

In conclusion, it is evident that good triage in all of its operational stages results in an improved quality of prehospital medical care.

Keywords: triage, emergency; parameters; ratio; prehospital
Prehosp Disast Med 2007;22(2):s51-s52

(91) Outcome after Out-of-Hospital Cardiac Arrest in a Physician-Staffed Emergency Medical System According to the Utstein Style

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Introduction: Despite a large amount of data focusing on the outcome of out-of-hospital cardiac arrests (OHCA), little information is available about physician-staffed emergency medical service (EMS) systems. The aim of this study was to test the effects of a physician's presence on patient outcomes following OHCA.

Methods: In this January 2000–2006 observational study, all consecutive patients with OHCA in the community of Dachau in which resuscitation was attempted were included and followed-up to discharge from hospital, using the Utstein style.

Results: Of 135,000 inhabitants, in 539 patients (63.9 ±19.1 years, 349 males) cardiopulmonary resuscitation attempts were initiated. Of 412 patients with cardiac etiology, 180 (43.7%) were admitted to a hospital and 47 (11.4%) were discharged alive. In 105 patients with bystander-witnessed OHCA of cardiac origin with shockable rhythm, the discharged-alive rate was 32.4% (n = 34). Resuscitation was started by a physician in 117 (28.4%), by laymen in 118 (28.6%), or by EMS personnel in 177 (43.0%) patients. Eighteen patients (18.6%) treated by physicians, 13 patients (8.0%) treated by EMS personnel ($p = 0.02$), and 16 patients (16.5%) resuscitated by laymen were discharged from the hospital ($p = 0.8$; versus treatment by physician). In a multivariate analysis, the unit of first resuscitation attempt did not appear to be an independent predictor of survival.

Conclusion: The present data suggest that ventricular fibrillation for first ECG, observed OHCA and short response time intervals reduces mortality in patients suffering from an OHCA of cardiac etiology. The fact that a physician is on board of the ALS unit could not be identified as an independent determinant for improved survival rates.

Keywords: out-of-hospital cardiac arrest; physician-staffed EMS system; resuscitation; survival rate; ventricular fibrillation

Prehosp Disast Med 2007;22(2):s52

(92) Emergency Transport of Burn Injuries: The Case of Athens, Greece

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Introduction: This study analyzed the burn-related calls received by the Operational Center of the Hellenic National Centre for Emergency Care (EKAB) in the capital area of Athens, Greece.

Methods: All of the burn-related calls managed in 2005 by the Athens Dispatch Center of EKAB were abstracted. Statistical analysis was performed with STATA 8.0 statistical software.

Results: 461 emergency burn-related calls were recorded during 2005. Nearly 20% of the cases came from regions outside the metropolitan area of Athens. Another 10% corresponded to inter-hospital transports. The male patients (58%) comprised a majority. A significant 14% of cases were financial immigrants. The peak incidence occurred in July (13% of all cases). The 12:00–18:00 hour time interval was particularly aggravated; 37.8% of burn-related calls occurred therein, and the observed within-day variability was significant statistically ($p < 0.001$). The median time for arrival of the ambulance at the scene was 20 minutes; the median time at the scene was 10 minutes, and the median time for transport to the hospital was 15 minutes. Of the total number of cases, 17.6% were transported to the tertiary pediatric hospitals. The majority of cases was transported by BLS ambulances (80%), followed by mobile intensive care units (20%). The observed cancellation rate was 18.7%.

Conclusions: There is a significant burden on the Greek Province due to lack of specialized burn centers. The peak of cases in July might reflect the well-established role of light clothing in summer. The significant proportion of financial immigrants and children points to the need for prevention strategies focusing on these subpopulations.

Keywords: ambulance arrival time; Athens; burn victims; dispatch; emergency transport

Prehosp Disast Med 2007;22(2):s52

(93) Distribution of Competencies within Prehospital Emergency Care in The Netherlands

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Objectives: Prehospital emergency care in The Netherlands consists of two systems: (1) ambulances with highly qualified registered nurses (RN); and (2) mobile medical teams (MMT) with an anesthesiologist or trauma surgeon and a RN. In case of severe trauma or otherwise severely compromised patients, the MMT provides specialist, medical care in addition to ambulance care. The objective of this study is to provide information on the distribution of applied competencies when both systems collaborate. This