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A New York Hospital Before and After September 11

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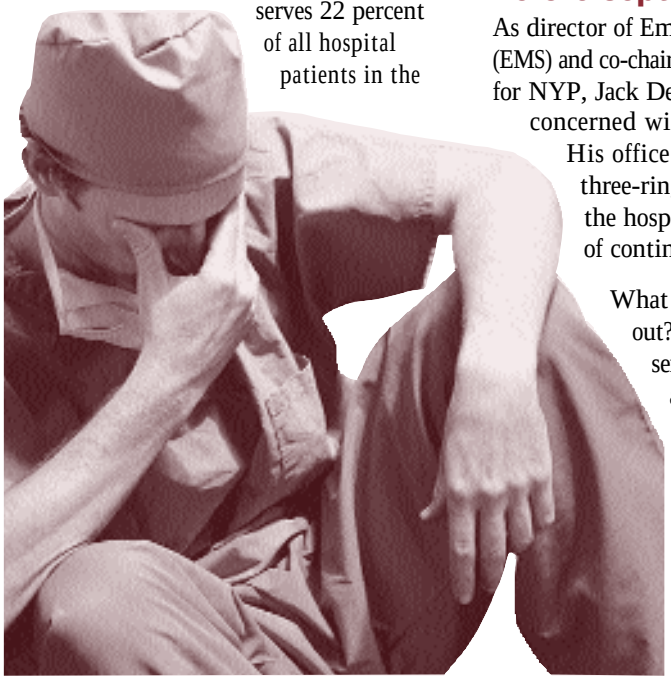
Several months after the fall of the World Trade Center, it is still hard to fully comprehend all of the ways in which our world has changed. New York-Presbyterian Hospital (NYP) was doubly affected, as a provider of care and as a member of New York City's larger community. In some centers, staff waited with adrenaline pumping for victims to arrive. But they never did. At the burn center at New York-Weill Cornell, staff were overwhelmed with the most perilous cases and worked without break for 72 hours. Then in October, the terror of anthrax touched the lives of people across the nation as well as in New York, and hospitals were again called upon to serve. The lessons NYP learned from these experiences have changed the way the hospital works.

New York Presbyterian Hospital

As the nation's largest not-for-profit hospital, NYP has 51 affiliated institutions including 31 acute-care hospitals. With a patient base of 5.5 million, NYP serves 22 percent of all hospital patients in the Greater New York Region including New Jersey and Connecticut.



On September 11, our faculty and facilities became a natural resource in New York's time of need.

Before September 11

As director of Emergency Medical Services (EMS) and co-chair of emergency preparedness for NYP, Jack Delaney has always been concerned with disaster scenarios. His office hosts shelves of white three-ring binders that can guide the hospital through a wide range of contingencies.

What to do if our paging goes out? What to do if the telephone service goes out? What about a staffing transportation plan—to get our workers to the hospital in case the transit system shuts down? Delaney asked himself these questions and subsequently devised a system of binders that identified employees by zip code. When bridges and tunnels into the city were shut down on September 11, NYP was prepared to call in only the workers who lived in Manhattan.

An essential part of any hospital's preparedness plan is a predetermined command structure—the centralization of the institution's leaders in a Command Center that allows them to immediately contact the people best able to evaluate problems and find answers.

"Say NYP has five electrical feeders, and one goes out," Mr. Delaney said. "Our first notification might be from Con Ed. Then a second feeder goes out. NYP can grab an expert, like Frank Martino, to assess the situation and make recommendations to senior management. When a third feeder goes out, it becomes time to gather at the Command Center and determine appropriate level of response. NYP can go all the way up to interagency cooperation with the Fire Department, the Mayor's Office of Emergency Management, the police and so on."

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The Day the Towers Fell

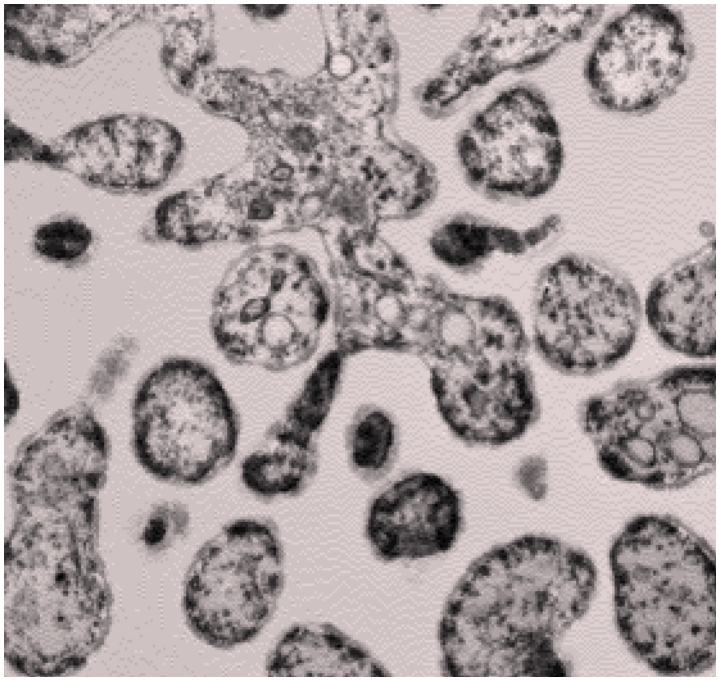
NYP expected thousands of casualties at one point. In the end, the hospital treated only a couple hundred physically injured, and many hundreds of traumatized people.

