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 com-

Mr. Lawry is president, Verus, Bellevue, WA.

municating. 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

• General information concerning the number of people and the types of injuries being treated at the hospital

• Instructions to family members of disaster casualties (concerning, e.g., how to begin a search for missing persons, how to contact the hospital)

• Background information on key services and disaster personnel (e.g., members of the trauma team and key clinicians).

The plan for activating the center should be documented and tested as part of the organization'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 telephone services. IP telephony is a term for technologies that use the Internet to exchange voice mail, faxes, and other forms of information normally 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 liabilities 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 considerations. We also realized a coordinated effort was needed, so that people wouldn't have to go from hospital 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 participating institutions. (Once casualties were located and identified, this service was discontinued.)

Hospitals involved in regional or statewide disaster planning should, taking a cue from New York's September 11 experience, work collabora-

tively to develop similar online patient inquiry systems. Of course, such systems must be developed and managed in keeping with the laws and regulations concerning the release of patient information. An excellent resource concerning the release of patient information during a crisis is the recently revised American Hospital Association publication, *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 information that can help area residents learn about

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.

• In March 2000 the AHA, with support from the U.S. Office of Emergency Preparedness, sponsored an Invitational Forum on Hospital Preparedness for Mass Casualties in Chicago. The forum's final report, "Hospital Preparedness for Mass Casualties," includes recommendations concerning community-wide preparedness, staffing, staff training, staff support, internal and external communications, and public policy. See www.ahapolicyforum.org/policyresources/Modisaster.asp.

• 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.

Mission Statement

Health Progress is a forum for the exchange of ideas and information that enable members of the Catholic Health Association to shape a new future for the Catholic health ministry and promote a just U.S. health care system. Through in-depth analysis, *Health Progress* explores the Catholic health ministry's strategic strengths, fosters healthy communities, and influences the social debate on health care issues. The journal encourages examination of health care practices in light of Catholic values, especially human dignity, the common good, care of the needy, and stewardship of resources.

Accordingly, *Health Progress* focuses on:
- Ethical issues
- Leadership development
- The relationship between Catholic church teaching and health care delivery
- Reform of the U.S. health care system and integrated delivery of care
- The continuum of care and integrated delivery
- Sponsorship options
- Health and well-being
- Operational issues
- Collaborative strategies

Information for Authors

Health Progress's readers have diverse interests in many aspects of health care. The journal's audience includes chief executive and chief financial officers, administrators, trustees, department heads and personnel, religious sponsors, physicians, nurses, attorneys, and policymakers. The journal covers a variety of health care management issues. These include (but are not limited to) corporate structure, finance, ethics, information systems, mission effectiveness, law, marketing, pastoral care, sponsorship, health policy, human resources, education, and governance.

SUBMITTING THE MANUSCRIPT
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.

The editor will consider only manuscripts that are submitted exclusively to *Health Progress* and that have not been previously published. Submit two copies of the manuscript to: Editor, *Health Progress*, 4455 Woodson Road, St. Louis, MO 63134-3797. Enclose a disk if possible. You may submit a manuscript by e-mail also; send to hpeditor@chausa.org. Include a cover letter and address and phone number. For more detailed information, contact the editor.

MANUSCRIPT REVIEW AND ACCEPTANCE
Manuscripts are reviewed by editorial advisers. Within four to six weeks, the editor will notify the author of the manuscript's acceptance or rejection. Accepted manuscripts are copyedited, and the author approves the edited manuscript before it is published.

LETTERS TO THE EDITOR
Letters expressing readers' opinions are welcome. Letters for publication should be signed. They may be edited for clarity or to fit space. Send e-mail to hpeditor@chausa.org.

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. ◻