

## Advancing Delivery of Emergency Care in Honduras: Creating a Reanimation Room

Killiam Argote-Araméndiz MD<sup>1,2</sup>, Angel Bárcenas MD<sup>3</sup>, Hector Apolinar-Menéndez MD<sup>2</sup>, Elsa Ciliezar-López RN<sup>2</sup>, Fernando Castro MD<sup>3</sup>

1. BIDMC Fellowship in Disaster Medicine, Boston, USA
2. International Committee of the Red Cross, Geneva, Switzerland
3. Hospital Escuela, Tegucigalpa, Honduras

**Introduction:** Early recognition and treatment of critical clinical conditions have decreased morbidity and mortality in critically wounded and sick patients. Worldwide, Emergency Rooms (ER) are overcrowded, and the complexity and number of patients keep increasing. This phenomenon challenges health professionals when applying time-sensitive interventions generating unfavorable outcomes. Considering that the ER is the first point of contact for patients of Hospital Escuela, a 1306-bed, academic, tertiary care hospital in Honduras, we describe the creation of a Resuscitation Room (RR) to improve patient care in the ER.

**Method:** Data from patients, including dates, source of admission, diagnosis, and outcomes, were recorded daily in a database from June 1, 2022, until October 31, 2022. Then the analysis and interpretation were made using Microsoft Excel.

**Results:** In the five-month period, 1,118 patients were admitted to the RR, with 58% males, a 52-year-old mean, and October as the busiest month (33%). Most patients consulted between 0600 and 1800 hours (70%). The primary admission cause was a medical condition (71%), and shock (41%) was the most common type of emergency followed by trauma (25%). After stabilization, 86% of patients remained in observation areas of the ER, only 5% went to the operating theater, and 1% to the intensive care unit. The mortality rate was 5%, 48% trauma related.

**Conclusion:** A RR meeting the minimal standards for space, trained staff, medical equipment, and consumable resources has been shown to be beneficial in improving interdisciplinary work in the ER. This RR has enabled life-threatening conditions to be recognized and treated rapidly while also promoting information gathering on critically wounded and sick patients and their outcomes. The need to standardize the clinical care to such patients has also been identified. Further efforts to protocolize the response are needed to improve patient care.

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## Decision Maker's Experiences with Rapid Evidence Summaries to Support Real-time Evidence-Informed Decision Making in Crises: A Mixed Methods Study

Ahmad Firas Khalid MD, PhD<sup>1,2</sup>, Jeremy Grimshaw MD, PhD<sup>1</sup>, Nandana Parakh<sup>3</sup>, Rana Charide<sup>3</sup>, Faiza Rab<sup>2</sup>, Salim Sobani<sup>2</sup>

1. Ottawa Hospital Research Institute, Ottawa, Canada
2. Canadian Red Cross, Ottawa, Canada
3. McMaster University, Hamilton, Canada

**Introduction:** There is a clear need for research evidence to drive policymaking and emergency responses so lives are saved

and resources are not wasted. The need for evidence support for health and humanitarian crisis is pertinent because of the time and practical constraints that decision makers in these settings face. To improve the use of research evidence in policy and practice, it is important to provide evidence resources tailored to the target audience. This study aims to gain real-world insights from decision makers about how they use evidence summaries to inform real-time decision making in crisis settings, and to use the findings to improve the format of evidence summaries.

**Method:** This study used an explanatory sequential mixed method study design. First, a survey was used to identify the views and experiences of those who were directly involved in crisis response in different contexts, and who may or may not have used evidence summaries. Second, the insights generated from the survey helped inform qualitative interviews with decision makers in crisis-settings to derive an in-depth understanding of how they use evidence summaries and their desired format for evidence summaries.

**Results:** Twenty-six decision-makers working in health and humanitarian emergencies were interviewed. The study identified challenges decision makers face when trying to find and use research evidence in crises, including insufficient time and increased burden of responsibilities during crises. Decision makers preferred the following components in evidence summaries: title, target audience, presentation of key findings in an actionable checklist, implementation considerations, and assessment of the quality of evidence presented. The study developed an evidence summary template with accompanying training material to inform real-time decision making in crisis settings.

**Conclusion:** The study provided a deeper understanding of the preferences of decision-makers working in health and humanitarian emergencies regarding the format of evidence summaries to enable real-time evidence-informed decision-making.

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## A Review of Policies Related to Internal Displacement in the Context of Disasters: An Australian Case Study

Revathi Krishna PhD, Suzanne Cross PhD, Caroline Spencer PhD, Jonathan Abrahams MPH, Frank Archer PhD

Monash University Accident Research Centre, Monash University, Melbourne, Australia

**Introduction:** According to the Internal Displacement Monitoring Centre (IDMC), more than 60% of the internal displacements recorded worldwide in 2021 were due to disasters. A conservative estimate by IDMC reports 65,000 new displacements between July 2019 and February 2020 as a result of the Black Summer bushfires and more than 42,000 displacements due to flooding in February and March 2022 in Australia. These are estimates as there are no consistent or consolidated data on those who are displaced in Australia affecting the measurement of the magnitude of displacement, and the knowledge of experience, impact and needs of displaced people

to inform policy and practice. Thus, the aim of this study, as part of a larger project, is to review key international and Australian policies about data on internal displacement due to disasters.

