improvement (QI) interventions on optimizing decision-to-discharge and discharge-to-exit times while enhancing critical care utilization.

Methods: A multi-faceted QI initiative was conducted to streamline patient flow and optimize resource utilization from January to August 2024. The study period was divided into two phases: pre-intervention (January to April) and post-intervention (May to August). Key strategies included educational sessions to enhance staff competencies, the introduction of a "Zone Movement Assessment Tool" to improve patient transfers, and bed allocation based on the Korean Triage and Acuity Scale (KTAS), as well as collaboration with administrative units and local fire departments to expedite admissions. Data on decision-to-discharge and discharge-to-exit times were collected before and after these interventions, alongside metrics on bed utilization rates and financial impact.

Results: The interventions reduced the median decision-to-discharge time from 147 to 130.5 minutes and discharge-to-exit time from 80.25 to 55 minutes. Although not statistically significant ($p > 0.05$), boxplot analysis showed decreased variability, improving consistency. A strong correlation ($r = 0.91$) between the two metrics suggested that improvements in one area positively impacted the other. KTAS Level 3 patient allocation increased from 55% to 82%, and bed turnover nearly doubled from 2.9 to 4.8 times per month. Critical care revenue increased by KRW 302,826,630.

Conclusion: The QI initiative improved ED efficiency, enhancing patient flow and resource utilization. While not statistically significant, the gains in consistency, bed use, and revenue highlight practical benefits. Ongoing monitoring, staff training, and iterative improvements are recommended to sustain these outcomes. Further studies with larger samples are needed to validate these results.

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The Role of Nurses in the Reclassification Exercise of the Japan Disaster Relief Search and Rescue Team (the JDR Rescue Team) - Analysis Based on v. Henderson's Theory of 14 Basic Needs

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Introduction: The medical unit of the Japan Disaster Relief (JDR) Urban Search and Rescue (USAR) team comprises five members, including physicians and nurses, who are responsible for providing medical care to rescued victims and managing team members' health, including rescue dogs'. Unlike other USAR teams, JDR's distinctive feature is nurse participation; however, the specific contributions of these nurses remain unevaluated. This study aimed to assess nurses' contributions during USAR activities using V. Henderson's 14 Basic Needs as an evaluation framework.

Methods: Four nurse researchers with Medical Manager qualifications evaluated nursing care involvement across nine USAR team roles (leadership, rescue workers, structural assessors, handlers, rescue dogs, communication staff, coordinators, medical staff, and local staff). The evaluation used Henderson's 14 Basic Needs, rated on a 5-point Likert scale (1: no attention; 5: very high attention). Statistical analysis employed R software for descriptive statistics and intraclass correlation coefficients (ICC).

Results: The ICC(3,1) demonstrated high agreement at 0.882 (95% CI: 0.849-0.911). Analysis of three domains revealed: "Basic Physiological Functions" averaged 4.95 (SD=0.224) across all roles; "Environmental Adjustment" averaged 4.56 (SD=0.63), with human roles scoring higher (mean 4.75-5.0) than rescue dogs (mean 4.0); "Social Aspects" showed lower scores (mean 3.9, SD=1.11), particularly for rescue dogs (mean 2.8). "Beliefs and values" scored highest for local staff (mean 5.0) compared to other roles (mean 1.0-2.0).

Conclusion: Nurses' contributions demonstrate a hierarchical priority system emphasizing physiological function management while maintaining environmental adjustment attention. Although social aspects scored lower, this reflects the acute phase of disaster response, with high scores for local staff in "beliefs and values," highlighting cultural considerations in international operations. The findings demonstrate that nursing practice in USAR activities encompasses fundamental nursing elements while prioritizing life-sustaining care, enhancing overall team performance through physician collaboration.

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A Practical Report of a Disaster Nursing Program for Nursing Students

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Summary: This practical report aims to introduce a Disaster Nursing Program for Nursing Students (DNPNS) at the Tachikawa Faculty of Nursing, Tokyo Healthcare University. The DNPNS is a four-year program. As a first step in the DNPNS, students learn basic disaster nursing and medicine, such as the history of disasters in Japan, how to handle corpses, and triage methods. In the second step, students acquire knowledge of the laws related to disasters and the various phases of disaster management. They deepen their understanding of disasters from meteorological and architectural perspectives. Experts in these fields are invited as lecturers for each class.

