

Clinical Excellence recently has published its guidelines on the recognition and treatment of post-traumatic stress disorder (PTSD) in the UK National Health Service. The guideline development group undertook a systematic review of the literature on PTSD and its treatment in order to frame its recommendations. Two psychological therapies were found to have significant treatment effects in treating adult patients and are recommended. There are fewer empirical studies of treatment of children and adolescents with PTSD, but similar recommendations can be made, albeit less strongly. The three presenters were members of the guideline development group and will discuss the methodology of the review, as well as the salient findings in respect to screening, early interventions, special populations, implications for disaster management, implications for primary care, and drug treatments.

**Keywords:** guidelines; post-traumatic stress disorder; recognition; therapy; treatment; United Kingdom

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### **Achievements from the Establishment of an Emergency Department in the General Department of Health Care at Tehran Province Social Security Organization**

M. Pazouki;<sup>1</sup> A. Pazouki<sup>2</sup>

1. Iran Social Security Organization, Iran

2. Iran University of Medical Sciences, Iran

**Introduction:** Due to the importance of emergency wards as the frontline healthcare entry point for severely ill patients, and considering that about 80% of complaints were related to hospital emergency wards, the General Manager of Health Care of Tehran province decided to establish a new emergency department. The General Department of Health Care at Tehran province's social security organization is in charge of 25% of healthcare services provided by this organization by operating 10 hospitals.

**Methods:** This descriptive, cross-sectional research project took place in these 10 hospitals from June 2003–December 2004 with the cooperation of emergency department heads of the hospitals and a number of specialists.

**Results:** The following processes were initiated:

1. A headquarters for the development of improvements of the emergency wards was formed;
2. A data bank was established for the emergency wards and the manual system was changed to an electronic bank of data;
3. Proposals were made to the central headquarters of the social security organization regarding the improvements in the management of the emergency wards, and an increase in the salaries of the doctors and ward personnel;
4. A 7-month training course was conducted to educate emergency medicine instructors;
5. Equipment was standardized;
6. Enforcement of the project for dealing with disasters in these hospitals was begun; and
7. An emergency medicine refresher course was commenced for all the doctors and nurses working in the affiliated hospitals.

**Discussion:** The quality of services in emergency wards can be improved, along with an increase in the level of satisfaction of patients and emergency personnel, by utilizing scientific methods, personnel participation in making decisions, efficient support, and strong management.

**Keywords:** database; emergency department management; emergency management education; equipment; hospital; training

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### **Free Papers Theme 7: Prehospital Care—A Medical Speciality?**

#### **Community-based Emergency Health as a New Medical Sub-specialty**

Frank Archer

Monash University Centre for Ambulance and Paramedic Studies, Australia

The community has been referred to in the past as the "ultimate coronary care unit". Emergency medicine in some regions of the world, is defined as including out-of-hospital emergency services, while in other regions, it is defined as a hospital-based discipline. Other established medical specialties have community-based sub-specialties, such as community child health and community psychiatry.

Other established medical specialties primarily are based in the community, such as general practice and public health.

Some have argued that the evolution of emergency medical services (EMS) as an out-of-hospital practice is an extension of hospital practice in the community, but primarily focused on emergencies. Evidence suggests that there has been little measure of the effectiveness of out-of-hospital interventions in emergencies, and that most research to this date, has been "component focused" and not "system focused".

The language of out-of-hospital emergency care also is controversial; is it a medical, public safety, or a public health facility? Recently, there has been a merger of these constructs to a new, ill-defined paradigm, and also, recognition of how emergencies are prevented and managed in the community has an impact on hospital-based care and resource management. This has led to international collaborations, such as the "Cairns Group" that are attempting to explore and understand this community-hospital relationship in the emergency setting.

Healthcare trends have moved from hospital-based care to community-based care. Parallel to these broader changes, there also has been an emphasis on prevention, surveillance, health education, clinical effectiveness, clinical governance, ethics, research methodology, culture, behavior and occupational health, all of which are related to community-based care. As a subset, community-based emergency health also has been evolving with greater clinical and system sophistication and multi-disciplinary approaches to system design, clinical care, medical retrievals, mass gatherings, major events, public health crises, emergency preparedness, and disaster medicine.

This paper will argue that there now is a sufficient critical mass in both system and clinical issues of community-

based emergency health for this discipline to be recognized as a sub-specialty with its own research and knowledge base, designated graduate training program, and which operates in a multi-disciplinary and collaborative environment. It suggests the benefits to the community, and governments, in recognizing community-based emergency health as a medical sub-specialty.

