If you are in charge of a healthcare facility, imagine this scenario: Your hospital has been severely damaged by a hurricane, tornado, or even a man-made disaster. Your infrastructure is heavily damaged and your communications are down...
What do you do?

You rely on, and execute, your emergency preparedness plan.

Multiple disasters in recent years have again shown how important it is for a healthcare facility to have a realistic plan that is reviewed and updated regularly. A working disaster plan must cover a variety of fronts — facilities, safety, communications, coordination of patient care — and needs staffers who are well-rehearsed in their responsibilities.

At a bare minimum, hospitals must comply with the Joint Commission’s standards for emergency management oversight, which include:

• Identifying an individual to be accountable for each of the core emergency management activities, including communications, resources and assets, safety and security, staff responsibilities, utilities and patient clinical and support activities.
• Evaluating all emergency response exercises and all responses to actual emergencies using a process that includes licensed independent practitioners as well as all levels of staff affected
• Making sure the annual emergency management planning reviews are forwarded to senior hospital leadership for review.
• Ensuring that senior management is aware of what improvements the hospital needs to implement, based on emergency management planning reviews.

But those basics probably are not enough. “Too many of our nation’s hospitals have become complacent over disaster preparedness,” Paul Richter, emergency management coordinator for the South Carolina Hospital Association, wrote in a report for the American Society for Healthcare Engineering (ASHE).

“It would benefit hospitals to take time to talk to those recently effected by floods, earthquakes or hurricanes, so that they would learn that to be really prepared to face and survive a disaster, extensive, in-depth planning must take place,” he wrote.
**Staff coordination**

Imagine that a F5 tornado has heavily damaged your facility. All communications are down. Even backup communications are impacted. All you have is your staff, and all your staff has is the training it has received.

The development of a disaster communications plan should include ideas from staffers across the hospital, according to the ASHE. These ideas should include contingencies for medical staff, administration (including risk management), operating room management, nursing staff, emergency department, security, communications, public relations, medical records and admissions, engineering/maintenance, laboratory, radiology and respiratory therapy.

And despite the amount of input necessary, it’s best if the final result is simple to digest.

“Disaster manuals should be comprehensive, yet simple. Where possible, important tasks, procedures, supplies, equipment, etc. should be in a checklist format. Each job within the hospital should have a checklist for its specific tasks,” Richter wrote.

**Communications**

If your staff lost the ability to access patient data and could not communicate with each other or first responders, how could you serve your patients?

After a massive storm, “assessment of the remaining infrastructure must begin immediately,” said Stephen Devine, the assistant director of the Missouri Statewide Interoperability Network. The network, a branch of the state’s Department of Public Safety, provides a platform for local, state, regional and federal agencies to communicate with each other in emergency and disaster scenarios.

“There are now about 700 agencies on MOSWIN with interoperable access and about 100 that are utilizing the system full-time,” Devine said. The agency has the ability to move in additional towers and radio equipment to an affected area if needed, he said.

Here are some key steps in preparing for disaster that will keep voice and data communications live:

- Find out what kind of emergency voice and data communication services your vendors offer. Disaster recovery services may fall
outside of maintenance contract, and service-level agreements may not include that disaster recovery services either.

- Make sure equipment has separate power supplies, battery backup systems, grounding and lightning protection.
- Locate voice and data equipment in a separate room as opposed to sharing a room with other systems.

The key here is to be sure that everyone knows exactly where they should be and what they should be doing in the event of a disaster, and that those requirements are documented. Otherwise, it’s likely that the voice and data loss will prolong itself.

**Patient Care**

Consider Superstorm Sandy in 2012. Hundreds of patients had to be evacuated from some New York hospitals after the East River flooded.

“If you asked me the one city in America that has its act together, I would have said New York,” Dr. Art Kellerman, a healthcare emergency preparedness expert for RAND Corp., told Reuters. “That tells you how much trouble we’re in in Dayton and Detroit and Sacramento.”

In a major natural disaster, even redundant backup power and communications systems can be knocked out of service. That is what happened to one Missouri hospital that was hit in 2011 by an EF-5 tornado that wreaked massive damage on the infrastructure.

The tornado caused major damage to communications power and other infrastructure in Joplin, where the hospital is located. According to the Federal Emergency Management Agency, 50 cellular towers stopped functioning and 10 were destroyed. EMS services also were impacted, since two area hospitals which were hit hard operate Joplin’s EMS.

Despite the staggering losses, the hospital staff had many critical tasks to accomplish. They needed to construct and equip a temporary Level II trauma center in the hospital parking lot to help with disaster relief efforts. They needed voice communications between care team members and security staff, and data connectivity to the trauma center’s network to allow for medical record access and connection to first-responder teams. Meanwhile, the hospital had to figure out how to coordinate inpatient care between departments.
After the tornado hit the hospital, the Missouri-1 Disaster Medical Assistance Team (MO-1 DMAT) set out to quickly construct and equip a temporary Level II Trauma Center in the hospital parking lot to assist in the disaster relief efforts. The facility needed to offer around-the-clock emergency, surgery, imaging and lab services, as well as inpatient care.

The hospital called on the Sprint Emergency Response Team (ERT) to address their voice and data communications needs. The ERT is a group of communication professionals and experts trained to provide scalable and robust short-term communications for customers during any event from planned, large scale events, training exercises, to emergency situations.

When the tornado destroyed communications systems, Sprint ERT provided communications support, wireless telecommunications equipment and personnel to support operations that require voice and IP connectivity.

At the scene of the disaster, the Sprint ERT used a SatCOLT (Satellite Cell on Light Truck) to offer national voice calling capabilities, as well as IP services for wide area network connectivity and VoIP. The SatCOLT can deliver these services even when the local on-the-ground networks voice and data networks aren’t available. Sprint also brought in equipment to secure voice, video and data services for the temporary joint field office operations.

Sprint deployed more than 150 mobile devices to provide wireless voice coverage and mobile data services to the hospital and the state’s disaster assistance team, with the help of the SatCOLTs. It also provided data services to restore immediate connectivity back to the hospital’s remote data center for all of their computers and medical devices deployed at a temporary hospital facility. In addition, Sprint push-to-talk devices gave the trauma center the ability to instantly communicate with care teams, administration officials and public safety.

**Conclusion**

The bottom line is that managing disasters is not a single event, but a process in which hospital stakeholders review the potential impacts and plan accordingly. If a hospital has a sound disaster plan in place, reviews the plan and make changes as needed and invests in disaster-related technology, it is likely to bring up voice and data quickly and efficiently when disaster hits and continue to provide critical patient care when it’s most needed.
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