

(n = 108, 76.1%) had goals that related to career advancement. Thirty-one (21.8%) respondents did not have such goals to improve themselves as health professionals, 86.6% (n = 123) respondents felt it was important to develop one's professional health career, 77.5% (n = 129) respondents had taken steps to develop their career to a certain level, and 76.1% (n = 108) out of 142 respondents agreed that KATH had supported them in their career development.

Conclusion: Developing one's health career is a way to improve and increase on previous knowledge gained through practice or formal education. A well-structured career pathway will help health workers to be more receptive to new and improved ways of patient care and management.

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Health Sector Preparedness for Disaster in a Small Island: A Case Study in West Seram District, Maluku Province

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Study/Objective: The objective of this research was to measure the health sector capacity to face disaster in the West Seram District.

Background: The West Seram District is one of the Districts in Maluku Province that has high vulnerability to disasters. It is vulnerable to earthquakes, tsunamis, floods, landslides and sea transport accidents. In emergency situations, the Health Sector plays an important role in saving human lives. The ability of the health sector is to keep functioning without interruption, it's about life and death.

Methods: Health Sector Preparedness by Center for Health Policy and Management, Faculty of Medicine, Universitas Gadjah Mada (CHPM FoM UGM) were used to assess the District Health Office, Hospital, and their Primary Health Care disaster preparedness levels. The Center for Health Policy and Management Faculty of Medicine UGM Health Sector Preparedness measures four elements: disaster policy and organization, procedures for disaster, facility and human resources, and monitoring evaluation. The tools classify and scale the scores of health sector preparedness into three categories: A = 0–0.35, low level; B = 0.36–0.65, medium level; and C = 0.66–1.0, high level of preparedness.

Results: The overall CHPM FoM UGM health Sector preparedness in West Seram District was on the low level of preparedness. Health sector preparedness index of West Seram District Health office, Piru Hospital, and Luhu Primary Health Care was 0.04, 0.13, and 0.00 respectively. The level of preparedness on policy and organization, procedures, facility and human resources, and monitoring evaluation were on the low level also.

Conclusion: The current level of health sector preparedness status is low in all health sectors (district health office, hospital and primary health care). Multiple elements of disaster preparedness are also on the low level. Urgent interventions are

recommended to improve several elements of health sector preparedness to protect a community during and after a disaster.

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A Chain Approach to Risk Assessment for Regional Continuity of Care in Emergency and Disaster Medicine

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Study/Objective: A risk based approach to Emergency and Disaster medicine in the South West region of the Netherlands

Background: Wildavsky argued that a mixed strategy of anticipation and resilience is optimal for managing risk. In the Netherlands, the most emphasis is on resilience. The General Board of the Acute Care Region of South West Netherlands aims at better informed decisions for disaster medicine, and decided to develop a risk based approach instead. From a regional perspective the focus is on collective care (interdependencies in the medical chain) and the opportunities for cooperation. A multi-annual project was started to determine the priorities for the near future, and to decide on risk acceptance and insurance, prevention and mitigation. The first step of risk assessment and priority setting has been finalized and will be presented.

Methods: A long list of risks was derived from literature, and was transformed into a short list of relevant groups of risks, for the acute care and the public health care. Risks were grouped by stakeholder, and specified by the dynamics and knowledge of the incident, and the direct response and aftercare. The hospitals, ambulance services, dispatch centers, general practice centers and acute mental care institutions were requested to assess the business impacts. The public health services and the authorities assessed the societal impacts. Together, they determine the priorities. Several workshops were held, and a help desk was installed to facilitate the assessment process.

Results: A project team including all participating parties will propose priorities. The General Board decides on the priorities for the first year(s). Priorities are expected to be the highest risks and/or the best opportunities.

Conclusion: A risk based approach is the logical next step for disaster medicine. Risk management enables better informed decision making on disaster medicine, and provides an opportunity to reinforce the mutual cooperation between all partners in disaster medicine.

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When Disaster Strikes what is the Role of the Local Primary Healthcare Doctor?

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