

Special Audio Report Transcript

Headline: California Hospitals Team Up on Disaster Plans, but Federal Budget Cuts Could Affect Efforts

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California hospitals have forged partnerships to provide mutual aid during disasters. But proposed budget cuts to the federal Hospital Preparedness Program could undermine the future of such emergency readiness efforts.

This is a special report for *California Healthline*, a daily news service of the California HealthCare Foundation. I'm Deirdre Kennedy.

State officials want hospitals to be self-sustaining for at least 72 hours during a disaster. That means having enough backup power, water and medical supplies to care for their current patients, as well as an expected surge of casualties. But as Hurricane Sandy recently proved, even in the best hospitals generators fail and corridors flood, forcing staff to move patients to safety.

California hospitals have been preparing for such cases. They've formed mutual aid partnerships with local health departments, emergency management agencies and other health care providers in every county.

Lisa Schoenthal, chief of the state's Disaster Medical Services Division, says "disasters are local events," so support is coordinated upwards from local to regional to state organizations.

(Schoenthal): "If a hospital, for example, needs resources that they do not have, they reach out to the medical health operational area coordinator. Then that MHOAC will coordinate the resources that might be needed by pulling them from other parts of the county."

UCLA is one of 11 designated Disaster Resource Centers, or DRCs, for Los Angeles. As a DRC, it must maintain lines of communication with local emergency services and provide special equipment, such as decontamination centers. UCLA has agreements for mutual aid with 84 other hospitals throughout the county. Kurt Kainsinger manages the center.

(Kainsinger): "We also have shared resources, in that 14 different hospitals across the county maintain shared stockpiles of equipment supplies, pharmaceuticals, all of those kinds of things that are deployable to other facilities upon request."

For regional and statewide support, all five University of California medical centers have signed a memorandum of understanding that enables them to share resources, personnel and equipment with each other and their partners during a disaster. UC is also teaming up with Stanford Medical Center.

(Kainsinger): "We've established a plan to have vendor-managed stockpiles that are shared among the UC system, one in Northern California and one in Southern California, that could be drop-shipped to any of the participants in that MOU, once we get Stanford on board and the cost implications and liability implications worked out in advance, so that we can easily share those resources among us."

While systems like Kaiser, Sutter Health and UC have organization-wide policies, each hospital must tailor its own disaster plans to the specific needs and challenges of its community. So in areas that might become hard to reach by ground for example, hospitals have contracts with vendors that have arranged to fly in supplies.

Over the past decade, the state's efforts to help hospitals prepare have been supported by federal grants. This year, California received nearly \$29 million through the Hospital Preparedness Program. That funded statewide emergency response exercises, as well as an annual conference, training programs and technical expertise provided by the California Hospital Association.

CHA's vice president for disaster preparedness Cheri Hummel says that's enabled hospitals from all over the state to share their experiences in person and post their best practices online.

(Hummel): "There's a lot of active engagement and a lot of active participation and interest. I think the networking is phenomenal."

Hummel says many still need help in developing strategies for handling mass casualties and making tough choices about life-saving care.

(Hummel): "Anything having to do with preparedness is somewhat subjective because preparedness is a journey, not a destination."

President Obama's plan to cut the program by a third next year could pose a big challenge for some hospitals. With less federal support, small hospitals that provide a crucial role in emergency response might not be able to maintain their readiness.

Centinela Hospital Medical Center in Inglewood is the nearest emergency department for Los Angeles International Airport. The stand-alone facility has run disaster drills with LAX, but it relies solely on federal funding to pay its part-time emergency management coordinator Claudia Marroquin-Frometa.

(Marroquin-Frometa): "Somehow the federal government seems to think all the facilities have done their preparedness, and we're good to go. For facilities like Centinela, the Hospital Preparedness Program funding allows us to really focus on preparing our staff by having this dedicated position and making sure that we build our mechanisms to become a more resilient facility in the face of a disaster."

This has been a special report for *California Healthline*, a daily news service of the California HealthCare Foundation. If you have feedback or other issues you'd like to have addressed, please email us at CHL@CHCF.org. I'm Deirdre Kennedy, thanks for listening.