

impact first responders decision-making, which may aid EMS educators who train first responders in triage.

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Assessment of Emergency Department Key Performance Indicators about Surge Response Actions Across Three Periods of the COVID-19 pandemic in an Italian Hospital

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Introduction: At the beginning of the COVID-19 pandemic, Italian emergency departments (EDs) had to hastily implement current surge response plans or create new ones. The objectives of this study are to quantitatively assess ED performance improvements between selected non-pandemic and pandemic periods at Sant'Anna hospital in Como, Italy, and to relate these to adopted and adapted surge response actions.

Method: The average length of stay (LOS), time-to-physician initial assessment (TPIA) and left-without-being seen (LWBS) rates were calculated during two ED periods prior to the pandemic and then three periods during the pandemic in the COVID ED (C-ED) dedicated to treat COVID patients, and the COVID-free ED (NC-ED) dedicated to treat all other patients. Then quantitative data analysis based on hypothesis testing was performed.

A qualitative theme and subtheme data analysis based on the Hospital Surge Preparedness and Response Index (HSPRI) was performed on baseline strategies before each pandemic period and on the actions implemented in the subsequent period.

Results: The LOS increased across all periods, while the TPIA decreased in the first two pandemic periods in comparison to pre-pandemic periods. The NC-ED LOS was lower than the C-ED LOS, and the C-ED TPIA was lower than the NC-ED TPIA in all three pandemic periods. The LWBS decreased between pre-pandemic and pandemic periods, with an increasing trend towards pre-pandemic levels in the last pandemic period. Of the 20 action items listed in the HSPRI, six were implemented in the first pandemic period, eight in the second and one in the third.

Conclusion: The LOS, TPIA and LWBS rates are useful indicators to rapidly obtain an overview of ED performance but failed to provide an exhaustive assessment because ED performance depends on countless external and internal variables. Close collaboration of ED leaders with other healthcare agencies is critical to respond to a pandemic surge.

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Development of the “Conductor Type Human Resources Development” program for Disaster Medicine and Health Care by Tohoku University and Fukushima Medical University

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Introduction: On March 11, 2011, the Great East Japan Earthquake with a 9.0 magnitude struck the northeastern coast of Japan. The death toll reached 15,892 and 2,576 people were reported missing. Tohoku University and Fukushima Medical University, both of which are located in the affected prefectures, responded massively to the disaster.

Method: To deal with the next disaster, both universities established the “Conductor type Human Resources Development” (CHRD) program for Disaster Medicine and Health Care in 2019, not only for doctors, but also other medical professionals (such as dentists, nurses, pharmacists, etc.) supported by the Japanese government. The main course of CHRD program, “Disaster Management course,” which is also a certification program at Tohoku University, comprises 14 practical educational contents (seven practical trainings and seven lectures) based on the work experience of both universities in collaboration with various organizations.

Results: To date, 59 students have enrolled in the Disaster Management course, two students are enrolled in the board-certified physician in public health and social medicine acquisition course, three students are enrolled in the master's course, a Tohoku University Graduate School of Medicine course, and two students are enrolled in the doctoral course. Until October 2022, a total of 17 people were certified to have completed the “Disaster Management course,” and one person completed the board-certified physician in public health and social medicine acquisition course. A total of 68 practical trainings and lectures were held until 2021, the total number of times this program was attended by students until 2021 was 916. Average comprehension rate and satisfaction rate with practical trainings and lectures by students are 97.2% and 98.3%, respectively.

Conclusion: All the students who complete the CHRD program are believed to acquire comprehensive skills related to disaster health and medical care and will be able to respond effectively in all phases.

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A Comprehensive Coalition-Based Regional Approach to Pediatric Disaster Planning

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Introduction: Children, who comprise 25% of the US population, are frequently victims of disasters and have special needs

during these events. To prepare NYC for a large-scale Pediatric Disaster, NYCPDC has worked with an increasing number of providers that initially included only a small number of hospitals and agencies. Through a cooperative team approach, stakeholders now include local public health, emergency management and emergency medical services, 28 hospitals, community-based providers, and the Medical Reserve Corps.

