

CARONDELET HEALTH NETWORK

Disaster Management Physician Responsibilities

Medical staff of CHN hospitals participates in internal and external disasters affecting the hospital in order to ensure continuous and safe delivery of health care services.

Please take an opportunity to review this information and familiarize yourself prior to a disaster occurring. If you have any questions, contact Linda Eckhoff-Meade, CHN Emergency Management Coordinator at 872-2486.

Procedure

1. The Chief Medical Officer and/or Chief of Staff is notified by the Incident Commander or their designee to activate the call roster of the Medical Staff.
2. The Chief Medical Officer in conjunction with the Medical Staff Office, notifies the Medical Staff as follows:
 - a. Chief of Staff / Chief of Staff, Elect
 - b. Department Chairs
 - c. Medical Directors
 - d. Alphabetically calls the Medical Staff.
3. The Chief Medical Officer reports directly to the Command Center at their respective sites:
 - a. St. Mary's Hospital: Basement PBX/EVS area
 - b. St. Joseph's Hospital: Administration Board Room (first fl.)
 - c. Tucson Heart Hospital: Conference Room
 - d. Holy Cross Hospital: Administrative Board Room
4. The Chief of Staff and Medical Staff leadership and members report to the following location at their respective sites:
 - a. St. Mary's Hospital: Physician Lounge
 - b. St. Joseph's Hospital: Physician Lounge
 - c. Tucson Heart Hospital: Administration
 - d. Holy Cross Hospital: Safety Office (Southeast door next to garage doors)

5. The Chief Medical Officer works in conjunction with the Incident Commander, Operations Chief and the Chief of Staff to assign Medical Staff members to areas of need.
6. The Medical Staff leadership / member are oriented to the Disaster Plans and any changes to said plans via new member orientation / new chair orientation and the Medical Executive Committee. In addition, the medical staff leadership participate in the Homeland Security Presidential Directive 5 (HSPD5) requirement, by taking the NIMS on line courses ICS-100HC and ICS-700a.

The goal of this communication is to ascertain what each medical specialty has to bring to the table in the event that a disaster occurs in the city of Tucson or outlying areas to allow the best possible utilization of our physicians. This will allow the Incident Commander and/or his/her agents to decide where physicians should report when they first arrive based on where needs exist.

DEPARTMENT OF SURGERY

General Surgery

General surgeons should be assigned to the ER or OR for trauma (blunt & penetrating abdominal & thoracic, soft tissue) as well as assistance with airway management

Vascular Surgery

Vascular surgeons should be available in the OR and ER for vascular trauma and vascular access (i.e. intravenous access in patients with difficult IV access)

ENT

Otolaryngologists should be available in OR/ER for emergent airway management as well as for trauma (facial fracture, soft tissue injury)

Urology

Available in OR/ER for trauma (renal, bladder), difficult catheterizations, SPT tubes

Ophthalmology

Available in ER/OR for eye injuries, orbital fractures. Presence in ER will be particularly important for toxic exposure cases.

Plastic Surgery

Available in OR/ER for trauma (hand, acute soft tissue reconstruction, complex lacerations), burns

Orthopedics

Available in OR/ER for fracture reduction (both closed in ER and closed/open in OR), casting, ORIF, hand injuries

GYN

Available in OR/ER for pelvic trauma, assist with pregnant victims, assist with triage to a center with obstetrics

Neurosurgery

Available in OR/ER for spinal/cranial trauma

Oral Surgery

Available in OR/ER for facial fractures, complex facial injuries

Podiatry

Available in OR/ER for foot/ankle trauma

DEPARTMENT OF ANESTHESIA

Available in OR/ER for airway management, analgesia (nerve block), surgical anesthesia

BEHAVIORAL HEALTH

Assist ER/floor with pre-existing and acute psychiatric issues

DEPARTMENT OF EMERGENCY MEDICINE

Triage patients (use tag system)

Acute resuscitation (ABC's)

Stabilize patients for admission, discharge or OR

Sign out patients to admitting/treating physician

Incident command will receive frequent reports from ER to allow timely assignment and dispatch of necessary specialists and expeditious transfer to OR, ICU or floor with necessary information

DEPARTMENT OF LABORATORY MEDICINE

Stand by for deluge of bloodwork and bloodbank specimens, tissue samples (especially if plague/epidemic). If necessary, request assistance of outside labs from other hospitals and facilities (i.e. Labcore, Quest).

DEPARTMENT OF FAMILY PRACTICE

Assist with disposition of walking wounded and admission to floor for support. Request help from outside facilities for transfer of stable pre-existing patients out from our floors if we need space, offer to accept patients from other pre-existing inpatients from other facilities if they get the brunt

Pediatrics

Assist with resuscitation and stabilization of pediatric patients and transfer to inpatient facility when stable

DEPARTMENT OF MEDICINE

Cardiology

Assist, IM, available in ER/ICU/Tele for management of cardiac problems, echo's, etc.

Gastroenterology

Assist IM, evaluate and treat GI bleeders (scopes)

Heme/ONC

Assist IM. If plague, assist with lab medicine workup. Be prepared for immediate plasmaphoresis in toxic exposure cases.

Hospital Medicine

See Family Practice. Assist with disposition and admission in ER, oversee floor patients, facilitate transfers out of we're getting swamped or in if other facilities are

ID

If plague/bioterrorism, work with lab medicine to find causative agent. If not, assist IM

IM

Same as hospital medicine

Nephrology

Assist IM with acute/chronic renal patients, be available for acute dialysis in toxic exposure.

Neurology

Diagnose/treat idiopathic illnesses, assist IM

Pulmonary

Available in ER/ICU for critical care management, vent management, bronchoscopy

PM & R

Assist getting "walking wounded" set up and home from ER

Psychology

Assist in ER, floors, with anxious patients and families

MEDICAL IMAGING

Read films stat; if requested, track down treating physician with report

Specialists whose specialty is not needed acutely can be gophers for incident commander, assist in transporting patients and keep records. Assistance with procedures in the ER and OR will also be welcome.