**Method:** We conducted a desk review of key international policies, such as the Sendai Framework for Disaster Risk Reduction and from the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), as well as Australian policies such as the Australian Disaster Preparedness Framework, Emergency Management Arrangements Handbook and even state level emergency legislation/acts and plans to understand the data collection and supports and services provided to those who become displaced due to disasters.

**Results:** This review found that both international and Australian policies lacked specific focus on internal displacement, despite it being a key issue. While international policies and procedures in low income countries exist, in particular where the international humanitarian system is operational, this review found that Australia lacked specific focus on internal displacement.

**Conclusion:** Data on displacement due to disasters, including the number of people displaced, and the patterns of their displacement is critical to inform better policies on prevention, emergency planning, evacuation response and finally to improve the support that people who are experiencing displacement receive.

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### The Growing Needs of Internally Displaced People in High-income Countries: Extending the Scope of Internal Displacement

*Suzanne Cross PhD, Revathi Krishna PhD, Caroline Spencer PhD, Jonathan Abrahams MPH, Frank Archer PhD*

Monash University Accident Research Centre, Monash University, Melbourne, Australia

**Introduction:** The concept of disaster related internal displacement is typically seen as something that occurs in low-income countries and is rarely considered in the setting of high-income countries. This leads to a paucity of data to support contextually appropriate best practices to address displacement. This research, funded by the Australian government, explores the lived experiences of those faced with forced displacement from disasters in high-income countries and aims to improve outcomes for this vulnerable cohort.

**Method:** The first phase of the research, guided by a broad-based Steering Group, included a rapid literature review and thematic analysis of peer-reviewed literature of disaster related, internal displacement in high-income countries, including Australia.

**Results:** The peer reviewed literature review identified only 12 papers that met the inclusion criteria. The literature from Australia and other developed countries indicated that internal

displacement is a prominent feature of disaster impacts and that needs are complex, dynamic and diverse. Common themes of need were revealed: the need for the development of an evolving displacement policy framework to support human rights; the co-creation, coordination and provision of timely and flexible support services, and on-going data collection and sharing. No displacement, specific frameworks, measurable thresholds, or central data registries exist at federal or state government levels in Australia to support these needs.

**Conclusion:** Inclusive policies, practices, and resources are required in Australia to support assets of displaced people and address their unmet needs in disasters, which also remain largely unmet in other high-income countries. Australia can learn from all countries faced with the challenges of managing displacement and also share its own experiences. Furthermore, it is recommended that WADEM consider extending its current Position Statement relating to Refugees and Internally Displaced Persons to include high-income countries based on the findings of our study and other sources.

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### Advancing Delivery of Emergency Care in Honduras: Implementing a Triage System

*Killiam Argote-Araméndiz MD<sup>1,2</sup>, Cristel Yi RN<sup>2</sup>, Sara Juárez RN<sup>3</sup>, Fabiola Melgar RN<sup>3</sup>, Raquel Cruz RN<sup>3</sup>, Ico Bautista-García RN<sup>2</sup>, Javier Martínez-Pérez RN<sup>2</sup>, María Rodlán-Córdoba RN<sup>2</sup>, Hector Apolinar-Menéndez MD<sup>2</sup>*

1. BIDMC Fellowship in Disaster Medicine, Boston, USA
2. International Committee of the Red Cross, Geneva, Switzerland
3. Hospital Escuela, Tegucigalpa, Honduras

**Introduction:** Overcrowding in the Emergency Room (ER) is a worldwide phenomenon affecting healthcare professionals' ability to apply life-saving interventions to critically wounded and sick patients. Implementing a routine triage system allows the early recognition and treatment of critical conditions such as polytrauma, difficulty in breathing, shock, and altered mental status. Furthermore, a triage system allows the prioritization of patients and the delivery of timely care. We describe the improvements in patient care for the critically ill through the implementation of a triage system in Hospital Escuela (HE), a 1306-bed, academic, tertiary care hospital in Honduras

**Method:** Demographic data was recovered through paper triage forms from January 2020 until December 2021. From January 2022 to June 2022, the data was primarily recovered from digital triage forms. The data was consolidated, analyzed, and interpreted using Microsoft Excel.

**Results:** During the thirty-month period, there were 161,848 triage consults, with 2.7% being critically wounded and sick patients, classified "red" according to the triage system. Most cases were triaged as yellow (53%), followed by green (23.6%), and then orange (15.8%). Some triage forms (5%)