

Norwegian government and implemented by Norwegian Red Cross through a state-to-state agreement.

The first part of the project was directed at 12 cities in Serbia. An assessment revealed a low level of EMS staff skills and a lack of equipment and equipment maintenance. Therefore, the project focused on EMS training, purchasing equipment, and developing the medical software needed for the dispatch centers. The latter included the development of a call center in the capital of Serbia; this project is presented as a case study at Microsoft.com.

The positive changes as a result of these activities were immediate, but short-lived, because they were not supported with new regulations. This points to the importance of systemic changes and new policies to address both the management and content of EMS. These findings resulted in a 2006 project with the main focus of determining a new set of rules and standards for the EMS system to be introduced throughout Serbia.

The presentation will cover following topics: (1) EMS system development (topic no. 3); (2) education and training (topic no 2); and (3) miscellaneous (topic no. 9). It will discuss the means used in order to achieve the project's objectives, the results of the reform, and challenges the team faced with during the process.

Keywords: assessment; Emergency Medical Services; policy; Serbia; training

Prehosp Disast Med 2007;22(2):s48–s49

(82) Which System Should Be Used in Prehospital Health Services: “Scoop and Run” or “Stay and Play”?

M. Eryilmaz;¹ K. Oner;¹ M. Topuzlar;¹ O. Ozturk;² M. Kalemoglu;¹ B. Baykal³

1. Gulhane Military Medical Academy, Ankara, Turkey
2. Government Hospital, Adiyaman, Turkey
3. Suleyman Demirel University, Isparta, Turkey

The most important factor for survival is the efficiency and the speed of the prehospital health services. The discussions on whether to use the “scoop and run” approach or the “stay and play” approach have progressed, and now the topic of discussion is the SAVER method.

Over the last 15 years, dramatic progress has been made in Turkey in the field of prehospital health services.

	September 2005	September 2006	October 2005	October 2006
NDT1	7.9	5.3	6.3	4.9
NDT2	14.8	14.0	14.4	14.0
NDT3	12.5	13.0	12.7	13.1
NDT4	26.3	26.9	26.2	26.8
NDT5	15.8	16.9	16.2	16.7

Table 1—Mean per month

Contrary to many other countries, doctors are on duty in Turkish ambulances. Regarding the approach to the patient/injured in the field, life-saving interventions are applied first (SAVE), and then, very swiftly (RUN), the patient/injured is transported to a center where the most effective treatment can be applied. In penetrating injuries, every possible medical intervention is realized within the ambulance during transport. In blunt traumas, a stabilization procedure also is applied, and vital interventions and transportation is ensured.

Turkey provided a successful example in terms of emergency health services in the prehospital field.

Keywords: prehospital health services; “scoop and run” approach; “stay and play” approach; Turkey

Prehosp Disast Med 2007;22(2):s49

(83) More Personnel is Not Enough

S. Papanikolaou;¹ S. Papanikolaou;² P. Polakis;³ V. Kekeris;⁴ N. Papageorgiou;⁴ D. Pyrros;⁴ N. Papaefstathiou;⁴ S. Stergiopoulos¹

1. Athens, Greece
2. National Health's Operation Center, Athens, Greece
3. Iasis Hospital Intensive Care Unit, Athens, Greece
4. EKAB NCEM, Athens, Greece

Objective: The objective of this study was to prove that even if personnel are hired, the performance of a nationwide emergency medical services (EMS) system is multifactorial, and all the factors must be improved in order to be effective.

Methods: All the calls that the EKAB handle and were analyzed: ndt1: call - transmit, ndt2: transmit - arrival, ndt3: time on the scene, ndt4: scene - delivery, ndt5. These factors during months: September 2005 to October 2006 were compared. A multi-way ANOVA was conducted to see if there was an improvement in times.

Results: In September 2006, the EKAB hired 400 personnel (20% of the existing personnel). Data prove that the new personnel was responsible for 7–9% of the workload of the EKAB. No improvement in the times was found.

Conclusions: New personnel improves the pre-scene performance of an EMS system. The time after-scene must be improved in order for the entire system to improve. Emergency medical services facilities must be used correctly.

Keywords: emergency medical services; Greece; improvement; institution; personnel;

Prehosp Disast Med 2007;22(2):s49

(84) Where There Is No Emergency Medical Services: Prehospital Care in India

N. Roy
World Association for Disaster and Emergency Medicine, Mumbai, India

Objective: The objective is to determine the prehospital care currently available to the accident victims in the city of Mumbai, in the absence of a formal Emergency Medical Services (EMS) system.

Methods: One hundred and seventy narratives were collected from randomly selected victims (AIS>2) in their native languages. These narratives focused on costs, transport times, the role of facilitators/informal care takers, and the route taken to reach the Level-One Trauma Care center.