

provider, and directs patient care as part of the EMS system. These highly trained practitioners of advanced life support and critical care are supervised by emergency physicians and trained to operate independently in austere conditions with little supervision, and to perform highly skilled medical procedures.

Purpose: The literature has shown that up to one-third of the hospital work force may not report to work during a disaster or public health emergency. Not all types of disasters may require paramedics to perform their typical functions, leaving them available to perform additional duties. Large-scale studies have shown that the majority of paramedics would be willing to perform additional duties during disasters when EMS services are not required. Utilizing these providers in acute-care hospitals can serve as “force multipliers” by allowing limited nurses and physicians to care for a larger numbers of patients with reduced staff.

Conclusions: Models of the utilization of Paramedics in emergency departments, on hospital “Code” teams, and rapid response teams within a hospital will be discussed as well as the medical and legal issues concerning paramedics operating within a hospital. Examples of paramedics operating within medical clinics during Hurricane Katrina in 2005 will be presented. Proposed expanded scope of practice models, along with supplemental educational modules for altered standards of care will be discussed.

Keywords: critical care; disaster; emergency care; emergency medical services; hospital; paramedic; surge capacity

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(H84) Multidisciplinary Team Discharge Rounding Improves Daily Hospital Surge Capacity and May Benefit Disaster Preparedness

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Background: National emergency preparedness policy in the United States calls for hospitals to accommodate surges during disasters, but published studies have not evaluated the ability of existing resources to meet these goals. A large component of the capacity-to-demand mismatch is related to inpatient census. Solutions to effectively increase daily response capability and components exerting the greatest effects are needed. An experience with daily multi-disciplinary discharge rounds (MDR) in a Level-1 Trauma Center and the logistics of improving daily surge capacity will be presented.

Methods: A time-motion study was conducted in a major academic trauma center to characterize daily MDRs and quantify the causes of patient discharge delays. Multiple linear regression was used to study associations between topics and the duration of discussions.

Results: A total of 1,769 MDR discussions were observed for 23 days. The median number of patients discussed per day was 78, with a median rounding time of 34 minutes. Each discussion lasted a median of 13 seconds (2–233), with the majority (83%) <30 seconds, and only 4% <60 seconds. A total of 6.4% of the patient care plans were delayed due to clinical factors (18.3%) and system issues (81.7%). Patient length-of-stay was reduced by 15%, and this led to the elimination of bypass-status of hospital at all times.

Conclusions: Multidisciplinary discharge rounds lead to identifying system roadblocks and help increase daily surge capacity. This would not only benefit patient outcomes but also would ensure capacity building for disaster preparedness.

Keywords: capacity building; discharge; hospital; preparedness; rounds

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(H85) mumbaiVOICES: Citizen-Powered Analysis of Disaster Response Systems

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Introduction: mumbaiVOICES is a unique coalition developed in response to the serial bomb blasts in the suburban trains in Mumbai in July 2006. The Website forms the backbone of this project. It provides a means for ordinary citizens to have a say in their city’s disaster planning process by sharing their experiences in an easily accessible public domain. The project will be launched again in January 2009 to analyze the response to the recent terrorist attacks in Mumbai.

Methods: The Website www.mumbaiVOICES.com allows visitors to share their recollections of the city’s response by choosing from a list of pre-designed templates that encourage responders to log information most relevant to disaster analysis. The Website is publicized via a media campaign. The 2009 version includes a call-center that will record responses from citizens without Internet access. The audio clips subsequently will be uploaded online.

Analysis: A composite narrative collated from 160 testimonies recorded in 2006 stimulated a series of subsequent actions that led to the execution of the city’s first inter-agency drill, the Mumbai Emergency Management Exercise (www.mumbaiEMEX.org), only weeks before the terror strikes in November 2008. The mumbaiVOICES 09 templates will help to examine the impact of the recommendations made by the earlier analysis.

Conclusions: Traditionally, disaster response analysis is expert-driven. mumbaiVOICES allowed ordinary citizens to partake in the city’s preparedness system. The public private partnerships forged during the project evolved into a unique capacity-building exercise to implement recommendations gleaned from the people’s narrative.

Keywords: citizen; disaster preparedness; Mumbai; Website

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