

(H62) Evaluation of Emergency Medical Services in Saudi Hospitals: Healthcare Providers' Perspectives*Saad Alghanim*

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Objectives: This study was conducted to evaluate the current emergency medical services in Saudi hospitals according to the perspective of healthcare providers.

Methods: Data from healthcare providers who work in Riyadh hospitals were collected. In addition to characteristics of the respondents, data on a number of issues and relevant variables were collected. Five hundred questionnaires were distributed randomly to healthcare providers, of which, 482 (96.4%) questionnaires were returned, and 411 (82.2%) were valid for analysis. The data were presented and analyzed in a descriptive fashion.

Results: The majority of respondents indicated that their hospitals were prepared to cope with emergencies. However, respondents indicated some deficiencies that must be corrected or modified. In particular, respondents indicated that coordination and integration among public and private hospitals during emergencies is lacking, and that the current information system among hospitals is ineffective.

Conclusions: There are some deficiencies in the current emergency medical services among Saudi hospitals. The findings suggest that decision makers and administrators should work together in order to increase the emergency preparedness of Saudi hospitals. Special attention should be paid to the coordination among hospitals and the establishment of an effective health information system.

Keywords: evaluation; health care; preparedness; Saudi Arabia;

survey

Prehosp Disast Med 2009;24(2):s100**(H63) Technological Challenges to Medical Practice in the 21st Century***Joseph McIsaac*

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Modern medical practice is critically dependent on computer technology and electrical power. The emergence of cyber warfare over the Internet puts power, communications, and financial infrastructures at risk. Recent cyber attacks in Estonia, Georgia, and the US highlight this vulnerability. Keeping firewalls and anti-malware up-to-date can harden information systems. Maintaining off-line back-up hardware, data storage, and alternative operating systems will allow recovery after an attack.

Stable electrical power is taken for granted in developed countries—modern medical care cannot occur without it. The high-altitude detonation of a single nuclear weapon releases an electromagnetic pulse that has the ability to damage electronics throughout the US or Europe while simultaneously collapsing the power grid. There is no plan for restarting the grid on such a massive scale. Experts estimate the time of restoration as lasting from months to years. Although critical medical electronics can be protected through shielding, filtering, and grounding, most are vulnerable due to ignorance of the problem. While protec-

tion of the power grid is beyond the scope of the medical community, alternative power sources allowing small-scale resumption of essential care do exist at moderate cost. Vulnerability can be reduced and recovery hastened by preparation at the local level.

Keywords: computers; disaster health management; electricity; power; technology

Prehosp Disast Med 2009;24(2):s101**(H64) Hospital Reinforcement Team Preparedness for a Mass-Casualty Incident***Odeda Benin-Goren; Ayala Lior; Pinchas Halpern; Ronen Libster; Ofer LeHAVI; Tina Shamis*

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A mass-casualty incident (MCI) involves, by definition, at least a temporary imbalance of resources. Staff involved in patient care may have little experience. The most experienced caregivers may be absent or must devote their attention to the logistics of the event.

In order to save many lives as possible during a MCI, medical personnel should follow predetermined and clear orders, and have the ability to be as flexible as needed.

All this should be done by the regular emergency department team with reinforcement of a designated team that does not always care for trauma patients on a daily basis. The reinforcing team is trained in the emergency department in a special training program developed by the emergency department management and the Emergency Division Management of the medical center.

This paper will present the training program, the accumulated experience while operating the training program during a real event, and the evaluation of the team satisfaction following the training used during a real event.

Keywords: emergency department; hospital staff; mass-casualty incident; preparedness; training

Prehosp Disast Med 2009;24(2):s101**(H65) Bagh Regrows—Earthquake Survivors as Catalysts of Community and Personal Reconstruction***Tanzeel Ansari; R.J. Orner*

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Objective: The objective of this study was to analyze the responses of survivors of the 2005 Kashmir Earthquake responses for themes that assisted in their individual and societal adjustment soon after the disaster.

Methods: A qualitative study based on field interviews using Grounded Theory was performed in Bagh, Pakistan and administered in Kashmir in December 2005.

Methods: Twenty-one volunteers at the Qatar Red Crescent Society's Psychological Support Program were interviewed about coping, adjustment, and their roles during and after the earthquake. The interviews were recorded in Urdu before being translated into English and transcribed for coding and qualitative analysis.

Results: Becoming a survivor-helper in this group is associated with actively fostering social cohesion and developing a coherent narrative that accounts for the disaster and its effects over time.