

Attitudes and Knowledge of Emergency Physicians Towards End-of-Life Care in the Emergency Department. A National Survey

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Introduction: With an aging population and patients on end-of-life care (EOL) pathways, emergency departments (ED) are seeing an increase in patients requiring EOL care. There is paucity of data of attitudes and knowledge of physicians providing EOL care in the ED both internationally and in Ireland. The aim of this project was to assess the attitudes and knowledge of ED physicians towards EOL care.

Method: This was a cross-sectional electronic survey of ED physicians working in Irish Eds, facilitated through the Irish Trainee Emergency Research Network (ITERN) over six weeks from September 27, 2021, to November 8, 2021. The questionnaire covered the following domains: Demographic data, Awareness of EOL Care, Views, and attitudes towards EOL care.

Results: A total of 311 completed questionnaires across 23 participant sites were analyzed, with a response rate of 45%. The majority of the respondents were under the age of 35 (62%), were male (58%) and at SHO level (36%). In terms of awareness 32% (98) of respondents were not aware of palliative care services in their hospitals while only 29% (91) were aware of national EOL guidance. Fifty-five percent (172) reported commencing EOL care in the ED, however 75.5% (234) respondents reported their knowledge of EOL care to be limited or non-existent. Few (30.2%) respondents felt comfortable commencing EOL care in the ED without speciality team input. There appears to be a lack of clarity on the roles and responsibilities of ED nurses and doctors in the care of the dying patients in ED with only 31.2% (95) being clear on this role. Significant differences were observed with regards to clinical experience and physician grade.

Conclusion: This study has highlighted a lack of awareness and knowledge of EOL care, particularly among less experienced ED physicians. However, there was a willingness to commence EOL care in the ED.

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One Month in One Hundred Degrees: Caring for High-Risk Populations During Extreme Weather Events

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Introduction: In August 2021, Hurricane Ida struck Louisiana as a near-category five storm, bringing massive devastation to

the region's healthcare infrastructure. In its aftermath, extreme heat coincided with record COVID-19 hospitalizations in the state, leaving minimal healthcare surge capacity remaining and medically vulnerable populations unprotected. Meanwhile, sparse pre-storm evacuations exposed prominent gaps in existing medical response plans designed to serve high-risk groups. Subsequently, Louisiana rapidly established a 250-bed alternative care site (ACS) within hard-hit New Orleans. This presentation highlights key considerations in the operation of the site and discusses which patient populations are most in need of medical support following tropical weather events.

Method: The findings of this discussion are the result of after-action reviews, brief literature reviews, and the experiences of responders during Hurricane Ida. The presentation also draws on retrospective patient chart reviews from Louisiana's prior alternative care sites.

Results: Following Hurricane Ida, a post-storm alternative care site was rapidly established in New Orleans in partnership with a US Disaster Medical Assistance Team (DMAT). Operationalized in less than 72-hours, this site provided inpatient care to displaced persons with major chronic medical needs (e.g. home ventilators, hemodialysis, respiratory therapies), significant mobility impairment, wound care, and psychiatric illnesses. Incorporating Louisiana's experience with a COVID-19 alternative care site, this facility far-exceeded the typical scope of medical shelters, simultaneously lessening medical surge on already-overburdened hospitals and meeting post-storm needs in the region.

Conclusion: Following extreme weather events in metropolitan areas, traumatic injuries and acute illness comprise a small proportion of the medical needs after the event. Accordingly, disaster medical responses must prepare to treat large numbers of chronic illness exacerbations that result from a loss of access to primary care, home health support, and auxiliary services. This approach efficiently leverages resources into lifesaving interventions and protects healthcare systems during times of high stress.

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Survey Activities in the Field of Healthcare in the Republic of Moldova Under the Ukraine Crisis by Japan International Cooperation Agency (JICA) 2nd Team

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Introduction: The Russian invasion of Ukraine began on February 24, 2022. UNHCR reported, as of April 6th, more than 4.3 million refugees have fled Ukraine, with 401,704 refugees arriving in the Republic of Moldova, around 100,000 of