colleges, which include everything from the Fashion Institute of Technology to the University of Buffalo. There are more than 400,000 students in the system.

Palm has been at LSU since 2003, serving as second in command to the chancellor. Before arriving at the university, she was an administrator at the University of North Carolina, the University of Oregon and the University of Colorado at Boulder. During her tenure at LSU, she spearheaded efforts to develop ties between the university and China.

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Patching New Orleans HealthLeaders Magazine | August 2006

It is a bright May afternoon in south Louisiana, and a moist breeze is drifting through downtown New Orleans. Spring heat usually arrives without much drama in this place, where winters are mild and spring is a brief interlude before the first breaths of summer waft in from the Gulf of Mexico.

But the May breeze also carries an unsettling reminder: The tropics are reawakening, and the reprieve is almost over. In the months since Hurricane Katrina turned America's most exotic city into its most devastated, the area's healthcare providers have worked to restore a shattered healthcare system—even if they are unsure of what they are rebuilding or for whom they are rebuilding it.

On this humid afternoon, the rebuilding process feels more like mere survival at the Medical Center of Louisiana Emergency Services Unit. The setting is no gleaming medical office. Here, as many as 200 patients a day wait on small plastic chairs in a corner of the former Lord & Taylor department store for precious time with a physician. Clinicians see patients in doorless "rooms" framed by temporary cubicle walls. In a former merchandise loading dock, patients undergo CT scans in a trailer. Upstairs is dental care, a steep walk up the long-silent escalator.

Though the conditions seem primitive, the clinic run by Louisiana State University's charity hospital system represents progress. Healthcare in New Orleans has evolved from the triage in parking lots immediately following Katrina. Last September, the unit opened in MASH-style tents in the Ernest N. Morial Convention Center after Katrina roared through the city and flooded LSU's Charity Hospital and University Hospital, the two still-shuttered campuses that form the Medical Center of Louisiana at New Orleans. When the convention center needed its space back in March, MCLNO's emergency services unit moved to the vacant Lord & Taylor building across from the Louisiana Superdome.

The unit treats about half of Charity and University's combined pre-hurricane volume. Staffing and limited technology are significant concerns. And the unit is designed to treat only minor medical emergencies, so some patients must be stabilized and transferred to the few hospitals that are open. Still, the facility represents a small step forward. The city's providers have learned to appreciate such small steps. As Katrina's one-year anniversary approaches, the New Orleans healthcare community has only begun to unravel a monumental challenge that will take not months, but years to overcome.

"Overall, the country doesn't get what we are going through," says Jim Montgomery, president and CEO of Tulane University Hospital and Clinic, which partially opened in February after flooding had shuttered the facility. "The infrastructure was totally ripped asunder. You can say this for this community, this state and any individual organization: It is like a huge jigsaw puzzle that is torn apart with thousands of pieces, and you have to pick up every one and put it back together."

The uninsured migration

Katrina did not destroy one healthcare system in New Orleans. It destroyed both of them. Unlike the other 49 states, Louisiana maintains a system of public hospitals to care for the indigent. Before Katrina, 10 acute-care hospitals operated in New Orleans, but it was Charity and University, part of the LSU Health Care Services Division's statewide network of charity hospitals, that cared for the majority of the poor. Louisiana distributes Medicaid Disproportionate Share payments totaling roughly \$900 million to public hospitals—including roughly \$300 million to MCLNO—to care for the state's 850,000 uninsured residents, MCLNO CEO Dwayne Thomas, M.D., says.

Charity and University shut down after at least 12 feet of water flooded each facility's basement and damaged nearly every system in the hospitals. Repairs to University, including the roof, windows,

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plumbing and electrical system, continue to progress, and Thomas says the hospital is aiming for an October opening. Charity Hospital leased space to reopen its trauma center in neighboring Jefferson Parish, and MCLNO is operating small primary-care and subspecialty clinics along with the former Lord & Taylor emergency services unit. But the main Charity facility may have seen its last patient. “There are currently no plans to utilize the Charity Hospital campus for any hospital use whatsoever,” Thomas says. “I do not believe that we will ever use Charity Hospital as a hospital again.”

