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New Orleans' health system still in shambles after Katrina

Associated Press; 03.28.06

By KEVIN FREKING

WASHINGTON (AP) — The city of New Orleans has only 456 staffed hospital beds, compared with 2,269 before the city was struck by Hurricane Katrina, according to government auditors who say rebuilding the health care system will be vital for bringing people back.

While emergency care is available, auditors noted that patients at two hospitals waited up to two hours to be unloaded from ambulances. They also found patients being kept and treated in the emergency room because beds weren't available elsewhere.

The Government Accountability Office said several planning efforts are under way about how to rebuild that system, but no clear consensus has emerged.

The lack of clarity stems in part from the uncertain estimates of how many people plan to return. The latest estimates put the city's population at about one-third of the 485,000 people who lived there before Katrina hit.

Democrats who requested the study said the findings show the Bush administration must be more aggressive in leading the rebuilding efforts.

"It is unacceptable that six months after Hurricane Katrina, people are still receiving health care services in mobile tents and old department stores," said Rep. John Dingell, D-Mich., taking aim at Health and Human Services Secretary Mike Leavitt. "Exactly how does the secretary expect the Gulf Coast region to prepare for a potential flu pandemic or the next hurricane season given the current state of their health care system?"

Leavitt spokeswoman Christina Pearson said the secretary has met regularly with state officials to hear how they would like to see the health care system improved, and he sees opportunities to make the system better than it was before the hurricane struck, particularly through the use of health information technology. She did not have a timetable for when those improvements would be proposed.

The GAO report said that when auditors visited New Orleans, they found primary and emergency health care was available, but access to specialty care was quite limited.

The report also noted that the federal government's estimate of repair costs for two major hospitals run by Louisiana State University — Charity Hospital and University Hospital — amounts to about \$36 million. But a private consultant estimated it would cost more than \$360 million to repair both hospitals — aging facilities LSU had wanted to replace before the storm.

The city also relied on a network of clinics to treat poor patients before the hurricane, but more than three quarters of those clinics are closed. About 19 clinics are open now, but they generally operate at less than half of capacity.

On the Net:

Government Accountability Office report: <http://www.gao.gov/new.items/d06576r.pdf>

<http://www.nola.com/newsflash/louisiana/index.ssf?/base/news-24/1143599947266560.xml&storylist=louisiana>

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Katrina medical response was chaos

Time s – Picayune; 03.29.06

Report, volunteers cite lack of coordination

By Sean Reilly; Newhouse News Service

Jeanie Hohenstein arrived at a Baton Rouge tent city in early October, eager to put her medical skills to work helping hurricane victims. She was part of an unprecedented federal mobilization of volunteer health professionals.

The first available assignment: a call for seven nurses to staff an animal shelter.

"We were somewhat amazed by that," Hohenstein, 41, a registered nurse, recalled last week from her Nebraska home.

She declined that opportunity, instead working on a mobile medical team that spent two weeks filling prescriptions and providing other services to evacuees in shelters around Louisiana. Hohenstein said that despite persistent organizational problems, she found the experience worthwhile.

Her story represents one snapshot in the massive -- and sometimes muddled -- medical response to Hurricanes Katrina and Rita. The outpouring of aid saved thousands of lives, a congressional inquiry recently concluded, but could have accomplished still more with better planning and coordination.

"Though there was the will, the medical response to Hurricane Katrina showed there wasn't always a way," says the report by the special House committee created to investigate the government's handling of the crisis.

Two months before the start of this year's hurricane season, Katrina offers sobering lessons for health officials.

On Alabama's Gulf Coast, Mobile County Health Officer Bert Eichold said he was pleased with his area's medical response to Katrina and noted that no lives were lost there in the hurricane's immediate aftermath. But local hospitals had to take in hundreds of patients from stricken facilities in Mississippi and Louisiana, sometimes with no advance notice and scant information about their medical condition or history.

A few lessons learned

Eichold said gasoline shortages made it tough for some employees to get to work; others had to contend with severe damage to their own homes. With regular power out, some hospitals also came close to running out of generator fuel.

