

developed a comprehensive management system which includes a database concerning patients, infrastructure, and personnel. "Meuhedet" also prepared the expansion of clinics' opening hours, personnel, and identified alternative sites for service provision. A computerized toolbox was developed that enables provision of primary care during disasters, to individuals not insured by the HMO. SOPs were developed to guide medical and management teams in using the system, and caregivers' documentation sets were prepared for electronic/manual documentation of care given.

Results: The computerized system is used by national, regional, and local administrations to control and monitor activities during crisis, as well as a vital toolbox for physicians and other health professionals to provide care for evacuated populations. Data concerning each patient and staff member can be accessed from every work site via internet connection, processed, and integrated as part of the treatment in any location in which medical care is being provided.

Conclusion: Provision of effective medical care to evacuated populations requires access to information concerning the medical backgrounds and needs of the patients. The creation of a comprehensive information system in tandem with organizational SOPs, facilitates decision making, and improves the ability of primary care health care workers to provide efficient and continuous medical care to displaced populations.

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An Overview of Emergency Medicine Services within the National Park Service: Highlights and Selected Case Studies

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Study/Objective: The National Park Service (NPS) has provided Emergency Medical Services (EMS) to park visitors since its inception one hundred years ago. Each year, this amounts to approximately 15,000 patients spread over 84 million acres in 50 states, the District of Columbia, and US territories. EMS training for park rangers has evolved from simple first aid to the formal Parkmedic program initiated in 1978. This program takes EMT level providers to the Advanced EMT (AEMT)/Parkmedic level with an expanded Scope of Practice (SOP), specifically tailored to the unique situations in the NPS. The University of California, San Francisco-Fresno (UCSF Fresno) has provided EMS oversight to the Parkmedic program since its foundation, and serves as National EMS medical advisors to the NPS. Parkmedic level providers have an expanded SOP including drug administration and procedures that are uniquely tailored to NPS needs. To achieve this designation, an EMT must attend a 6-week course at UCSF Fresno. At the end of this course, they achieve an NPS Parkmedic and AEMT certification. To maintain Parkmedic certification, these providers must attend 72 hours of Continuous Education (CE) every two years. Continuous Quality Improvement is integral to the Parkmedic system. Some Parkmedic rangers will see less than ten patients in an entire season. In many parks, it is possible to review 100% of the EMS patient encounters to provide remediation, continuing education, and address system improvement issues. This poster presentation summarizes the NPS EMS system and provides an overview of continuing education, operations, and continuous quality improvement. Specific case studies will highlight the unique challenges that NPS EMS providers face, and how the NPS and Parkmedic program have adapted the SOP to address these challenges.

Background: See Study/Objective.

Methods: See Study/Objective.

Results: See Study/Objective.

Conclusion: See Study/Objective

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