With the city’s public hospitals down, the burden now falls to the city’s private hospitals. But the state’s Medicaid Disproportionate Share payment system has historically left little funding for charity care delivered at private facilities. Additionally, physicians providing charity services only receive compensation if they are affiliated with a public hospital, according to PricewaterhouseCoopers’ Report on Louisiana Healthcare Delivery and Financing System.

Touro Infirmary was the first Orleans Parish acute-care hospital to offer any form of post-Katrina care when it opened emergency services nearly a month after the storm. The nonprofit hospital gradually relaunched sections of the facility and now offers full services. Touro’s uncompensated care has risen from 5 percent of gross charges before Katrina to 12 percent in 2006, says President and CEO Leslie D. Hirsch, who calls the number of people in the city without insurance “staggering.”

“This year we’re tracking, if it keeps going the way it is, to have \$25 million to \$30 million of uncompensated care, which is unsustainable for us over the short and long haul,” he says.

Leaders from the other three acute-care hospitals open in the city—Tulane and Children’s Hospital in Orleans Parish and Ochsner Medical Center just across the line in Jefferson Parish—tell a similar story of spiraling charity care without increased reimbursements. Ochsner Health System, which includes the medical center and multiple clinics throughout southeast Louisiana, sustained a \$70 million operating loss in 2005—after a predicted \$8 million pre-Katrina profit—largely due to uncompensated care patients, says Warner Thomas, president and chief operating officer. At Tulane, which is owned by Nashville, Tenn.-based HCA Inc. and still had only 100 of its 235 beds open in May, Montgomery says indigent care tops 20 percent of care on any given day—and sometimes approaches 30 percent.

With many businesses in the city closed and former employees losing their health insurance, Hirsch worries that a shrinking base of insured patients could hinder more than just the healthcare industry’s recovery. If prices for paying patients rise, he says, businesses could find healthcare unaffordable and pass those higher costs to their employees. “Their employees will say, ‘Hey, I don’t need to work in this market. If I have to pay for healthcare, I can go to Mississippi or Alabama and not have to pay as much and have a much better lifestyle,’” Hirsch says. “It’s definitely an underpinning issue for the economic viability of the area.”

MCLNO’s Thomas recognizes the challenges created for other providers after Charity and University closed. “The very viability of the private hospital sector really depends on whether we return,” he says. “If we don’t return, their economic viability will be threatened unless there is an increase in the amount of money in the uncompensated care pool that is paid at a higher rate than what it currently is and includes physician fees.”

Hospitals could realize at least a little of that financial relief soon. The Louisiana Legislature’s state operating budget for the 12 months that began in July includes \$120 million for uncompensated care at community hospitals. The budget also includes a \$38 million Medicaid rate increase for community hospitals and an \$18 million Medicaid rate hike for physicians, according to the Louisiana Hospital Association. Hospitals in Orleans and Jefferson parishes, along with facilities in two other southwest Louisiana parishes affected by Hurricane Rita, will receive payments at a higher rate than hospitals in the rest of the state, according to the LHA.

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A housing shortage continues to hinder providers' staffing efforts throughout New Orleans. Fifty Federal Emergency Management Agency trailers sit adjacent to Children's Hospital, mostly housing Children's employees. The facility also has set up some temporary apartments for some of its staff, and still more employees are in FEMA housing throughout the city. Some 60 FEMA "cottages" are situated near Tulane's downtown hospital, Montgomery says.

But there are not nearly enough houses, temporary or permanent, to go around. At Ochsner, where approximately 75 percent of staff members lost their homes, Thomas says housing often is the largest deterrent for former employees who want to return. "People call and ask, 'Is everything back to normal in New Orleans?' But we had 150,000 houses destroyed. It does not get rebuilt in nine months. We are dealing with something that is unprecedented in magnitude," he says.

Although finding cafeteria or housekeeping workers has been a challenge, filling support positions is only part of a larger recruitment problem. New Orleans hospitals have struggled to replace clinicians dispersed to other regions. Tulane lost roughly a third of its physician staff, Montgomery says—some to other cities, others to other area hospitals. Ochsner initially lost 80 displaced physicians; the system has rehired about 60.

