

EMERGENCY MEDICAL TEAMS/MEDICAL ASSISTANCE TEAMS

Region 1 RDHRS Disaster Telehealth System

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Introduction: Disasters can quickly overwhelm a healthcare system's capacity and exacerbate existing gaps in access to specialty care. The Region 1 RDHRS has developed a disaster telehealth system. This presentation will highlight how a proof of concept developed into a prototype system, and how it is becoming operational. We will elaborate on the barriers of implementing a telehealth system to provide access to acute consultation with disaster-relevant specialists, and the steps the Region 1 RDHRS is taking to develop solutions.

Method: An RDHRS is a tiered system across states and regions created to deliver a more coherent and comprehensive response to health security threats. A key RDHRS capability is providing disaster telehealth services to target gaps in healthcare coverage, allowing providers to access disaster-relevant clinical expertise in the immediate aftermath of a catastrophic no-notice event.

The Region 1 RDHRS disaster telehealth system can rapidly mobilize a national pool of volunteer specialists to support overwhelmed local providers at the point of care. This system is flexible to support a range of disasters and easy to navigate without prior training. The system is device-agnostic and functions on existing telecommunication systems without requiring new hardware/software installation.

Results: Operationalizing a telehealth system to deliver acute episodic unscheduled care across state lines is fraught with challenges. We collaborated with various subject matter experts to develop solutions that allow for rapid volunteer verification, training, and mobilization. Despite advances driven by COVID-19, barriers related to license portability, liability protection, and credentialing of volunteer specialists across state lines remain complex. We are developing disaster waivers and template documents that can be rapidly implemented via executive action at state and regional levels.

Conclusion: The Region 1 RDHRS team is collaborating with the other pilot sites within the RDHRS program to develop a unified national disaster telehealth response based on this model.

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Deployment of Composite Emergency Medical Team (EMT) in West Sulawesi Earthquake during the Middle of the Covid-19 Pandemic

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Introduction: Deployment of EMT from one institution is a common thing to do in Indonesia. However, it is still rare to deploy a composite team that is combining two or more different institutions and area of origin. CHPM UGM had coordinated composite EMT deployment during West Sulawesi Earthquake in 2021. They sent a management team from Yogyakarta and a medical teams from Central Sulawesi. This paper aimed to report the experience of sending composite EMT to earthquake disasters amid the COVID-19 pandemic.

Method: Documentation studies were carried out during the process of coordination, planning, and deployment of EMTs. Initial coordination was carried out with the Central Sulawesi Health Office which was the nearest neighboring province to affected West Sulawesi. The Central Sulawesi's medical team arrived in Mamuju in less than 24 hours. Followed by the health cluster management team on the second day.

Results: Three composite EMTs came from different institutions and diverse competencies (midwives from PHC, nurses and medical doctor from hospital, health promotion and management from university) were deployed during the emergency response. Coordination activities were carried out through WHATSAPP chat, Zoom, and telephone. The handover process was carried out via online streaming. In addition, prevention of infected COVID-19 was conducted by preparing PPE for personal and team, limiting service time only during the day, ensuring sufficient rest and nutrition, as well as screening and isolation before and after duty. However, there were two people who were infected with COVID-19 at the exit screening.

Conclusion: Intense coordination is required during the preparation and deployment process, including an extra personal approach when the team first meets on the field. In addition, the Covid-19 pandemic situation has made the composite team's task even more challenging.

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The JDR Method. Our 20 Years of Experience and Practice in Developing Human Resources for Disaster Medicine.

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