| **Author, Year** | **Strategy** | **Mass Casualty Context** | **Innovation** | **Description** | **Results** |
| --- | --- | --- | --- | --- | --- |
| Balch, 2004 48 | Augment resources | All-hazards  | Community readiness | Conducted an exercise to demonstrate community readiness and medical response to a MCE | Shadow Bowl earthquake scenario demonstrated significant strain on the healthcare system.  |
| Irvin, 2007 52 | Augment resources | Hurricane | Surge, alternate care site-real event | Description of a multidisciplinary Hurricane Katrina Evacuation Center | Successful non-ED alternative to address non-emergent medical concerns |
| van Asten, 2009 50 | Augment resources | Infectious Disease | Load sharing | Strengthening national lab surge capacity with regard to diagnostic demand  | National network of laboratories has capacity to handle diagnostic requests from hospitals, but probably insufficient for a surge generated in the non-hospitalized population (Netherlands) |
| Weddle, 2000 53 | Augment resources | Hurricane | Readiness | Improve the efficiency of deployable military hospitals to supplement surviving local health care capabilities after disasters | Improve communications while requesting resources, broaden the range of available health assets, position resources regionally or in the civilian sector, and create clear indications for full-scale deployable hospitals when they are required. |
| Etienne, 2010 55 | Crisis standards of care | Earthquake | Ethics committee | Multidisciplinary Healthcare Ethics Committee to determine allocation of resources | Describe guiding ethics principles for allocation of resources |
| Kellermann, 2010 54 | Reduce demand | Infectious Disease | Web-based self triage | Deployment of clinical algorithm during 2009 H1N1 enabled adults with influenza-like illness to self assess need for ED versus clinic or self care | Two websites deployed and used during 2009 H1N1 pandemic; one via flu.gov. Approximately 800,000 visits nationwide, no reports of adverse outcomes. Unable to measure impact due to no follow up |
| Zerwekh, 2007 49 | Reduce demand | All-hazards  | Biological countermeasure | Drive-thru clinic model for dispensing SNS medication | Timely dispensing of prophylactic medications with high accuracy and minimal human to human contact |