"We faced a moment of truth post-Katrina," says Ochsner CEO Patrick Quinlan, M.D. "Folks just had to move on. We replaced them, which I think says a lot about the strength of the organization and the environment."

Nowhere is the problem more pronounced than at MCLNO, which has former clinicians "spread all over the place" from its two shuttered hospitals, Thomas says. The CEO believes the charity system's nursing and professional staff are "mission-oriented" people who "believe they have a responsibility to the community," so when University Hospital reopens, many of those clinicians will eventually come back. But the slow pace of recovery could discourage some physicians who don't want to put their careers on hold amid subpar conditions and a steady wave of uncertainty.

"How can you recruit? I mean, let's be real. Our program did well because we're emergency physicians, that's what we do," says Jennifer Avegno, M.D., an instructor with the LSU department of emergency medicine and a physician at MCLNO's emergency services unit. "We can work in a tent. We can work in a department store. But a lot of other programs can't recruit to a department store."

Most New Orleans healthcare leaders are hoping the summer months bring more people back to the city. Even if the number of returning workers surges, however, the housing issue will remain. Ubiquitous construction and a jump in new housing permits represent positive signs of rebuilding. But with enough work to keep area roofers, electricians and plumbers busy for years, the pace likely will continue to crawl.

Yes, it could happen again

If New Orleans' levees hadn't failed, Katrina would have been mostly remembered for its windblown devastation along the Mississippi Gulf Coast. As the 2006 hurricane season nears its peak, the U.S. Army Corps of Engineers is mostly balking on whether the patched-up levees can hold the waters back if another hurricane strikes the city.

"It is hurricane season again. We are all worried about the same things again—availability of staff, evacuation issues, infrastructure collapse, security," says Mel Lagarde, president of HCA's Delta Division and co-chair of the Bring New Orleans Back Commission. "It seems like we just dealt with them."

Montgomery is more blunt: "God forbid that it ever flooded, because what that would do to the city would be beyond thinking."

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Many hospital leaders say they've learned from the Katrina experience and feel better prepared to handle another storm. One recurring theme is that seemingly small details matter. Before Katrina struck, every department at Children's Hospital, for instance, had a staff list with phone numbers and addresses. But the contact information was for the employees' homes—useless when searching for workers dispersed to other cities. The lists now include cell numbers and other information to help the hospital locate evacuated staff members more easily, Nuesslein says.

Children's is also adding a satellite phone system and drilling its own backup well in case the city's water supply becomes nonexistent—an issue during Katrina's aftermath. Some hospital employees returned roughly three weeks before the facility eventually opened, but there was no potable water supply at that point, Nuesslein says.

Beyond specific details such as adding more portable generators or accessing diesel fuel, Katrina taught New Orleans hospitals a lesson in preparation that providers nationwide can apply to their disaster plans, MCLNO's Thomas says. "You go back to the very, very basic things: food, water, sanitation."

From a management perspective, senior leaders must understand their roles and maintain clear lines of communication, Montgomery says. "Communicate, communicate, communicate with your people. We met with department managers twice a day. We met with physicians once a day."

Nuesslein echoes that assessment. "Communication is absolutely the most critical part" of disaster management, she says, along with remembering minor details—"like making sure you have places for people to go to the bathroom."

The long road back

At the former Lord & Taylor department store, Avegno and her fellow clinicians continue the daily struggle to meet patients' needs. The emergency services unit can handle most of the day-to-day minor traumas that wander through the door, but follow-up care is another story. With so much construction throughout the city, for example, the unit sees many orthopedic injuries that the clinic's physicians can stabilize—but that's it.

"Finding them follow-up care for their fractures or their orthopedic issues is unbelievably difficult," Avegno says. Most of the time the unit sends patients as far away as Baton Rouge—80 miles from New Orleans—in search of an appointment.

Despite the clinical limitations, staffing shortages and countless other frustrations, however, the most pervasive problem at the unit—and in the entire New Orleans healthcare community—may be one of psychological burnout.

