THANK YOU



"Disaster Medical Response"

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Houston

I have NO disclosures

YOU will at some time supervise a CRISIS







Outline

- Over riding principles
 - Specific experience
 - Potential disasters
 - Lessons
 - New challenges



Over Riding Principles



LOCAL

- Politics
- Police Response
- Public Health Care Delivery
- Disaster response



Outside assistance does not arrive for 3 days at best



Leadership ALWAYS emerges Even in the absence of programed structured command



"DISASTERS" are called by local or national governmental officials (takes time)



Hospital Emergency OVERLOAD and **CRISIS** situations are COMMON (Even in absence of disaster)

Medical Disaster Response is OFTEN needed LONG BEFORE government CALLS the DISASTER



10% Rule



10% Rule **AMONG SURVIVORS:** -10 % require HEALTH intervention -10% of these need Hospitalization -10% of these need critical care (Including operation)





Prefect storms produce DISASTERS

Mattox Final Putting it all together

Silos & Rubrics

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1. FIRST

Lesson of the SILOS

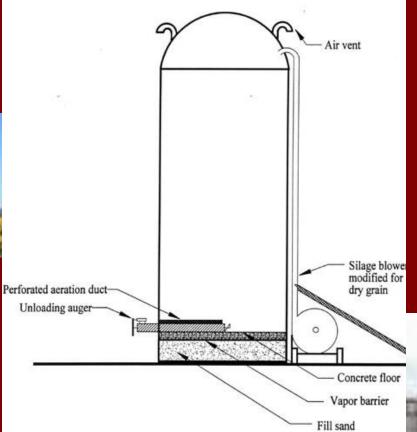








SILOS

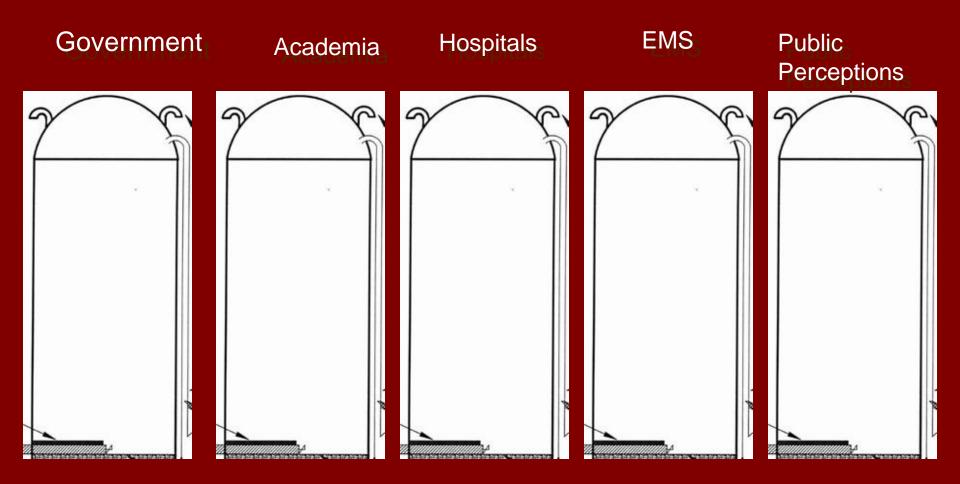






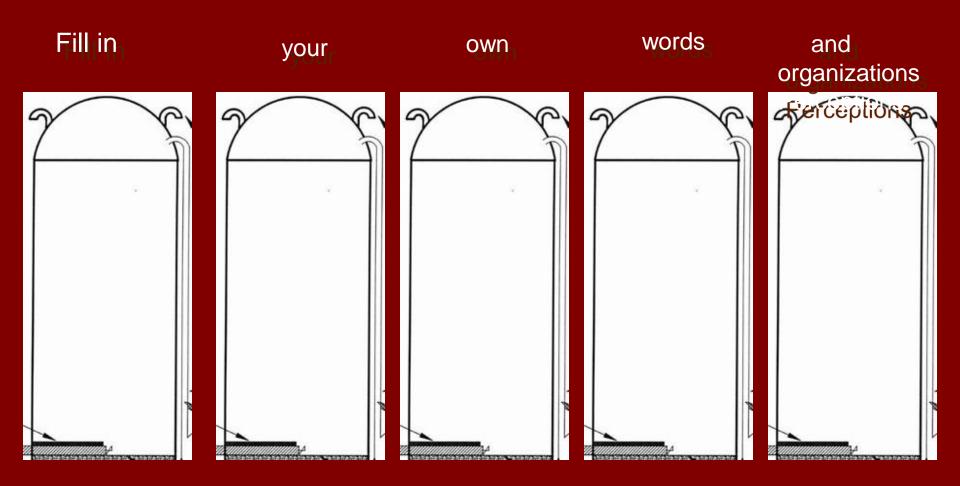


Each SILO is SEPARATE





Each SILO is SEPARATE







"Now we see through a glass darkly"

INFRASTRUCTURE -Including: Government Policies

PROFESSIONALS -Including: Academia Medical Associations **Others**

DATA BASES -Including: Local, regional, etc. EMR

DATA ANALYSIS -Including: Quality Review Scientific reports Association meetings

COOPERATIVE MATRIX -Including: **Systems** (Trauma, heart, etc) Levels of Care & Excellence Communications Networks

CHANGE -Including: Leadership **Professionalism NEW INNOVATIONS**

