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STATE EMERGENCY MEDICAL SERVICES IN POLAND. ORGANIZATION AND ACTIVITY

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Objective. To highlight the main features of emergency care in Poland conducted by both the medical staff and paramedics.

Material and methods. The organization of the state system of emergency in Poland, the structure of the rescuing system and the personnel involved in the emergency process have been under analysis.

Results. The issues of deployment and operating the basic units of the emergency system have been studied. The role and the place of paramedics together with their functions and responsibilities in the emergency care system have been indicated. Attention has been paid to the system of delivery of patients to specialized hospitals by helicopter. The article deals with the role of the medical staff ranging from nurses to medical specialists. It shows the principle of the functioning of emergency departments in hospitals.

Conclusion. The European structure of the emergency medical care at all stages presented by Poland showed effective functioning with the maximum result.

Keywords: emergency, resuscitation, medical services, definitions, organization, activity, paramedic, medical dispatcher, air medical rescue, system interaction.

No one can be excluded when it comes to assistance in conditions of a sudden threat of health, regardless of whether it has title to the health benefits of health insurance or not. For the purposes of ensuring state assistance to any person located in emergency health has been created in the Republic of Polish system of the State of Emergency Medicine, which is one of the elements of citizens' health security.

State Emergency Medical Services in Poland. Basic definitions. Medical rescue activities - the provision of healthcare within the meaning of the provisions on health care services financed from public funds provided by the system (the Medical Rescue Team (Zespół Ratownictwa Medycznego (ZRM) in outpatient, in order to save people in emergency health. First Aid - a set of actions taken to rescue persons in emergency health carried out by the person in the scene, including the use of available marketing authorization of medical devices and medicinal products [1]. Qualified first aid - the action taken against the person in emergency health by a rescuer. An acute health threat - the state relies on a sudden or anticipated in the short term onset of symptoms worsening health, the direct consequence may be severe damage to the functions of the body or bodily injury or loss of life, demanding for immediate medical emergency treatment and treatment [1,2].

Doctor system - a consultant or specialist who specializes in the field of emergency medicine. Until 31 December 2020 a doctor system may be a doctor who has specialized or title of a specialist in the field of anesthesia and intensive care, internal medicine, general surgery, pediatric surgery, pediatrics, orthopedics and traumatology.

Nurse system - a nurse holds the title of specialist or specialized in the field of nursing emergency, anesthesia and intensive care, surgery, cardiology, pediatrics. And a nurse who has completed qualification course in the field of nursing emergency, anesthesia and intensive care,

surgery, cardiology, pediatrics and having at least 3 years work experience in the specialty departments, emergency rooms, emergency rooms or hospital emergency.

Paramedic. Occupation paramedic can perform a person who: a graduate of direction (specialties) medical emergency or graduated from a public high school or post-secondary non-public postsecondary school with public school rights and holds a diploma confirming obtaining the professional title of "paramedic". Rescuer may be a person: employed or who serves in units cooperating with the system or being a member of these units, holds a valid certificate of completion of the course in terms of qualified first aid and obtaining the rescuer. Doctor system, nurse system take medical rescue operations at the scene and provide healthcare services in the emergency department. Paramedic undertakes medical rescue operations at the scene. Rescuer provides qualified first aid.

Medical dispatcher. Medical dispatcher may be a person who: holds a degree required for the medical system, the system nurse or paramedic, for at least 5 years she was employed by providing health services in the ambulance service, emergency department, department of anesthesiology and intensive care in the emergency room or hospital. The tasks of the medical dispatchers must: receiving event notifications, prioritization and timely disposal of medical rescue teams to the scene, transfer of the necessary information to the provider of first aid, transfer of the person managing the campaign conduct medical emergency treatment, hereinafter referred to as "steering" the necessary information to facilitate the conduct of medical emergency treatment at the scene, gathering current information available on the territory of the disposer unit system units and their willingness and transfer this information to your doctor or emergency medical coordinator, collection and archiving of current information about events and activities conducted medical emergency. Notification event hospital

emergency departments or, if the situation on the spot, organizational units of hospitals specialized in the provision of health services required for emergency medical services, notification of the incident units cooperating with the system if the situation on the spot.

Medical coordinator of emergency medical doctor can be a system that has at least 5 years work experience in a hospital emergency department or emergency medical team. Doctor coordinator of the medical rescue work in the Provincial Crisis Management Center.

