

## Volume 14, Issue 4, 2012 - Management

### Interview: WHO Europe

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Dr Gerald Rockenschaub, Programme Manager for Country Emergency Preparedness with the WHO took some time out of his busy schedule to talk to (E)Hospital about the importance of disaster preparedness and emergency response and the key role of the hospital manager.

What is the role of WHO Europe and what part do you play in it?

The WHO Europe is one of the six regional offices within the World Health Organisation (WHO). The WHO regional office for Europe is based in Copenhagen and supports the 53 member states of the European region; namely the 27 EU Member States and the former countries of the Soviet Union. Turkey and Israel are also part of our mandate.

We provide technical support to countries in terms of policy development and the development of strategies to reduce disease burden and to promote public health. I am programme manager for country emergency preparedness. We aim to prepare countries for any types of emergencies, be it communicable disease outbreaks, natural disasters or health problems associated with violent conflict. Activities include training, capacity building and working with countries to put emergency plans in place. We also work to improve cross-border collaboration in terms of crisis preparedness. Basically, our focus is on building capacities in countries to better prevent and address the health implications of disasters and emergencies.

What are the most common disasters in hospitals and what should hospital managers be doing to ensure that their hospitals cope?

Well I think in general, well prepared and fully operational hospitals are essential in emergency situations, primarily in the context of mass casualty incidents; such incidents generate an extraordinary patient load for hospitals and in such situations hospitals need to quickly shift from the normal mode of operations to an extraordinary emergency mode. Triage suddenly becomes important and the challenge arises when you can't devote all the resources to take care of one particular patient but where you need to manage your resources to generate the best possible outcome for an extraordinary high number of critical patients. This is often not within the immediate mid set of a hospital environment and of health professionals working in that context.

So triage is an important issue in mass casualty incidents, but also the hospital site, the physical infrastructure and the critical supply lines a hospital needs to function in the aftermath of a disaster. What we often see is that hospitals become dysfunctional in disaster situations when they are actually needed most to save lives and provide emergency care. For this reason we are working with countries to ensure that hospitals are seen as critical infrastructure and that they remain operational when they are needed most. We try to promote and ensure that there are business continuity plans in place, that emergency preparedness plans are updated and tested and that health professionals in hospitals are trained accordingly to be able to manage those types of situations.

Our cover story this issue is on patient and staff safety in the hospital. Clearly this is of paramount importance to the WHO. What have been the most significant policies and new developments in safety in recent years?

Well we have the "Safer Hospitals Initiative", which particularly emphasises that our hospitals need to be disaster resilient and operational in emergency situations. This was the topic of the World Health Day 2009 so it was successfully promoted globally to raise awareness.

The WHO has also developed some tools to provide technical support in that respect. We have the hospital safety index, which is a basic tool to assess the structural and functional vulnerability of hospitals, which not only looks at the structural safety of buildings but also at the operational preparedness. In the European region we have developed the Hospital Emergency Response Checklist that gives hospital managers a quick and easy tool to assess where are the gaps and whether they have the key components of an incident management system in place in order to respond accordingly to all types of emergencies.

These tools are available online and translated into different languages including Russian. In fact we organize trainings and workshops in several countries. We have a well established collaboration with Polish hospitals, which evolved in the context of the Euro 2012 preparations as Poland was co-hosting the UEFA championship with the Ukraine. So we worked closely with Polish hospitals and the health authorities to standardise

the preparedness plans and worked on trainings and exercises to test the plans.

The EAHM is currently focused on the implementation of the European Directive on Cross-Border Healthcare and its effect on both hospitals and patients. Was WHO involved in the discussion process and what do you think will be the outcome of this new piece of legislation?

The EU Directive on cross-border healthcare is mainly focusing on patient rights and we are involved in the sense that our entry point is usually the Member States. If Member States have an issue in developing or being part of the discussion, developing this directive, they often do this through technical exchanges with the WHO and then there is some high level policy exchange between our regional director and the decision makers within the EU bodies.

Do you think the directive will have a positive effect during a crisis or disaster?

I think that is definitely something that is helpful in that respect, with the high level of mobility these days and also some crossborder arrangements in providing emergency care or even coordination between neighbouring countries. This is definitely a helpful step forward in that direction.

From your experience, how greatly does healthcare provision and quality vary from one European country to another?

We definitely see different systems across Europe and if you look at the per capita spending of countries in our region there is of course great variation. But often that is not necessarily reflected in the quality of care. In countries that do not have the resources to invest heavily in hospital care and infrastructure, they still try their best to provide high-level quality care to their patients within the limited resources. For us the critical issue is vulnerable groups. We lobby for vulnerable groups that are not financially that well off but still need and should have access to critical care, to hospital care and to high quality care.

How is the financial crisis affecting the WHO and its activities?

For us in the emergency field, it is critical to ensure that access to care is available, particularly in a disaster/crisis situation.

We lobby to ensure that systems for critical and emergency care are in place and that this care is accessible to everyone. But I am not denying that financial constraints are a serious challenge. In times of financial instability it becomes increasingly difficult to mobilise the necessary resources, to promote emergency preparedness, to have the necessary systems in place, and to make them sustainable.

Currently, what are the main threats to health and hospitals in Europe?

An influenza pandemic is definitely a threat that we need to be prepared for. At any time a new influenza pandemic can evolve but we also have other hazards, there are substantial natural hazards that affect many of our countries, there are floods, earthquakes and forest fires. For this reason we work with countries to promote an all-hazards approach to emergency preparedness in hospitals. It basically means that irrespective of the hazard, it is essential that you have a generic preparedness system in place to be able to address all types of hazards and to initiate an effective response to cope.

Hospitals need an incident management system in place supported by a functioning coordination mechanism with other hospitals. You need to increase the hospital networking in order to have surge capacity in place. You need to have the appropriate communication systems in place and the logistics around the information system and so forth. It doesn't matter whether you are confronted with an earthquake or mass casualty incident or a flood situation or an infectious disease outbreak, the key building blocks of an effective health response remain similar. Of course you need to have specific expertise on top of that but if you can ensure that those generic mechanisms are in place and functioning well, then you already have a good basis in order to launch an effective response.

This is your chance to address hospital managers from across Europe. Do you have any final recommendations or advice?

The message I'd like to leave is that we need to raise the awareness that all hospitals should be prepared to address major emergencies. We need to have this emergency management capacity in place and we need to have a critical mass of health professionals that are adequately trained in that area. Health professionals usually know how to deal with individual emergencies really well but it is a different type of skills that you need to address the management issues around a mass casualty emergency or a disaster situation. When you are confronted with a large number of patients overwhelming your hospital then you need to have the mechanisms in place to quickly move from a normal mode of managing your facility to an emergency mode to mobilise your resources and your surge capacity, to have triage mechanisms in place. I think this is the key and it is often not on the immediate radar in countries where emergencies are not happening on a frequent basis. In fact we see that hospitals respond much better in countries that are frequently confronted with such situations, or who frequently test their systems in exercises and drills. Hospitals often respond less effectively if those incidents happen on a rather infrequent basis.

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