Method: The NYCPDC utilized an inclusive iterative process model whereby a desired plan was achieved by stakeholders reviewing the literature and current practice through repeated discussion and consensus building. NYCPDC used this model in developing a comprehensive regional pediatric disaster plan.

Results: The plan included disaster scene triage (adapted for pediatric use) to transport (with prioritization) to surge and evacuation. Additionally, site-specific plans utilizing guidelines and templates now include Pediatric Long-Term Care Facilities, Hospital Pediatric Departments including Pediatric and Neonatal Intensive Care Services and Outpatient/Urgent Care Centers. A force multiplier course in critical care for non-intensivists has been provided. An extensive Pediatric Exercise program has been used to develop, operationalize and revise plans based on lessons learned. This initially included pediatric tabletop, functional and full-scale exercises at individual hospitals leading to citywide exercises at 13 and subsequently all 28 hospitals caring for children.

Conclusion: The NYCPDC has comprehensively planned for the special needs of children during disasters utilizing a pediatric coalition based regional approach that matches pediatric resources to needs to provide best outcomes.

The NYCPDC has responded to real time events (H1N1, Haiti Earthquake, Superstorm Sandy, Ebola), and participated in local (NYC boroughs and executive leadership) and nationwide coalitions (including the National Pediatric Disaster Coalition). The NYCPDC has had the opportunity to present their Pediatric Disaster Planning and Response efforts at local, national and International conferences.

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Logistics Educational Items Required for Hospital Paramedics to Work in Disaster Medicine Settings.

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Introduction: In Japan, the Disaster Medical Assistance Team (DMAT) is dispatched as an Emergency Medical Team (EMT) in major disasters. DMAT consists of a physician, nurse, and operations coordinators. The operations coordinators include all occupations other than physicians and nurses, and are responsible for activities to facilitate medical treatment, gathering information, establishing communications, and ensuring transportation. Therefore, the operations coordinator must have in-depth knowledge of all aspects. Operations coordinators with this knowledge are qualified as logistics team members in addition to DMAT certification. Paramedics receive pre-graduate training in medical care, transport, and

coordination with other organizations, and many of their daily duties are related to these areas. However, there are few opportunities to learn about logistics. If paramedics are effectively trained in logistics, they are likely to play an active role as operational coordinators. However, logistics covers a wide range of topics, and there are few studies on items that require focused education. Therefore, this study examines the level of understanding of each logistics item among paramedics active in the field of disaster medicine to identify items that should be emphasized.

Method: A questionnaire survey of 36 paramedics was conducted, all of whom hold both DMAT and logistics team certifications, to determine their level of understanding and the importance of each logistics item. The logistics items used in the survey are specified in the Logistics Specialist Certification System of the Japanese Society of Disaster Medicine. The collected questionnaire results were analyzed using SPSS statistical software.

Results: Characteristic trends were obtained in the logistics items required of paramedics. Trends were also analyzed according to the age and work history of paramedics.

Conclusion: The logistics education for paramedics needs to be enhanced in accordance with the trends obtained from the study. Specific studies on the means and timing of education will be needed in the future.

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Emergency Department Attendance Gap during COVID-19 Pandemic: A Comparison of Attendance Trends at Wexford General Hospital from 2014 to 2022

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Introduction: COVID-19 resulted in 1.8 million reported deaths in 2020 and an excess mortality of at least 3,000,000 to date. Following the announcement of emergency measures mandating various public health interventions, international studies demonstrated a decline in ED attendances, potentiating a delay in seeking health services.

The objective was to examine ED attendance trends by age group and to categorize the attendances following the implementation of regulations related to COVID-19.

Method: A single-center retrospective observational study of ED attendances from 2014 to 2022 at Wexford General Hospital, a 225-bed acute general hospital. Monthly attendance