

Regional Hospital Collaboration on Disaster-Related Medical Care Improves Overall Quality of Care

Presented by John Simkovich, DDS, MHA Regional Health Director for Region 7 of the South Carolina Department of Health and Environmental Control (Charleston/Tri-County Area, South Carolina)

Lessons Learned: A medical community that sets aside competition to collaborate on region-wide disaster planning reaps daily rewards, including efficiencies, cost savings, improved public health disaster preparedness, and overall quality of public health.

Numerous examples exist of what happens in a disaster when there is a lack of planned and practiced health care response. Oklahoma City had 16 health care facilities within easy ambulance range of the Murrah Building at the time of the bombing. The majority of the victims ended up at the three closest facilities, either arriving on their own or transported by local emergency medical services (EMS). The closest hospital received the highest number of patients and the worst cases. The uncoordinated response compounded the medical crisis.

In the aftermath of the collapse of the Twin Towers, there was massive confusion about where the injured were in the New York City hospital system. Hospitals expended untold energy fielding calls from frantic family and friends trying to locate loved ones. There was no central tracking system in place to handle those calls. The result was added stress to families and added work to the overburdened hospital staff.

The anthrax event in the Washington, D.C., area revealed no formal information management system was in place. The poor coordination between jurisdictions and the lack of standardization of evaluation and treatment compounded the medical crisis.

The negative impact on a community that fails to plan, train, and prepare for a coordinated response to a disaster is obvious. National health care organizations, such as the Joint Commission on Accreditation of Healthcare Organizations, now require that hospitals and other health care organizations develop community-wide disaster response plans where all health care provider organizations are expected at the planning table with the intent of partnering to ensure the efficient use of limited resources.

As Health Director of Region 7 for the South Carolina Department of Health and Environmental Control (DHEC), John Simkovich was in charge of bringing the Charleston/Tri-County health care community together to plan cooperatively in the aftermath of September 11 attacks. “We became aware that everyone was operating in stovepipes; they were very competitive. With seven hospitals, including a federal Veterans hospital, if you had a disaster you didn’t know what resources you had from where,” he said. He added that the competitive spirit was so



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pervasive that some health care leaders were reluctant to be in the same room, let alone work together on the development of a region-wide disaster response plan.

“The big part *and* the hardest part is keeping it all together,” said Simkovich. “It’s like herding cats. They want to scatter. I try to keep them focused on the community goal of collaboration and response.”



To undertake the collaboration, the Tri-County area established a council made up of representatives from each area hospital. These included emergency preparedness officials, a representative appointed by each hospital’s chief executive officer (CEO), local EMS, other local emergency management directors and public health organization representatives. The hospital CEOs’ representatives meet quarterly, and the hospital disaster preparedness representatives meet more often.

Of critical importance was establishing the Regional Hospital Coordinating Center (RHCC), a location from which the hospitals can coordinate during a disaster. The RHCC supports the development of a coordinated health and medical response by

- unifying hospital command for incident responses and communication,
- coordinating community-wide all-hazards response, and
- enhancing capability and response to mass casualty incidents.

“We started meeting quarterly, helping to bring the community together. Along with that we brought in emergency management. What we have now is inter-hospital collaboration,” explained Simkovich.

Just by sitting down together, they discovered quickly that a number of organizations had contracts with the same entity to perform services during a disaster. “What brings it home is you get everyone around the same table and you discover you have the same contract with the same company and realize how limited it would be if called on,” he said. “Leadership at the top makes a big difference. We have the opportunity now to share information. Ann Sports is the Region’s liaison with community organizations and officials. From the mayors to the fire chiefs to the school superintendents, it’s important to have those networks of collaboration. ”

Among the areas the collaboration has focused on are responder safety; information management; coordinating diverse operating systems; resolving intergovernmental issues; providing medical asset support; addressing time constraints; and incorporating health and medical facilities into the public safety response system, specifically the Incident Management System.

In addition to an executive council, the RHCC has divisions for patient resource management, planning, communication and public information, and logistics. The patient resource management division is composed of three to five operational units with representatives from emergency transport, patient-victim triage, tracking, and hospital resource utilization. A mental health representative is assigned to communicate and coordinate with mental health professionals to meet the needs of the community during the event.



The planning division, led by the planning chief and deputy, develops alternatives for tactical operations; documents all key activities, actions, and decisions; develops strategic response and sets goals for the next operational period; and tracks the need for personnel, materials, and patient beds. It is organized into functional units, described here.



- The operational, triage, and EMS unit is set up to communicate with field operations, match patient injury with the appropriate health care facility, and relay the patient tracking number and the nature of the injury to the situation unit.
- The situation unit is composed of representatives from area hospitals who communicate with their individual hospital command centers, obtain a current census, ascertain bed status and ER status, and track blood supplies.
- The resource unit maintains a master list of the status of personnel, monitors supplies and major equipment, ensures that adequate resources are available, and identifies the needs for the next operational period.

The communication division is responsible for coordinating communication between all facilities, ensuring that redundant systems exist between all partners, including cell phones, land lines, satellite phones, 800 MHz, and amateur radio operators.

The logistics division is responsible for maintaining the physical environment of the RHCC, including communication systems, computers, and food and water for staff. This group also maintains the labor pool, tracks expenses and personnel, arranges accommodations for workers, and is responsible for demobilization.

Simkovich pointed out that DHEC, regarded as a neutral convener, helped overcome competitive barriers and strengthen the medical community through the establishment of the RHCC. “The establishment of a regional hospital coordinating center helps to build a stronger network within the medical community.”

One major initiative that grew out of this long-term collaboration came in the form of a multi-million-dollar federal grant to set up a system of emergency medical containers, complete with radios, tents, and other vital supplies positioned in “community centers” across the Tri-County. The Tri-County area has 783 bridges, making the transportation system especially vulnerable during a seismic or flooding disaster. The 18 containers are positioned strategically throughout the Tri-County to help health care professionals if an area is cut off or hindered from accessing basic services.

With signed memorandums of understanding to share resources, health care providers now realize the value of inter-hospital collaboration, including economic savings and greater efficiencies through shared resources and by training together under one regional plan. Simkovich said the collaboration has enhanced the region’s resilience by improving the medical community’s ability to understand and assess the region’s needs during a natural disaster or other incident. Progress has been made in eliminating duplication, streamlining systems, and providing standardization.

“ The South Carolina Department of Health and Environmental Control helped overcome competitive barriers and strengthen the medical community through the establishment of a regional hospital coordinating center. ”

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The new system was put to the test during Hurricane Katrina. New Orleans contacted Charleston Air Force Base, alerting it to prepare to receive a medical evacuation plane with 135 people aboard. “We were told it was 25 minutes away,” said Simkovich. The community mobilized and, in less than 30 minutes, all responders were on location ready to receive the incoming. The plane ended up going to Charleston, West Virginia, instead, but the call served as an excellent test of the system. Charleston was ready.

“The collaboration and the value it brings are visible in everyday operations,” Simkovich said of the RHCC. “Better disaster preparedness has improved overall public health.”