

management and connect with a regional hospital bed registry so you can move your patient from your ED to a hospital with beds.

b. Tier two, e-Consultants who support in-patient rounds virtually in rural/remote settings with hospitalists. For example, an Internist could support and monitor a regional virtual ward and do rounds with in-house hospitalists on patients across the region.

c. Tier three would be the equivalent of an outpatient clinic, done virtually.

Method: A STRONGERR website using Social Media tools will be created to determine if social media can be used to accelerate health care transformation to create a unified delivery system.

Results: Website will be up by Dec 2022. Results April 2023.

Conclusion: To be determined.

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Using a Multi-Agency Response Framework During COVID19 by Emergency Managers in a Healthcare Organization

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Introduction: The paper provides the perspective of emergency managers within a healthcare service, using a multi-agency framework to coordinate a regional response to COVID 19. While health services play a role in the planning, response and recovery to major emergencies they are rarely the lead in coordinating the response. The exploration of existing research through Pauchant and Mitroff Onion Theory is combined with the challenges and experiences faced by emergency managers during the COVID 19 response in Ireland. The research mirrors the experience of emergency managers that preparedness and relationship building are key to quickly establishing a response. However the experience of emergency managers was that although shared situational awareness is critical a flexible system framework is required, particularly in a prolonged pandemic situation. A hierarchical command and control system can negatively impact on strong local relationships and problem solving capability. The experience of emergency managers concurs with research that the development of a learning organization is pivotal in information preparedness before and during the response and recovery phase. The challenges of implementing lessons learned across a national health service can be challenging especially during an extended response phase.

Method: A deductive manifest analysis approach was adopted to carry out a qualitative thematic content analysis of exercise reports and emergency debrief reports.

Results: Research Questions

Lessons learned in the five years prior to COVID 19 enhanced the response to the pandemic emergency—yes there are several examples of how lessons learned can improve response to seemingly unrelated emergencies.

The principals of the MEM Framework in Ireland are applicable to a pandemic emergency—yes but this is dependent on local arrangements and relationships to allow flexibility in the implementation of the framework.

Conclusion: Regular training and exercising as well as a debriefing of exercises and real emergencies enhances preparedness for emergencies.

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The Surge Capacity Applied to Migration Crises: "The Need for a Conceptual Framework for Emergency Medical Teams"

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Introduction: Migration and forced displacement are reshaping the globe today. More people are being displaced by conflicts and natural disasters than ever before, and climate change is playing a pivotal role as a contributing factor for migration and conflict.

While there is a growing literature regarding provision of care for migrants in hosting countries there is no evidence on the use of the surge capacity model to support preparedness, readiness, and response to migration crisis by local health services, or medical teams.

Method: A scoping review with a narrative summary relevant to disaster medicine, looking at two major migration routes (Central/Eastern Mediterranean and South/Central America) was performed to determine if the surge capacity model has been applied by medical teams responding to migration crises, and how this has affected the adaptation of health services.

Results: Preliminary analysis demonstrates variations on the use of the term "surge capacity", and the imperative need to better define its application when preparing to or responding to any type of disaster, here specifically migration crisis. Thus far, there is no evidence on the use of the surge capacity model for the conformation of national/international medical teams when responding to this type of crises, and its relation to the adaptation of health services. This is particularly relevant, as the surge capacity model can support building and/or strengthening the capacity and capability of national and international medical teams.

Conclusion: There is an imperative need to design a conceptual framework based on the surge capacity model for the conformation of fit-for-purpose medical teams, that ensures preparedness, readiness, and appropriate response to migration crises guaranteeing adaptation of health services depending on context needs, and that defines skills and competencies of the responders. Additionally, this provides a conducive platform for operational research activities to foster evidence coming from the field.

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