

Most hospitals aren't ready for mass tragedies, ER docs say

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(HealthDay)—Nine out of 10 ER doctors say their hospitals aren't fully prepared for major disasters or mass tragedies.

The finding, from a new poll by the American College of Emergency Physicians (ACEP), comes as the U.S. Congress considers major disaster preparedness legislation.

ACEP questioned 1,328 [emergency room doctors](#) between April 25 and May 6 and painted what is saw as a chilling picture of unreadiness.

Ninety-three respondents said their ER would be unable to handle a surge of patients resulting from a natural or human-caused disaster. Fewer than half (49 percent) called their [hospital](#) "somewhat" prepared.

Nine out of 10 said they lack adequate stockpiles of critical medications.

"Hospitals and [emergency medical services](#)

continue to suffer significant gaps in disaster preparedness, as well as national [drug](#) shortages for essential [emergency](#) medications," ACEP President Dr. Paul Kivela said in a college news release. "These shortages can last for months, or longer, and constitute a significant risk to patients."

He said the findings highlight the need for a stronger focus on medical aspects of preparedness in the Pandemic and All Hazards Preparedness and Advancing Innovation Act of 2018 (PAHPAI), which is being drafted in Washington, D.C.

"Emergency physicians are concerned that our system cannot even meet daily demands, let alone during a medical surge for a natural or man-made disaster," Kivela added.

Nearly 90 percent of the doctors polled said they'd been forced to take time away from treating patients to investigate alternative treatments and drugs. Almost 70 percent also said drug shortages had increased significantly over the past year.

Based on the results, the ACEP is calling on federal lawmakers to take steps to help hospitals prepare for mass casualties and emergencies. Those steps include:

- Improving coordination among public health and safety services; emergency medical services; hospitals, trauma centers and other facilities in local regions.
- Monitoring resources, including in-patient, emergency department and trauma center capacity; coverage by on-call specialists and ambulance status when making hospital destination decisions.
- Implementing regional data management systems that link hospitals and other facilities.

"Congress must recognize that current shortages of essential emergency medications are a substantial

threat to our nation's preparedness and response capabilities," Kivela said.

He said his organization urges lawmakers to create a task force that would include input from various agencies from the U.S. federal government, including the Department of Health and Human Services, the Food and Drug Administration, and the Drug Enforcement Administration, among others.

ACEP also supports making military trauma teams available to civilian trauma centers when they are not deployed.

More information: The U.S. Centers for Disease Control and Prevention provides more on [emergency preparedness and response](#).

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