The Internet as a Disaster Response Tool

BY THOMAS C. LAWRY

On September 11, 2001, St. Vincent's Manhattan, the trauma center closest to the World Trade Center (WTC), implemented its disaster plan within minutes of the first plane's crash into the first tower. In the initial three hours alone, the hospital received and began treating more than 800 patients.

Along with meeting the medical, social, and spiritual needs of patients and families, the staff of St. Vincent's Manhattan and St. Vincent's Catholic Medical Center (SVCMC), of which St. Vincent's Manhattan is a member, also faced one of the greatest crisis communication challenges in the history of American health care. Cell phones became useless shortly after the attack because the number of calls attempted exceeded the capacity of the infrastructure. Regular telecommunications in and out of hospitals became unreliable as thousands of people tried to locate friends and loved ones.

In a disaster of any kind, most traditional types of communication systems fail to work, or are at least severely compromised, both during and immediately after the event. However, the Internet has proven reliable through earthquakes, floods, tornadoes, and terrorist attacks, even when other communications systems have failed.

In September people from New York City, and from around the world, turned to the Internet for information and help. "Utilization of our website doubled in the 16 days following the terrorist attack," says Kenneth Ong, MD, MPH, director of Medical Informatics at SVCMC. "People turned to it for information and help. It was also a place people turned to in an attempt to offer assistance."

In the aftermath of September 11, hospitals have been reexamining and upgrading their disaster plans. An important goal is to ensure effective and timely communications with victims' families, the media, staff, and the community at large. When disaster strikes, the Internet and other web-based tools, such as intranets and e-mail, can provide a fast, stable, and efficient means of communicating. Every hospital should incorporate these tools in a disaster readiness plan. Here are some of the lessons and ideas gleaned from the experiences of those who were on the front line during the September 11 disaster.

Creating a Disaster Information "Center"

Any hospital dealing with a disaster—whether major (such as the WTC attack) or relatively minor (such as a chemical spill at a manufacturing plant)—should be prepared to provide the public with timely and useful information about it. A quick response allays public fears and instills a sense of confidence in the actions being taken by the hospital and other community organizations. Experts say a hospital should be able to initiate outbound communications within one hour from the moment disaster strikes.

During the WTC disaster, SVCMC used its website to provide such basic information as locations for donating blood or money. However, given the experience of last September, SVCMC's leaders now realize that they must prepare their website to do more than that. "We are currently developing an online content management system for disaster communications," says Ong. "It will include processes and tools that allow nontechnical staff members to immediately begin using the website to manage disaster communications."

SVCMC is, for example, developing an online disaster communication "center" that can be quickly activated on its website in the event of a disaster. Such a center can be as simple as a set of predeveloped web pages that can be quickly linked to the site's home page. The center should be equipped with easy-to-use content editing tools, so that nontechnical staff members can use it to quickly post and manage information on the hospital's website.

A website disaster communication center should include:
- Periodic updates and status reports on the facility's response to the event

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York's September 11 experience, work collabora-
tions. We also realized a coordinated effort was
documented and tested as part of the organiza-
tion's disaster plan. The hospital's public affairs
staff should make sure the local media are aware
of the plan so that they can help direct people to
the hospital's website in the event of a disaster.

SVCMC, in addition to creating a disaster
communication center, is exploring the use of
"IP telephony" as a backup for traditional tele-
phone services. IP telephony is a term for tech-
nologies that use the Internet to exchange voice
mail, faxes, and other forms of information nor-
mally carried over the dedicated circuit-switched
connections of the public telephone network.

**DISSEMINATING PATIENT INFORMATION**

In the days following the WTC attack, tens of
thousands of people were desperately trying to
locate friends and loved ones. Hospitals were
forced to find a method of communicating that
balanced the public's need for information, on one
hand, with patients' privacy rights and legal liabili-
ties connected to the Health Insurance Portability
and Accountability Act (HIPAA), on the other.

