

Hospitals feel pressure as Eagle Ford injuries rise



An Air Evac medical helicopter takes off from its pad next to Dimmit County Regional Hospital, answering a call for a major vehicle accident on Texas Highway 85 about 3 miles out of Carrizo Springs involving an 18 wheeler and a vehicle owned by Chesapeake Energy. One patient was transported by air to a hospital in San Antonio. Dimmit County Regional Hospital has seen a dramatic increase in trauma cases directly associated from the oil and gas industry in the Eagle Ford Shale. Wednesday, Feb. 19, 2014.

By Peggy O'Hare

February 22, 2014 | Updated: February 22, 2014 10:42pm

SAN ANTONIO — With drilling increasing dramatically in the Eagle Ford Shale, patients from the region with serious injuries have turned up in fast-increasing numbers at San Antonio's top trauma hospitals.

More people injured in falls, crashes, stabbings and shootings or suffering from burns also are increasing pressure on rural hospitals in the shale region, a trauma registry maintained by the Southwest Texas Regional Advisory Council indicates.

At Dimmit Regional Hospital in Carrizo Springs, a Level IV trauma center, emergency-room visits have doubled — and, on occasion, tripled — from monthly levels recorded just three years ago, said Ernest Flores Jr., who retired as the hospital's CEO earlier this month and now is a consultant for the medical facility.

Dr. Brian Eastridge has witnessed the surge both in San Antonio and the South Texas play.

“Not only are we seeing greater numbers of injury, but we're also seeing greater numbers of more significant injury coming from there ... all in a social era that we're expected to do basically more with less,” said Eastridge, University Health System's trauma director and vice chairman of STRAC, which collects the injury data from hospitals in the 22-county region.

“They're gold-rush cities down there. There are lots of working-age people in fairly close proximity. It's hard work, long hours, work hard, play hard.”

University Hospital and San Antonio Military Medical Center are catching much of the influx as the region's only Level I trauma centers — hospitals providing the most comprehensive care, with general surgeons and surgical specialists on-site around the clock, teaching and research programs, injury prevention programs and rehabilitation services.

There are no Level I trauma centers south of San Antonio. Rural hospitals in the Eagle Ford are Level IV trauma centers, meaning they provide more basic emergency medicine services.

And a few counties in STRAC's region have no hospitals at all, such as Live Oak, McMullen and Zavala counties.

The largest oil and gas companies doing business in the shale play declined to be interviewed about the region's rising injury rates and stretched medical resources.

Several referred questions to the South Texas Energy and Economic Roundtable, an industry group that handles public advocacy for oil and gas interests in the region.

STEER President Omar Garcia said safety is a top priority for the group's participating companies, noting some have contracted outside health care providers, such as XstremeMD, to avoid burdening local hospitals and clinics.

The news isn't all bad for health care providers in the area, Garcia added. Success in the Eagle Ford is spurring growth at some hospitals and generating more high-paying jobs in the medical field throughout South Texas, Garcia said.

Some San Antonio-based hospitals have sought STEER's input on which markets in the shale play need more medical facilities, he said.

But San Antonio's major trauma centers must remain flexible and prepared to handle the increased patient caseload and more acute injuries, Eastridge said.

When rural hospitals become overwhelmed, patients go to one of San Antonio's Level I trauma facilities, “which taxes the top tier of the system,” he said.

Dimmit Regional receives about 1,000 emergency-room visits a month and sometimes as many as 1,200, Ernest Flores said. Three years ago, 400 or 500 visits a month were typical.

To cope, Flores brought in more nurses and staff during his tenure as CEO, boosting the hospital's number of employees by 30 percent. He also worked with Air Evac Lifeteam, a company headquartered in Missouri, to station a medical helicopter by the hospital.

The Eagle Ford boom has changed the landscape dramatically, but Flores doesn't complain.

“The good it's done for this community has been unspeakable,” he said. “We have a new school coming up. And the hospital's doing well. The community's employed. ... Overall, the economy has really done well because of what happened.”

Rush's downside

The numbers tell the story. Since 2008, when the Eagle Ford Shale became part of Texas lexicon, almost all types of traumatic injuries have increased, some of them significantly, throughout the play, according to the region's trauma registry.

