Risk Factors of Short-Term Death in Nursing Home Residents After a Call to an Emergency Medical Service

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Introduction: Nursing homes regularly call emergency medical services (EMS) for residents with life-threatening emergencies. Most of them are transferred to an emergency room (ER). In many cases, these are end-of-life situations as the patient's death seems imminent, and transfer to the ER is likely to be uncomfortable and unnecessary.
This study aimed to identify, among NH residents, risk factors of short-term death (48 hours) at the time of the EMS call.
Methods: This study included all incoming calls for NH residents to an EMS between May 9, 2022, and May 8, 2023. Age, gender, dependency level, vital signs, destination (left on scene or hospitalized), and vital status at 48 hours were collected. Comparisons were made using Chi-2 tests and analyses of variance. Multivariate analyses were performed using top-down stepwise logistic regression.
Results: One thousand eight hundred and twenty-two patients were included. The average age was 87.6 years. Sixty-six percent were very dependent. Three-quarters of calls resulted in hospitalization. Patients left on scene were significantly older (89 years) and more dependent (73%) than those hospitalized (respectively 87 years and 59% – $p < 10^{-3}$). At 48 hours, 20% of patients were left on scene, and 16% of hospitalized patients had died. Five risk factors of short-term death were identified: initial oxygen saturation ≤ 90%, initial blood pressure < 70 mmHg, respiratory distress as the main chief complaint, being very dependent, and age ≥ 90 years.
Conclusion: Identifying risk factors of short-term death in NH residents could enable EMS to more often consider keeping the patients on scene with appropriate palliative care. This could be achieved with the help of a clinical prediction tool, yet to be validated by other surveys.

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Navigating Generosity of Medicines (Gen-MED): Characterizing Complex Relationships of Medication Donations Through a Proposed Stakeholder Analysis

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Introduction: Inappropriate medicine donations during health emergencies remain a global challenge, particularly for resource-limited nations. Despite its prevalence, little research has explored this issue from an interdisciplinary or systems perspective. Understanding the motivations, effects, and outcomes of these donations is essential for developing strategies to mitigate negative consequences and build local capacity. A deeper understanding of the complexity and interconnectedness of the problem is necessary before solutions can be proposed.
Methods: This study explores the stakeholders involved and the complexity of their relationships regarding medicine donations in response to health emergencies for resource-limited countries. It aims to identify, characterize, and map key stakeholders involved in the donation process—including governments, organizations, charities, pharmaceutical companies, and community organizations—across six countries: Japan, Canada, the United Kingdom, Nigeria, Rwanda, and Uganda.
Results: The study follows a three-step stakeholder analysis framework. First, stakeholders will be identified using a snowball sampling method, leveraging partner organizations to ensure diverse perspectives. Second, an online questionnaire will assess each stakeholder's influence, attitudes, interests, capacity to contribute, and perceived barriers to participation in the medicine donation process. The questionnaire will also evaluate their desired level of involvement and identify other key players within the donation process. Third, stakeholders' attributes will be mapped in a matrix, categorizing them by their levels of influence and interest. Stakeholder relationships (i.e., level of collaboration) will be analyzed using social network analysis (SNA).
Conclusion: This analysis will provide insights into the key actors and dynamics in medicine donation, offering a foundation for future studies aiming to investigate and curb inappropriate donations in future health emergencies.

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Preparing US Hospitals for Pediatric Reunification through an Educational Series: A Pilot Program

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Introduction: Pediatric reunification is a critical component of hospital disaster planning. Timely reunification has shown improved outcomes for children, yet many hospitals fail to have a plan. The U.S. Administration for Strategic Preparedness and Response funded Region V for Kids, a Pediatric Center of Excellence for standardizing pediatric disaster preparedness. A Reunification Workgroup was formed within this center to determine if an educational series would improve pediatric reunification plans for U.S. hospitals.
Methods: This pilot project is a mixed-methods study including nine children's hospitals from six states. Hospitals were pre-surveyed in May 2023 and post-surveyed after completion of the educational series in July 2024. The series comprises five modules: Patient Tracking, Facility Logistics, Information Sharing, Plan Activation, and Recovery. Modules were developed from deficits revealed via a gap analysis from the presurvey and virtually presented each month from January through May 2024 to emergency managers and physicians. Sessions were also

