CHAPTER
2

CCMS/EMS PILOT STUDY:

OBJECTIVES, PROJECTS AND ACCOMPLISHMENTS

INTRODUCTION

The 1977 follow-up meeting of the EMS sub-project under the CCMS Advanced Health Care Pilot Study set the stage for the current Pilot Study on Improving Emergency Medical Services. This meeting, held in Montpellier, France, in September, was attended by 45 EMS experts from 14 nations.

The overall conclusion of the delegates was that despite the progress made over the previous seven years, much more work was needed to be done to improve the accessibility and availability of emergency medical services throughout the free world. It was the consensus of the participants that there was a critical need to continue the valuable information exchange activities that had taken place under the EMS project.

The delegates therefore proposed that the EMS project activities be elevated to Pilot Study status under the co-sponsorship of NATO Committee on the Challenges of Modern Society and the World Health Organization. The United States was to serve as lead nation.

The reasons for advocating the co-sponsorship of these two international organizations were the following:

CCMS is the only known international mechanism dealing with the entire spectrum of urgent medical care delivery systems. Other organizations are concerned primarily with disaster planning and worldwide relief in situations involving natural and man-made disasters. Through CCMS, instead, many nations, even non-NATO nations, had been able to deal with issues specifically related to emergency medical care. For example, they had examined specific aspects of EMS systems such as communications, transportation, treatment at the scene of accidents, and care in emergency departments of medical aid facilities.

The World Health Organization, which was represented at the Montpellier meeting, had an interest in sponsoring further study of emergency medical care, particularly care for the victims of traffic accidents. WHO had recently embarked on a worldwide program dealing with vehicle accidents and was considering expanding the program to investigate all types of accidents. WHO special concern about vehicle accidents reflected the global concern of public health authorities about the ever increasing number of traffic deaths and injuries.

The delegates' recommendations were approved by NATO the following year and the EMS Pilot Study was formally initiated in the fall of 1978.

DESCRIPTION OF MAJOR PROJECTS IN EMS PILOT STUDY

NO.	NAME OF PROJECT	LEAD NATION	PROJECT DIRECTORS
1	INTERNATIONAL SURVEY OF EMS SYSTEMS	Canada	Mrs. Lorraine Davies (Co-Chairman), Director, EMS Department of National Health and Welfare; and Mr. David Martin (Co-Chairman), Telehealth Coordinator, and Consultant in Hospital Administration, Department of National Health and Welfare.
2	ORGANIZATION AND MANAGEMENT OF EMS SYSTEMS	USA	Dr. David Boyd, (Chairman), Director of Division of EMS, Bureau of Medical Services, Health Services Administration, Department of Health and Human Services; and Mr. John Otten, Technical Advisor to DHHS Region V for EMS.
3	COMMUNICATIONS, FIRST RESPONSE, AND TRANSPORTATION	France	Professor Maurice Cara (Co-Chairman), Chief Medical Officer, SAMU, Necker Hospital, Paris; and Mr. Rene Coirier, (Co-Chairman) Ministry of Health
4	EMS TRAINING AND PUBLIC EDUCATION	Italy/ Portugal	Professor Corrado Manni (Co-Chairman), Director, Reanimation Center Instituto di Anestesiologia e Rianimazione; and Dr. Eduardo do Amaral (Co-Chairman), Director, Service de Medicina, Operatoria, Faculty of Medicine, Universidade de Lisboa
5	POISON CONTROL	Italy	Professor Sergio Magalini (Chairman), Director, Antivenom Center, Instituto di Anestesiologia e Rianimazione

PROJECT OBJECTIVES	STUDY AREAS
• To collect and disseminate information that may be used to plan, implement, and evaluate advances in EMS systems, and to provide basic information for use by other projects in the CCMS/EMS pilot study.	The following type of information was solicited from participating nations concerning their EMS systems: (1) EMS authority/responsibility, (2) regional programs, (3) laws and regulations, (4) public education, (5) emergency communications, (6) ambulances and other emergency vehicles, (7) hospitals, (8) EMS personnel and training, (9) EMS data collection, (10) disaster plans, (11) special system features, (12) special needs. Questionnaires were circulated and the information compiled and analyzed for this report. (See Appendices A and B.)
• To establish criteria for organizing and managing national and international EMS programs. • To establish a methodology for evaluating the effectiveness/efficiency of these systems.	The following aspects of national and regional EMS programs were reviewed in order to develop standards for national and international EMS systems: system administration, organization, the role of government, legislation, system design components, data collection and system evaluation, regional management, and a system for categorizing patients based on the nature and severity of their illnesses.
• To study, assess, and recommend minimum international standards for the transportation and communications components of EMS systems.	Various components of transportation and communications systems (vehicles, operations, and support equipment) to expedite pre-hospital and hospital emergency medical care were studied. The project also examined ways of matching available resources with the demands for emergency medical services.
• To develop a multinational training program plan for EMS personnel. • To develop a public information and education program.	Various programs and techniques for educating the public and public emergency personnel (police and fire) in first-aid and simple life-saving techniques were studied and tested, using different media. The project team proposed training programs and standards for all those delivering EMS services (ambulance drivers, rescue personnel on helicopters and ships, nurses, and medical students) as well as post-graduate programs for physicians handling acute medical situations. In addition, legislative actions for implementing basic EMS instruction in elementary schools, driver education programs, and industry were studied.
• To study, assess and recommend minimum international standards for acute poisoning prevention and intervention.	Poison control systems in participating nations were studied to establish: (1) basic protocol for data storage, recall and display; (2) treatment protocols; (3) parameters for system access, utilization and education of health care providers and the general public; (4) administrative, organizational and personnel considerations of the poison control system at the regional and treatment level; and (5) improvements in clinical toxicology, and computerized and non-computerized poison control information systems.