During the disaster, many contingencies were addressed. Patients were moved and discharged to make room for new ones. Provisions were made to keep staff overnight—providing housing, food, clothing and childcare. The closing of bridges and tunnels caused a rerouting of medical supplies over the George Washington Bridge. The Command Center arranged a police escort for vendors so that supplies could enter the city unimpeded.

But severe flaws were discovered in our capacity to cope with extreme disaster. Communications networks were inoperable throughout much of the city. When two critical Verizon central offices near the WTC were destroyed, phone service became sporadic and cell phone systems were overwhelmed. Internet service was also affected. Hospitals had a great need to communicate with each other and with government officials and first responders. Internal communications systems that were not actually broken by the WTC attacks were stretched to capacity.

Nevertheless, important questions remained. Which hospitals had the greatest caseloads? Where could ambulatory patients be decanted? Who had beds? Nurses? Doctors? Antibiotics? Vaccines? Working with the Greater New York Hospital Association, NYP reached out to NYC's Office of Emergency Management (OEM) to set aside radio channel space for healthcare communications. The association and hospitals assigned 24-hour staff to be available to intermediate important messages. The problems that needed to be solved were becoming clear.

One response to the lesson was to create a Web-based tool that would allow the sharing of critical information in real time among providers. Created by System Vice President Eliot Lazar, M.D., the Emergency Response Snapshot tool was tested in a December 19 simulation with seven NYP Network hospitals that posted 265 patients resulting from a transit accident. NYP has shared the results with the New York State Department of Health (DOH), which is adopting it as a statewide tool for emergency communications among hospitals.



Bioterrorism

Following news of the first victim in Florida, the anthrax incident at NBC headquarters was enough to send a nervous city into panic. This was something new for NYC's first responders. The city's DOH and the OEM immediately began providing critical information and support. But hospitals were confronted with the immediate problem of dealing with terrified people presenting in the emergency room with fear of exposure. Some were actually bringing samples of white powder into the ER, asking to have it analyzed for spores. Once again NYP had the need to provide timely information to clinicians, staff, communities and the NYPD, FDNY/EMS and DOH.

To accomplish this, the hospital president, Dr. Herbert Pardes, established an Emergency Preparedness Task Force with representation from the administration, the two affiliated medical schools, and the school and division of public health. The Task Force has two subcommittees: Clinical Response and Administrative Response. These subcommittees created the information needed by clinicians, from procedures for transporting lab samples to counseling frightened patients, from security in the ERs to mail-handling rules.

Communications again arose as a key issue, and NYP turned to the World Wide Web, creating a site that would provide staff with timely information, hospital protocols as they were developed and links to key resources such as the CDC or DOH Web sites. To create an even more responsive system for the future, NYP is exploring ways to expand and enhance the reliability and capacity of our communications infrastructure through increased use of microwave technology and greater integration of voice and data networks. NYP has also begun pushing the limits on experimental technologies developed in-house including government-funded artificial intelligence systems that collect ER, lab and ADT data and perform analyses to determine possible bioterrorism (a project begun to address medical errors, now serving dual use). As a result of this work, NYP has been asked to serve on the Regional Counter Terrorism Committee, cosponsored by the Mayor's Office and the FBI.

Rebuilding

Hospitals have played a critical role in countering the tragedies of 2001, and New York-Presbyterian has been at the forefront of healthcare's response. NYP is using technology more as a mode of communications, diversifying server locations and expanding the use of our Intranet. The hospital is more focused than ever on coordinating among members, with other hospitals and with the emergency response agencies around us. NYP has a more regional view of care now that the hospital has to consider bioterrorism.

While NYP hopes that its experience will never have to serve as a national model, they have been through the trauma of terror and emerged with tools and skills to be strong. NYP is ready, at all times, to share the lessons that have strengthened the hospital. ■