"It's been harder in the last few months than it was initially, once the Katrina fatigue sets in," Avegno says. "We have physicians who say, 'It was all exciting after the storm when we were working in tents, but now where are we going?' There's a real sense of, 'How long is this going to continue?'"

"How long?" may be the biggest question of all. The hospitals that have reopened have made progress, but the ongoing recovery can be draining. Across town from the emergency services unit, Ochsner is "turning the corner on economics," Thomas says, adding that the system "can pay the salaries we need to pay to keep nurses and doctors." Still, motivating people for the long haul is challenging. "We won't come back in a quarter or a year. Rebuilding will be a multi-year process," he says.

Determining which parts of the healthcare system actually require rebuilding has been a point of contention. The PricewaterhouseCoopers report released in April asserts that New Orleans' private sector

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was overbedded before Katrina and that the storm “right-sized” the region. Before the hurricane, the metro area’s 4,350 available acute-care hospital beds averaged a 56 percent occupancy rate, according to the report. The city’s current bed count is roughly half of pre-hurricane levels, but adjusting for population changes and targeting a nationwide average bed utilization of 75 percent “leaves ample numbers of hospital beds under the current repopulation scenarios,” the report says.

The uncertain future of some of the city’s other closed hospitals further complicates the bed count equation. In June, Dallas-based Tenet Healthcare Corp. announced it was selling its two New Orleans hospitals, Memorial Medical Center and Lindy Boggs Medical Center, along with two other metro New Orleans facilities. Lindy Boggs, which had a reported 27 patient deaths during Katrina’s immediate aftermath, has no current plans to open. Ochsner announced in July that it is buying Memorial, where 34 deaths occurred, along with the two other metro New Orleans facilities. Although two Memorial medical office buildings are open, the timing of any large-scale reopening remains uncertain.

Some providers concede the right-sizing premise in part, but say the issue is more complicated than that. “Before the storm, our market had too many beds. Now, basically we’re more right-sized. But as, say, New Orleans East comes back, it may not be that Touro is the best hospital in terms of its proximity for the people in the east to come to, even though in gross terms we may have enough hospital beds,” Hirsch says.

How many beds the city really needs will depend, of course, on the number of residents who ultimately return. A March RAND Corporation study, *The Repopulation of New Orleans after Hurricane Katrina*, estimates a September 2008 population of 272,000. Other projections put the 2008 total at around 300,000. In any event, those estimates don’t account for the surrounding parishes—each with their own hospitals—that have always composed a large portion of the metro population and helped fuel the economy. The Census Bureau found 915,000 residents in seven New Orleans-area parishes as of January—down from 1.3 million before Katrina.

The nature of the returning population may prove as important as the size, Montgomery says. “Under what basis will the population re-establish itself? Is it a basis of fully employed, well-insured individuals who move to the city where economic development can be enhanced? Or is it going to be an indigent, unemployed facet to the city that does not stimulate the economy? I don’t think there is any way to tell.”

Despite the daunting scope of the recovery, much of the healthcare community remains committed to the city’s future. Karen DeSalvo, M.D., splits her time as chief of the division of general internal medicine and geriatrics at Tulane University Health Sciences Center and a member of a healthcare group formulating a long-term reform plan for care delivery. DeSalvo has logged nearly 100-hour work weeks since Katrina struck, but she refuses to leave New Orleans. “We are dealing with the unknown and the tenuous. But it is also very exciting. We are trying to reinvent a city, our medical school, personal careers, social circles and an education system,” she says. “We are living history, and I cannot possibly walk away.”

Ultimately, the New Orleans healthcare system is tied to an overall economic recovery that hinges on whether a work force returns to support vital industries like tourism, Dwayne Thomas says. Without hotel employees, taxi drivers, bus boys or the countless other workers who drive the city’s economy, he contends, the Crescent City may never be the same.

“If we are not successful in having tourism and several other industries return to this area,” he says, “New Orleans will be a quaint little village where people come to visit and say, ‘Oh, look at the French Quarter and the architecture of Uptown. What a wonderful place—surrounded by swampland.’”