"It created a lot of sweaty palms before the power got back on," he said.

Now, Eichold said, most hospitals are enlarging their fuel tanks. And in future disasters, the state health department plans to dispatch employees equipped with satellite phones to coordinate patient transfers out of hard-hit areas.

Throughout the Gulf Coast region, Katrina's confirmed death toll is about 1,600, a number that would have been far higher without the actions of public health officials and medical volunteers, according to the congressional report.

But while the storm yielded its share of improvised heroics -- such as the New Orleans physician who used Wild Turkey bourbon as a sterilizing agent while giving injections at a makeshift clinic -- it also exposed a sometimes fatal lack of preparation, congressional investigators concluded.

Because only small amounts of supplies and equipment had been "prepositioned" before Katrina made landfall Aug. 29, the report says, "it took days to respond to the catastrophe and deliver medical supplies to the Superdome and Convention Center." Particularly vulnerable was the "special needs" population, a group loosely defined as people needing extra medical attention. An estimated 215 people died in New Orleans hospitals and nursing homes.

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Poor coordination

The report offered mixed reviews of the volunteer effort nurse Hohenstein joined. Although a success overall, it "created confusion at the state level," the report states.

That system was in part an attempt to deal with the deluge of medical professionals -- often moved by what they had seen on television -- who offered their services after Katrina hit. Some didn't wait, simply showing up on their own.

Almost 30,000 doctors, nurses and other health workers have registered with the federal program, said Marc Wolfson, a spokesman for the U.S. Department of Health and Human Services, which organized the effort. About 1,500 have actually been called to serve. While the government pays their expenses, including travel, they are otherwise working for free, he said.

But Hohenstein and other members of her medical team said their work was hobbled by poor coordination with state officials and federal managers' apparent failure to prepare.

"I think they brought in a vast amount of volunteers without someone knowing what our role was going to be," Hohenstein said.

In some cases, the roughly 12-member team was sent to shelters that evacuees had already left or were in the process of leaving. Team members learned to call ahead.

More for show

Even when they weren't needed, the federal medical director told them to go anyway, said Dr. Eva Briggs, a New York family physician also on the team.

Like Hohenstein, Briggs suspected that government officials were using them as part of a public relations effort to make up for the initially flawed response to Katrina. Like two other physicians on the team, Briggs, who has previously served on church missions to the Dominican Republic, said she would not volunteer again through the federal government.

Wolfson declined to comment on specific criticisms.

In interviews, several other members of the team described the effort as disorganized, but found the work rewarding enough that they would do it again.

"Even though I saw it at its worst, I still fell in love with the people down there," said Suzanna Eller, a licensed mental health counselor from Seattle.

Their work drew praise from Louisiana officials.

Despite the confusion, "I think they did an excellent job," said Dr. Erin Brewer, medical director of the state office of public health at the Louisiana Department of Health and Hospitals. "They did whatever we asked them to."

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W. Jeff Medical upgrades its goals

Times – Picayune; 03.29.06

Expansion would be bigger, more secure

By Meghan Gordon; West Bank bureau

Calling the project critical to flood protection, West Jefferson Medical Center's governing board has approved a \$65 million expansion of its new patient wing that includes an elevated emergency room that would allow the hospital to continue operating during major storms.

The hospital's board of directors increased the scope of its "patient care pavilion," which was conceived in 2000 as a four-story, 230,000-square-foot solution to stretching patient capacity. Its initial cost would have been \$50 million.

After many years of delays, the hospital revisited designs for the new building last fall, after Hurricane Katrina, to determine whether it should plan for an even greater patient demand and to avoid the problems faced by New Orleans hospitals crippled by floodwaters and insufficient stockpiles of supplies.

Gary Fitzjarrell, construction project manager, recommended that the hospital's board of directors expand the building to five stories and 346,000 square feet. He said flood protection was the main driver for the revisions, which elevate a replacement emergency room and new surgery rooms to the second floor to prevent severe flooding from halting critical services.

The first floor would contain disposable equipment, such as parking and administrative offices, while upper levels would house essential equipment for patient care and supplies for at least seven days.

