

SNAPSHOT OF EMERGENCY SURGE CAPACITY IN NEW YORK CITY

At 4:30 p.m. on Tuesday, March 25, 2008, the majority staff of the Committee on Oversight and Government Reform surveyed 34 Level I trauma centers in seven cities, including the New York City, New York area.¹ Level I trauma centers are hospitals that have the staff and facilities to offer the most comprehensive, around-the-clock trauma care. This snapshot survey found that there was little or no emergency surge capacity — the ability to handle a sudden influx of casualties — in the Level I trauma centers in any of the seven cities.

Sixteen of the 21 Level I trauma centers that serve over 12.6 million residents in the New York City area participated in the survey. New York City is classified by the Department of Homeland Security (DHS) as a Tier I city — a designation given to “high-threat, high-density urban areas” that are at the “highest risk” for acts of terrorism.²

The survey assessed the capacity of the Level I trauma centers in New York City to respond to a terrorist bombing of a size similar to the 2004 Madrid bombing. According to the Centers on Disease Control and Prevention, the 2004 Madrid bombing, in which over 2,000 were injured and more than 270 patients were taken to one hospital within 2.5 hours, is an appropriate standard for assessing mass casualty preparedness.³

The survey found that on Tuesday, March 25, 2008, at 4:30 p.m. local time:

- **More than half of the emergency rooms in the Level I trauma centers surveyed in New York City were operating above capacity.** When an emergency room reaches “capacity,” new patients can be accommodated only in overflow spaces, such as hallways, waiting rooms, or administrative offices. Of the 16 Level I trauma centers surveyed in New York City, ten were operating over capacity, meaning they had no available treatment space in the emergency room to accommodate new patients. The average emergency room was operating at 114% of capacity in the Level I trauma centers in New York City.
- **The total number of available treatment spaces in the emergency rooms of the Level I trauma centers surveyed in New York City was insufficient to respond to a Madrid event.** After the Madrid attack, 270 victims were transported to one hospital for emergency care. New York City did not have sufficient treatment spaces in emergency rooms of their Level I trauma centers to handle the volume of victims treated at one Madrid hospital. In total, the emergency rooms in the 16 Level I trauma centers in New York City had only 56 available treatment spaces, less than 21% of the demands faced by a single hospital in Madrid on the day of the bombing.

¹ Committee on Oversight and Government Reform Majority Staff, *Emergency Surge Capacity: The Failure to Prepare for the “Predictable Surprise”* (May 5, 2008). The other cities are Los Angeles, Chicago, Washington, D.C., Houston, Denver, and Minneapolis.

² Department of Homeland Security, *Tier I Urban Area Security Initiative Jurisdictions* (online at www.dhs.gov/xlibrary/assets/grants-2007-program-overview-010507.pdf).

³ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. *In a Moment's Notice: Surge Capacity for Terrorist Bombings* (Apr. 2007).

Surge capacity depends on more than sufficient space in the emergency room. A hospital must also be able to provide sufficient critical care and inpatient resources, such as beds in intensive care units and burn units, and general inpatient beds. If these beds are not available, patients who require hospitalization are frequently “boarded” in the emergency room until they can be moved to an intensive care unit or inpatient bed. On the day of the survey, there were also acute shortages of these critical care and inpatient beds in the hospitals surveyed.

- **None of the Level I trauma centers surveyed in New York City had enough critical care capacity available to treat the casualties from a Madrid event.** After the Madrid attack, 29 patients arrived at one hospital in critical condition. None of the Level I trauma centers surveyed in New York City had the critical care capacity to handle this volume of severely injured victims. On average, the trauma centers surveyed had an average of only five intensive care unit beds available. Two hospitals (13%) had no available intensive care unit beds.
- **None of the Level I trauma centers had a sufficient number of regular inpatient beds available to absorb the casualties from a Madrid event.** In Madrid, 89 casualties required admission to a hospital bed. No Level I trauma center surveyed had enough beds available to accommodate a surge of this size. On average, the Level I trauma centers in New York City had only 23 beds available.

After conducting the “snapshot” survey on March 25 at 4:30 p.m., the Committee staff sent follow-up questionnaires to the hospitals surveyed. Twenty-three of the hospitals responded to the questionnaire. Their responses indicate that the level of emergency care they can provide is likely to be further compromised by three new Medicaid regulations, the first of which takes effect on May 26, 2008. According to these hospitals, the new Medicaid regulations will reduce federal payments to their facilities by \$623 million per year. If the states choose to withdraw their matching funds, the hospitals could face a reduction of about \$1.2 billion. The hospitals told the Committee that these funding cuts will force them “to significantly reduce services” in the future and that “loss of resources of this magnitude inevitably will lead to curtailing of critical health care safety net services such as emergency, trauma, burn, HIV/AIDS, neonatology, asthma care, diabetes care, and many others.”

Twelve of the Level I trauma centers in New York City responded to this financial impact survey. Based on the estimates of the administrators who responded, these hospitals could lose a total of \$384 million in federal funds each year as a result of these Medicaid regulations. If the state were also to withdraw matching funds, these two hospitals could lose as much as \$768 million per year.