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THE INFORMED PATIENT

By LAURA LANDRO



Hospitals Step Up Disaster-Preparedness

September 6, 2006; Page D4

In the hours after the Sep. 11, 2001, terrorist attacks, New York Downtown Hospital was so inundated with casualties that it was forced to turn its cafeteria into a makeshift second emergency room to treat more than 1,200 patients. Today, when the hospital opens a new \$25 million state-of-the-art emergency room double the size of the one it replaces, it will also have new gas pipes for oxygen and other equipment in the cafeteria to better equip it for backup care in the event of another mass emergency.

Around the country, hospitals are preparing for disaster, redesigning emergency facilities to handle any sudden surge in patients, and adding features like decontamination showers and "negative pressure" rooms to isolate infectious patients. They are improving coordination efforts with local emergency and health-care organizations, and sharing lessons learned from catastrophic events like Sept. 11 and last year's Hurricane Katrina at meetings around the country. A symposium on response to large-scale emergencies will be led by Downtown Hospital on Sept. 18 in New York.

But for all the progress in improving readiness, experts warn there is still a long way to go. Many hospitals and local governments remain unprepared for the worst, with emergency departments so overcrowded in major cities that they can barely handle a multiple car crash, let alone mass casualties, according to a recent report from the Institute of Medicine, part of the government advisory National Academy of Sciences. Hospital groups warn that lack of coordination among several different agencies administering disaster programs -- including the Department of Homeland Security, the Centers for Disease Control and Prevention, and the Health Resources and Services Administration -- has increased potential for confusion and waste. Hospital groups want more input in decision-making about how funds will be used, while local public-health officials want more direct access to funds now being distributed by state health departments.

While nearly \$4 billion in federal dollars has gone to state, local and hospital preparedness since 2001, the IOM says first responders such as emergency medical services and hospital emergency departments have received inadequate funding under the programs. Congress is now considering reauthorizing

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the 2002 legislation that created the disaster-preparedness programs, and the IOM recommends significant increases for such critical needs as trauma care, emergency-services response to explosives and personal protective gear for staff.

As health-care systems work to improve readiness, there are ways that individuals can find out how prepared their local facilities are. The American Hospital Association Web site (www.aha.org) has links to state, regional and metropolitan hospital associations, and many provide disaster-preparedness-information and local-hospital Web sites where consumers can learn more.

Project Public Health Ready, a pilot program from the National Association of County and City Health Officials, has evaluated dozens of local health departments on their ability to respond to public-health emergencies and designated 38 of them as "Public Health Ready," including Palm Beach County, Fla., and Houston's Department of Health and Human Services. A list of departments with the ready designation is available at www.naccho.org.

"We've had enough wake-up calls to be able to identify what communities should expect their local health department to be able to do" says NACCHO Executive Director Patrick Libbey. His group is now asking the CDC, which funded the readiness-evaluation pilot, to expand the program nationally, but says in the meantime local health departments can start preparing for emergencies, including coordinating efforts with neighboring communities and training drills for staffers.

While funding remains an issue for many hospitals, New York Downtown Hospital was able to raise most of the \$25 million it needed for its new ER from Wall Street firms including Goldman Sachs Group and Lehman Brothers Holdings. New York Downtown's chief executive, Bruce Logan, says hospital officials visited Shaare Zedek hospital in Jerusalem, where they came away with the idea for a new decontamination facility

Preparing for Disaster

How hospitals around the country are planning for potential mass casualties:

- **Yale New Haven Health System**, New Haven, Conn.
Opened Center for Emergency Preparedness and Disaster Response in 2002; has portable decontamination tents and protective gear for bioterrorism and chemical agents; stockpiles antibiotics and antidotes to chemical agents; lab can detect chromosomal changes from radiation.
- **George Washington University Hospital**, Washington, D.C.
Opened Center for Emergency Preparedness in 2002; new decontamination center; investing in portable filters to convert wards to "negative pressure" isolation rooms; training for terrorism, disease outbreak, hazardous-materials emergencies.
- **Detroit Medical Center**, Detroit, Mich.
Coordinating regional Medical Biodefense Network of hospitals for disaster preparedness; program includes portable decontamination tents, mobile-response units, radiological-detection devices. Conducts bioterrorism response drills.
- **Swedish Medical Center**, Seattle
New emergency lock-down procedures; training in national Hospital Incident Command System; decontamination showers; contingency planning for power, oxygen, communications; drills to evacuate ventilator, traction and surgery patients and discharge non-urgent cases in emergencies.

with 16 high-powered showers for chemical exposure. David Raveh, an infectious-disease specialist at Shaare Zedek, who will discuss his hospitals' flu pandemic strategies at the Sept. 18 meeting, notes

that the danger of such an outbreak in Israel is slim. But with the ever-present threat of attack

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in his country, "we use it as an excuse to prepare again and again for bioterrorism," says Dr. Raveh.

Some experts warn, though, that regions in the U.S. should prioritize based on the type of events they might likely face. Many communities use "all hazards" training programs that prepare for any catastrophe, be it a terrorist attack, a hurricane or a disease outbreak. But "the reality is that we are much more likely in certain areas to sustain natural disasters than terrorist attacks, and we need to regroup to spend more time and energy on preparing for them," says John Wales, medical director of the emergency department at East Jefferson General Hospital in New Orleans, which stayed open in the aftermath of Katrina.

Among other things, Dr. Wales notes, Katrina made it clear that hospitals and public-health departments in natural-disaster-prone areas need to worry most about events that may shut down supply lines, power and transportation for days at a time. They should plan for electronic medical records, backup fuel for generators, food rations and security to protect hospitals and their workers who stay on the job, he says.

Premier Inc., an alliance of 1,500 nonprofit hospitals and health systems, convened a task force in June with members and suppliers to discuss some of the nuts and bolts of disaster preparedness, such as how to contact suppliers in an emergency and ensure a ready supply of health-care equipment like masks, gloves and gowns when most hospitals run on "just-in-time" inventory policies that don't allow them to stockpile supplies.

Gina Pugliese, vice president of Premier's Safety Institute, says rival hospitals in the same region can also be reluctant to share information, "but there has to be collaboration that cuts through the competitiveness" in disaster preparation.

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