Certain injuries in STRAC's jurisdiction — which spans from Maverick and Dimmit counties in the west to Karnes and Gonzales counties in the east — showed notable spikes in 2011 and 2012. Annual numbers for 2013 are not yet available.

The data provided by STRAC included patients treated at rural hospitals and those brought to University Hospital, SAMMC, Methodist Hospital or North Central Baptist Hospital in San Antonio for more critical care.

Among the injuries that increased the most: falls from varying heights.

Such incidents jumped 150 percent in 2012 from the number recorded in 2008, STRAC's data showed.

Similarly, the hospitals saw a surge in car crash injuries, which increased 114 percent in 2012 from the 179 victims treated in 2008.

Knife wounds treated by the hospitals nearly tripled in the same time period, while gunshot wounds more than doubled.

Karnes, DeWitt, Dimmit, Maverick and McMullen counties recorded significant increases in traumatic injuries resulting in hospital care, the data showed.

The number of patients who suffered such injuries in Karnes County in 2012, for instance, more than tripled the level recorded there in 2008. Dimmit County showed a similar uptick.

The statistics did not specify which injuries occurred at oil and gas work sites. Incidents that resulted in immediate fatalities also weren't included, since victims in those cases did not go to hospitals for medical care.

The data also did not include patients treated and released from a hospital in less than 24 hours, STRAC officials said.

“The most common injuries you'll see are motor vehicle crashes,” said Shawn Salter, CEO of the medical helicopter service San Antonio AirLife, which routinely responds to emergency calls in the Eagle Ford Shale. “Whenever you go to industrial-related scenes like drilling and fracking, you will see everything from burns — steam, thermal, chemical burns — (to) crush injuries, fractures and falls.”

SAMMC, which treats both military and civilian patients, projects it admitted around 2,300 people with traumatic injuries last year, compared to 1,740 such admissions in 2010, said Air Force Lt. Col. Jeremy Cannon, the hospital's chief of trauma and critical care.

SAMMC treated 10 patients with oil-field-related injuries in 2013, compared to eight such patients in 2012 and one patient in 2010, spokesman Dewey Mitchell said.

University Hospital also has admitted more trauma patients from counties in the Eagle Ford region since 2008.

While its 2013 data are incomplete, the hospital treated at least 352 patients with traumatic injuries last year from certain counties in the Eagle Ford Shale region, an 81 percent increase over the 194 such patients received from that area in 2008.

Those patients came from Atascosa, DeWitt, Dimmit, Frio, Gonzales, Karnes, La Salle, Lavaca, Live Oak, Maverick, McMullen, Webb, Wilson and Zavala counties.

The strain is evident far beyond the medical field, said a former Wilford Hall Medical Center commander who drove through South Texas two years ago to observe the effects of industrial growth.

“All community services are being stressed,” said retired U.S. Air Force Lt. Gen. Paul Carlton Jr., recalling his trek across the area. “The roads were horrible. They were being torn up by big trucks. I tried to check into motels, hotels — none were available.

“I'd never waited an hour and a half at McDonald's in my life, but that's what happened in Carrizo Springs. And it was 3 o'clock in the afternoon.”

Varying responses

Many large oil and gas companies working in the shale were reluctant to discuss the issue with the Express-News. Those that declined comment or did not respond included Anadarko Petroleum Corp., ConocoPhillips, Lewis Energy Group, Murphy Oil Corp. and Shell. Others — such as Chesapeake Energy Corp., EOG Resources Inc. and BHP Billiton Petroleum — referred questions to STEER.

Some operators have hired telemedicine companies to care for employees to avoid burdening South Texas' medical facilities. Pioneer Natural Resources and Marathon Oil Corp. joined three other producers to hire XstremeMD to provide medical services.

Talisman Energy USA, an operator in the Eagle Ford, said it employs a third-party safety company to station its work sites around the clock and provide first aid and emergency medical services as needed.

Statoil said it has a health and safety official present during drilling and completion activities, but does not station medical personnel, ambulances or medical helicopters at its work sites.

Garcia, the president of STEER, said the oil and gas industry is open to hosting a discussion with medical providers and local governments about the area's health care needs.

