

In summary, the use of the disastermed.ca patient database, in conjunction with the hospital's patient tracking system represents a simple and inexpensive alternative to traditional live exercises, and achieved a high degree of participant satisfaction.

Keywords: computerized database; disaster plan; education; hospital; patient tracking system; simulation

Prehosp Disast Med 2007;22(2):s172–s173

Disaster Medicine: Performance Indicators, Information Support, and Documentation

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The science of disaster medicine is more descriptive than analytical. In many instances, research has not employed quantitative methods, and the knowledge based on analytical statistics is very sparse.

Setting standards that can be used as templates for evaluation and research is an objective that constantly is addressed by leading experts in disaster medicine. Performance indicators were developed and tested on reports available from events, and it was concluded that documentation in this form was not adequate for use in this method of evaluation.

When using performance indicators for the evaluation of the medical command and control it was possible to obtain specific information about what needs to be improved.

An information system using an on-line Internet technique was studied twice. The first study concluded that the system could not yet be recommended for use during major incidents. The second study concluded that in all respects this system did not work as well as a conventional ambulance file system.

The lack of staff procedural skills also could be a contributing factor to the fact that lessons in command and control often are not learned from events.

This study shows that measurable performance indicators can be used in command and control training. If performance indicators are to be used in real events and disasters, functioning information systems must be developed. This will contribute to a process in which lessons are learned and mistakes are not repeated.

Keywords: command and control; evaluation; indicators; lessons learned; standards

Prehosp Disast Med 2007;22(2):s173

WADDEM Nursing Section

Chair: TBA

Australian Nurses Volunteering for the Sumatra-Andaman Earthquake and Tsunami: A Review of Experience and Analysis of Data from a Volunteer Hotline

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This paper provides an outline of the work undertaken by nurses who participated in the relief effort as part of Australian Medical Teams during the 2004 Tsunami response, which is contrasted with the information provided by potential volunteer nurses from the free-call tsunami

hotline established by the Australian government. The paper provides an overview of the skills and background of nurses who provided information to the hotline and describes the range and extent of experience among this cohort of potential volunteers. It is concluded that further work is required to investigate the motivations and disincentives for nurses to volunteer in (overseas) disaster work and to develop an improved understanding of the skills, experience and preparation required of volunteer responders. Further, it is argued that the development of standards for disaster health volunteer data collection would assist future responses and provide a basis for developing our understanding of this group of volunteers.

Keywords: Australia; nurses; Sumatra-Andaman Earthquake and Tsunami; tsunami; volunteers

Prehosp Disast Med 2007;22(2):s173

Hurricane Katrina

Chair: TBA

National Disaster Medical System Activation in a Public Health Response: A Tale of Hurricane Katrina

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This session will describe critical issues surrounding the National Disaster Medical System (NDMS)/Federal Emergency Management Agency (FEMA) activation during Hurricane Katrina. This response was the largest full activation of the patient movement portion of the NDMS. Expert speakers will describe the events surrounding the NDMS public health response to Hurricane Katrina, where >20,000 people were evacuated from New Orleans, Louisiana, and panelists from multiple organizations, at all levels of organization, from the local/regional front lines in New Orleans to the state and federal levels, and will present data from their Katrina experiences. Ground-level activities, giving the audience a first-hand glimpse of issues surrounding the lack of communication and organization. Dr. Swinton and Dr. Proctor then will comment on local preparedness and the national response, with specific insights into activities and operational considerations occurring at the State Emergency Operations Center and the Federal Department of Homeland Security. Dr. Rinnert will describe her experiences receiving evacuated patients at surge capacity shelters in Dallas, Texas, and include clinical and social considerations. Finally, Dr. Marty will provide a federal perspective, delineating the procedures that were in place, as well as what should have been in place for such a large-scale disaster. The session will be concluded brief question-and-answer session.

Keywords: Federal Emergency Management Agency (FEMA); Hurricane Katrina; National Disaster Medical System (NDMS); preparedness; public health response

Prehosp Disast Med 2007;22(2):s173