Hospital Emergency Medical Incident Command in Taiwan

W.T. Chiu; S.H. Tsai
Taipei Municipal Wan-Fang Hospital, Taiwan

Taiwan experiences frequent potentially catastrophic events, such as typhoons and earthquakes, but the general emergency response system is not well-established. Except for ordinary fire disaster equipment, the healthcare law and hospital accreditation provide for hospitals to develop other emergency medical incident plans. Every hospital has developed a disaster plan, such as a mass-gathering response plan; however, detailed disaster plans are needed to respond to different types of events. The overall hospital emergency medical incident response system still must establish more standardized plans.

This study collected and analyzed the disaster plans and command systems of medical facilities at different levels in Taiwan. The results indicate that most hospitals have established an emergency command system and designated staff responsibilities, but structures varied between individual hospitals.

The Department of Health and the National Health Research Institutes (NHRI) in Taiwan intends to merge and construct the Taiwan Hospital Emergency Medical Incident Command System (T-HEICS), based on structures of the Hospital Emergency Incident Command System (HEICS) developed in the United States. A national standardized hospital emergency command system also is needed. It will allow hospitals on each level to develop guidelines and enable hospitals to collaborate during the different phases of a disaster.

Keywords: hospital emergency incident command system (HEICS); National Health Research Institutes (NHRI); preparedness; response; Taiwan; Taiwan Hospital Emergency Medical Incident Command System (T-HEICS)
Prehosp Disast Med 2005;20(2):s68

Lessons Learned from Disaster Research: The Medical Evaluation of the Disaster in Volendam, The Netherlands

S.M. van Harten;[1] J.J.L.M. Bierens;[1] L. Welling;[2] P. Patka;[3] R.W. Kreis;[4] M. Boers[1]
1. VU University Medical Center, Netherlands
2. Academic Medical Center, Netherlands
3. Erasmus Medical Center, Netherlands
4. Red Cross Hospital, Netherlands

Introduction: Following the Volendam café fire on New Year's Day 2001, a multidisciplinary evaluation of medical care, The Medical Evaluation of the Disaster in Volendam (MERV), was performed. The framework of this project and the methodological problems and lessons learned are described.
Methods: After the Volendam café fire, three hospitals expressed their interest in investigating different medical aspects of the event. These aspects were combined and reordered into one study protocol with a modular design. The modules included: (1) the medical care provision at the site of the incident, in the emergency departments, and in the intensive care units; (2) the efficacy of the secondary interhospital transports of patients; and (3) the question of whether optimal medical care was provided. The Ministry of Health funded the study, and a scientific, steering group prepared and guided the project. A research team was formed, and a final protocol was written. All data necessary to answer the questions were combined, and separate case report forms (CRFs) were developed for each step in the medical chain. The research team visited the hospitals and ambulance services that were involved. Additional information was obtained by interviews with key personnel. A database was developed, and data were entered twice and compared for accuracy. Data processing followed several steps. The large amount of data made it necessary to reorganize the data into categories. A distinction was made between a cross-sectional site analysis and a longitudinal patient analysis. The data were presented in a uniform and consistent style, using similar cut-off points.
Results: More than 1,200 items about each patient and more than 200,000 items in total were collected. The modular approach made it possible to obtain a complete overview of medical care given to the victims. However, several questions could not be answered because of missing data. Also, it became clear that the predefined questions often were too open-ended and not easy to answer. The questions that could be answered, relevant findings, and recommendations for future events were published in a report, which was presented to the Government. It took 29 months between the event and the publication of the report in June 2003.
Conclusions: Evaluation of medical treatment is a complex endeavor. The evaluation of the Volendam fire event has demonstrated that a project approach is effective, but also includes weak elements. The formulation of clear objectives further helps to limit and structure data collection and analysis.

Keywords: café; database; evaluation; fire; hospital; Medical Evaluation of the Disaster in Volendam (MERV); The Netherlands; Volendam
Prehosp Disast Med 2005;20(2):s68

Road Safety Is Everybody's Business

T. D. Banerjee
West Bengal Voluntary Health Association, India

Introduction: Transportation safety is a serious concern all over the world, irrespective of a country's economic status, but the intensity of the problems is higher in developing countries than in the developed countries. A large number of people are injured, disabled, or killed each year due to road, rail, and air crashes. Crashes are severely detrimental to the economy of a country. In developing countries, like India, pedestrians, motorcyclists, cyclists, vehicle drivers and passengers, train passengers, ferryboat passengers, and air travel passengers are most vulnerable. In West Bengal, a small state in India, nearly 10 people die daily due to traffic crashes. This is an increasing trend in India, and is creating a need for urgent attention from private-public and individual initiatives.
Reasons Behind the Problems: The road infrastructure and condition of roads in India are very poor. Often, the sidewalk is extremely narrow and local vendors occupy some