

Katrinahealth

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Katrina Health “ ANALYSIS OF KATRINAHEALTH CASE” On August 29, 2005, Hurricane Katrina (one of the most deadly and destructive Atlantic hurricane in the history of the UNITED STATES) struck the gulf coast just east of NEW ORLEANS, near GULFPORT, MISSISSIPI. The devastated storm’s impact was increased with the failure of the lack Pontchartrain levee around New Orleans on August 30th. Storm forced over 4 million people to evacuate territory and destroyed 100, 000 homes approximately, hospitals, businesses, families, even a single territorial thing could not expel from its disastrous effects. Around \$81 billion property damage was estimated, death count was around 1800 (Kovner & Neuhasner, 2004).

This overwhelming destruction caused residents and evacuees diploid of many basic needs which includes “ medication history, their homes, BUSINESSES, they were mentally disturbed aftermath of hurricane Katrina, they faced potential health problems like “ Population Displacement, Drinking Water, West Nile Virus, Emotional Fallout Toxic Contaminants” An obvious and urgent need was to fix these medical and all related issues and to settle them accordingly. The result was out fashioned in the form of “ KATRINA HEALTH” which was initiated as on online service to help people affected by storm, working with health professionals to gain some sort of access to their lost medical history they were using before storm and to retrieve it, thus they will be cured accordingly in future. KATRINA HEALTH was made possible with the assistance of federal, local and state governments in collaboration with national foundation and organizations of medical related professionals (Boyle, 2001).

History tells us that “ medical professionals and health related bodies and public figures were very much anxious to explore ways by which they can <https://assignbuster.com/katrinahealth/>

help evacuees, to restore medical records, they step forward for this task and MARKLE FOUNDATION EXECUTIVES called the head of several companies that had medical data such as the NATIONAL ASSOCIATION OF CHAIN DRUG STORES (NACDs), CHIEF executives officers, “ Sure scripts” (maintained a system of e-prescribing online network coverage) , “ Rx hub” (kept a pharmacy record of patients and routes it electronically to physicians at different places like hospitals etc) and Veterans Health Administration (had its own national system of e-records for those who seek care through its system) were also contacted and “ GOLD standard”(managed Medicaid prescription and data or information with a secure portal system for MISSISSIOI) , EXECUTIVE officers knew that they all were experienced hands in facing situation like “ FLORIDA hurricane” so they thought that it would be beneficial in this case too. These organizations and bodies collaborated with each other and prioritized this task above all. In no time a proper discussion between prominent bodies was set in. DR. DAVID, was heading the national coordinator for health information technology, arranged a conference call in which masterminds thought of how to retrieve pharmacy records. After several efforts and thorough discussions following sections were formed in accordance:

- *Field medical records
- * Dissemination and communication
- * Evacuee registration
- *Information access
- *Security and authentication.

Local, state, federal agencies, medical or software companies, pharmaceutical or drug stores, doctor even individuals all stand united and <https://assignbuster.com/katrinahealth/>

share a collaborated hand all around for providing data and support to “
KATRINA HEALTH”.

References

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- Kovner, A. R., & Neuhauser, D. (2004). *Health services management: Readings, cases, and commentary*. Chicago, IL: Health Administration Press.