

organized by Ham-radio enthusiasts, and always is willing to assist during disasters.

It is suggested that the league require its members to be designated operators responsible for informing coordination and control centers about available equipment and drugs in the nearest hospital. I would like to Personal radio operators should be incorporated as members engaged in emergency medicine in order to redefine/widen the scope of emergency medicine.

Keywords: advantages; assistance; communications; coordination and control; disasters; failure; HAM radio; hospitals

Prehosp Disast Med 2002;17(s2):s62-63.

Special Forum: Patient Records in the Disaster Setting

Emergency Medicine (EM) Physicians' and Nurse's Satisfaction with an Electronic Medical Record (EMR)

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Introduction: Electronic medical records (EMRs) are developed to support clinical activities by improving efficiency; however, many clinicians are reluctant to use EMRs because of a concern that the use of these records will increase their workload. The purpose of this study was to assess clinician satisfaction with an emergency department (ED) EMR.

Methods: This was a cross-sectional study that surveyed all EM physicians and nurses who recently started to use an EMR at a large urban teaching hospital. The 57-item questionnaire assessed: (1) Computer background/experience; (2) Perceptions regarding EMR use; and (3) Concerns about how their use will impact upon quality of patient care. Quantitative and qualitative data analyses were utilized.

Results: Twenty three physicians and 21 nurses responded to the survey; a participation rate of 62% and 27%. All received EMR training, and reported frequent use of the system to enter and view patient data. They found the EMR easy to use, and generally were satisfied with the impact of EMRs on their work. However, they did not believe the EMRs had a positive impact on patient care. They reported confusion in following the sequence of screens, and were concerned with the amount of time it takes to use the EMR and about the confidentiality of patient information. Although similar results were found for physicians and nurses, the nurses reported that they have been able to finish work much faster than before implementation of the EMRs ($p < 0.05$). Computer background/experience did not correlate with satisfaction with the use of an EMR.

Conclusions: This survey suggests that EM physicians and nurses favor the use of an EMR despite concerns about its impact upon patient care, their workload, and efficiency.

Keywords: electronic data; emergency department management; emergency

medicine

Prehosp Disast Med 2002;17(s2):s63.

Model for Medical Records for International Disaster

Relief Operations

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During an international disaster relief operation, use of appropriate medical records could ensure correct registration of patients and could aid in effective triage and treatment. The use of a model, Shinchi's Medical Record (SMR), based on experiences during the Honduras Disaster Relief Operation in November 1998. As part of the Japan Self-Defense Forces International Disaster Relief Operation, the medical unit was confronted with many patients who needed immediate care.

The SMR has many merits:

1. It consists of only one page with the medical record, laboratory data sheet, and prescribed drugs sheet. It is very simple, inexpensive, and easy to prepare;
2. The SMR registers urgency class and primary diagnosis, and directs the medical team to which patient should be treated next;
3. Symptoms can be recorded easily and communicated to medical doctors who cannot understand the local language. The triage officer simply circles the symptoms in the medical record. The SMR includes a drawing of the human body, so that the location of a wound can be easily understood; and
4. The SMR also is used as a clinical examination order sheet and report. Doctors just check the box of the laboratory test that they want to order.

Keywords: disasters; medical records; Shinchi's Medical Record; SMR; triage

Prehosp Disast Med 2002;17(s2):s63.

Can Standardization Be Achieved in Disaster Medical Responses? The Australian Disaster Triage Standard

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The combined effects of an aging population, the trend towards day and minimally invasive surgery, plus the increasing cost pressures upon hospitals have significant implications upon the availability of health resources during a mass casualty incident (MCI). Experience from the 2002 Bali bomb explosion, highlight the need to standardize disaster medical responses to facilitate cross-border, mutual-aid arrangements.

In 2002, Standards Australia convened a working party to develop a National Standard for disaster triage. The presentation outlines the progress of the Committee, and the problems that have been identified as barriers to the development of the standard.

Keywords: aging; Bali explosion; barriers; bombing; dead; disaster; mass casualty; mutual aid; standards; triage

Prehosp Disast Med 2002;17(s2):s63.