During Katrina, hospital officials and staff waited nearly a week for fuel, generators and medical support in the facility that housed as many as 1,800 patients, staff, police officers, firefighters and their families.

The administration also recommended the larger building to meet anticipated demand from West Jefferson's population growth, Fitzjarrell said.

"We think we're going to be growing at a much faster pace than our first projections," he said.

The revised plans would add 10 operating rooms, a 22-bed intensive care unit, a neuroscience clinic and a women's health unit. It would add 90 hospital beds to the current 330.

Fitzjarrell said additions to the original plans stretch construction by about a year. He estimated that bids would be let in late summer 2007, followed by a 2 ½-year construction project. He projected the center would be operational by March 2010.

The new building would be east of the main hospital and south of the new energy plant, a \$20 million facility with dozens of pieces of massive equipment that will keep the entire hospital running during extended commercial power failures.

Gary Muller, president and chief executive officer, asked the Louisiana Recovery Authority for reimbursement for the cost of elevating the pavilion's emergency room. He said revenue bonds would pay the balance.

The Jefferson Parish Council will be asked to approve the hospital board's recommendation to expand the scope of the project, which is being designed by Sizeler Architects. Fitzjarrell said he expects council members to take up the issue at their April 5 meeting.

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Hospital ex-officials admit to making illegal donations

Times – Picayune; 03.29.06

Lawmakers from La. were among recipients

By Bill Walsh; Washington bureau

WASHINGTON -- Two former executives of a hospital chain with facilities in New Orleans and Shreveport have pleaded guilty to steering dozens of illegal campaign contributions to members of Congress from Louisiana and Texas.

David LeBlanc and Donald Boucher acknowledged being reimbursed by LifeCare Holdings Inc., for \$50,000 in contributions they made to key lawmakers, a violation of the ban against corporate donations in federal races, according to the Federal Elections Commission.

LeBlanc served as LifeCare's president and CEO and Boucher was vice president of government affairs until 2003 when they left amid allegations of improper conduct. The two men were slapped with a combined \$200,000 civil penalty by the commission and face possible jail sentences after pleading guilty in U.S. District Court in Washington this month.

LifeCare, which was bought last year by the Carlyle group, operates 21 hospitals nationwide including three in the New Orleans area and three in Shreveport. It ran a long-term, acute-care facility on the seventh floor of Memorial Medical Center, where 24 patients died in the days after Hurricane Katrina. Attorney General Charles Foti is investigating the deaths, but has said that neither LifeCare nor its employees are targets.

The case against LeBlanc and Boucher came to light after an internal investigation by LifeCare's board of directors. The report, which the board disclosed to the elections commission, concluded that between 1997 and 2002 LeBlanc and Boucher engineered a scheme to pay themselves bonuses, raises and expenses to offset \$50,000 in campaign contributions to members of Congress and the two national political parties.

LifeCare was hit with a \$50,000 fine last summer, but the commission said in a statement Tuesday that it was smaller than it could have been because of the company's cooperation in the case.

Among those who received the contributions were Sens. Mary Landrieu, D-La., and Kay Bailey Hutchison, R-Texas, Reps. Jim McCrery, R-Shreveport, William Jefferson, D-New Orleans, and former Sens. John Breaux, D-La., and Phil Gramm, R-Texas. A spokesman for the elections commission said there was no evidence that the members knew that the contributions were illegal.

"There were no findings against any of the recipients," Bob Biersack said. "There is no reason why they would know."

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VA Health-Care System Is 'A Model,' Secretary Says Washington Post; 03.28.06

When Hurricane Katrina forced the relocation from New Orleans to Houston of hundreds of Veterans Affairs hospital patients, electronic medical records enabled doctors and nurses to treat the sick and injured without skipping a beat.

"We were able in every case, after we got them resettled into another hospital, to dial up their medical record," Jim Nicholson, the secretary of Veterans Affairs, said yesterday.

In a "state of the VA" speech at the National Press Club, Nicholson cited electronic health records as one reason the VA health-care system is "a model for our nation" and said his department, with 234,000 employees, is "truly one of America's good-news stories."

