

SNAPSHOT OF EMERGENCY SURGE CAPACITY IN WASHINGTON, D.C.

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 Washington D.C. 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.

Two of the three Level I trauma centers that serve over 2.5 million residents in the Washington, D.C. area participated in the survey.² Washington, D.C. 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.³

The survey assessed the capacity of the Level I trauma centers in Washington, D.C. 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.⁴

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

- **Both of the emergency rooms in the Level I trauma centers surveyed in Washington, D.C. 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. Both Level I trauma centers surveyed in Washington, D.C. 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 214% of capacity in the Level I trauma centers in Washington, D.C.
- **The total number of available treatment spaces in the emergency rooms of the Level I trauma centers in Washington, D.C., was insufficient to respond to a Madrid event.** After the Madrid attack, 270 victims were transported to one hospital for emergency care. In total, the emergency rooms in Level I trauma centers in Washington, D.C. had zero available treatment spaces to address the demands

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 Chicago, Denver, Houston, Los Angeles, Minneapolis, and New York City.

² The only Level I trauma center in Washington, D.C. that did not respond was Howard University Hospital. The Committee contacted the regional emergency medical services authorities in Washington, D.C. and learned that Howard University Hospital was on diversion at the time of the survey.

³ Department of Homeland Security, *Tier I Urban Area Security Initiative Jurisdictions* (online at www.dhs.gov/xlibrary/assets/grants-2007-program-overview-010507.pdf).

⁴ 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).

faced by one hospital in Madrid on the day of the bombing. Both centers were already using overflow spaces.

- **Of all the hospitals surveyed, the single most overloaded emergency room was in Washington, D.C.** On the afternoon of the survey, the number of patients at Washington Hospital Center was 286% of the number of treatment spaces. No other emergency room in the survey across the country had a higher number of patients in relation to the number of standard treatment spaces.

Surge capacity depends on more than sufficient space in the emergency room. A hospital must also be able to provide sufficient critical care resources, such as space in intensive care units, and 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 such severe shortages of critical care and inpatient beds that many of the hospitals we surveyed were already “boarding” admitted patients in their emergency room. The survey found:

- **None of the Level I trauma centers surveyed in Washington, D.C. 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. Neither of the Level I trauma centers surveyed in Washington, D.C. had the critical care capacity to handle this volume of severely injured victims. On average, the trauma centers surveyed had only six intensive care unit beds available.
- **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 Washington, D.C. had only 24 beds available.