**Keywords:** community-based; discipline; emergency; emergency medical services; health; management; medical; multi-disciplinary; sub-specialty; training

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## Free Paper Theme 8: Emergency Medical Services System Design—System Issues

### Emergency Medical System in Hyogo Prefecture and the Role of The Hyogo Emergency Medical Center

S. Kozawa; S. Nakayama; T. Ukai  
Hyogo Emergency Medical Center, Japan

On 17 January 1995, a massive vertical-thrust earthquake resulted in the loss of lives and destroyed urban infrastructures. The scale of the earthquake exceeded all expectations, contributing to many problems in disaster response, including: (1) unavailable transportation; (2) severely reduced emergency medical services (EMS); (3) inadequate utilization of medical staff and facilities; and (4) insufficient stock of drugs and other medical supplies. After this earthquake, a leading role in establishing an emergency medical system for Hyogo Prefecture in disasters was taken.

Several countermeasures were developed after the earthquake. A comprehensive disaster-related medical information network system was introduced to each of various regional institutions to collect and disseminate medical information in the situation of disaster.

The Hyogo Emergency Medical Center was designated as a disaster medical center (main core hospital in Hyogo Prefecture), equipped with the ability to train EMS crews, and a stock of EMS supplies for emergency delivery. Everyday operations for the Hyogo Emergency Medical Center include offering emergency treatment as an emergency medical center, operating a doctor care service, receiving patients brought by helicopter, and managing and operating the emergency information center. During disasters, the Hyogo Emergency Medical Center operates a disaster emergency information and instruction center, receives patients from the disaster area, and dispatches relief workers.

Fifteen core hospitals are the regional bases for treatment of patients in a disaster, and have earthquake-proof buildings, large storage facilities for keeping drugs and other medical supplies, large water storage tanks, and electrical power generators.

**Conclusion:** The damage caused by this earthquake as a warning to urban civilization must be realized. Based on this experience, a proposal for an emergency care network designed to facilitate access to and level of medical care in

the face of a disaster has been presented.

**Keywords:** core hospitals; disaster-related, medical, information network; earthquake; Hyogo Emergency Medical Center; Hyogo Prefecture

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### Development of an Emergency Medical Care System in Georgia

K. Chikhradze; T.T. Jorjoliani; Z. Metreveli  
Centre of Disaster Medicine, Republic of Georgia

Georgia, one of the republics of the former Soviet Union, is situated on the southern part of the Caucasus Mountain Ring between the Black and Caspian Seas. Its territory is 64,700 square kilometers, with a population of 4.5 million. With the breakdown of the Soviet Union, the Soviet Healthcare System also was broken down, and the development of a new, western model of a healthcare system became difficult because of the indigence.

This presentation represents the schedule of needed measures, which are necessary to construct an orderly system. The goal of this presentation is to help reduce the mortality and fatal outcomes during emergency situations.

The system is composed of the following stages: (1) Prevention; (2) Prehospital; (3) Hospital; and (4) Rehabilitation. The *Prevention Stage* registers those measures, which will help to avoid complicated cases, such as: teaching the population how to provide emergency medical care and teaching different professionals (police, firefighters, drivers) the skills of basic life support (BLS).

The *Prehospital Stage* emphasizes delivery of adequate emergency medical care at the prehospital stage. It includes training and ensuring emergency medical care providers in transport, medications and medical equipment, verifying the arrangement and equipment of the emergency department, training the staff, and optimizing communication.

In the *Hospital Stage*, adequate and qualified medical care of the patient delivered at the hospital is assessed. Two main focuses in this stage are the optimization of communication and the development of a referral system.

The *Rehabilitation Stage* emphasizes the eradication of results, and the physical and social rehabilitation of casualties. It is important to implement rehabilitation into state programs and to create rehabilitation hospitals and hospices.

A complete system will be developed, which will allow the management of emergency situations adequately, the number of mortalities and complications of critically ill patients will be reduced, and pamphlets, booklets, and other teaching materials will be created and after their popularization, the Georgian population will become informed and familiar with the skills of first aid.

For population and special purpose groups, the audible, video, photo, and printed teaching materials will be created, which will give opportunities to develop standardized methodical model. After the integration of a pilot part, the policemen familiar with first-aid skills will serve the most crowded part of Georgian auto-lines (Tbilisi-Khashuri).

The analyses of the results of pilot studying will give the opportunity to create and realize studying process in all