L’Arche: rethinking crisis preparedness in primary care
an innovative action-research approach

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L’Arche
Adaptation et résilience des soins primaires face aux crises

CONTEXT & OBJECTIVE

Primary healthcare facilities (PHCF) face growing systemic risks (climate, infrastructure, technology, global health) that may compromise their ability to operate when most needed.

Existing preparedness approaches are usually hospital-centred and scenario-based, and ill-suited to small PHCF facing unpredictable crises.

L’Arche is an action-research project in Sainte-Croix territory (Canton of Vaud) that strengthens PHCF resilience through **1) vulnerability assessment, 2) staff resilience training and 3) a volunteer citizen collective** and aims to develop transferable tools.

METHODS

Part 1 · Vulnerability assessment

- Macro level: territorial risk analysis using cantonal geographical and infrastructural data
- Micro level: semi-structured interviews with local stakeholders and healthcare professionals
- Reflexive thematic analysis (Braun & Clarke) of the interviews, supported by MAXQDA 24

Part 2 · Staff resilience training

- Situational simulation led by a professional actor
- Two expert-led modules: practical low-tech crisis-response skills and inner resilience (stress and emotional management)
- Evaluation: questionnaires and interviews

Part 3 · Volunteer citizen collective

- Volunteer citizens providing aid to care teams during crises (under development)



Illustration generated by ChatGPT.

PRELIMINARY RESULTS

17 interviews analysed so far

Stakeholder interviews

The first interviews indicate strong interest, despite heterogeneous awareness of local systemic risks. Among interviewees, health professionals and engaged citizens expressed willingness to cooperate actively in facing risks.

Pilot training

The training content is defined, and a pilot session was conducted with a group of colleagues at our institution (including 1 general practitioner, 2 nurses, 1 medical assistant and 1 medical receptionist). It raised great enthusiasm among participants, who reported having already used some tools within days to manage challenges in their daily life.

DISCUSSION & CONCLUSIONS

- **Betting on people instead of detailed protocols** cultivates adaptability, improvisation and local cooperation, with **benefits even before the next crisis**: staff confidence, community relations and perceived territorial preparedness.
- **Early signals are encouraging:** stakeholders are interested and willing to cooperate, and the pilot training was well received. Findings come from a single territory and a small pilot.
- **A people-centred, low-tech approach** is promising for small PHCF lacking dedicated crisis-management resources.
- **Next steps:** finalize the vulnerability assessment, evaluate the training, set up the volunteer citizen collective and document transferable tools for other territories.

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Project page: scan the QR code

Reference
Braun V, Clarke V. Qual Res Sport Exerc Health. 2019;11(4):589–597.

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