

Results: This tool builds upon previous design efforts by applying a standardized method for examining the situational dynamics associated with the incident. These include: (1) hospital demographics; (2) disaster plan characteristics; (3) impact of 2005 hurricane season; (4) hospital decision-making and incident command; (5) movement of patients within the facility; (6) movement of patients to other facilities, and (7) hospital recovery.

Conclusions: Applying a standardized hospital evacuation tool provides an opportunity to study both individual and regional hospital evacuation decision-making so that Incident Management Teams may better prepare for the likelihood to evacuate.

Keywords: benchmarking; data collection; decision-making; disaster; evacuation; hospitals; hurricane; incident management teams; regional; standardization

Prehosp Disast Med 2009;24(2):s27–s28

Video Technologies in Emergency Health Research in Assessing Quality of Care: A Study of Trauma Resuscitation Milestones

Ayan Sen,¹ Peter Hu,² Colin Mackenzie,² Yan Xiao,² Richard Dutton²

1. Department of Emergency Medicine, Henry Ford Hospital, Detroit, Michigan USA
2. Program in Trauma, R. Adams Cowley Shock Trauma Center, University of Maryland School of Medicine, Baltimore, Maryland USA

Background: Studies have demonstrated that trauma resuscitation times are predictive of patient outcomes and increased delays are detrimental to patient care. Use of video technologies in emergency research is a novel way of ensuring quality of care and efficiency. Resuscitation times, milestones, and factors that influence golden hour trauma patient care in the emergency department were assessed.

Methods: Following Institutional Research Board approval, video-recorded images of 145 patients presenting with major trauma were analyzed retrospectively during a four-week period. Time to computed tomography (CT) scan, conventional x-rays, Lodox Statscan, endotracheal intubation (ETI), insertion of chest tubes, and central venous access was measured from the time of patient admission. A multivariate analysis was performed to account for the influence of diurnal and on-call teams, patient census, Injury Severity Score (ISS), and the effect of Glasgow Coma Scale (GCS) score on time to resuscitation milestones.

Results: The video analysis of trauma resuscitation showed 100% compliance with time to CT within two hours in patients with GCS ≤ 13 . Reduced GCS score and high Injury Severity Scale score were strongly predictive of time to CT and ETI in a multivariate regression analysis ($p < 0.001$). Use of Lodox Imaging low emergency department census was associated with significantly reduced resuscitation times.

Conclusions: Video recording has the advantages of providing accurate times to interventions that are not hindered by poor documentation or the memory of those involved. It can be a useful tool in resuscitation quality evaluation and for identifying variances in process flow that helps address inefficiencies in emergency care.

Keywords: emergency health; quality of care; research; resuscitation; trauma; video

Prehosp Disast Med 2009;24(2):s28

Emergency Management in the United States: Fifty Years of Policies, Politics, and Disasters

Luis M. Pinet Peralta

University of Maryland Baltimore County, Baltimore, Maryland USA

Introduction: Emergency management aims to protect victims from disasters. Questions remain regarding how hazards become disasters, their functional attributes, related policy decisions, and who benefits from resulting actions. This presentation discusses who benefits the most from disaster policies and the role that political and social power plays among different socioeconomic groups.

Methods: A review of the literature was performed using keywords on disaster management, public policy, and disaster epidemiology, economic, and social impacts of disasters.

Results: Since 1953, >1,800 disaster declarations have been issued, with <2% for anthropogenic incidents. Sixty-one people per month have lost their lives, mostly from storms with >US\$800 billion in damages. Those most protected from disasters are those with greatest loss risks, not the most vulnerable, with an influence from race, class, and socioeconomic status. The failure of the market to provide affordable private disaster insurance forced the government to offer programs such as the National Flood Insurance Program (NFIP), in which the average yearly premium equals US\$500 and favors groups with more political and social power.

Conclusions: Disaster costs are distributed widely but benefits are concentrated among powerful special interest groups. Relief represents a small portion of disaster assistance for those who lack the economic, social, or political means to take advantage of it effectively, with the rest supporting more affluent groups. Emergency management must be centered on vulnerability for more equitable distribution of benefits.

Keywords: disaster policy; disaster sociology; disaster vulnerability; emergency management; research

Prehosp Disast Med 2009;24(2):s28

Compassion Fatigue: The Consequences of Caring

Lorraine Osborne

Hotel Dieu Hospital, Kingston, Ontario Canada

Introduction: Post-traumatic stress disorder (PTSD) is familiar to many people who have experienced horrific life events. Now, it has come to light that the healthcare professionals who care for these individuals also are at risk for a phenomenon known as “Secondary or Vicarious Traumatization” (ST/VT), and “Compassion Fatigue” (CF). For emergency room staff in particular, the research is almost non-existent.

Methods: Surveys were administered, including a CF self-test from the American Continuing Education Network, the Compassion Satisfaction and Fatigue test, and the Professional Quality of Life Scale.

Results: Preliminary results from nursing staff at an Ontario Level-1 Trauma Center indicated that 70% of staff was at moderate to very high risk of compassion fatigue and had high score for psychological symptomatology.

Conclusions: Compassion Fatigue and Vicarious Traumatization are taking a toll on emergency room pro-