

BIOTERRORISM: HEALTHCARE PREPARATION AND RESPONSE

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Since the attacks of 9/11, the healthcare industry has intensified its focus on the issues of bioterrorism. How will the healthcare industry respond to a terrorist attack and the use of biological weapons or other public health emergencies that result in mass pandemic? Unfortunately, research shows that our hospitals are not currently prepared.

On August 6, 2003, the U.S. General Accounting Office (GAO) published a report surveying 2,000 urban hospitals regarding emergency preparedness. The survey gathered information on planning activities, staff training, and capacity for response. Seventy Three Percent (73%) of hospitals responded. While most urban hospitals across the country reported that they participated in basic bioterrorism response planning and coordination, they did not have the equipment to handle the number of patients that would be likely to result from a bioterrorist incident. Four out of five hospitals reported having a written emergency response plan addressing bioterrorism, but many plans omitted key contacts, such as other laboratories. Almost all hospitals reported participating in a local, state, or regional interagency disaster preparedness committee. Most hospitals reported that they have provided at least some training to their personnel on

identification and diagnosis of disease caused by biological agents likely to be used in a bioterrorist attack, such as anthrax or botulism. However, in contrast, fewer than half of hospitals have conducted drills or exercises simulating response to a bioterrorist incident. Additionally, hospitals reported that they lacked the medical equipment necessary for a large incursion of patients. For example, if a large number of patients with severe respiratory problems associated with anthrax or botulism were to arrive at a hospital, a comparable number of ventilators would be required to treat them. Yet half of hospitals reported having fewer than six ventilators per 100-staffed beds. (To read the full report, you can go to <http://www.gao.gov/new.items/d03924.pdf>)

Additionally, on December 14, 2004 the Trust for America's Health (TFAH) released a nation wide report concerning hospital preparedness. The hospitals reviewed were scored on a scale of 1 through 10, 10 being the most prepared. Overall, the report found that many basic bioterrorism detection, diagnosis, and response capabilities are still not in place. The state of Michigan is one of 20 states that scored a 6; Florida and North Carolina scored the highest, at nine out of 10, and Alaska and Massachusetts scored the lowest, at three out of 10.

Planning for a bioterrorism attack includes a long list of challenges that the healthcare industry must address. Mitigation of the effects of biological agents, quick response, addressing the transfer of patients between various available and appropriate facilities, reimbursement issues and other state and federal regulations are just a few of the challenges that must be met. Healthcare providers must view these normal healthcare issues in an entirely different light when evaluating how they can best assist in a bioterrorism emergency. Although federal funding has been designated to assist in the planning process, many healthcare legal issues remain. Some of those issues are as simple as licensing, credentialing, delegation of authority and as complex as liability, having standardized regional Mutual Aid Agreements, regulating the transferring of pharmaceutical supplies and equipment, and regulating training for healthcare staff to respond to a biological emergency.

It is clear that more than three years after the 9/11 attacks, our healthcare system has only made small steps toward being more effective and efficient in bioterrorism preparedness. As the internationally acclaimed author and management consultant Peter Drucker has stated, "*Plans are only good intentions unless they immediately degenerate into hard work.*" We must come to the realization that now is the time for planning, now is the time to prepare, let's get to work.

If you need additional information regarding bioterrorism preparedness or other healthcare issues, please contact Lori-Ann Rickard of Rickard & Associates, P.C. at (586)-498-0600. www.larlegal.com.