tertiary hospital in Singapore. This audit analyzed data from the service provided between January 1 and December 31, 2022.

In this initiative, patients were contacted by trained tele-callers within 96 hours of discharge from the ED. Those who answered the call formed the intervention arm while those who did not answer formed the control group. A total of 17,355 ED visits were reviewed, with re-attendance rates within seven and 14 days post-discharge serving as the main outcome. A logistic regression model adjusted for potential confounding variables, including gender, race, age, short-stay unit utilization, ambulance utilization, musculoskeletal conditions, GP referral, abscondment, and previous ED or inpatient admission before the index visit was used.

The re-attendance rate in the intervention group was 74.2 per 1,000 compared to 101.1 per 1,000 in the control group. Patients in the intervention group had significantly lower odds of re-attendance within 3 to 7 days (OR=0.78, 95% CI [0.65, 0.93]) and within three to 14 days (OR=0.84, 95% CI [0.73, 0.98]). Additionally, increased healthcare utilization in the three months before the index visit was associated with higher odds of re-attendance.

The implementation of telehealth follow-up services significantly reduced ED re-attendance rates up to 14 days post-discharge. The findings underscore the vital role of telehealth services in managing hospital capacity by reducing re-attendance, thereby enabling more efficient use of resources. The results from this review support the continued integration as a strategy to optimize healthcare delivery.

Prehosp. Disaster Med. 2026;41(Suppl. S1):s41–s42
doi:10.1017/S1049023X2610260X

Insights From the PREPSHIELD Project - Preparedness for Society in Health Crises and Disasters

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Introduction: The COVID-19 pandemic revealed gaps in preparedness for large-scale health emergencies, highlighting vulnerabilities within communities and systems. Widespread distrust and skepticism towards innovative tools were common. To better manage future crises, it is crucial to integrate these tools, including information technology and AI-driven solutions, while actively engaging civil society organizations, citizens (especially vulnerable and non compliant groups), policy-makers, and health authorities. The PREPSHIELD project aims to foster a holistic, citizen-centered approach to health crisis management by developing policy recommendations and innovative tools.
Methods: Launched on September 1, 2024, with 13 partners, the PREPSHIELD project will run for three years. It will begin by identifying challenges and best practices from past epidemics and pandemics, focusing on areas such as healthcare response and communication with non-compliant groups. These insights will inform the development of crisis management tools, including a mobile app and an online platform, as well as policy recommendations. These will be tested through tabletop and online exercises at three pilot sites, each representing different scales and levels of institutional trust: the city of Hamburg, Piedmont Region, and Romania.
Results: PREPSHIELD will deliver several key outcomes, including policy recommendations and tools for more inclusive pandemic management. A mobile application will be developed to provide educational content, information, alerts, and polls, while also allowing citizens to report data such as well-being, mental state, concerns, and alerts. This data will be linked to a platform designed to enhance situational awareness and support multi-actor decision making.
Conclusion: By promoting an inclusive and innovative approach to disaster management, PREPSHIELD will enhance pandemic preparedness but also provide insights for other types of disasters. WADEM provides a key platform to share this project and its preliminary findings with a community of disaster practitioners and scholars.

This project is funded by the European Union.
Prehosp. Disaster Med. 2026;41(Suppl. S1):s42
doi:10.1017/S1049023X26102611

Improving Exercising for Acting during Crisis and Disasters

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Summary: The actions of medical emergency responders during disasters and crises differ from daily care due to the scale, hectic pace, and the need to cooperate with other emergency services such as the police, fire brigade, and community care. A multitude of choices must be made in a short period to get a grip on the situation. Medical workers generally also have little experience with large-scale crises. This means that skills must be developed and maintained mainly through education, training, and drills. But the time to do that is scarce and is in addition to the requirements to maintain regular medical skills. To develop these skills, training courses have been developed via e-learning in addition to the physical courses. But real-life drills are problematic: they consume a lot of resources in health care organizations, such as ambulance services and emergency departments. Moreover, in the Netherlands, they are not used in working with volunteer Red Cross workers in the day-to-day situation, nor within the disaster organization that the government rolls out. That is why, in addition to physical drills, tabletop applications have been developed, and intensive role plays are used in small group training situations. Serious gaming combined with virtual reality is increasingly used in various places to enhance this package and make it more efficient. This field study investigated what the regions and organizations in the Netherlands are already doing and identified the gaps. A pilot is now a serious game developed, which enables individual care providers to practice working together with other care providers and AI online. This is input for national agreements with the regions to connect the separate initiatives. The aim is to achieve a coherent joint program, which makes the expensive investments possible and keeps the costs for the user low.

Prehosp. Disaster Med. 2026;41(Suppl. S1):s42
doi:10.1017/S1049023X26102623

https://doi.org/10.1017/S1049023X26102623 Published online by Cambridge University Press