Rapidly Assessing Medical Mission Readiness

INTRODUCTION

- A rapid systematic assessment of medical mission readiness prior to deployment in time sensitive situations is crucial to help ensure mission integrity.
- Medical missions and more broadly humanitarian assistance have also emerged as a sophisticated diplomatic tool for strategic competition (Canyon & Ryan, 2021).
- Readiness can be compromised if there is a reliance on extensive processes to provide information, which can become complex and time-consuming.
- Resulting in an inability to maintain up-to-date understanding of capabilities to rapidly respond or make informed data-driven decisions (Breeze & Kurtz, 2022).
- To mitigate this risk and increase confidence levels, a dynamic systematic process is required, especially in today's shifting environmental, social, and fiscal climates.
- A tool that could provide the template to support such a capability is the United Nations Public Health System Resilience Scorecard (Scorecard).



Figure 1 – Concept

MATERIALS AND METHODS

- The Scorecard can feasibly be modified towards assessing medical mission readiness.
- Based on a proven methodology, the United Nations Disaster Resilience Scorecard for Cities, which has been widely used around the world.
- The public health version was developed and formally launched in April 2020 to support health system readiness for the COVID-19 pandemic.
- Validity and versatility of this approach has been demonstrated in various settings with funders supporting implementation.
- World Health Organization funding an international project to systematically identify and evaluate strategies for strengthening public health system resilience.
- U.S. Department of Agriculture funded a modified version of the Scorecard to identify, rank, and prioritize actions for strengthening food security in rural areas across the country.
- Being applied in a project by UT Southwestern, Baylor University and the Rabin Medical Center (Israel) to identify and prioritize medical preparedness needs for different types of disasters.

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mindset and approach.

- This approach has been tailored to food system resilience by the co-authors and colleagues.
- The indicators can be designed to ensure various aspects are considered, such as organization, understanding risks, transport, logistics, and continuity of treatment and care.
- Multidisciplinary approach recognizes no one authority or organization possesses all the resources and expertise required for success (Burkle, Bradt, & Ryan, 2020).
- Can be used in either a workshop type situation, through a survey or using an App.
- Consensus-based to determine rapidly which priority actions should be kept or removed to maximize mission readiness.
- Ideal for short alert timeframes such as 24 to 72 hours.



Provides systematic, rapid, and multidisciplinary approach to medical mission readiness by providing a high level of confidence in understanding what actions are required.



APPROACH

• A key aspect of success when implementing and applying the Scorecard is a "systems of systems"



- awareness.
- climates.

Canyon, D & Ryan, B. (2021). Military and Private Sector HADR – Now a Sophisticated Tool for Strategic Competition. *Security Nexus*, 22.

Breeze, C. & Kurtz, N. (2022). Mission readiness: What you need to be ready. Booz Allen Hamilton.

Burkle, F., Bradt, D., & Ryan, B. (2020). Global Public Health Database Support to Population-Based Management of Pandemics and Global Public Health Crises, Part I: The Concept. Prehospital and Disaster Medicine, 1-36. DOI: <u>https://doi.org/10.1017/S1049023X20001351</u>

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SCORECARD IN ACTION



HOW TO TRANSLATE INTO PRACTICE

. Educate leaders of medical mission readiness in the use of the Scorecard, including an opportunity to apply within their public health systems.

2. A series of multidisciplinary working groups to develop indicators for measuring medical mission readiness. For example, this could include doctors, nurses, environmental health, logistics, suppliers, pharmacists, food services, transport specialists, and engineers.

3. Incorporate feedback to develop a medical readiness Scorecard.

4. A workshop with leaders of medical mission readiness to test, refine, and revise the Scorecard.

5. Development of the methodology for use and providing training to selected units.

CONCLUSION

• The Scorecard methodology presented provides a framework for medical units to develop a system for achieving high confidence in meeting mission demands with a short alert period.

• Readiness requirements would be informed by latest data, information, and situational

• This approach also provides metrics for continuous improvement and comparing unit readiness.

• Providing the flexibility required to adjust rapidly to shifting environmental, social, and fiscal

• Ultimately, using a proven systematic method to rapidly identify and prioritize deployment actions would maximize medical mission readiness in a period of strategic competition.

REFERENCES