Background: In recent years, US hospitals have dedicated significant resources to improve their EP, especially following September 11, 2001. Over the same period, cost containment pressures and consolidation within the US health care system had lead to more hospitals owned by single parent organizations. As hospitals are under continued pressure both to be ready for disasters, and to maximize value, there is limited data describing the role of the system's administrative organization in supporting the preparedness of their hospitals.
Methods: We developed and administered a survey regarding health systems' EP efforts to 97 academic health systems. Data gathered included program funding, governance, preparedness and response roles, and resources provided to system members
Results: Of the 38 responding health systems, 87% were non-profit. Median revenues were nearly $2.5B USD. Systems had a median of 16,500 employees and nine member entities. 74% reported having system-level EP staff. 24% had an annual operating budget of $100,000 - $1M. Most frequently occurring activities included: creating plans, trainings, or exercise templates (68%); providing access to subject matter experts (68%); promoting staff preparedness (68%); and developing plans (66%). We identified discrepancies between respondents' descriptions of the resources their system provides for member entities compared with resources they believed should be provided.
Conclusion: Currently, there is wide variation in the resources, capabilities, and programs supporting EP at the system-level among academic health systems. The most common system-level resources provided to system entities include a mass-notification system, subject matter expertise during planning and emergencies, centralizing emergency supply contracts, and providing support for training and exercises. It is unknown which of these systems and resources may be most needed and/or most effective, as outcome data has not yet been collected.

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Emergency Services Rapid Assessment Tool in San Salvador, El Salvador

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Study/Objective: Our study assessed the emergency care system of the hospitals in the San Salvador metropolitan area in El Salvador. San Salvador is the capital and largest city and the epicenter for trauma and emergency care need.
Background: In El Salvador, over 32% of all deaths are due to trauma, and cardiovascular emergencies are a rapidly rising incidence of both morbidity and mortality. Doctors working in Emergency Wards (EWs) are on the front line of caring for trauma patients. However, emergency medicine training is not yet developed nor standardized.
Methods: This study utilized the SidHARTe Emergency Services Rapid Assessment Tool (ESRAT), which analyzes resources related to emergency care within a hospital. Survey teams went to the 8 public hospitals to interview key stakeholders in the EW as well as hospital administrators. Structured interviews were conducted about hospital capacity and resources, and observations regarding emergency care supplies were recorded. Epidemiological factors such as access to essential supplies, services and medications were determined using simple statistical methods.
Results: A total of 8 hospitals were surveyed with responses obtained from 97.2% (70/72) of the individuals sought. Emergency care in 100% of hospitals surveyed is free to the patient. As well, 100% reported consistent electricity, though 37.5% reported inconsistent access to running water. All 100% reported access to all essential lab studies listed in the survey, and reliable access to supplies of blood. Half of EWs surveyed report access to an ultrasound machine, and only 37.5% report the ability to contact trained staff after-hours. EWs were stocked with, on-average, 60% (31.9/53) of "Essential Emergency Medicines," 81% (52/64) of "Essential Emergency Supplies," and 90% of "Essential Emergency Equipment" (5.4/6).
Conclusion: This survey establishes a baseline capability of the public hospitals in San Salvador, and serves as an important benchmark for the continued development of emergency care resources and services nationwide.

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Impact of Participation in Focus Groups on Perceived Preparedness for Emerging Threats

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Study/Objective: To examine the impact of participation in focus groups on perceived emergency preparedness for an emerging threat of attack on civilian populations.
Background: Health care systems are required to develop preparedness for all hazards that risk public health and safety. Policies for managing emerging (newly evolving) threats should be prepared based on multi-disciplinary perspectives that promote an effective and comprehensive response. Focus groups are instrumental in designing policies, but their impact on perceived emergency preparedness has not as yet been presented.
Methods: Five multi-disciplinary focus groups were created to review risk assessment and recommend policies for managing an emerging threat of missile attacks against civilian populations, including: providing community health care services; hospitals' operational continuity; casualty evacuation; continuous medical care to vulnerable populations; and providing medical services in 'closed military zones.' Fifty-nine national and regional managers of the Israeli health care services rotated between the focus groups, recommending applicable policies for all identified challenges. A survey concerning perceived individual and systemic preparedness for the emerging threat was completed pre-post participation in the focus groups.