Emergency Medicine and Disaster Preparedness: The Israel Experience

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CREDIT TO:

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History of the Jewish Healthcare Foundation (JHF)

- The Foundation was established following the sale of Montefiore Hospital to Presbyterian Hospital (the forerunner to UPMC Health System)
- Functions as a Public Charity (formerly a Private Foundation)
“A Think, Do, Train and Give Tank”

- A public charity with two supporting organizations
  - Pittsburgh Regional Health Initiative (PRHI)
  - Health Careers Futures (HCF)
JHF History with EMS

- JHF asked to staff community wide post 9/11 disaster preparedness task force
- Approached by Paul Paris in 2004 to investigate and help document safety in prehospital care
- Participated in regional wide avian flu planning
- Participated in region wide disaster planning
- EMS Champions Initiative 2010-2011
In 2010, two opportunities came together.

ISRAEL EXPERIENCE AND EMS CHAMPIONS INITIATIVE
PPC Empowering Champions

- Physician Champions
- Nurse Navigators
- Nurse Managers
- Team Leaders
- Clinical Pharmacists
- Hospital Trustees
- Emergency Medical Personnel
- Salk Fellows
- Librarians
- Patient Safety Fellows
- Long-term Care Workers
Our Most Recent Champions Program: EMS

- Emergency and Disaster Preparedness Mission to Israel November in conjunction with American Physicians Fellowship, November 2010
- EMS Champions – *Identifying and Supporting Pre-hospital Excellence*
  - Grant approved in April, 2010
  - RFP issued in June, 2010
  - Champions selected in October, 2010
  - Includes a Partnership with American Heart Association *Mission Lifeline*
Our Champions and Their Projects

- 19 professionals in emergency services from throughout the EMSI 10-county region
- Frontline staff to executive directors
- Categories of projects: Safety, clinical, non-transport, integration of care, and operations
- Checklists, standardized protocols, clinical improvements
The EMS Support Team

- **External Staff**
  - Medical Advisor: Paul Paris, MD
  - Master Coach: Maria Guyette, MD
  - Coaches/Fellows: Daniel Patterson, Dan Swayze, Adam Tobias, MD

- **Internal Staff**
  - Michelle Anderson,
    Maureen Saxon-Gioia,
    Nancy Zionts
The Fellowship Plan

- Quarterly meetings
- January-February: PPC training online via Tomorrow’s Healthcare Portal
- January-March: Initial PPC coaching to set-up QI projects
- February-November: Fellows conduct QI projects and attend quarterly meetings/webinars
- December 2011/January 2012: Final reports and meeting
Israel Emergency Medicine and Disaster Preparedness: A Case Study
Background

- Emergency and Disaster Preparedness Course, Israel, November 2010
- Organized by American Physicians Fellowship for Medicine in Israel and Israeli Ministry of Health
- Pittsburgh Delegation participation Sponsored by JHF
Dr. Tobias’ Champion Project Goals

• Provide an assessment of the Emergency Medical Services (EMS) and Disaster Preparedness systems in Israel
• Provide recommendations for improving US disaster healthcare based on lessons learned from Israel
Methods

- Literature review
- Discussion with Israeli and American EMS and Disaster Preparedness Officials
- Information obtained during Disaster Preparedness Course in Israel
- Focus on Israeli:
  - Background
  - EMS system
  - Hospital-based preparedness
  - Training systems for disasters
Israel’s Past and Present Realities Called for Unique Strategies
Israel and Disaster Preparedness

- Extensive experience with disasters
  - Suicide bombings in metropolitan areas
  - Military conflicts
    - 33-day war in Lebanon in July 2006
    - Gaza Strip war – 3 weeks in winter 2008-2009
    - Rockets launched into civilian areas
LESSONS LEARNED
EMS: Ambulance Service in Israel
Professional: Magen David Adom

• Unified (3rd-Service) system - covers entire country
  • Allows for flexibility in ambulance dispatch
• Full member of International Red Cross
  • 1545 employees + 11,435 volunteers
  • 545 EMT’s, 435 Paramedics
  • 1 National Operations Center
  • 170 ALS units, 588 BLS/ILS units
• “Scoop and Run” philosophy
• No field decontamination
• Close coordination with military
And Volunteer Supported
Take-Home Messages

• EMS
  • Early scene evacuation
  • No field decontamination
  • Network of ALS volunteers
Hospitals: Standardized Processes and Supplies
Take-Home Messages

- Hospitals: Mass Casualty
  - Elimination of yellow triage category
  - One-way traffic through Emergency Department
- Hospitals: Non Mass Casualty
  - Standardized report
Training
Take-Home Messages

• Training
  • Increased emphasis on drills, simulation
Unique Contingency Planning
Preparedness = Investments in Resources

THAT YOU HOPE YOU WILL NEVER NEED OR USE!