

ADL score ($r = -0.040$; $p = 0.749$) or post-morbidity ADL score ($r = -0.65$; $p = 0.636$). A 45% decline in ADL score was noted one month following discharge (pre-ADL = 15.85; post-ADL = 8.78).

Conclusions: Elderly subjects are at higher risk of poor functional outcome because they are less likely to recover function lost before admission and more likely to develop new functional deficits during hospitalization and after discharge. For older adults discharged after being hospitalized due to a medical illness, prognosis for functional recovery is poor at one month.

Keywords: ability to perform activities; acute illness; daily activity; decline in function; emergency health; geriatrics; hospital
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(N57) Tool for Control over Emergency Medical Dispatch during a Major Incident

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Introduction: In Sweden, all emergency medical dispatch (EMD) is conducted by contracted EMD-companies. The County Council in the Gothenburg area wanted effective tools to monitor and control the dispatch situation during a major incident.

Methods: The unusual procurement form of the “negotiated purchase” was used in which competing companies develop the specifications together with the client, and finally the bidder with the best quality and lowest price was chosen.

Results: The purchase procedure gave the county council high-tech, computerized monitoring tools where the capacity and the ambulance units’ load and positions, can be monitored in real-time.

Conclusions: Even though the County Council lacked the technical knowledge required to do so independently, it is possible for competing, high-skilled companies to develop a major incident management tool. The county council in the Gothenburg area now has its own central EMD, fully equipped with the necessary tools to cope with a major incident.

Keywords: ambulance services; company; disaster; emergency medical dispatch; emergency medical services; monitor; tools
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(N58) Out-of-Hospital Cardiac Arrest in Train Stations and Trains: The Need for Public Access Defibrillation

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Introduction: The occurrence of witnessed out-of-hospital cardiac arrests (OHCA) in public places inspired the implementation of public access defibrillation (PAD) throughout many countries. Among such places, airports and planes were equipped with automatic external defibrillators (AEDs). In Switzerland, >300 million persons travel by train each year. The question of setting up a PAD program in such places is relevant, at least in high-risk places (<2 OHCA every five years).

Methods: Analysis of OHCA in public places in the Vaud state of Switzerland (650,000 inhabitants) was conducted during a five-year period (2001–2005). Of these, there was a focus on those occurring in train stations and trains.

Results: Of 1,556 OHCA, 306 occurred in public places (19.6%). A detailed analysis revealed that 21 cases (6.9% of public places OHCA) occurred in train stations and trains. Among the train stations, three had more than two OHCA during this five-year period.

Conclusions: The occurrence of OHCA in high-risk train stations justifies the implementation of a PAD program in such places. In airports and airplanes, such programs have saved many lives and have been linked to flight personal basic life support and AED training. The probability of having a health professional among travelers in high-risk places can be a useful gain for provider assistance. A PAD program with cost-effectiveness analysis will be initiated soon in the region along with a local first responder program.

Keywords: out-of-hospital cardiac arrest; public access defibrillation; public health; public places; train stations
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(N59) Effectiveness of Prehospital Triage and Emergency Management during Mass-Casualty Incidents with the Utilization of Information Technology

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Introduction: Information and communication technologies enter many professional fields. Medical rescue services are more frequently equipped with information and communication technologies used for medical assistance during everyday practice. However, mass-casualty incidents (MCIs) require an exceptionally efficient management system and greater information flow in a short period of time. During MCIs, traditional communication systems may be insufficient for obtaining management efficiency. The solution to the problem may be information technology.

Methods: The objective of this study was to evaluate the opportunities of using currently available information and communication technologies in management support systems and telemedicine to increase prehospital triage and management effectiveness.

The study was conducted at the fourth Polish International Winter Championships in Emergency Care in Bielsko-Biala. There were 60 ALS teams. An MCI in which 60 people were injured was simulated. Triage and re-triage effectiveness, transport priorities, and casualty allocation to local hospitals were evaluated using the traditional method, as compared to information and communication technology. The WASKO’s Command Centre Support System was used.

Results: The implementation of information technology resulted in more effective emergency care in triage accuracy, transport priority, emergency department allocation, and time