

Montérégie-Centre, Quebec, Canada) in order to demonstrate its potential use.

Results: Using the NDC system, we were successful in establishing an autonomous communication network over several hospital floors. This innovation made it possible to support the real-time geolocalization of fictive patients and the creation of a real-time dashboard for monitoring clinical trajectories, analyzing data, and evaluating performance.

Conclusion: The next development phases of the CHRONOS project include real-time notification and transformation of clinical trajectories into smart trajectories. The independence of the NDC system in terms of infrastructures would allow its deployment in low-resource environments, such as temporary installations or remote areas. Thus, its potential benefit in creating connected environments in disaster situations.

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Emergencies as Catalysts to Invest in the Health Workforce

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Introduction: Emergencies provide opportunities for deep systemic intra-action and after-action reviews, followed by changes and adaptations that are aimed at enhancing resilience against future health emergencies. One of the most prevalent lessons learned from the COVID-19 pandemic is the need to intensify the investment in the health workforce. Diverse groups of health workers have brought their expertise from the benches to patients' beds, and the desks of the decision-makers.

Method: Match skill mix of health staff with the needed level of care: those with mild diseases can be cared for by basic nursing staff. Critical patients require advanced skilled nursing that is familiarized with advanced technologies such as ECMO, and use “out-of-the-box” thinking.

Developing the capabilities of the communities and civil society organizations to respond to emergencies. Cooperation agreements with partners that are not involved in medical care during “regular days” should be set before emergencies strike.

Formulate civil-military-police cooperation as well as the Good Samaritan Law is an important legal instrument to allow for humanitarian aid from within and outside the country.

Results: Matching the skill mix of the health staff with the needed level of care for basic nursing for minor patients as well as advanced nursing for critical patients, while using “out of the box” thinking to develop a high level of knowledge is important to maintain quality care during emergencies.

Conclusion: The COVID-19 pandemic and other emergencies provide us with the opportunity to switch from bouncing back to bouncing forward, and from just coping to anticipating and transforming. Investing in the health workforce would enhance preparedness and readiness so that emergencies will

not turn into disasters and crises. The presentation will highlight some of the new approaches and methods applied during the COVID-19 outbreak, as well as those applied in countries that are faced with wars and military conflicts.

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Development of Sub-National Policies for Making Hospitals Safe from Disasters: Study in Yogyakarta Province, Indonesia

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Introduction: Disaster and emergency management planning has an essential role to ensure that hospitals can continue to function in disaster response situations. However, there are several gaps for safe hospital policies and implementations between national and provincial/district level. The Special Region of Yogyakarta, as one of the provinces with high disaster risk in Indonesia, initiated a study to identify local policies needed for safe hospitals.

Method: Focus Group Discussion (FGD) series were conducted with several hospitals representing private, public, academic, and military hospitals located in the first ring of Mount Merapi, an active volcano located on the border between Yogyakarta and Central Java Province. The FGD participants consisted of the Hospital Disaster Plan team, hospital task force of COVID-19, emergency department and hospital management team. Three FGD were carried out with different topics of discussion in each session. The topics were hospital experiences in implementing Hospital Disaster Plans during COVID-19, hospital incident command, coordination and networking. In addition, they also conducted advocacy and public consultation

Results: The study that involved 12 hospitals and 40 persons, resulting in 11 specific additional policies for Yogyakarta safe hospital which include; six additional Standard Operating Procedure (SOP) in terms of donation management, volunteers' recruitment and cost claim; one initiated Memorandum of Understanding (MoU) for surge capacity; conducting functional exercise rather than full scale ritual simulation with management scenario, as well as develop two plans for cyber-attack and business continuity plan.

Conclusion: The pocketbook of Yogyakarta's safe hospital will be useful for more than 70 hospitals in implementing and developing their hospital disaster plan, improving coordination among hospitals in the disaster phase, as well as a lesson-learned process for other regions to develop their local-based safe hospital policies.

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