Hospitals Quick To Implement Lessons From Boston

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Nurse Fran Damian arrived 10 minutes after the first Boston Marathon bombing patients were brought into Boston Children's Hospital. When she looked around, the bustling hospital was filled with critical and emergency care staff rushing to help care for three critically ill victims. Other staff were relocating emergency department patients from earlier to make room for the mass casualties that were set to come in.

Elsewhere, a coordinated all-hazards response team was talking with the hospital about what resources were necessary on site and in the facility. They were negotiating how much security was appropriate so the clinical staff didn't need to worry about feeling safe.

Call-in trees were being activated to bring more staff to the hospital. However, since many employees were either attending the marathon or living close by, doctors and other medical professionals had arrived at Boston Children's even before their phone rang.

"Things went extraordinarily well," the director of nursing and patient services in emergency medicine said with pride to CBSNews.com.

Hospitals around the U.S. constantly drill for emergency situations like the Boston Marathon bombings, natural disasters and chemical spills, and Boston-area facilities are no different.

Rebecca Cahill, emergency management program coordinator at Boston Children's Hospital, said that over the three years she's been at the facility, emergency management is something they've focused on. Throughout the year, they conduct drills in conjunction with other agencies and organizations, and once a year they go through a hazardous vulnerability analysis to look at the risks on each campus and satellite sites of their network.

But, practice never provides the same lessons that real-life experience can give. Barry Wanted, director of Emergency Management at Brigham and Women's Hospital, said that while the staff was prepared for Monday's victims, they were surprised by the speed at which the first patients were arriving. They were forced to relocate current patients and find spaces for casualties coming in at lighting speed.

"Most in our favor was the number of medical and first responder resources on scene," Wanted explained. "The difference was as far as implementing some of our immediate plans. Normally, in some of the other incidences where there have been multiple injuries, we have a little more time before the first patient arrives. First

dispatch sends the first responders, and then they come in. In this case, the transports were almost immediate. Some of the first patients arrived 15 minutes from the first explosion."

The following day, Brigham and Women's Hospital and Boston Children's Hospital began to debrief their staff about what went wrong, what went right and what they needed to change for next time. Throughout the country, hospitals began to look over their own plans.

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