

Impact of Hospital Emergency Incident Command System (HEICS) Training on Disaster Preparedness of Emergency Response Hospitals

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摘要

Abstract

To understand whether HEICS training can improve the implementation of the system in hospitals, we reviewed the updated version of disaster response plans from emergency response hospitals in Taipei this year and compared their performance with those done last year. Of the 51 plans (eight from tertiary medical center), there were about 50 (98%) that had predictable chain of management, and the average score was 85+5 points ($P<0.05$ v 79+6 points last year). There were more plans that met with the criteria ($n=40$; 80% v 58%, $P<0.05$), as the average score was (80+5 v 68+5, $P<0.01$) as to accountability of position function. The improvement has also been found in the numbers of hospitals that had flexible organizational chart ($n=40$; 80% v 58%, $P<0.05$) that allows flexible response to specific emergencies (average scores 81+7 v 68+13, $P<0.05$), documentation of facility (78+9 v 64+10, $P<0.05$) and also common language to facilitate outside assistance (75+9 v 60+6, $P<0.05$). Thirty-six hospitals (70.2%) have provided prioritized response checklists, cost effective emergency planning within health care corporations, and complete governmental requirements ($P<0.01$ v 45.3% last year). The scores were thus 72+10, 70+11 and 68+10 respectively. The tertiary-care medical centers had better performance than another 43 secondary hospitals did (average score 94+11 vs. 78+12, $P<0.01$). In conclusion, education and training plays an essential role in successful implementation of HEIC in response hospitals. (Ann Disaster Med. 2005;4:7-11)