The VA's 154 hospitals and more than 900 clinics will treat more than 5.3 million veterans this year, he said. Its health-care budget has risen 69 percent in the past five years. Under President Bush's proposed 2007 budget, the department would get one of the biggest increases in discretionary spending for any federal agency: a boost of \$2.6 billion, to \$35.7 billion.

Not all the news is good.

One of the department's missions is to help ease veterans' transition to civilian life. Yet the unemployment rate of veterans ages 20 to 24 is 16 percent, more than three times the national rate.

"To me, they're perfect for prospective employers," Nicholson said. "They made a commitment. . . .They've been honorably discharged and they deserve a job."

About 1 in 5 veterans has diabetes, compared with about 1 in 14 Americans in general. Nicholson said the VA now talks to patients about their diet and the disease even if they come in for other ailments.

More veterans, especially those returning from Iraq and Afghanistan, are having post-traumatic stress disorder diagnosed, prompting the department to ensure that all its 154 major medical centers have an expert in treating PTSD.

Then there are the old complaints that the VA is too slow to process benefits claims. "We're trying to compress the time it takes to get a decision so a veteran doesn't have to wait so long," the secretary said. "There are things that we can and we need to do better."

-- Christopher Lee

<http://www.washingtonpost.com/wp-dyn/content/article/2006/03/27/AR2006032701287.html>

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Daily Briefing

Health Care Advisory Board

March 28, 2006

Lack of 'gold standard' complicates decisions in prostate cancer care

With no clear "gold standard" for treating localized prostate cancer, researchers say treatment decisions often do not "reflect patient preferences" and typically vary according to physician specialty or experience, Reuters Health reports. Treatment options for prostate cancer range from radical prostatectomy to implantation of radioactive pellets, X-ray therapy, or "watchful waiting," and a lack of consensus among medical professionals often leads men to follow the advice of their physicians.

Secure websites allow patients to update family, friends on their condition

The number of personal patient websites has soared in recent years, prompting some hospitals to provide Internet access at the bedside or even offer platforms that help patients create their own pages.

Quest Diagnostics to release series of new blood cancer tests

Quest Diagnostics today will outline a series of new blood tests for leukemia and other blood-related cancers, providing an alternative to painful and expensive bone-marrow biopsies.

NIH conference looks at risks and benefits of elective C-sections

With nearly 30% of mothers giving birth via Caesarean section—despite some having "no clear medical need" for the procedure—the NIH this week is holding a three-day meeting to evaluate the "risks and benefits" of scheduled Caesarean sections and to discuss strategies to ensure that expectant mothers are fully informed about their options before choosing surgery.

Medicare beneficiaries with two drug plans will be dropped from one

In an effort to "clear up confusion" from discrepancies during enrollment for the Medicare drug benefit, CMS and private insurers this week notified "hundreds of thousands of Medicare beneficiaries" that they are currently enrolled in two prescription drug plans and will automatically be dropped from one.

Wilkes-Barre General (Pa.): Acquires intraoperative MRI technology

As part of a \$5 million overhaul of its surgical and radiological suites, Wilkes-Barre General Hospital has purchased a \$3 million intra-operative MRI system (IMRIS) that improves the safety of general brain procedures and allows surgeons to perform more complex, deep brain surgeries.

L.A. hospitals (Calif.): Revise discharge procedures for homeless patients

As the Los Angeles city attorney's office investigates claims that area hospitals are dumping homeless patients in the downtown area known as Skid Row, the Hospital Association of Southern California last week called on its members to "revamp their policies for dealing with homeless patients."

DexCom receives FDA approval for new wireless glucose monitor

Diabetes-monitor manufacturer DexCom announced Monday that it has received FDA approval for its STS Continuous Glucose Monitoring System for use in patients with diabetes.

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

Et cetera: Study finds living or working in noisy places increases heart attack risk

A study in the February issue of the European Heart Journal finds that people who live or work in noisy environments have a greater chance of having a heart attack than those who work or live in quiet settings.

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

or see attachment "57889_14_1_03-28-2006_0.pdf"

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