

head. It was anticipated that this pathway would increase treatment team members' knowledge of best practices, decrease clinical variation, standardize care, and improve clinical outcomes with this vulnerable population.

**Outcome:** Brief description of your outcome data.

**Going Forward:** The results of this project have implications for more broadly utilizing integrated care pathways in healthcare assessment and delivery.

**Funding:** None.

**Abstract #:** 1.053\_NEP

### The University of Toledo Disaster Response Mission: Nepal

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**Program/Project Purpose:** Disaster medicine is at the crossroads of emergency medicine and global health. This is all too evident in the most recent earthquake disaster in Nepal in late April 2015. The Department of Emergency Medicine at The University of Toledo Medical Center with local community physicians responded with a self-sustained mission relief team within one week of the disaster.

**Structure/Method/Design:** Initial contact was made with a Non-Governmental Organization (NGO), Helping Hands, prior to arrival in Kathmandu. After meeting with officials from Kathmandu University, it was determined the greatest need was in an outlying village approximately 50 miles northwest of Kathmandu. While many groups arriving in Kathmandu to help were turned away, our team was embraced due to our self-sustained capacity with food, supplies, medical equipment and medications. We were graciously provided 10 students from Kathmandu University to serve as interpreters and setup a base camp for operations in a damaged elementary school.

**Outcome & Evaluation:** Over the ensuing 7 days our disaster relief team saw of roughly 1500 patients at our base camp and a mobile unit that would hike into the mountains to visit villages destroyed by the earthquake. Several patients were transferred from our base camp to Kathmandu for more definitive care. Most of the tents, supplies, remaining food, and medications were donated to the local village leaders upon our departure. Upon leaving Nepal we met with officials from Kathmandu University to discuss our mission activity. It was here that we experienced the second 7.4 earthquake that we survived without injury. Our ability to manage independently without local support, other than interpreters, was critical to the success of this mission effort. This allowed us to set up our operation at a distant area that would not have received any healthcare

**Going Forward:** Despite the massive devastation, the Nepalese remained incredibly resilient and continued to rebuild and prepare for the upcoming Monsoon season. Ongoing communication continues between our institution and Kathmandu University for a future global health partnership.

**Funding:** None.

**Abstract #:** 1.054\_NEP

### Dialysis impact on quality of life of patients with chronic kidney disease in Guatemala. A pilot study

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**Background:** Chronic kidney disease (CKD) was the 18th leading cause of death in 2010 and over 2 million people require dialysis worldwide. Complications affecting quality of life (QOL) include anemia, cardiovascular disease and bone disorders. In Guatemala, there is an emergence of CKD in young men with neither hypertension nor diabetes. Dialysis impact on QOL in this population is unknown. We sought to assess the QOL among patients at the capital's largest public dialysis center.

**Methods:** A cross-sectional pilot study was conducted February 2015 at the National Center for Chronic Kidney Disease Treatment (Unidad Nacional de Atención al Enfermo Renal Crónico, UNAERC) in Guatemala. The Kidney Disease Quality of Life Short Form 1.3v (KDQOL-SF) was used to evaluate patients receiving dialysis for at least three months. KDQOL-SF scores and demographics were compared to those from other countries. T-test was used to explore KDQOL-SF average difference and sub-scales by age and gender. Scores were compared to the reference mean of 50.

**Results:** Sixty-one patients were interviewed. Mean age was 37 years, most (63.2%) were males, and 47.5% and 4.9% had a history of hypertension and diabetes, respectively. KDQOL-SF average, physical (PCS) and mental (MCS) scores were 61.5, 39.0, 49.2, respectively. Compared with the mean age in Japan (58.4), USA (59.6), Europe (59.9), India (55.3), Brazil (36.10% under 40) and Chile (54.5), Guatemala's dialysis patients were younger, 59% under 40. KDQOL-SF, PCS, and MCS scores were similar among countries except India (lower). Fourteen (23%) had an average KDQOL-SF less than 50. Scores by age groups, <40 and ≥40, were not significantly different. Social function was the only subscale that significantly differed by gender, men 75.99 and women 60.33.

**Interpretation:** QOL assessments of Guatemalan CKD patients revealed comparable scores with other countries despite being younger and having fewer traditional CKD risk factors. Poor QOL is associated with increased hospitalizations and mortality. Thus, further research is necessary to assess not only the dialysis impact on this population, but also the economic burden it poses to the country.

**Funding:** Washington University-Mentors in Medicine.

**Abstract #:** 1.055\_NEP

### republic of Senegal disaster preparedness and response exercise

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