STUDY ACCOMPLISHMENTS

During the past two years, the EMS Pilot Study has succeeded in reaching its objectives, not only through the considerable accomplishments of the individual projects but through the active international exchange of information that has occurred among the participants on many aspects of emergency medical care. In fact, to date, twenty-one nations have participated in various activities initiated by the study. In addition to the five nations that have led the projects listed above (Canada, France, Italy, Portugal and the United States), the following nations have worked with the project teams or attended group policy-making meetings:

Belgium	Luxembourg
Brazil	The Netherlands
Colombia	New Zealand
Denmark	Norway
Egypt	Spain
Greece	Switzerland
Iceland	United Kingdom
Lebanon	West Germany

The graph below indicates the growth in the number of participating nations since the first EMS Project began in 1971 under the CCMS Pilot Study on Road Safety.

In addition, NATO's Committee on the Challenges of Modern Society, the World Health Organization's Regional Office for Europe, the Pan American Health Organization, the International League of Red Cross Societies, and the U.S.

GROWTH IN INTERNATIONAL PARTICIPATION

IN CCMS-SPONSORED EMS STUDIES

(1971-1980)

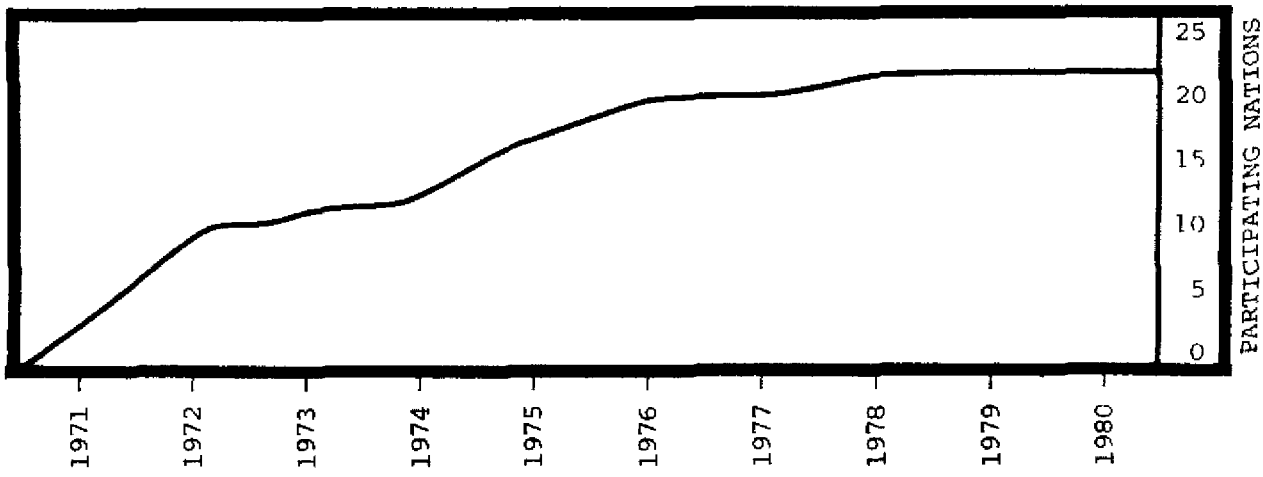

Exhibit 2-B

Number of New Nations Joining EMS Pilot Study Each Year During Past Decade

National Academy of Sciences have sent representatives to meetings of the participants to help in developing work plans and to contribute to information exchange programs.

As the remainder of this report will show, these twenty-one nations and international organizations have worked together to find solutions to complex problems surrounding the delivery of responsive, expedient emergency medical care throughout the world. They have devised mechanisms for exchanging technical knowledge, experience, and data. They have initiated demonstration projects at the national level and have collaborated in EMS system evaluation activities. Finally, they have developed a communications system that assures global dissemination of information on EMS issues.

The last Working Session of the Pilot Study was held at Munich, Germany September 14-16, 1980. Forty delegates from sixteen nations heard reports from leaders of the five project teams; made recommendations for follow-up work on these individual projects; and discussed future international cooperation. Much of this report deals with the results of this meeting.

One of the outcomes of the Munich session that is important to the future of international cooperation in improving emergency medical care was WHO provisional agreement to sponsor the work begun under the Pilot Study. WHO interest in encouraging work in this critical area of health care, as noted earlier, stems from their active interest in accident prevention in member countries. WHO also agreed to give further consideration to holding an inter-regional seminar to discuss sponsorship of the EMS study as well as establishing an advisory committee on EMS to assist in planning the direction of a future sponsorship.

Follow-up action was also a key topic of the Munich meeting. The delegates agreed to hold major meetings in both 1981 and 1982 to discuss the work done with respect to their recommendations. The first of these meetings will be a World Assembly on Emergency Medical Services. It is to be held in Baltimore, Maryland, in November 1981.