

TESTIMONY OF H. CLIFTON KNIGHT, MD, FAAFP
CHIEF MEDICAL AND ACADEMIC OFFICER
COMMUNITY HEALTH NETWORK

Before the U.S. House Homeland Security Committee
Subcommittee on Emergency Preparedness, Response, and Communications
August 6, 2013, Field Hearing
Assessing Central Indiana's Preparedness for a Mass Casualty Event

Good morning Chairman Brooks, Senator Donnelly, Congresswoman Walorski, Congressman Young, and staff of the Subcommittee. On behalf of Community Health Network, we appreciate this opportunity to discuss Central Indiana's preparedness for a mass casualty event with you today. Your commitment and dedication to this important issue shows proactive interest that we sincerely appreciate.

Today, I plan to provide you with some basic background information about our organization, our engagement in emergency preparedness efforts, and our concerns regarding being optimally prepared for the potential of catastrophic events in Central Indiana.

COMMUNITY HEALTH NETWORK

Based in Indianapolis, Community Health Network is a private, not for profit system consisting of 6 general acute care hospitals, a cardiovascular focused acute care hospital, and a free standing rehabilitation hospital as well as hundreds of ambulatory sites of care encompassing a full spectrum of primary care and sub-specialty services. In addition, we provide extensive home based services. We have 13,000 employees and experience 2,000,000 patient encounters each year.

EMERGENCY PREPAREDNESS ENGAGEMENT

Each of our acute care hospitals provides emergency services. Internally, we provide extensive educational programming for in-the-field emergency medical providers. We meet or exceed all standards of The Joint Commission related to emergency preparedness. To accomplish this, we train staff, track

supplies, and regularly communicate with our teams regarding issues and trends of importance. Throughout our facilities, we also perform drills using a variety of scenarios multiple times per year. Community has an Emergency Operations Plan as well as a surge plan. Utilizing resources through our district support structure, we are able to help support patient influx as necessary. As a district, we drill for severe patient influx at least annually.

In Indiana, we believe our greatest and most likely risks are related to natural disasters such as tornadoes and earthquakes. However, we take very seriously the plausibility of a terrorist initiated disaster resulting in a surge in acute care needs. We aim to be prepared in ways that accommodate the needs that would arise from a variety of causes.

Community Health Network actively participates in activities with the Managed Emergency Surge in Healthcare (MESH) Coalition as well as the Indianapolis Coalition for Patient Safety (ICPS). We have found both organizations uniquely suited to support our efforts to coordinate and standardize approaches to issues common to all hospitals in Indianapolis. For example, our involvement in the ICPS has resulted in our participation in city wide efforts to standardize approaches to addressing influenza outbreaks (both H1N1 and seasonal) and the resulting patient surges.

NEEDS ASSESSMENT

Though we are confident in our preparedness for adequately responding to mass casualty situations, we strongly believe there is more that can and should be done to optimally prepare.

Our greatest fears are around our ability to quickly mobilize enough healthcare providers and staff in response to an emergent need. We of course have designated on call personnel, but would need to mobilize additional resources quickly. We believe this can be accomplished through communication avenues utilizing standard methodologies (cell phones, text messages, social media, and public communications) but this is theoretical given that communications may be interrupted in a large scale event with wide spread damage. To address this, we urge continued focus on supporting redundancies and refinements in public communication infrastructure as a safeguard.

Another area of concern is related to the realities of funding for training and education of our personnel. As economic forces require us to function more efficiently, it becomes problematic to regularly remove providers and staff from their primary functions in order to focus on training and education. In addition, our observation is that we need to more fully involve all hospitals and EMS providers in training and education. There seems to be a lack of funding to support this involvement for private hospitals and private EMS services. In order to accomplish broader coordination and improved preparation, federal funding to support these efforts would be helpful.

Thank you all for this opportunity to provide a status report regarding emergency preparedness in Central Indiana and for your commitment to improving our capabilities. I look forward to providing any additional information or clarifications that may be helpful.