should follow WHO recommendations and SOPs to ensure good practices and patient safety, especially during care transitions. Currently, PT EMT records are paper based until the Emergency Medical Team Operating System (EOS) digital system is implemented.

Objectives: The aim was to review PT EMT's clinical records from 2023 to assess adherence to procedures, identify improvement areas, provide feedback to professionals, and promote a culture of patient safety and continuous improvement.

Method/Description: Ten clinical records were randomly selected from each PT EMT deployment in 2023, totaling 60 records analyzed and registered using a specific checklist.

Results/Outcomes: Records were missing information for: mission identification (35%), patient nationality (52%); contact details (100%); event date (12%); event type (57%); event-mission relationship (87%); time of 1st triage (43%); triage result (25%); patient assessment time (33%); patient history (48%); allergies (45%); usual medication (57%); diagnosis (30%); medication prescription and administration (21%); procedures carried out (44%;, patient situation decision (43%); physician signature (12%) and ID number (53%; decision date (22%), and decision time (33%).

Conclusion: To standardize patient clinical recording, we planned and implemented: inclusion of this topic during briefings in deployments and in the PT EMT annual training plan; elaboration of a specific SOP, update record templates; conduct a workshop during DIRECT Course. The audits will be repeated with 2024 clinical records to evaluate the measures' effectiveness.

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Predicting the Number of Consultations by Emergency Medical Teams during Disasters Using a New Statistical Model

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Background/Introduction: When a natural or man-made disaster occurs, emergency medical teams (EMTs) are dispatched to provide medical surge capacity for injured and sick individuals. Accurate predictions of EMTs consultations during disasters can improve dispatch and withdrawal decisions. However, no published studies have yet demonstrated a method for predicting the number of consultations or patients based on EMT activity data.

Objectives: This research explores an innovative yet simple and reliable method to predict the number of consultations needed by EMTs during disasters, aiming to enhance the effectiveness and efficiency of medical response.

Method/Description: Data were collected using Japan-Surveillance in Post-Extreme Emergencies and Disasters (J-SPEED) and Minimum Data Set (MDS) for five disasters in Japan and one in Mozambique. For each disaster, the number of consultations was predicted from the K value and constant attenuation model, originally developed for predicting COVID-19 patient numbers.

Results/Outcomes: The total number of EMT consultations per disaster ranged from 684 to 18,468. The predicted curve and actual K data were similar for each of the disasters (R2 from 0.953 to 0.997), but offset adjustments were needed for the Kumamoto earthquake and the Mozambique cyclone because their R2 values were below 0.985. For the six disasters, the difference between the number of consultations predicted from K values and the measured cumulative number of consultations ranged from $\pm 1.0\%$ to $\pm 4.1\%$.

Conclusion: The K value and constant attenuation model reliably predicted EMT consultations during six different disasters. This simple model may be useful for the coordination of future responses of EMTs during disasters.

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Perspectives on Evaluating Emergency Medical Team Deployments

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Background/Introduction: Effectiveness of EMT deployments have long been questioned. It is often suspected that EMTs are reluctant to share information that could be used for evaluation because they are concerned by the gap between expected and reality. The multitude of methods used to evaluate, without similar language, limits comparisons, and makes it difficult to make any meaningful generalizations on conclusions and recommendations. Hence, a common set of criteria to evaluate an EMT deployment must be established.

Objectives: To understand perspectives of evaluating EMT deployments for floods, tropical cyclones, earthquakes, and tsunamis

Method/Description: In-depth interviews were conducted with 17 EMT stakeholders. Mentioned evaluation indicators were listed in the Delphi Method questionnaire.

Two rounds of Delphi Method questionnaire were conducted, where fifteen and sixteen participants responded respectively, with all participants in round one responding to round two. Participants were asked to rate evaluation indicators and respective questions according to their perceived suitability using a four-point Likert scale. Suggestions provided in the first round were incorporated into the second round. Consensus was reached when more than 75% of respondents rated slightly suitable or highly suitable.

Results/Outcomes: A total of 23 indicators and 160 questions have been raised, and all indicators and 157 questions reached consensus after two rounds of Delphi Method. A draft evaluation framework was formed, based on the After-Action Review published by the WHO.

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Conclusion: A standardized evaluation framework will be beneficial to assess deployments. Further research can be done to identify areas within the evaluation framework that should be prioritized.

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Towards a Systematic Approach for the Assessment of Emergency Medical Teams Performance – Promoting and Developing the Implementation of After-Action Reviews Nieves Amat Camacho PhD, Hannah Von Reding MSc, Johan Von Schreeb PhD

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Background/Introduction: A standardized system for assessing Emergency Medical Teams (EMT) performance is essential for enhancing EMT preparedness, response, and quality assurance. An after-action review (AAR) is a qualitative tool used to evaluate actions taken during emergencies, identifying best practices, gaps, and lessons learned. While AARs have been widely applied to assess national emergency responses, their use for evaluating EMT performance is scarcely documented, and guidance is lacking.

Objectives: This proposal aims to promote and support the development of a systematic approach for the assessment of EMT performance during emergencies, through the implementation of suitable AARs methodologies following deployments.

Method/Description: We propose a collaborative approach encompassing academic institutions, EMTs, WHO Secretariat, and other relevant stakeholders, which can focus on developing, testing, and implementing AARs tailored for EMTs by integrating scientific methods and field experiences. **Results/Outcomes:** Proposed strategy includes actions to:

- Revise previously conducted AARs assessing EMT deployments, including methodology, pillars assessed, feasibility, resources, application of results.
- Identify key elements for a systematic AAR approach that best evaluates EMT performance.
- Test the feasibility and appropriateness of different AARs methodologies in different contexts and emergencies.
- Develop guidance for the implementation of ARRs following EMT deployments, both to assess individual EMT performance and overall EMT response.
- Identify/create a system for sharing AARs, enabling a systematic analysis of experiences from which new knowledge and conclusions are generated.

Conclusion: Collaborative efforts to guide AAR use for the assessment of EMT performance will lead to evidence-based recommendations that strengthen EMT response capacities and contribute to the EMT 2030 Strategic Objectives. *Prebasp. Disaster Med.* 2025;40(Suppl. S1):s44

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Five Years of PT EMT: A Cycle of Continuous Improvement

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Background/Introduction: The National Institute of Medical Emergency holds the Portuguese Emergency Medical Team -PT EMT, certified by WHO in 2019, and since then its activity has been growing in several areas: assistance, advice, training, and cooperation between partners.

Our aim is to present the lessons learnt over five years of PT EMT's activity in national and international missions and how the cycle of continuous improvement implemented to date has progressed.

Objectives: Analyze the evolution of the PT EMT and incorporate the lessons learnt into the continuous improvement cycle.

Method/Description: Case study, analysis and reflection on lessons learnt from PT EMT deployments.

Results/Outcomes: From 2019 to 2024, PT EMT was involved in 3 standby international deployments and 20 effective deployments: 8 international, 4 national Mass Gathering events, 1 national insular territory, 3 EU MODEX exercises, 2 mainland Portugal, 1 international territory and 1 MEDEVAC.

The planning, preparation and implementation of each deployment was specific and unique, depending on mission profile. This diversity and number of missions has streamlined internal and external processes, making deployment more efficient and faster, particularly the organization and standardization of medical kit loads, their weight and volume, their packaging for air or land transport, which has made it easier to draw up the cargo manifest.

Conclusion: As a result of the activity described above, continuous improvement processes have been implemented in various areas, namely: data records and collection; communication