Beefing up medical resources in the play likely will require both public and private funds, Garcia said. He noted many producers have donated funds and emergency response equipment to fire departments, ambulance crews and medical clinics in communities where they work.

Costs in S.A.

Bexar County Precinct 2 Commissioner Paul Elizondo is primarily worried about the influx's impact on the publicly funded University Hospital.

“With the good comes the bad. And we've got to find a way to deal with the bad,” Elizondo said.

Elizondo wants to know how many patients injured in the Eagle Ford Shale region wind up at University and if Bexar County taxpayers end up shouldering any of those costs.

The longtime county commissioner has proposed that oil and gas companies reaping the play's rewards help pay for hospital care its employees receive if those workers can't pay the bills. He suggested local governments in rural counties down south do the same for constituents who can't pay.

“I don't think the people of Bexar County should be paying for health care costs for people in other counties, period,” Elizondo said. “We've done that for many, many years because we are a regional hospital. As long as the other counties reimburse us, it's cool. But they generally don't.”

However, most workers in the oil and gas industry have health insurance, and employees hurt on the job generally will be covered by workers compensation, Eastridge and STRAC officials said.

“I think it's probably a false supposition that all these people coming from the other counties are unfunded,” Eastridge said. “It's not justified by the data. It's actually the opposite.”

At least two-thirds of trauma patients admitted to University Hospital between 2008 and 2013 had some form of health coverage, while the remaining third were considered “unfunded” patients, meaning they lacked coverage of any kind, according to UHS data.

Once Bexar County residents were excluded from that data, however, the numbers show roughly 80 percent of trauma patients from rural counties in the Eagle Ford admitted to University Hospital had some form of health coverage. Elizondo suggested the hospital district could negotiate medical care contracts with energy companies or perhaps work with rural counties to establish more medical facilities in South Texas. However, contracts to provide health care services generally will not include trauma care, UHS officials said.

Meanwhile, Methodist Healthcare Ministries is taking a closer look at health care access in the Eagle Ford Shale with a study examining medical infrastructure in 18 counties in the region and how those counties can accommodate growth.

Its findings won't be released until later in the spring, a spokeswoman said.

Fixes?

Retired Air Force Brig. Gen. David Young III, another former Wilford Hall commander, said oil and gas companies listened politely when he suggested several years ago that the industry partner with local governments to address the shale play's medical resources. The proposal went nowhere.

“No one knows how long the oil and gas will be pumped,” Young said. “Therefore, the oil companies aren't going to invest in big fixed structures. And their answer is, 'It's not our problem. We're not in the health care business.’”

Carlton, the retired Air Force three-star officer previously at Wilford Hall, has an idea for accommodating surging medical needs in the Eagle Ford Shale. He suggests factory-built hospitals, which can be shipped in components and assembled — then relocated as needed — to provide more Level III or IV trauma centers closer to the drilling sites.

The modular buildings can be installed for a fraction of the cost of a permanent hospital, said Carlton, a former Air Force surgeon general and past director of Texas A&M University Health Science Center's Office of Homeland Security. If drilling activity wanes, the hospitals can be broken down and shipped by truck or rail to other work sites where heavy activity is projected.

A modular facility was used in Joplin, Mo., after a massive tornado wiped out the medical center there in 2011. The new 150,000-square-foot center, meeting all medical standards and shipped piece by piece from a California factory, was built at a cost of \$356 per square foot — far less than a conventional hospital, Carlton said.

“That compares to \$1,200 to \$1,500 a square foot when you build (a hospital) more conventionally onsite with soaring entryways and fancy waterworks and things of that sort,” Carlton said. “I call that fluff. And fluff is important, but we're dealing with something that is a matter of life and death, and may not be there for a long time.”

The modular structures also could start as clinics, with hospital functions added later if patient volume justifies such changes, he said.

Whether it's modular hospitals or more permanent structures, moving forward likely will require a partnership between local governments in the region, producers and medical providers.

“Someone's going to have to stand up and say, 'OK, San Antonio cannot just simply continue to absorb and absorb and absorb everything that is going to happen as a result of the Eagle Ford Shale without there being a piper to pay somewhere,’” Young said.

pohare@express-news.net