

Thursday, March 21, 2013

Workshop Session 3

Time of Session: 1:30-3:00PM

Session Title: Healthcare & Planning

- A. Gender-Aware Disaster Care: Simple Interventions That Can Reduce Impact, Suffering, and Post-Disaster Emergency Healthcare Costs

Speaker: **Roxane Richter**, World Missions Possible

- B. Mitigation for University Health Systems and Transfer Trauma: Hurricane Sandy as a Case Study

Speaker: **Dana Greene**, University of North Carolina at Chapel Hill

Room: 205

Head Count: 9

Note Taker: Olivia Burchett

A. Mitigation for University Health Systems and Transfer Trauma: Hurricane Sandy as a Case Study
: Dana Greene, UNC-Chapel Hill

- Provided a personal story to introduce topic of university hospital systems and what needs to be done to better respond post-disaster
- She highlighted the Hurricane Katrina response and nursing home euthanasia that occurred due to a lack of structural support post-disaster. Many more women than men were euthanized.
- In academic hospitals, students are not typically utilized as part of the disaster response
- NYU hospital after Hurricane Sandy as case study
 - Generators flooded which caused life saving machines to stop working – this meant machines for pain relief, respirators, cardiac arrest
- Mortality increases post disaster
- University hospitals as cutting edge yet they do not have proper planning for post disaster situations!
- She outlined the 4 phases of disaster response and how work must continue throughout each phase so that people working in the hospitals do not become complacent
- She wondered what the cost of keeping people in a medical center post-disaster would take, would it cause harm, would it take time away from other patients? Do we care about this? Doctors and administrators tend to see these questions solely in financial terms.
- We must think of the patient's ability to adapt to and deal with stress of having to be moved in a disaster
- In evacuation situations, who makes ethical decisions?
- Questions:
 - (Comment) In regards to the director of Charity Hospital post-Katrina and having to make the decision to euthanize – there was no other choice! It was not a decision easily made!
 - A recommendation to develop plans for dire situations with vulnerable themselves at the community level --- How do we strengthen systems so these things do not happen!?
 - Suggestion that generators be placed in waterproof vaults or put on higher floors
 - Flood walls at hospitals were discussed
 - Make hospitals last resorts
 - Retrofitting so hospitals part of mitigation

3:30 – 5:00 Building Partnerships and Resilient Campuses – Room 257; Headcount: 21

A. Building the University-Community Partnership in Disaster Management – Dana Greene, UNC-Chapel Hill substituting for Benetta Robinson, Jackson State University Coastal Hazards Center of Excellence

- We must keep emergency management within universities so that they are in constant communication
- Questions:

- Is DRIS downloadable?
 - Not yet, but soon. The idea is to get it out there into the field to be used in field work – maybe another 2-3 years before fully available
 - Is it just for higher ed?
 - It is for emergency managers in the field
- B. Building a More Resilient University Campus: Lessons Learned from Six Emergency Management Service Learning Projects: Claire Connolly Knox, University of Central Florida
- A Journal article on this project will soon be available in the Journal of Public Affairs Education
 - Focused on trends in service learning in the emergency management field to provide education at the practical level
 - Service learning as a part of coursework
 - She provided her story of coordinating service learning in an online class
 - The UCF evacuation plan was out of date due to heavy growth so there was very little data and students thus started from the beginning.
 - The suggestions made by her students came in handing during a recent shooter situation at the school
 - Pre and post tests were utilized in the project to give validity to the project.
 - Most projects were well liked by the clients and students felt their research was validated because it has been put to use.
 - Project structure: project management to learn practical skills
 - Each group had 5 students
 - Did not pick own groups – were based on strengths, interests and skills
 - Lessons Learned: Mandatory meetings between students and clients
 - Questions:
 - How to source new clients and projects?
 - Having a strong service learning center on campus to provide support
 - Time commitment for students?
 - No final, structure for assignments due, kept in mind course load with project workload – tried to blend and students appreciated this
 - (Comment)If have a service learning center, look to see if they are making it an essential part of the masters degree. If representing community, force universities to have service learning center
 - How to incorporate practical learning in emergency management?
 - Tests, certification courses, creation of a writing portfolio, having an EOC on campus

3/22/13

11:00 – 12:00 – Room 257; Headcount: 20

- A. Continuity Planning at Institutions of Higher Education: Matthew Hart, Tufts University

- Higher education continuity planning software is available out of UC-Berkeley called KUALI Ready
 - Needs 1-2 full time staff to run and was initially implemented at Tufts with a \$5million grant
- How to create university buy-in?
 - Is it important and accessible?
- Continuity planning is day-to-day planning activitied to prepare for tomorrow
- KualI Ready has 5 steps
- It is flexible, inexpensive, single sign on capable
- It is not as customizable as it could be
- Use past examples with universities to make it important to them to do continuity planning
- Must focus on university support services
- Software is like TurboTax in that it is intuitive
- Creates a path for users, identifies missing pieces and task lists for what needs to be done
- Created for the unique needs of higher ed
- Questions:
 - (Discussion) Buy-in as most important part of getting it off the ground
 - Could you talk more about the grant you received?
 - EMO funding that has since dried up. The software is \$10,800 per year with updates but a source code is also available
 - In regards to buy-in, what other ways can be used to ground university employees?
 - Tool does a great job at this. (pulled up tool to illustrate this)
 - It is all built-in or is it modifiable?
 - Mostly built-in but some pieces are modifiable and can be added
 - When working with specific university departments, need more complex plans?
 - Space needs only, but gets them thinking, do they need MOUs with other universities (especially chemistry departments)
 - How much time needs to be spent showing software with each department?
 - Depends on the department and motivation – takes many meetings with departments
 - How much time have you invested in this project?
 - 1.5 years
 - Because you have departments do their own plan, how much oversight is needed?
 - Take a look at each plan, meet to clarify anything, foresee next step
 - Are there any other funders available?
 - No, other than defunded EMO
 - There are 100 subscribers to the KUALI tool currently.