

# U.S. Emergency Care System In Critical Condition, Emory ER Physician Says

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The U.S. emergency care system is ill prepared to handle a pandemic such as bird flu, a major terrorist attack or a widespread natural disaster, says Emory University emergency medicine physician Arthur Kellermann, MD, MPH.

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Emergency rooms are already severely overcrowded with ill and injured patients, so there is little or no "surge capacity" to absorb a large influx of victims from a mass casualty event, says Dr. Kellermann, professor and chair of emergency medicine at the Emory School of Medicine.

Over the past several years, a number of ERs and trauma centers have been forced to shut their doors because there's no funding to pay for the services offered to the uninsured and underinsured, he adds. The problem also has been compounded by aggressive "downsizing" of inpatient capacity in U.S. hospitals, leaving many admitted patients stranded in ERs for hours or days at a time, awaiting the next available inpatient bed.

"Our nation's emergency care system is at a breaking point," Dr. Kellermann says. "This would be troubling in the best of times, but now that our nation is facing the triple threat of terrorism, natural disasters and pandemic flu, it is unconscionable. A 1918-style pandemic of avian flu would make Hurricane Katrina look like a rainy day."

Dr. Kellermann will address the ER crisis and what the U.S. should

do to fix it at the National Press Club in Washington, DC on April 25 (more information on the WHSC web site).

A member of the Institute of Medicine (IOM) of the National Academies, Dr. Kellermann served on an IOM committee that examined the future of emergency care in the United States. The committee released its findings to Congress and the American public last June. That group found that ER overcrowding, ambulance diversion, uncompensated care, fewer "on-call" specialists and inadequate emergency preparedness have crippled the nation's emergency care infrastructure, and a large-scale event could put further strain on an already fragile system.

The IOM committee recommended that Congress allocate significant funds to ensure that America's emergency departments (EDs), trauma centers and medical first responders are fully equipped and ready to provide prompt and appropriate care. To replace the currently fragmented approach to emergency care, Kellermann says the committee envisions a coordinated, regionalized and accountable system. It also called for actions to reduce crowding of emergency rooms, boost the number of specialists involved in emergency care, and get all emergency medical services in an area to promote work collaboratively to steer patients to the most appropriate facilities.

Among key recommendations the committee issued in its report include:

- Create a lead federal agency to oversee the emergency care system.
- End ED boarding and ambulance diversion.
- Increase funding for emergency care.
- Advance emergency care research.
- Promote EMS workforce standards.

-Enhance pediatric presence throughout emergency care.

Dr. Kellermann practices and teaches in the Emergency Care Center of Grady Memorial Hospital, Atlanta's only public hospital and Level I trauma center. His research focuses on injury prevention, emergency cardiac care and health services for the poor and uninsured. In addition to the IOM, he is a member of the American College of Emergency Physicians. (Full bio on the WHSC web site.)

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