

Hurricane Sandy: Lessons Learned from the Severely Damaged Coney Island Hospital

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Hurricane Sandy caused widespread havoc in many regions, including the tri-state area (the New York City metropolitan area, encompassing portions of New York, New Jersey and Connecticut.) In particular, Brooklyn, New York took a direct hit. Coney Island Hospital, a small, community, approximately 300-bed hospital was flooded, with backup generators failing and up to 11 feet of water rushing in and destroying infrastructure. The hospital had started evacuation of ventilated patients 48 hours prior to the onset and CCU patients 24 hours prior. Evacuations were a continuous process. Patient safety was the top priority. Hospital staff then continued to work at nearby hospitals treating previous Coney Island Hospital patients. The hospitals included, but were not limited to, Brookdale, Kings County, and Maimonides. Packages of medical records were sent to the accommodating hospitals. The medical records included patient history, imaging, procedures history, labs, contact information, consults, medication lists, allergies and other pertinent data.

The medical staff accompanied the patients and continued their care at the designated areas. Several key advantages of this strategy were noted. First and foremost was the continuity of care and familiarity of patient care. This was particularly true for patients with long hospitalization histories. Second, this strategy lowered the burden on the receiving hospital teams while continuing to utilize the resources of a recently temporal nonfunctioning facility. A certain autonomy of patient care was maintained and accepted by the receiving hospitals despite potentially differing protocols. In addition, it was also helpful for the families who were accustomed to particular staff.

Several challenges in facing a fierce hurricane disaster such as Sandy were noted. While the accommodating hospitals were very helpful and understanding of the clinical needs, it took, naturally, some time to assimilate to a new hospital procedural system. Change of discharge planning, particularly to distant nursing home facilities, was required. At times, consults had to be passed on to different specialists. Families were required, at times, to arrange visits differently if the proximity to the facility was changed.

In conclusion, despite these challenges, the overall advantage of continuity of care overrode any disadvantages.^{1-4,6,7} We therefore propose that this could be a useful strategy in future natural disasters wherein facilities are severely afflicted and/or shut down temporarily.

Lessons to be learned:

1. Early evacuation is critical for patient and staff safety;
2. Continuity of care is important and beneficial for patients, their families, and ancillary support systems;
3. Transferring of patients and staff to the same hospital's network system can greatly assist continuity of care;¹⁻⁷
4. Despite the challenges which include protocol differences, maintaining continuity of care with the same staff for patients is a useful strategy for disasters that may shut down local hospitals.

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