portation for hospital evacuation. This university hospital is part of a vertically integrated health system that includes multiple community affiliates designated to receive patients if evacuation becomes necessary.
Results: A non-binding agreement was developed whereby all available transportation resources will be delivered to the university hospital within 1 hour of a declaration of hospital evacuation. Resources include basic and advanced life support ambulances, wheelchair vans, and four 35 passenger buses. Primary patient triage is an inpatient attending physician responsibility, although EMS personnel with emergency physician back-up will accomplish secondary triage at the point of departure. All vehicles are staffed with EMS personnel and have communications capabilities with a central dispatcher.
Conclusion: Partnership between a university hospital and an EMS service has led to the development of a comprehensive plan to supply and manage transportation resources for emergency hospital evacuation.
Keywords: communications; emergency hospital evacuation; emergency medical services; transportation resources; triage; university hospital

G-86
Y2K: Is Healthcare Ready?
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The "Year 2000" (Y2K) issue was introduced first as "a computer problem", but we now know that every computer and device containing code or embedded systems is at risk of failure. No country will be spared, the deadline cannot be altered, and this global issue is predicted to have a uniquely strong affect on health-care delivery. As countries vary in their state of readiness and action, so do the various industries of the economy. The U.S. health-care system is lagging behind other industry sectors in acceptance of, and action addressing, this problem. Media silence and incomplete facts on the readiness of infrastructure and services have made this a difficult issue for leaders to embrace. However, as a prominent U.S. government representative stated recently, "If you don't think Y2K will be a huge problem, you simply don't understand the problem."

Experts tell us that by mid-1999, we should have completed the following to address this issue and ensure business continuity: 1) Inventory all equipment or processes to determine items "at-risk" of failure; 2) Identify and rate services, processes, and equipment as "mission critical" or not; 3) Identify and prove readiness of all vendors, suppliers, and critical business partners; 4) Remediate all code and embedded systems; and 5) Be engaged in testing of converted or remediated systems and interfaces. Contingency planning, education, and infrastructure assessment are other crucial aspects of Y2K readiness. We may lack the time to convert all problem technology in our organizations, but there still remains time to develop contingency plans, propose "work arounds", and prepare employees. Cooperation is crucial, and to "do nothing" is not an option.
Keywords: computers; health care; inventories; preparedness; remediation; Y2K; Year 2000

General Session XX
Education and Training II
Thursday, 13 May 9:00–10:15 hours
Chair: ***Ernest Yeoh, Toshiharu Yoshioka***

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Managerial Decision-Making in Disaster Response
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Introduction: Objective managerial decision-making is paramount for optimal disaster response. Critical decisions often are made within the first hour of an incident based on cognitive bias and incorrect interpretation of information. Processing and management of available information is vital to incident mitigation, since time factors and communications failures associated with the disaster incident usually are uncontrollable.
Objective: To present concepts that drive judgment and managerial decision-making in disaster response.
Methods: A process analysis flow diagram (adapted from Bazerman) is presented.
Define the problem ⇒ identify the criteria ⇒ weight the criteria ⇒ generate the alternatives⇒ rate each alternative on each criterion⇒ compute the optimal decision.
Results: Bias, heuristics, and framing are used to explore the rationale behind incorrect and inefficient use of the flow diagram in managerial decision-making. Many biases are relevant to disaster management, including the overconfidence bias, which states that most people are overconfident in their abilities to correctly predict the likelihood of complex events. Heuristics, or simplifying strategies, may cause the manager to inappropriately define a problem or identify its causes. Lack of disaster planning or response based on probabilities or previous accounts of similar incidents are examples of the availability and representativeness heuristics, respectively. The presentation of information is known as "framing". *Negative framing* (the building is half destroyed) may affect criteria weighting if a poor first impression is created.
Conclusion: An effective disaster management strategy includes careful attention to judgment and managerial decision-making, recognition of heuristics, and avoidance of bias and negative framing.
Keywords: bias; decision-making; disaster management; disaster planning; disaster responses; framing; heuristics; negative framing