

Results: The authors developed algorithms and protocols of 11 subdivided disaster fields based on the disaster medical response outlined in the 10 steps.

Conclusions: This methodology on disaster medical response development will be helpful for systematic management and medical response for various disaster subtypes.

Keywords: disaster; medical guidelines; preparedness; response

algorithms; stepwise analysis

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(H89) Development of a Business Plan for Emergency Ward as a Strategic Priority

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In Iran, the budget distribution for personnel and equipment is based on the number of approved beds, which excludes emergency beds. This point of view results in the consideration of emergency beds as an over-charged system from the perspective of the Ministry of Health, and not a dynamic structure that is capable of attracting patients or making money. By establishing the emergency medicine branch in universities, emergency medicine was stated as a strategic priority in the Imam Hossein University General Hospital, with a 150,000-patient annual load in the business plan.

A team was composed of assistant professors, industrial engineers, hospital management experts, and accountants. Primitive terms and features were extracted through semi-structured interviews and an executive summary, mission statement, goals and strategies were prepared. Strategies were identified to target the consideration of emergency beds as approved beds.

The following strategies were chosen accordingly:

1. Improvement of services in order to increase the patients' flow and their satisfaction;
2. Development of a health information system in the emergency ward and the digitalization of data;
3. Improvement of documentation and coding (California code);
4. Providing current expenses of the emergency ward;
5. Contribution of ward personnel for the care of incoming patients; and
6. Recruiting official and educational staff for financial classification.

In conclusion, the development of business plans results in goal-directed activities and a more dynamic staff. Using these strategies would increase the capability to present documented and inductive reasons for obtaining a budget and personnel for the emergency ward independently.

Keywords: beds; business plan; capacity; emergency department; management

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(H90) Hospital Disaster Planning

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Considering the importance of emergency medical practice as a therapeutic specialty of medical and management science, the fact that Iran is the fourth ranked Asian country in regard to the frequency of natural disasters, and that Iran is located in an earthquake-prone area, it is logical to prepare for disaster management.

First, clinical crisis was defined as a situation in which a hospital is not able to cope based on its normal daily capacity, and may result in a considerable number of deaths and injuries. In the current study, a formerly prepared procedure used in American and European hospitals is taken as the base on which the study is conducted. The modes were modified as dictated by climatic, cultural, and clinical conditions of Iran. An aerial map of Iman Hossein Hospital was used to depict the positions of field units and command centers when it is partially dilapidated. Necessary training based on this procedure was provided to the staff and was conducted.

The program should be prepared by an immediate establishment of a crisis committee comprised of the: (1) head of the hospital who should direct the operations and contacts other organizations; (2) paraclinic unit; (3) nursing unit (triage); (4) guarding unit; (5) dispatching and discharging unit; (6) psychiatric unit; (7) refrigeration unit; (8) emergency evacuation unit; (9) installations and maintenance unit; and (10) logistics unit.

Keywords: capacity building; crisis; hospital; Iran; preparedness

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Oral Presentations—French

Principes d'organisation des secours pour les catastrophes, l'exemple français

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L'organisation des secours et soins pour catastrophe relève en France de services et de compétences pluridisciplinaires. Trois particularités caractérisent l'engagement des secours et des soins pour catastrophe en France:

1. La médicalisation sur le terrain des situations d'urgence collective comprenant une direction des secours médicaux (DSM);
2. L'anticipation avec le plan rouge et le plan blanc et une logistique comprenant des moyens médicaux spécifiques en fonction de la catastrophe;
3. La formation et la recherche dans le domaine de la médecine de catastrophe.

L'engagement de médecins auprès des victimes sur le terrain des catastrophes a permis de développer des techniques de prise en charge des victimes en nombre: triage médical, soins immédiats et de mise en condition d'évacu-