"We initially looked at using our website as a
means of providing patient information," says Ong. "We were reluctant to do this because of
HIPAA regulations and other legal considera-
tions. We also realized a coordinated effort was
needed, so that people wouldn't have to go from
to hospital in search of information."

The problem was solved when the Greater
New York Hospital Association led an effort to
create an online search tool that would contain
data from all hospitals. A user of this tool could,
simply by typing in a name, discover whether a
person was a patient in any of the participating
hospitals. SVCMC became one of those participat-
ing institutions. (Once casualties were located
and identified, this service was discontinued.)

Hospitals involved in regional or statewide dis-
aster planning should, taking a cue from New
York's September 11 experience, work collabora-
tively to develop similar online patient inquiry sys-
tems. Of course, such systems must be developed
and managed in keeping with the laws and regula-
tions concerning the release of patient informa-
tion. An excellent resource concerning the release
of patient information during a crisis is the recent-
ly revised American Hospital Association publica-
tion, *Guidelines for Releasing Information on
the Condition of Patients*, available online at
www.aha.org/Emergency/Readiness/
MaGuideInfoPatientB1108.asp.

**COMMUNITY PREPAREDNESS**

A hospital website is an ideal place to put infor-
mation that can help area residents learn about
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**ONLINE RESOURCES FOR DISASTER PLANNING**

Health care leaders concerned about disaster-response planning may find the following resources useful.

- **The American Hospital Association (AHA)** has published an article called "A Crisis Communication Primer for Hospital CEOs," which succinctly describes key communication planning activities and the role of hospital leadership. The article can be found at www.aha.org/Emergency/Resources/CrisisComPrimer.asp.
- **The Joint Commission on Accreditation of Health Care Organizations (JCAHO)** has published a special 24-page issue of *JCAHO Perspectives* that offers guidance to health care organizations preparing for possible terrorist attacks involving nuclear, biological, or chemical weapons. See www.jcrinc.com/subscribers/images/pubs/pdfs/12-01persp.pdf.
- **The Association for Professionals in Infection Control and Epidemiology** has published a "Mass Casualty Disaster Plan Checklist: A Template for Healthcare Facilities," intended to stimulate discussion by health care and community leaders of the steps they have taken to plan for possible disasters. See www.apic.org/bioterror/checklist.doc.
- **Paul V. Richter**, risk management coordinator for support services, South Carolina Hospital Association, is the author of an article, "Hospital Disaster Preparedness: Meeting a Requirement or Preparing for the Worst," that addresses hospital preparedness issues that go beyond meeting accreditation requirements. The article includes a disaster-planning checklist. See www.ashe.org/members/q/techdoc00.html.

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Manuscripts are generally 2,000 to 3,000 words, except for columns, which are 750 to 1,000 words. Manuscripts must be typed and double spaced. On a separate title page, indicate the author’s academic degree and current position.

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NET GAINS

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potential disasters and how to prepare for them. Shortly after anthrax was found to be a public health risk last fall, many health care organizations, including SVCMC, developed and placed anthrax-related information on their websites. When people called hospitals asking about anthrax, they were directed to go online. This practice gave New Yorkers fast access to important information while reducing the amount of time hospitals had to spend responding to inquiries or disseminating information.

Bringing Closure to Disaster Efforts

Once a disaster is past, a hospital can use its website to help bring closure to all who were affected. It is an ideal medium for educating the public about the hospital’s response to the crisis, expressing appreciation for all the people and organizations that responded, and promoting “story telling” about the various efforts and the results produced.

After the worst of the WTC crisis, SVCMC published a wonderful tribute to the heroic efforts of staff, physicians, volunteers, and others who provided care to victims. This can be found at http://www.svcmc.org/portal/news/newsletters/OneMission9.pdf.

Disasters, which come in many forms, have the potential to cause significant disruptions to a hospital’s operations. In such a situation, a hospital is sure to become the focus of extensive news coverage and public scrutiny. The Internet was originally developed by the federal government and the military as a fail-safe means of communicating and continuing operations in the event of a nuclear attack. With proper planning, the same qualities can be employed in disaster communications at your hospital.