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Editor Jim Molpus and Technology Editor Gary Baldwin contributed to this story. Jay Moore is managing editor of HealthLeaders. He can be reached at jmoore@healthleadersmedia.com.

Rethinking Care Delivery

Call it healthcare on the fly. Or maybe on the edge. Ten days after Katrina jolted New Orleans, physicians at Tulane University cobbled together a makeshift clinic that is a little of both. Situated in Covenant House, a homeless shelter for adolescents on the edge of the French Quarter, the clinic has been a source of primary care for hundreds of adults upended by the storm. And while its backers acknowledge they are practicing bare bones medicine, they also say Covenant House represents a care delivery model that New Orleans should embrace to serve its many indigent residents.

Staffed by Tulane residents, Covenant House clinic offers adult primary care, with psychiatry and neurology specialists available. It was funded by a donation of \$400,000 from drug giant Johnson & Johnson, with the U.S. military also donating many medical supplies. In the storm's immediate aftermath, the clinic treated nearly 200 patients a day, recalls Eboni Price, M.D., the associate program director for house staff at Tulane who doubles as clinic director. Since the beginning of the year, the patient volume has slowed to about 35 daily patients—homeless and newly uninsured among them, Price says. They are treated by four Tulane residents who staff the clinic. Support services are minimal, as the clinic has no nurses and only three administrative staff. All services are free, but that may change, according to Price.

"We have learned to be creative and cut costs," she says. "Before Katrina, there had been a large dependence on lab work at Charity Hospital that was done at the state's expense. But there is a lot you can do for a patient without blood work. We have prioritized who really needs blood work." With the Johnson & Johnson money, the clinic purchased exam tables and various scopes for exams.

Katrina may have been the shock that New Orleans needed to rethink not just its levee system, but healthcare delivery, Price says. "Instead of having people come downtown for care, we need to establish clinics in the neighborhoods," she says. "We need community health centers that include behavioral and mental health services. Before the storm, we had the mentality that the mind was separate from the body. Now we cannot ignore that every site should have mental health services."

—Gary Baldwin

A Technology Wake-up Call

Hurricane Katrina demonstrated in dramatic fashion a point that healthcare IT proponents have been trying to make for years: Paper records are risky business. Even for the highly automated Ochsner Medical Center, the August 2005 storm served as a wake-up call. While the facility has long been a front-runner with a comprehensive, homegrown electronic medical record system, it did not completely abandon its reliance on the paper chart until the storm. "We had all the electronic tools in place before Katrina—data collection, medication management, orders and charge capture," says Lynn Witherspoon, M.D., senior vice president and chief information officer. "The physicians were using bits and pieces of the system. But we still had a small percentage using paper charts."

In the days immediately after the storm, many Ochsner patients—and physicians—were displaced to Baton Rouge. There, physicians could look up patients' medical records online as the Ochsner system's wide area network remained intact. But even after staff clinicians trickled back to work in New Orleans, they faced another, more practical dilemma that upended their old paper record habits. Like other New Orleans' hospitals, Ochsner had many staff members--particularly those in lower-paying jobs--whose

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Group Urges Disaster Planning for Pregnant Women, Babies The Washington Post | 08.17.06

By Rama Lakshmi

In the days after Hurricane Katrina struck Louisiana, about 125 critically ill newborn babies and 154 pregnant women were evacuated to Woman's Hospital in Baton Rouge. Some of the fragile newborns arrived without their mothers, and some of the women were already in labor. It was at least 10 days before some of the infants and mothers were reunited.

Katrina focused unprecedented attention on pregnant women and newborns as an acutely vulnerable population during emergencies. A year later, those concerns are driving a push to add provisions for both groups to national preparedness guidelines for disasters, epidemics or terrorist attacks.

No accurate data are available on the number of babies born during the Katrina crisis, but officials at both hospitals in Baton Rouge described vivid scenes of distraught pregnant women arriving with no records, of desperate mothers searching for their babies and of women who delivered on their way to the facility.

