

will be referred to development of regional collaboration tools and human resource development programs.

Prehosp Disaster Med 2017;32(Suppl. 1):s63–s64

doi:10.1017/S1049023X17001728

A New Framework and Guideline for Hospital Disaster and Emergency Planning in Turkey

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Study/Objective: A new regulation and guideline for hospital disaster and emergency plans in Turkey have been launched. This study presents the content of the guideline and shares the experiences regarding the process.

Background: Since the 1999 the Marmara earthquake in Turkey, health officials have taken steps towards preparing the health system for disaster situations. The new framework for hospital disaster and emergency plans (Hastane Afet ve Acil Durum Planı – HAP) is one of these steps. Until March 2015 hospitals were preparing their plans without a standardized format. Following the regulation No: 29301 dated 2015, all hospitals (public, private, university, military) have been obliged to prepare their plans according to the new framework and a corresponding guideline.

Methods: The guideline was prepared by a team of experts from the field and academia with different backgrounds. International guidelines such as WHO-EURO's notes for Hospital Emergency Response Plan, Hospital Incident Command System (HICS), WHO-PAHO's Hospital Safety Index were used as references, but the guideline was prepared considering the national experiences and needs.

Results: The framework covers all phases of the disaster cycle. HAP is an umbrella plan, which includes three sub-plans; emergency response plan, incident action plan, special sub-plans. The guideline has three main chapters and a

comprehensive annex. Parallel to the guideline is a set of training materials, such as slides and drill and exercises that have been prepared. To date nearly 200 health personnel in six sessions have been trained as HAP trainers.

Conclusion: With this new framework hospitals will have comprehensive plans, hence better prepare themselves for and respond more effectively to the next disaster. HAP will also enable hospitals to work in harmony during emergencies and disasters, as they have been using the same framework and format. Additionally, it will be easier for hospitals to be part of upper level planning. But there are still challenges to overcome, such as the integration of all disaster plans at all levels, low levels of motivation among health personnel for disaster preparedness, and time and source limitations considering the trainings.

Prehosp Disaster Med 2017;32(Suppl. 1):s64

doi:10.1017/S1049023X1700173X

Using Rapid Improvement Event Methodology for Disaster Planning Improvement During Information Technology Failures

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Study/Objective: We describe a use of process improvement methodology in disaster planning.

Background: Modern hospitals are very dependent on Information Technology (IT) systems to function. Over the past decade, most US hospitals have transitioned to Electronic Health Records (EHR) with integrated laboratory and radiology systems. Unplanned IT failure represents an internal disaster threatening patient care. The University of Colorado Hospital experienced a complete IT loss for 10 hours impacting care. Many planning assumptions about reverting to “paper” processes were challenged by the large number of changes needed immediately, coupled with the lack of staff familiarity. The incident management system was overloaded with the detailed tasks required for effective response. The traditional disaster response of an After Action Review (AAR), followed by an improvement plan, was felt to be insufficient to rapidly develop the needed corrective processes. Typically the AAR assigns future improvement changes to be made but doesn't make real-time decisions.

Methods: A Rapid Improvement Event (RIE) was performed focusing on the emergency department with results designed to be applicable throughout the hospital. The RIE was preceded by a structured preparatory phase, consisted of a two-day participatory phase with key leadership present to make immediate decisions, and followed by a dissemination phase. Very detailed hospital plans were developed for processes of downtime registration, patient flow, laboratory testing, and radiology processes. Additionally, the process for obtaining specialty consults and admitting patients to the hospital were developed. These templates are now in use in the emergency department and undergoing revision for internal hospital use for future unplanned IT downtimes.