

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