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46 Developing a Multi-Focal Mass Casualty Drill to Test Surge Capacity of Prehospital and Community Hospital Resources

Joslyn Joseph, Devin Dromgoole, Emerson Franke

Background: Prehospital and emergency department (ED) providers must be prepared to respond to mass casualty incidents (MCI). However, in the modern era of ED boarding and staffing shortages, prehospital and ED personnel must be prepared to manage high volume and high acuity patients with limited resources.

Objectives: Introduce ACGME EMS/Disaster milestones to EM residents and evaluate the response of an academic hospital and community EMS system to a simulated local disaster.

Curricular Design: Participants included EM residents, EMS fellows, EM attendings, state and local EMS providers, local simulation/EMT training programs, nurses, ED techs, and security. The cost of the drill was \$550. Prehospital participants were drawn to a scene where a terrorist drove a vehicle through a crowd during a parade. Live actor and manikin patients included both adults and pediatrics. Some patients deteriorated, including two that required intubation/surgical airways. Patients were transported by three ambulances, EMS fellow vehicles, and POVs. In the ED, only two resuscitation bays and four rooms on opposite sides of the ED were put in play to simulate surge capacity. Staff improvised by using fast-track beds for yellow patients and a waiting room area for green patients. Some patients decompensated, necessitating procedures and transfer.

Effectiveness: All 27 patients were triaged, treated, and transported in 76 minutes. Despite challenges, ED staff were then able to disposition all 27 patients from the ED. Following the drill, a survey was sent to participants using a scale of 1 (worst) to 10 (best). 92% of participants rated their perceived preparedness for a future MCI as ≥ 5 (Fig 1). When asked how well the team worked together, 90% of participants responded ≥ 5 (Fig 2). One area to improve includes communication flow during the event, with 37% of participants rating ≤ 5 (Fig 3). Future drills will test different stressors and focus on communication.

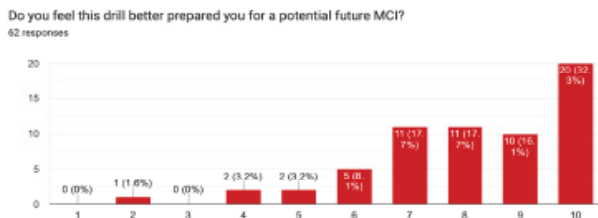


Figure 1. Survey results, scale of 1 (worst) to 10 (best) of preparedness for a future MCI.

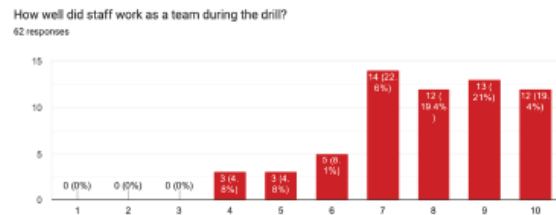


Figure 2. Survey results, scale 1 (worst) to 10 (best) regarding teamwork during the drill.

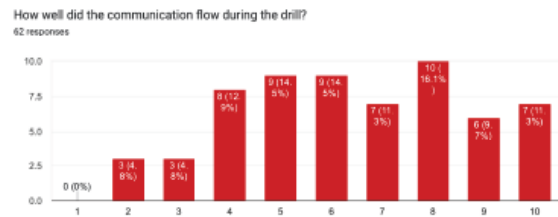


Figure 3. Survey results, scale of 1 (worst) to 10 (best) of communication flow during the drill.

47 Social Media Trends By Program Type and Geographic Region in Emergency Medicine Residencies

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Background: With the number of EM residencies increasing alongside a decline in applicants from U.S. medical schools, EM programs increasingly compete for student recruitment. Social media (SM) plays a key role in program branding and recruitment. Challenges in the recruitment process are diverse, contingent on both the geographic location and setting of training. Understanding current SM trends relative to these factors is not well-studied.

Objective: This study aims to quantify and describe trends in SM activity for EM residencies based on geographic region and program type. We hypothesize that regions with more programs and those self-described as academic will have a more robust SM presence.

Methods: Using the EMRA Match site, we investigated 239 unique EM residency programs to quantify and analyze SM activity during the study period (September 2022 to August 2023), focusing on Twitter (X) and Instagram (IG). This analysis, based on self-reported data from each institution, factored in both geographic region and program type, which includes academic, community, or county settings. Content, engagement, and composite scores were calculated for each.

Results: Table 1 shows SM activity by geographic region and program type. SM activity correlated with the number of programs in a region; however, certain regions have disproportionately more program-driven activity relative to