Prepared or Preparedness

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The most recent disasters all have one common factor. It does not matter if the nature of the disaster is man-made or natural, accidental or intentional, local or global. This common factor is the need for qualified healthcare once the victims are identified and removed from the scene of whatever tragedy has befallen them.In the United States, a hospital often seems as close as the next corner in many areas, or even in the extreme a short Medivac flight away. Hospitals have extensive IT systems and disaster recovery plans to support them. Do they have business continuity plans for the business units when disaster strikes?

EMS often speaks of the “golden hour,” a term that means that once an accident occurs the patients from that accident stand increasingly greater chances of survival the quicker they get care from qualified hospitals. The expectation is that the hospital personnel are prepared to treat whatever comes through the emergency room doors, no matter the systems required to save the lives of the injured. They are expected to be prepared. Most are, but do they have preparedness plans?

The problems with preparedness in the hospital environment, and the necessity for hospitals in emergency preparedness, were identified in a recent article in The Journal of Homeland Security by Jeffery Rubin. He notes, “There is no suitable alternative to an engaged hospital when trying to plan for or manage a mass-casualty incident or other type of a large-scale disaster affecting a community. ... Despite requirements, standards, and best intentions, the combination of staff and equipment shortages, lack of surge capacity, and minimal funding have remained significant obstacles. Although there have been (and likely will continue to be) substantial improvements, most hospitals are still unprepared to effectively manage the results of a major incident – whether due to mishap, terrorism, natural disaster, or infectious disease outbreak – requiring treatment of mass casualties, staff protection, or facility evacuation. An incident contemporaneous with local or regional infrastructure disruption will not only magnify hospital shortcomings and will further hamper effective hospital response and hospital and community recovery.”

This problem will be emphasized as disasters increase in frequency and size. The bottom line is that more needs to be done in the area of emergency preparedness, within the realm of hospitals, in an attempt to save and enhance life for the communities they serve.
Hospitals are prepared for the disasters and the influx of patients that they bring. They are required by departments of health and the Joint Commission on Accreditation of Hospitals Organization (JCAHO) to have disaster manuals with policies and procedures guiding the practitioners as to what to do, if a disaster occurs. There is a question about the preparedness of IT personnel to support the surge of demands on their applications when disaster strikes, particular if that disaster is something like the pandemic. When infectious diseases strike, IT personnel are as likely to be affected as anyone. Therefore, hospital IT departments may not have the required personnel to support emergency services.

The hospitals are prepared, but they often do not have preparedness. Preparedness is more than having the tools on the shelf and the manual in the box. Hospital IT departments need to partner with clinical staff and business units to gain preparedness by drilling with more purpose than just meeting a requirement for regulators. They need to know the broader business continuity plan’s contents before an event or drill occurs. Planning sessions need to be multidisciplinary and include senior management. Finally, they need to be integrated into daily and weekly practice to assure understanding and readiness at any moment. The

telephone and radio systems planned for disasters need to be used daily so that they become commonplace. The employees' skills and responsibilities need to be tested and reviewed, and the IT and technology specialists all need to have a preparedness mindset to assure that when the disaster strikes the plan will only need to be a reference guide rather than a "survival manual." Prepared is the regulation; preparedness should be the goal.

At PPBI, the focus is more on the role of leadership and partnership in disaster preparedness. More IT departments in hospitals and critical infrastructure providers are preparing for pandemics and other disasters through carefully designed exercises. Senior management support is required for conducting successful exercises.

PPBI offered "Leadership in Disasters: BC Practitioner's Guide to Senior Management Support" for the first time at DRJ Spring World 2008 in Orlando. It will also be offered in San Diego in September. Contact us at ppbi@twcny.rr.com.

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