

The Impact of Previous Disasters on Hospital Disaster Surge Capacity Preparedness in Finland

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Introduction: In a disaster, the number of victims and severity of injuries may overwhelm the treatment capacity of the local hospital. Surge capacity is the hospital's ability to receive and treat an increased number of patients. This study aimed to explore if a past disaster or mass casualty incident (MCI) affects local hospital surge capacity preparedness.

Method: The current hospital preparedness plans (HPPs) of University and central hospitals receiving surgical emergency patients in Finland were collected (n=28). The HPPs were read and analyzed using the World Health Organization (WHO) hospital emergency checklist tool with eight key components and 67 action items. The scores of key components were compared by percentage of the maximum score. The surge capacity score was compared between the hospitals that had been exposed to a disaster or MCI with those who had not. The effective level was considered as 70% of total points.

Results: The overall median score of all key components was 76% (range 24%). The highest score was in command and control (median 93%, range 29%) and the lowest in post-disaster preparedness (median 50%, range 90%). The median surge capacity score was 65% (range 39%). There has been 12 disasters or MCIs during the past 25 years in Finland, all anthropogenic. There was no statistical difference between the surge capacity score of the hospitals with a history of a disaster or MCI compared to those without (65% for both, p=0.735).

Conclusion: In Finland, the overall hospital preparedness level is effective with command and control being the best covered area. Surge capacity preparedness was below the effective level and it was not affected by a past disaster or MCI. Present-day challenges with the lack of resources in the health care system, more attention should be drawn to the surge capacity aspect in hospital preparedness plans.

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Healthcare and Media Interaction in Major Incidents and Disasters: Experiences Based on Swedish KAMEDO Reports in 20 years

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Introduction: Major Incidents and Disasters are often associated with early, extensive and prolonged media reporting. It is important to understand the interaction between first responders/rescue services and the media to create better conditions for providing and making available correct and objective information to as many people as possible.

Method: A systematic literature review and content analysis was made on all Swedish KAMEDO reports (emergency medicine observations published by the National Board of Health and Welfare) from the last twenty years, in total 39 reports. KAMEDO's primary task is to feedback experience data (lessons learned) from disasters worldwide, through expert observers at the site of an emergency event. The aim of this study was to evaluate and analyze the experiences made regarding the interaction between media and healthcare in connection with major incidents and disasters, both on site and in hospitals.

Results: The analysis resulted in the following main themes:

(1) Communication problems and other challenges in Major Incidents and Disasters

- No protection and restrictions
- Information craving and news hunt
- Interviews as intervention

(2) Recommendations for efficient interaction between healthcare and the media:

- Strategies from alert to action
- Satisfying information needs
- Clarity measures on site
- Key actors of importance
- Proactive media alertness

Conclusion: Some conclusions regarding lessons learned about interaction between healthcare and the media, as well as about communication with the afflicted and citizens, in brief: The hospital management should take control of the communication through efficient communication strategies. An accommodating approach to the media's presence can facilitate the dissemination of the necessary early, correct and balanced information. Joint authority press conferences are a model tested and positively evaluated. Healthcare communicators are key actors in hospital crisis communication and media management. Healthcare and media both benefit from developing routines and reciprocal respect for proactive and efficient interaction in emergencies.

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The Dark Side of the (Preparedness) Moon: Why Promoting Public Preparedness Remains Illusive

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Introduction: Despite advancements in health behavior theories, understanding the human motivation to engage in disaster preparedness remains elusive. Most attempts at engaging the public in protective behavior rely on risk communication that