Heidi Wigley, 26, was three months pregnant when the storm struck. She lost her home, including her medications, in St. Bernard Parish, and her doctor was evacuated to Florida.

"I was evacuated to another town and could not contact my doctor, who had all the information about my pregnancy," Wigley said in a telephone interview from Mandeville, La., where she now lives. "I was worried I may miscarry. The relief teams did not have any gynecologist and no prenatal vitamins. I told them I wanted more food and more money because I was pregnant, and they said no."

Two months later, Wigley developed high blood pressure, a common complication of pregnancy, and delivered prematurely in February. At 5 1/2 months, her son is now healthy.

"Pregnant women face greater risks -- like premature births, low-birth-weight babies and infant deaths -- during the stressful conditions of a disaster. This can make delivering a child difficult and potentially life-threatening," said Theresa Shaver, executive director of the District-based White Ribbon Alliance for Safe Motherhood.

"International relief agencies have detailed guidelines for helping pregnant women, infants and new mothers in disasters around the world," she said. "But in the United States, it is not yet integral to our preparedness plans."

The alliance has set up a working group to develop domestic guidelines in association with groups of pediatricians, gynecologists, obstetricians, nurses and midwives. Representatives from the Centers for Disease Control and Prevention and the National Association of County and City Health Officials are also taking part.

Shaver noted that in the past few years, health-care providers and officials have worked on disaster preparedness plans focusing on other vulnerable groups, including children, the elderly, heart patients, those on dialysis and disabled people. These efforts were accelerated in response to the Sept. 11, 2001, terrorist attacks and the anthrax attacks later that year, and concerns about bioterrorism and pandemic flu.

But several public health advocates said it was not until Katrina exposed the lack of provisions for pregnant women and new mothers and their babies that those groups were included on the preparedness agenda.

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Tulane to offer public health degree in disaster management The Associated Press | 08.18.06

NEW ORLEANS (AP) — A year after Hurricane Katrina unraveled this city's health care system, Tulane University announced that it will offer a public health master's degree to train students in disaster management. The school said it would be the first of its kind.

The course work looks like a handbook every emergency planner carries: Studies in crisis communications, evacuations, shelters and risk assessments. Classes will also cover public health and environmental laws and delve into the "psychosocial consequences of disasters," the university said.

The program announced Thursday was the brainchild of Maureen Lichtveld, the chair of Tulane's environmental health sciences department.

"I witnessed firsthand what happened to public health professionals after 9-11," said Lichtveld, who worked for the Centers for Disease Control and Prevention before joining Tulane's staff. "And that made a few things very clear: that there was a gap in that the people on the front line had no real disaster management training. If you're going to be good at such a thing you can't only be ready when the event occurs because then you'll never really be ready.

"In order to get a competent cadre of people on the front lines, you must make disaster management a part of your every day work."

Lichtveld said they're still in the enrollment phase and couldn't give specific numbers but noted that interest is high and she's fielded several inquiries about the program, which also offers a doctoral degree.

She said the program likely would interest those beyond the traditional audience of doctors and nurses and draw police officers, firefighters and others first-responders. "The sky is the limit with this degree," Lichtveld said. "There are a number of employment opportunities for those new to the field or for those who want to expand their careers within government or private industries. Preparedness is something everyone must learn to embrace."

The master of science in public health in disaster management program will be available at the campus and through online classes this fall.

<http://www.nola.com/newsflash/louisiana/index.ssf?/base/news-27/1155881648241910.xml&storylist=louisiana>

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Report: Nursing homes need stronger guidelines for emergencies

The Associated Press | 08.18.06

By KEVIN FREKING

WASHINGTON (AP) — Gulf Coast nursing homes that evacuated patients as a result of hurricanes experienced a range of problems, including transportation agreements that fell through, long trips and a lack of food, water and medicine, a report released Friday says.

Meanwhile, nursing home administrators who decided not to move residents reported fewer problems, particularly when it came to the health of the residents, according to the report by the inspector general for the U.S. Department of Health and Human Services.

The report called on the federal government to strengthen certification standards for nursing homes' emergency planning.

