



Managing Surge Needs for Injuries: Hospitalists' Response

PURPOSE

Within four hours, leverage the knowledge and skills of hospitalists to treat 300 patients injured from explosions and to sustain care for 72 hours.

BACKGROUND

The Madrid terrorist bombings were used as a model to help develop solutions for managing rapid surge problems during a mass casualty event.

On March 11, 2004, 10 terrorist explosions occurred almost simultaneously on commuter trains in Madrid killing 177 people instantly and injuring more than 2,000. That day, 966 patients were taken to 15 public community hospitals. More than 270 patients arrived at the closest facility between 0800 and 1030 hours.

Federal resources should not be expected to arrive sooner than 72 hours from the time of explosion. Resources can be delayed by the time taken to deploy them and by responding to multiple communities.

Emergency Medical
Service Response

Emergency Department
Response

Surgical and Intensive
Care Unit Response

Radiology Response

Blood Bank Response

Hospitalists' Response

Administration Response

Drugs and Pharmaceutical
Supplies

Nursing Care

GOAL

Within four hours of an explosion, deploy staff and functioning beds to treat at least 300 injured patients who require acute inpatient and intensive care for 72 hours.

The boldfaced terms have the following meaning:

- **deploy** - represents the sum of the following:
 - redefine (standards of care)
 - reallocate (on-site staff)
 - recruit (off-site staff)
- **functioning** - represents the sum of the following:
 - supplied (items necessary for care are available)
 - serviced (patients with assigned caregivers, available clinical support services such as laboratory, radiology, and pharmacy)
 - stepped-down (patients capable of being transferred from ICU but in need of close monitoring)

RESOURCES REQUIRED

1. The general public's and health care communities' education and acceptance of the concept and need for altered standards of care during a large-scale disaster response.
2. Adequate staffing to support response efforts (physicians, nurses, technicians, support staff, supplies, and equipment).
3. Mechanism to implement an altered standard of care. This should include ways to rapidly "step down" suitable patients (e.g., from ICU to floor and from floor to elsewhere).

4. Mechanism within hospitals that place hospitalists into “real-time” roles that enable them to allocate and ration resources and to serve as advisors to and outreach arms of Incident Command.

This document is a resource guide. Local needs, preferences, and capabilities of the affected communities may vary.

ASSUMPTIONS

1. Effective clinical response to a surge of patients from a bombing event will require coordination and cooperation among multiple medical specialties.
2. Hospitalists will be an integral component of identifying available hospital beds, discharging patients, caring for patients, and providing additional support during the response.

ACTION STEPS

1. Develop and disseminate an alternate standard-of-care policy for use during a disaster situation. Include in-hospital triage for alternate levels of care, early transfer to lower levels of care, and early discharge. Consider using the Agency for Healthcare Research and Quality document as a reference.
2. Convene ethics panel as necessary. Enlist Society of Hospital Medicine (SHM) Ethics Committee as needed.
3. Educate appropriate staff about the alternate standard care policy.
4. Ensure that hospitalists are incorporated into the disaster response of each hospital to address the issues related to effective preparedness and response.

EVALUATION

1. Conduct an exercise that implements the alternate standard of care policy and uses hospitals as designated in the disaster plan.
2. Critique the exercise against the response plan; emphasize issues about the alternate standards of care and performance of hospitalists.
3. Revise alternate standard of care policy and disaster plan based on of the outcome of the exercise.