

### Task Shifting: A Way to Expand the Healthcare Workforce during Emergencies

Hani Mowafi,<sup>1,2</sup> Seble Frehywo<sup>3</sup>

1. Boston University, Boston, Massachusetts USA
2. Harvard Humanitarian Initiative, Cambridge, Massachusetts USA
3. School of Health and Health Services, George Washington University, Washington, DC USA

**Introduction:** Globally, there is a lack of human resources for health. This is even more acute during emergencies where harsh conditions make recruitment and retention of trained staff more difficult. A promising strategy to ameliorate this lack of human resources is “task-shifting”, or the shifting of certain health tasks to trained paramedical staff, community health workers or expert patients. Task-shifting has been implemented successfully in HIV and child health programs. Anecdotal evidence indicates that humanitarian health agencies also use task-shifting, but the extent of its use, its success, and obstacles to its use remain unclear.

**Methods:** An online international survey of humanitarian health professionals regarding their knowledge, attitudes, and practices toward task-shifting was drafted. An assessment of barriers to the implementation of successful task-shifting efforts within humanitarian health programs was conducted.

**Results:** There are no published data on the use of “task-shifting” as a human resources for health strategy in humanitarian agencies. The survey results still are pending.

**Conclusions:** Humanitarian agencies informally use “task-shifting” as a health strategy for human resources. Few organizations have dedicated policies to officially allow this practice or for procedures to formally train and supervise non-medical staff performing these tasks. Instituting such policies will permit agencies to increase their available pool of practitioners rapidly, and transition their programs to post-emergency development by increasing local capacity for health response. A minimum package for implementation of this strategy will be discussed.

**Keywords:** emergency; healthcare workers; human resources; preparedness; task shifting

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### Exceptional First Responders: Mental Readiness and Performance Excellence

Judy M. McDonald

University of Ottawa, Ontario Canada

**Introduction:** The purpose of this study was to establish preparedness strategies for crises based on the research study entitled “Gold Medal Policing”, that confirms that the best frontline police officers prepare similarly to high-performance athletes. The importance of mental readiness and performance excellence are identified for first responders in an emergency.

**Methods:** The original three-year study was based on in-depth interviews conducted with 48 highly peer-respected Ottawa police officers and was influenced by similar studies of world-class athletes and other high-performance professionals like surgeons. Individual interviews were per-

formed to determine their mental readiness before, during, and after successful and disappointing performances. This provided a quantitative and qualitative analysis of mental readiness. These findings were compared with Orlick’s “Model of Excellence.” It provides a framework of seven common success elements: (1) commitment; (2) self-belief; (3) positive imagery; (4) mental preparation; (5) full focus; (6) distraction control; and (7) constructive evaluation.

**Results:** A total of 69 success skills (core, enhanced and elective) and 48 blocks (immediate needs, serious blocks and individual blocks) were found to effect optimal police performance. An additional 22 factors also were analyzed—those most influential on performance included selection, specialty training, gender and language.

**Conclusions:** Ten practical recommendations related to how the preparedness of first-responders strengthens performance, productivity and morale are made. This framework of strategies can be used in crisis. For example, it applies to defining an “exceptional leader” in crisis; designing a community responsibility and individual accountability approach in a disaster; and developing accredited basic emergency service provider training.

**Keywords:** first responder; mental readiness; performance

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### Building a Prehospital Emergency Service Network in a Disaster-Affected Area: Southwest Aceh, Indonesia

Hendro W. Wardoyo

Department of Public Health, Faculty of Medicine, Gadjah Mada University, Yogyakarta, Indonesia

South-West Aceh (SWA) is a region in the Nangroe Aceh Darusalam (NAD) Province of Indonesia, which covers six districts in the east coast of the island. When the tsunami struck in December 2004, the human loss in SWA was catastrophic. Approximately 30 people died, and 4,943 are missing. Insufficient acute medical responses were caused by the collapse of health services; geographical isolation aggravated by security issues due to internal conflict; and a lack of preparedness. During the recovery phase, a preparedness program was developed in the form of a prehospital emergency service network (PESN), built by Sardjito Hospital and Gadjah Mada University, whose objective was to establish a collaboration on prehospital emergency services among their providers in SWA. This presentation is a case report of building a PESN in SWA after the tsunami.

Barat-Selatan (Basel)-118 was the PESN that was built for this region. Its activities were limited and stagnant due to a collaboration problem among the districts in SWA and the absence of leadership. The program provider’s recommendations proposed that the NAD provincial government support and coordinate the PESN, and collaborate with professional boards to improve their knowledge and skills. Although the recovery phase was the correct time to promote community awareness of preparedness, Basel-118 was insufficient due to bureaucratic problems and the absence of a leader and leadership.

**Keywords:** capacity building; leadership; prehospital emergency service network; preparedness; tsunami

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