



Hospitals add tracking system

[program to help during large disasters](#)

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The Sept. 11 terrorist attacks proved most hospitals were not equipped to handle large-scale disasters with mass casualties.

Hawaii hospitals hope to change that.

This summer, hospitals statewide will receive another piece of equipment that should help prepare medical staff in managing a rush of casualties caused by a terrorist action, plane crash or other disaster.

The casualty tracking system was conceptually developed by Healthcare Association of Hawaii (HAH) with Hawaii Pacific University developing the technology, said Toby Clairmont, HAH's emergency program manager.

When faced with an overwhelming number of casualties, emergency responders place those injured into one of four categories: dead/dying, immediate, delayed and minor. A triage tag is tied onto the injured person. The tag briefly explains the injury, lists the patient's vitals and other pertinent information. It is a nationwide system that has been used for years, Clairmont said.

However, with the new system, a bar code is placed on the triage tag. As the injured are transported to a hospital, medical staff can scan the bar codes into the computer system and hospitals statewide will receive the number and type of casualties coming from the disaster, Clairmont said.

For instance, a Honolulu hospital could see that Kona Community Hospital had 16 casualties arrive in four minutes, and of those 16, eight are critical. The new system allows other hospitals to prepare for possible transfers, as well as alerting emergency teams on Hawaii islands to the disaster, Clairmont said.

"If we had a major disaster, no hospital could handle all the patients," he said. "It would take the collective effort of hospitals statewide to keep those people alive."

Clairmont said he believes Hawaii is the first state to implement the casualty tracking system.

The system can also be used on a daily basis. For multiple vehicle traffic accidents, hospitals could scan the patient's information into the system in case there is a need to transfer, Clairmont said.

Before Sept. 11, this type of equipment was built specifically for large-scale operations, Clairmont said. "It's got to be built into daily living so people (medical staff) are comfortable with it and know how to use it," he said.

Hawaii receives about \$2.5 million a year from Department of Homeland Security for the program, Clairmont said.

Over the past few years, hospitals statewide have received equipment, programs and training geared for mass casualty preparedness, including portable decontamination units, more efficient communication and patient transfer systems, personal protective equipment, storage sheds, identification vests, security barriers and more.

Hospitals are not required to take the equipment; however it was a hospital-driven initiative. "Hawaii hospitals wanted this (new equipment and systems) and went after state and federal funding," Clairmont said.

"I believe Hawaii is the leader in improving mass casualty preparedness," said Glenn Sparks, Kona Community Hospital assistant administrator. "And it's no cost to us (the hospital)."

Laura Boehm, North Hawaii Community Hospital's vice president of patient care services, said NHCH has the same equipment as the state hospitals. "It's coordinated throughout the Big Island and the state, so if there ever is a large-scale emergency, we're all on the same page, we're all consistent," she said.

In his more than 30 years of nursing, Sparks said he's only seen one emergency that required using the triage tag system.

He knew of only one patient that needed to be decontaminated in his four years at KCH. However, the purpose is to train with the equipment, in case a disaster does happen, Sparks said.

"Large scale disasters rarely happen here," Boehm said. "But we need to be prepared in case they ever do."

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