

(n = 108, 76.1%) had goals that related to career advancement. Thirty-one (21.8%) respondents did not have such goals to improve themselves as health professionals, 86.6% (n = 123) respondents felt it was important to develop one's professional health career, 77.5% (n = 129) respondents had taken steps to develop their career to a certain level, and 76.1% (n = 108) out of 142 respondents agreed that KATH had supported them in their career development.

Conclusion: Developing one's health career is a way to improve and increase on previous knowledge gained through practice or formal education. A well-structured career pathway will help health workers to be more receptive to new and improved ways of patient care and management.

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Health Sector Preparedness for Disaster in a Small Island: A Case Study in West Seram District, Maluku Province

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Study/Objective: The objective of this research was to measure the health sector capacity to face disaster in the West Seram District.

Background: The West Seram District is one of the Districts in Maluku Province that has high vulnerability to disasters. It is vulnerable to earthquakes, tsunamis, floods, landslides and sea transport accidents. In emergency situations, the Health Sector plays an important role in saving human lives. The ability of the health sector is to keep functioning without interruption, it's about life and death.

Methods: Health Sector Preparedness by Center for Health Policy and Management, Faculty of Medicine, Universitas Gadjah Mada (CHPM FoM UGM) were used to assess the District Health Office, Hospital, and their Primary Health Care disaster preparedness levels. The Center for Health Policy and Management Faculty of Medicine UGM Health Sector Preparedness measures four elements: disaster policy and organization, procedures for disaster, facility and human resources, and monitoring evaluation. The tools classify and scale the scores of health sector preparedness into three categories: A = 0-0.35, low level; B = 0.36-0.65, medium level; and C = 0.66-1.0, high level of preparedness.

Results: The overall CHPM FoM UGM health Sector preparedness in West Seram District was on the low level of preparedness. Health sector preparedness index of West Seram District Health office, Piru Hospital, and Luhu Primary Health Care was 0.04, 0.13, and 0.00 respectively. The level of preparedness on policy and organization, procedures, facility and human resources, and monitoring evaluation were on the low level also.

Conclusion: The current level of health sector preparedness status is low in all health sectors (district health office, hospital and primary health care). Multiple elements of disaster

preparedness are also on the low level. Urgent interventions are recommended to improve several elements of health sector preparedness to protect a community during and after a disaster.

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A Chain Approach to Risk Assessment for Regional Continuity of Care in Emergency and Disaster Medicine

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Study/Objective: A risk based approach to Emergency and Disaster medicine in the South West region of the Netherlands

Background: Wildavsky argued that a mixed strategy of anticipation and resilience is optimal for managing risk. In the Netherlands, the most emphasis is on resilience. The General Board of the Acute Care Region of South West Netherlands aims at better informed decisions for disaster medicine, and decided to develop a risk based approach instead. From a regional perspective the focus is on collective care (interdependencies in the medical chain) and the opportunities for cooperation. A multi-annual project was started to determine the priorities for the near future, and to decide on risk acceptance and insurance, prevention and mitigation. The first step of risk assessment and priority setting has been finalized and will be presented.

Methods: A long list of risks was derived from literature, and was transformed into a short list of relevant groups of risks, for the acute care and the public health care. Risks were grouped by stakeholder, and specified by the dynamics and knowledge of the incident, and the direct response and aftercare. The hospitals, ambulance services, dispatch centers, general practice centers and acute mental care institutions were requested to assess the business impacts. The public health services and the authorities assessed the societal impacts. Together, they determine the priorities. Several workshops were held, and a help desk was installed to facilitate the assessment process.

Results: A project team including all participating parties will propose priorities. The General Board decides on the priorities for the first year(s). Priorities are expected to be the highest risks and/or the best opportunities.

Conclusion: A risk based approach is the logical next step for disaster medicine. Risk management enables better informed decision making on disaster medicine, and provides an opportunity to reinforce the mutual cooperation between all partners in disaster medicine.

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When Disaster Strikes what is the Role of the Local Primary Healthcare Doctor?

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Study/Objective: To examine the role of Primary Health Care (PHC) doctors in disasters.