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recorded for self-guided learning. The audience was polled live for immediate feedback during each virtual session.
Results: Live polling questions included presentation helpfulness, speaker knowledge, presentation content, and session expectations. The post-survey solicited information on reunification knowledge enhancement, relevancy, and changes to clinical practice, the virtual experience, independent learning opportunities, and ease of the online learning platform. Using a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree, all modules averaged above 4, with a range of 3 to 5 in both polling and post-survey questions. Descriptive results indicated that modules were concise, informative, relevant, and practical.
Conclusion: This pilot is the first educational series developed for standardizing and improving pediatric reunification plans in the U.S. The project used knowledge deficits to improve education, strategy, and guidance for reunification planning. Similar educational series should be considered in pediatric reunification development for hospitals globally.

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Installing Pedestrian-Separated Traffic Lights: An Effective Measure to Enhance Pedestrian Safety

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Introduction: Japan is widely regarded as one of the safest countries in the world. However, there are still fatal pedestrian accidents with turning traffic. The severity of the trauma tends to be high in pediatric and elderly patients. To protect these vulnerable groups, pedestrian-separated traffic lights can be an effective traffic measure. The National Police Agency has promoted the installation of the lights for more than 20 years, but it has made little progress. The rate of installation of the lights is about 4.9% in Japan. This study aims to assess the effectiveness of pedestrian-separated traffic lights.
Methods: The crossings that were installed with pedestrian-separated traffic lights between 2016 and 2020 in Tokyo were identified. The traffic accident data at those crossings from 2014 to 2022 was obtained by the Tokyo Metropolitan Police Department. The data was analyzed in each age group to evaluate the effectiveness of the pedestrian-separated traffic lights.
Results: At the crossings where pedestrian-separated traffic lights were installed, the number of pedestrian accidents decreased by 69%. Notably, pedestrians up to 12 years old and those 65 years or older have not been involved in any traffic accidents since the installation of the pedestrian-separated traffic lights.
Conclusion: Installing pedestrian-separated traffic lights is an effective traffic measure to reduce pedestrian traffic accidents, especially in vulnerable groups.

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Problems in the Primary Triage of Children with Medical Complexity in Disaster

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Introduction: Children with medical complexity (CMC) are defined as disabled children who are on a ventilator or require medical care to carry out daily life under Article 56 of the Child Welfare Law in Japan. In Japan, it is estimated that there were about 20,000 children aged 0 to 19 living at home under medical care in 2023. The mortality rate of persons with disabilities in the Great East Japan Earthquake was twice that of healthy persons, and it was reported that the mortality rate was higher among those living at home than among medical facility residents. Responding to disasters for CMC has become an urgent issue.
Methods: Primary triage was performed based on information on the normal conditions of CMC aged 1 to 16 who were treated at Tottori University Hospital in 2018. In this study, we triaged 69 children with medical care needs aged 1 to 16 years under normal conditions using Jump START and START methods.
Results: There were 69 affected children (boys: girls 39: 30). The median age was 9.0. The reasons for medical healthcare needs were cardiac disease in 14, congenital anomaly syndrome in 13, perinatal disorders in 12, chromosomal abnormalities in 10, sequelae from trauma in 4, muscle diseases in 3, otolaryngological diseases in 3, metabolic diseases in 3, respiratory diseases in 2, and oncological diseases in 2. The triage results showed that one was in the expectant group, 24 were in the immediate treatment group, 12 were in the delayed treatment group, and 32 were in the minor group. Among the children triaged to Category III, 14 required oxygen administration, including 4 with noninvasive ventilators and 1 with a tracheostomy.
Conclusion: It is difficult to triage CMC appropriately using the START method and Jump START method, and it is necessary to develop a triage method specifically for CMC.

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Pediatric Considerations for Response to Mass Casualty Incidents

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Summary: Caring for children during mass casualty incidents (MCIs) presents unique challenges that differ significantly from adult care. This presentation addresses the special

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