Craig DeAtley, PA-C
Director, Institute for Public Health Emergency Readiness

Department of Emergency Medicine

Washington Hospital Center

MedStar Health

Subcommittee on Economic Development, Public Buildings and Emergency Management

Congressional Testimony of Craig DeAtley PA-C

Director, Institute for Public Health Emergency Readiness
ER *One* Institute
Washington Hospital Center
110 Irving Street NW
Washington DC 20010
Ph 202-257-4714 Email craig.deatley@medstar.net

Madam Chairwoman:

Thank you for the opportunity to speak to Disaster Capacity in the National Capital Region – Experiences, Capabilities and Weaknesses. I am an Emergency Department Physician Assistant and the Director of the Institute for Public Health Emergency Readiness of the ER *One* Institute at the Washington Hospital Center.

Since 2002, I have been one of two people responsible for coordinating Emergency Preparedness at the Washington Hospital Center (WHC) and more recently, at National Rehabilitation Hospital as well as at MedStar Health, the parent company for both facilities. Prior to coming to WHC, I spent 29 years at George Washington University working in the area of emergency and disaster medicine.

The Washington Hospital Center recognizes that as the largest hospital in the National Capital Region (NCR), home of the busiest trauma center, Emergency Department and only adult burn unit, we have a special responsibility in the area of emergency preparedness. Since 1999 with the inception of Project ER *One*, a unique federally funded project to develop an "all hazards, all-risks ready" healthcare facility, the Washington Hospital Center has:

- introduced innovative facility design to maximize capacity, capability, and protection;
- implemented a revised incident command system to comply with the National Incident Management System (NIMS);
- built a state of the art "Ready Room" to take care of victims from mass casualty incidents from natural and manmade causes;
- developed an on line training and education system, SITELMS, used by hospitals and other agencies in the District of Columbia.

110 Irving Street, NW, Washington, DC 20010-2975
phone: 202 257 4717 • *fax:* 202 877 2468 • *e mail:* flight-pa@erols.com

The Washington Hospital Center took the lead in writing and obtaining, on behalf of a broad-based District of Columbia healthcare coalition, one of five nationally awarded five (5) million dollar Department of Health and Human Services Coalition Partnership grants. The purpose of the grant is to improve the emergency preparedness of the entire District of Columbia healthcare system. Washington Hospital Center is privileged to be administering that federal grant.

I think it is important to point out that health care facilities occupy a unique position in the emergency response framework. If you look at the "big six"- police, fire, EMS, hospitals, public health, and emergency management--- hospitals are the only one that are privately funded. The work we need to do to become and stay prepared and ready to respond to a major disaster must be funded from clinical care or else be supported by government grants and funds.

In December 2007, in response to a recognized problem of a siloed and fragmented healthcare emergency response system, and as a result of the $5 million HHS grant, the District of Columbia Health Care Coalition was founded to create a more comprehensive and collaborative approach to preparedness and response, one that unites all aspects of the healthcare system .

The District of Columbia Emergency Health Care Coalition includes all of the DC government agencies with healthcare responsibilities such as Fire/EMS, Public Health, Mental Health and Medical Examiner working with private sector organizations that include all 12 hospitals, the DC Hospital Association, the DC Medical Society, Poison Control Center, DC Primary Care Association and DC Health Care Association and the Community Connections Mental Health Clinic.

In the short span of eighteen (18) months the Coalition's Emergency Management Committee and associated work groups have conducted a first ever Hazard Vulnerability Analysis for the healthcare system, written a much needed emergency operations plan and accompanying attachments on communication and public information officer role in an emergency and soon an evacuation attachment will be completed.

We have updated our Hospital Mutual Aid Radio System (HMARS) and expanded the partners who are part of the system. We are solving the family reunification issue --- which is how does a family member or friend find out which hospital their loved one has been taken to in a mass casualty incident. Soon seven (7)of the busiest hospital Emergency Departments in the city will be sharing patient registration data with the Department of Health during a declared emergency. This is a remarkable accomplishment that is equaled in only a few other cities in the nation.

The Coalition has also had a consultant conduct a security risk assessment for eight (8) hospitals and completed a design Charrette for improving campus security for the Washington Hospital Center /Children's National Medical Center/ Veterans Administration Hospital / National Rehabilitation Hospital campus, together, considered to be one of 24 critical infrastructures in the District of Columbia.

And we recognize that a mass casualty incident does not respect political or geographic boundaries --- we need to and have been coordinating our efforts with our colleagues from Maryland and Virginia including creating an information sharing procedure between hospital coordination centers.

Despite the significant improvements and progress I have mentioned, there are still numerous issues and needs that individual hospitals such as the Washington Hospital Center and the Coalition are confronting.

The Washington Hospital Center is still seeking one hundred twenty million dollars ($120 million) in funding to actually build ER *One*, to provide expanded and adequate capacity and capability to deliver emergency care to the people of the District of Columbia, and also to be a national demonstration facility for emergency care center design optimized for both daily operations and high consequence events.

The HHS Coalition Partnership Grant will be completed by September 2009 and there is no follow on federal funding yet identified. We need funding to continue the substantive work that has been done to date as we build a tangible connected system of emergency care.

Finally, changes must be made in state and federal funding regulations. Currently hospitals are not allowed to receive disaster funding under the Stafford Act and other federal, state and local disaster regulations. During the Inauguration, for example, hospitals throughout the NCR incurred millions of dollars in expenses associated with supplemental staffing, cancelled elective admissions and procedures but were told by FEMA they were not eligible for relief funding despite the Presidential declaration. The fear some of us have is the disaster within the disaster- that uncompensated expenses associated with the required response will bankrupt a hospital such as my own because we are already operating on a one to two percent operating margin.

Since 9-11 and especially over the past 18 months, the healthcare system in our Nation's Capital has made significant improvement in emergency preparedness and the Washington Hospital Center feels privileged and is pleased to have helped facilitate these improvements... but much more needs to be done including providing them with information technology and creating an information sharing procedure.