

**Results:** Out of a sample of 1,211 Tehran residents, 31.4% demonstrated “poor” knowledge of disaster preparedness. For 31.4% of the sample, the knowledge assessed “moderate”, and the remaining 37.2% had an “acceptable” level of knowledge. The relative frequencies of people with poor, moderate, and acceptable attitude were 25.6%, 32.5%, and 41.9%, respectively. Regarding practice, the percentage of the subjects that were determined to be at a “poor” level was 25.7%, while 29% fell into the “moderate” category, and 45.3% were classified as having “acceptable” practice in terms of disaster preparedness. Statistical analysis of the KAP scores was used to identify the following groups as being at “high risk” for adverse consequences in the event of an earthquake: women, housewives, residents of eastern districts, senior citizens, pensioners, those living alone, poorly educated people, and people living in a rented accommodation or in crowded families.

**Keywords:** earthquake; knowledge, attitude, and practice (KAP); preparedness; public education; residents

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### (214) Handling Crisis or Risks

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A disaster occurs when routine disruption becomes a precise instant in which a hazard reveals itself. Some disaster examples from Argentina include the 2003 Santa Fe floods and the Cromagnon nightclub fire in 2004. Crisis management mechanisms must be improved. This includes setting out organizational priorities to deal with mental health, continuing launched programs, training activities for farm workers, introducing psychosocial aid measures for the assistance of victims and other parties, and lowering risk so that stress does not leave irreparable harm.

A comprehensive risk reduction approach must be promoted. This mitigates impacts by calling on all of the members of a society to make agreements through a strategic plan on the integral measures taken against risks, including responses.

The plan requires the collaboration of different professionals, response groups for emergency and disaster prevention, the involvement of governmental and non-governmental actors, and the participation of the population affected by or vulnerable to tragedies that have occurred in Argentina during the last 25 years. Direct observation of human behaviour in rescue missions, training activities, tests on rescuers, and statistical data must be considered and reviewed.

In this sense, an emergency or disaster is the degree of risk in a society. For this reason, the implementation of a comprehensive risk reduction approach is essential.

**Keywords:** Argentina; disasters; disaster planning; mental health; risks

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### (215) Sickle Cell Patients in the Emergency Department: Report of a Multidisciplinary, Quality Improvement Initiative at an Urban, Academic Hospital

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Sickle cell disease (SCD) is one of the most prevalent genetic diseases worldwide. It affects an estimated 70,000 Americans and healthcare expenditures total (US)\$475 million annually.<sup>1–3</sup> Pain is the most common cause for adult patient hospitalization, accounting for >90% of emergency department visits.<sup>1,2</sup> It is hypothesized that combining the standardization of SCD care in the emergency department with a multidisciplinary, clinical approach will improve patient satisfaction and reduce the cost of care at the emergency department.

Developments include: (1) a standardized emergency department, SCD pain protocol; (2) brief motivational interviewing; and (3) a new multidisciplinary SCD clinic. Clinic referrals will be mediated by social workers, and the clinic team will assist both emergency department patient management and follow-up care.

Statistical process control charts that track monthly intervals will be used in the ongoing evaluation of quality improvement initiatives. Data will be collected on the following: (1) the number of emergency department visits; (2) the number of emergency department patients admitted; (3) length of stay prior to discharge from emergency department; (4) patient satisfaction with emergency department care; and (5) the number of times patients returned to the emergency department within seven days of first admittance. Financial outcomes measured will include: (1) total emergency department charges; (2) reimbursement; (3) cost of care; and (4) net loss.

Baseline emergency department data from January 2005 to August 2006 was collected. There were 341 SCD presentations by 55 patients with a 14.4% admission rate and 20.5% return-rate to the emergency department. Approximate emergency department billing data for pain crisis (excluding admitted patients) totalled \$600,000, with \$145,000 for cost-of-care and a >\$90,000 net loss.

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**Keywords:** emergency department; financial outcomes; hospitals; quality improvement; sickle cell disease (SCD)

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### (216) Patient Advocates: Linking Emergency Department Patients to Medical Homes

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**Introduction:** The 14 neighborhoods surrounding the University of Chicago Hospitals (UCH) have Chicago’s highest rates of “ambulatory-care-sensitive condition” hos-