

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

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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

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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

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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