Background: Research shows that primary health care strengthens population health outcomes across developing/developed nations and disparate health groups. Life expectancy is increased, infant mortality decreased, and access to health care more equitable; a strong element of this is continuity-of-care. However, in disasters, this care can be disrupted as PHC doctors are not linked into disaster response, with potential adverse effects on population and individual health in the months to years following the aftermath. Existing disaster management systems currently focus on local capabilities. PHC doctors are locals; part of the local community and health care with a unique contribution to offer to patient care during any adversity.

Methods: The epidemiology of health consequences of disasters was reviewed. A temporal pattern of the prevalence and incidence of health effects and health deterioration over time emerges. Interviews were conducted with PHC doctors and disaster management experts involved in the November 2010 E.Australian floods, the 2010–2011 Christchurch earthquakes, 2013 NSW bushfires, and the 2014 Sydney Siege, exploring the diversity of roles played by PHC doctors across the PPRR of disasters.

Results: Roles that the PHC doctors undertake in disasters varies considerably. Many are spontaneous and unsupported, with few involving planning or preparedness. Key messages from the PHC doctors involved in disasters are consistent across the different disasters.

Conclusion: In order to improve the health of people affected by disaster, there is an urgent need to define the role of primary care in existing disaster management systems, using evidence from the literature and experience from the field. Pre-disaster involvement on local disaster planning committees, as well as patient and practice preparedness; during-disaster continuity-of-care for the local population; and post-disaster involvement in health surveillance for emerging disease and deterioration of existing health conditions are crucial to strengthen and optimize community health outcomes following disasters.

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Analysis of Disaster Related International Frameworks

2015–2016: Implications for WADEM

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Study/Objective: To analyze disaster related International Frameworks 2015 - 2016, and identify implications for WADEM

Background: In the period 2015 - 2016, a number of influential international disaster-related Frameworks evolved, including the: Sendai Framework for Disaster Risk Reduction

2015 - 2030; Sustainable Development Goals–2030 Agenda; Paris Climate Change Conference; World Humanitarian Summit; Rockefeller Foundation’s 100 Resilient Cities Project; WADEM’s Disaster Research and Evaluation Frameworks; and, ALNAP’s Evaluation of Humanitarian Action Guide. Our research question asked if there were commonalities and potential interactions between these Frameworks and if there were possible implications for WADEM?

Methods: A desktop review and thematic analysis of the definitive documents from these Frameworks was undertaken.

Results: These international Frameworks all had substantial theoretical and / or evidence based underpinnings, and evolved from structured processes over a period of time. The Sendai Framework, Sustainable Development Goals (SDG), Paris Climate Change Conference and World Humanitarian Summit all had major political and government influences, while the Rockefeller, WADEM and ALNAP Frameworks were led by applied, professional influences. A number of the SDGs include targets specifically related to natural disasters. Common themes included: the desire to improve the quantum and quality of the science, evidence-base and accountability in this domain; the use of ‘Resilience’ as a concept and as a framework to consider interventions; commonalities and interactions between the new generation ‘humanitarian and development’ concepts and traditional ‘disaster’ concepts, particularly in the global trend towards greater urbanization; and, new paradigms, eg the international influence of Rockefeller’s ‘Acute Shocks’; and ‘Chronic Stressors’ concept, which shares commonalities with the SDG’s.

Conclusion: The Rockefeller, WADEM and ALNAP Frameworks provide useful guidelines on how the objectives of Sendai Framework, Sustainable Development Goals, Paris Climate Change Conference and World Humanitarian Summit may be achieved and measured. All Frameworks have implications for the direction of WADEM and for WADEM to globally influence.

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Facilitating Decision-Making and Provision of Medical Care during Disasters through Utilization of a Comprehensive Computerized Information System

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Study/Objective: To present contributions of a comprehensive computerized information system to decision-making and provision of medical care during disasters.

Background: During disasters the healthcare systems are required to ensure provision of medical services to vulnerable populations. In order to monitor vulnerable patients and ensure efficient management of resources, information systems are needed.

Methods: “Meuhedet”, an HMO which insures 1,200,000 patients, developed a comprehensive information system which