



The Necessity of Strategic Plan for Preparedness and Response in Iran's Hospital System

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Dear Editor in Chief

In recent years, natural disasters have led to millions of casualties and billions of dollars losses in the world (1). In terms of disaster, Iran stands among the first 10 countries of the world (2). Annually, in average, 200 millions of people are involved with disasters and hundreds of people lose their lives, and the involved countries are affected with the economic losses of these types of events equal to three percent of their GDP, approximately (3). Meanwhile, the hospital is considered as a valuable center of activities related to disaster management, and preparedness of this effective institution to overcome the adverse consequences of the disaster is clearly evident (4, 5). In other words, hospitals are one of the first centers that are involved in the disasters. These events pose unique problems that their response needs a different type of planning from the regular performance of hospitals. Some of these problems can be categorized as delay or lack of accurate and timely information, personnel confusion, staff shortages and rapid completion of emergency capacity, lack of equipment and consumables, staff and patients' psychological reactions, facilities and equipment failure, that all of these factors lead to increased mortality (6).

How to organize the hospital in normal times as well as the time of events is very different; this

means that all of the activities in hospitals should have a proper functioning under different conditions and at the difficult and unusual conditions. Therefore, the hospital must have a detailed plan in normal time before the event to address the disaster (7). A lack of planning and organization to deal with disasters, lack of preparation of hospitals and non-teaching of staff to handle the disaster are among the factors that could inflict irreparable damages to the country's healthcare system (8). This is because, in such critical situation, demand for health and treatment care will be increased and hospital must be responsive to the needs of individuals. In such cases, radically altered working conditions in the centers will be altered (7).

Therefore, among the various components of disaster management in emergency events, the most critical role will be played by health treatment organizations especially hospitals as the main unit of service provision, and certainly having the written commanding and predetermined instructions to accelerate organizational performance is highly necessary. Various experiences throughout the world and especially in our country have proved that the confusion and chaos is the most common problem that hospitals encounter it in the event of an accident, and of course, if an efficient management system with precise planning and activi-

ties planned to act quickly, the negative effects can be minimized (2).

To reduce the human and economic losses, hospitals are required to design and implement a comprehensive strategic plan for disaster management more than ever. Having such plan can reduce significantly financial and physical losses and lead to a better and more responsiveness to events. Finally, it should be noted that considering a single and similar program for all hospitals in the country (due to different environmental conditions) cannot be helpful, and every hospital based on the specific situation of their own, must consider design and implementation of a unique disaster management master plan.

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References

1. Azizpour M, Zanghiabadi A, Ismaeilian Z (2012). The Relative Vulnerability Analytical Hierarchy Process of Structural and Non-structural Construction in Urban Natural Disasters Crisis (Sample Case: Isfahan's Hospitals). *J Geogr Plann*, 16:169-195.
2. Akhavan Moghaddam J, Adibnejad S, Mousavi-Naeni SM (2005). Introducing Hospital Emergency Incident Command System (HEICS) and HEICS Implementation in Iran Hospitals. *J Mil Med*, 7:167-175.
3. Zaboli R, Tofighi Sh, Amerion A, Moghaddasi H. (2006). Survey of Tehran City Hospitals Disaster Preparedness for Disaster. *J Mil Med*, 8:103-111.
4. Tabrizi JS, Gharibi F (2012). The Situation of Disaster Management in Accreditation National Model of Hospital performance. *QJ Rescue Relief*, 4:35-46.
5. Hosseini Shokouh SM, Anjomshoa M, Mousavi SM, Sadeghifar J, Armoun B, Rezapour A, Arab M (2014). Prerequisites of preparedness against earthquake in hospital system: a survey from Iran. *Glob J Health Sci*, 6:237-45.
6. Vafaei A, Alamdari S, Hatamabadi HR, Kariman H, Arhami Dolatabadi A, Amini A, Shahrani A (2012). Design Patterns in the Crisis Management Shohada hospital. *QJ Rescue Relief*, 3:67-79.
7. Nasiri-pour A, Raeissi P, Mahbobi M (2007). Border hospital readiness in handling border related crisis in Kermanshah Province , Iran, 2007. *J Health Administration*, 10:41-48.
8. Ojaghi S, Nourizad S, Mahboobi M, Khazaei M, Najafi G (2009). Disaster crisis handling preparedness level of hospitals in Kermanshah. *J Kermanshah Univ Med Sci*, 13:267-274.