The inspector general reviewed 20 nursing homes along the Gulf Coast in areas where hurricanes struck in the past few years. Thirteen evacuated. Seven did not.

The report didn't identify the homes by name or describe their locations.

While the IG found fewer health problems when nursing homes did not evacuate, it's clear that the homes' administrators face a difficult decision. Not addressed in the IG's report are 56 deaths at two Louisiana nursing homes that failed to carry out evacuation plans during Hurricane Katrina.

While Hurricane Katrina was the most devastating of recent hurricanes, the IG's investigators also included Hurricanes Ivan, Rita and Wilma in their review.

The nightmarish experience of one nursing home went like this:

The company that had contracted with the nursing home to provide transportation was unavailable. Less than a quarter of the nursing home's employees were able to evacuate with the residents. A mix of staff and borrowed cars were cobbled together for a nine-vehicle convoy. Roads were clogged, and two vans broke down. Water, food and medicine were scarce during what was supposed to be a two-hour trip.

By the time the convoy approached the camp, "all vehicles had been out of water for hours and staff were able to change incontinence supplies only once. Other than one resident who was given a nurse's personal insulin, none of the residents received medication. Residents arrived at the camp after 19 hours in transit. All residents survived, but several were treated for cuts and bedsores resulting from the trip," the report said.

The report didn't specify during which hurricane the problems occurred.

Meanwhile, of the nine nursing homes that did not evacuate, only one reported that their residents experienced negative impact on resident health. A tree fell onto the home — a traumatic incident for residents — but didn't cause any injuries, the report said.

Federal law requires that nursing homes receiving Medicare and Medicaid have written plans to meet potential emergencies. The homes also must provide training to employees in emergency preparedness.

Nationally, 6 percent of the 16,125 nursing homes surveyed in 2004 and 2005 were cited for planning deficiencies. Twenty percent were cited for training deficiencies.

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Daily Briefing Health Care Advisory Board

Merck sustains back-to-back blows in Vioxx litigation

Merck yesterday received a “double dose of bad news” in litigation over its withdrawn painkiller Vioxx as a federal jury awarded a plaintiff \$51 million in damages and a state judge overturned an earlier victory for the drug maker. The successive decisions reversed the company’s three-trial winning streak and renewed optimism among plaintiffs who are mounting more than 14,000 lawsuits against the company.

NYT raises questions about Ohio town’s angioplasty utilization rate

In an article questioning the appropriateness of providers’ cardiac care choices in areas where procedure rates far exceed the national average, the New York Times today spotlights a town in northeast Ohio that emerged as an outlier in a recent analysis of CMS angioplasty utilization data.

Hospital architects embrace evidence-based design to improve outcomes

Architects are increasingly tapping evidence-based hospital design to improve clinical efficiency, patient outcomes, and staff retention, according to an article in the most recent issue of Business Week.

Medical culture contributes to sparse error disclosure, study finds

Physicians’ reluctance to report medical errors stems from practice environments that foster cultures of perfectionism, suggesting that a cultural shift may be the most promising means of improving disclosure rates, according to two studies published Monday in the Archives of Internal Medicine.

FDA expands use of Plavix to patients with common form of heart attack

The FDA yesterday expanded approval for Sanofi-Aventis and Bristol-Myers Squibb’s anticoagulant Plavix for use in patients who have had an acute ST-segment elevation myocardial infarction—a severe form of heart attack that afflicts approximately 500,000 Americans each year—and who are not undergoing angioplasty.

FDA, MIT partnering to improve drug, medical device monitoring

In an effort to improve its safety monitoring practices, the FDA and the Massachusetts Institute of Technology yesterday announced a collaborative plan to develop an automated system to expedite the detection of problems with prescription medications and medical devices.

Around the nation: Bite-sized hospital and health industry news

Et cetera: Circus performers teach stretching, aerobics to encourage youth fitness

The Ringling Brothers and Barnum & Bailey Circus has added a new sideshow act that encourages children to get fit by mimicking their favorite performers.

<http://www.advisory.com/members/default.asp?program=1&collectionid=4>

or see attachment “60992_14_1_08-18-2006_0.pdf”

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