In Step 3, lectures and exercises are conducted on community disaster prevention, evacuation center management, and responses to special disasters. For community disaster prevention, students can research disaster prevention plans from

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various local governments and gain insight into the reality of community-based disaster prevention by presenting unique prevention strategies. They have also conducted a simulation of shelter management using cards, addressing issues that Japanese evacuation centers may face, including potential health problems during an influx of disaster victims. Additionally, students receive practical instructions from Disaster Medical Assistance Team(DMAT) members on secondary triage at first-aid stations and practice these skills. Through these exercises, the students can apply the knowledge acquired in Steps 1 and 2 to solve practical problems.

Finally, in the fourth step, a five-day practical training program is conducted. The program includes five key components: tabletop exercises for handling numerous disaster victims as hospital nurses, mass casualty incident triage simulation, shelter setup and management simulation, initial response training for disaster situations, and participation in a Disaster Base Hospital drill, where they act as either victims or nursing staff. Through these programs, focus has been devoted to developing practical disaster-nursing skills.

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Role and Mandate of Nurses in Disasters in German-Speaking Countries – A Modified Delphi Study

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Introduction: Given the global increase in disasters, the International Council of Nurses calls for every nurse to be a disaster nurse, and the Royal College of Nurses in the UK even considers nursing to be a safety-critical profession. In the DACH countries (Germany, Austria, and Switzerland), however, the role and mandate of nurses in disaster preparedness and response have so far received little attention. This study aimed to investigate this observation from the perspective of experts.

Methods: A modified multi-stage Delphi study was conducted. The initial stage involved an in-person roundtable symposium to identify positions and assumptions on nurses' roles and mandates in disasters in the DACH countries. This was followed by three successive and increasingly standardized online surveys (stages 2-4). Originally consisting of experts from nursing, disaster relief organizations, politics, the armed forces, and the education sector, the group was gradually expanded to include experts from related fields and professions (from n = 28 to n = 74).

Results: Participants considered it highly relevant to clearly define the role and mandate of nurses in disasters. A consensus was reached that nurses in the DACH countries should play a key role in maintaining the health and safety of the population. To enable nurses in German-speaking countries to fulfil their safety-critical mandate before, during, and after disasters, experts with a nursing background called for the inclusion of nurses in decision-making bodies. However, the participants believed the development of competencies in disaster nursing must be improved at all levels.

Conclusion: The modified Delphi study showed that a clarification and an agreement must be reached on the role and mission of nursing in disasters in the DACH region. Realizing the safety-critical potential of nurses before, during, and after disasters requires addressing both policy and educational gaps in the three countries.

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The First Responder Training for Nurses under High-Risk Environment – a Non-Profit Organization Case Study

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Summary: In environments impacted by extreme disasters, the prevalence of human-made disasters and high-risk situations has been increasing. It has become an important issue to enhance situational awareness and strengthen response capabilities for medical professionals, building upon their existing expertise, from the perspective of NGOs. From 2022 to 2024, the organization held over eight training sessions with more than 150 participants, lasting from 2 to 5 days each. All participants were healthcare professionals. The training included situational awareness, basic battlefield injury management, and advanced damage-control resuscitation, combined with highly realistic, scenario-based exercises to enhance situational awareness and response capabilities.

In post-training interviews, all participants reported that the training helped them develop new logical thinking and perspectives. The scenario-based exercises enhanced their response speed and adaptability. The skills acquired were applicable not only in high-risk environments but also in their daily work settings. High-risk environments are not limited to humanitarian conflicts; they can also occur in everyday settings. Given the current global instability, similar training courses conducted by NGOs can effectively improve the situational awareness and response abilities of healthcare professionals.

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How Nurses Contribute to Global Health System Resilience: A Scoping Review of Empirical Studies

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Introduction: The World Health Organization (WHO) has emphasized the need for the development of resilient health systems to meet current and future disaster readiness needs. The WHO has also emphasized mechanisms that will achieve this goal, including a focus on strengthening the global nursing workforce to achieve the Sustainable Development Goals. However, there is limited synthesized research focusing on

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