The tasks of the medical coordinator of emergency medical services in particular:

supervision over the work of medical dispatchers, coordination of cooperation of medical dispatchers in the case of events requiring the use of units of the system, outside the actions of one disposer unit giving dispatchers the necessary medical information and substantive support, performing-clock duty. In the event of natural disasters. Technical failures or when the physician coordinator of emergency medical consequences of events can cause an acute health hazard significant number of people, a doctor this shall immediately inform the provincial governor about the need to bring in a state of high alert all or some health care centers operating on given region.

Funding of the State Emergency Medical Services in Poland. Tasks medical rescue teams, with the exception of air medical rescue teams, are financed from the state budget from the part where disposers are individual provincial governors. Activity air medical rescue teams are financed from the state budget from the part of the disposal of the minister responsible for health. Healthcare services provided by hospital emergency departments and organizational units of hospitals specialized in the provision of health care services necessary for emergency medical services are funded under the measures referred to in the financial plan of the National Health Fund. Provincial governor is entrusted to carry out the procedure for concluding agreements with the disposers of medical rescue teams to perform tasks of medical rescue teams, conclusion, settlement and control of the implementation of these agreements to the Director of the relevant branch of the provincial National Health Fund. Director of the provincial branch of the National Health Fund enters into agreements based on the "Regional Plan of the Activity of State Emergency Medical Emergency Services" and the measures envisaged in the state budget, in part, administered by the province governor.

State Emergency Medical Services system consists of: Hospital emergency departments (ED); Trauma Centers (CU), Children's Trauma Centers (CUD), Emergency Medical Services (ZRM) including air medical rescue teams.

According to the World Health Organization (WHO) 1 SOR (ED) should fall on 150 - 300 thousand residents. The average number of ZRM per 100 thousand residents in Poland is 3,7.

Emergency medical teams. Emergency medical team "ZRM" - unit system, undertaking medical rescue activities in outpatient. A team of emergency

medical services, including air, operates on the basis of the daily rate - pay a flat rate regardless of the number of patients admitted. The team of emergency medical transports a person in emergency health to the next, in terms of time of arrival, hospital emergency department or hospital indicated by the dispatcher a medical doctor or a medical coordinator. Teams emergency medical providing daily readiness to provide benefits may not realize at the time orders from others and provide benefits resulting from the execution of contracts for the provision of health care in other types of benefits, especially hospital care, night and holiday outbound medical care and nursing, medical transport in primary care. On determining the conditions for the conclusion and implementation of agreements such as emergency assistance and medical transport - medical emergency.

Specialist teams "S" -in which include at least three people authorized to perform medical emergency treatment, including physician and nurse of the system or paramedic.

Teams basic "P" - which include at least two persons authorized to carry out emergency medical operations, including a nurse or paramedic system.

Air medical rescue teams. Air emergency medical team: consists of at least three persons, including at least one professional pilot, doctor system and the paramedic or nurse system. Air rescue team is equipped with a special means of transport, meeting the technical characteristics and quality of Polish Standards transposing European harmonized standards and the requirements. Air Rescue Service provides air medical transport across the country, as well as in Europe. Targeted is efficient, fast and safe delivery of seriously ill and injured to the point of hospitalization - especially when every minute is important for the patient's life.

The organization and functioning of HEMS in Poland. The Air Rescue - ("HEMS" - Helicopter Emergency Medical Service) consists of 16 and 4 in prepare regional bases of permanent and seasonal base 1, range of each is 100 km. "HEMS" - assist in the states of sudden threats to life and health of victims of road accidents and other incidents and emergencies cases. Maintains a 3-minute readiness to undertake rescue and is able to begin the healing process from the moment of arrival of the helicopter at the scene, then transported the patient to the Emergency Department within the framework of the so-called Golden Hours.

Entitled to call HEMS:

1. Dispatchers Emergency Notification Centre.
2. Dispatchers other entities rescue (State Fire Service, Mountain Rescue, TOPR WOPR), 3. Members of the ground rescue teams medical, directly from the scene, 4. SOR doctors on duty and other departments hospital (for rescue flights and transport and Rescue), 5. Coordinators medical and emergency dispatchers rescue and emergency department.

The criteria call HEMS: The patient unconscious, sudden cardiac arrest, acute coronary event, myocardial infarction, abnormal heart rhythm life-threatening, shock, hypertensive crisis, stroke,

traffic accident at a speed area 60 km/h a rollover of the motor vehicle - fall from the height of the area 4,5 meters, buried, avalanche, head injury requiring urgent neurosurgical intervention, spinal injury in the cervical or thoracic, polytrauma (Fig. 1).

Ryc. Rozmieszczenie karettek i śmigłowców w Polsce (stan na I kw. 2009 roku)

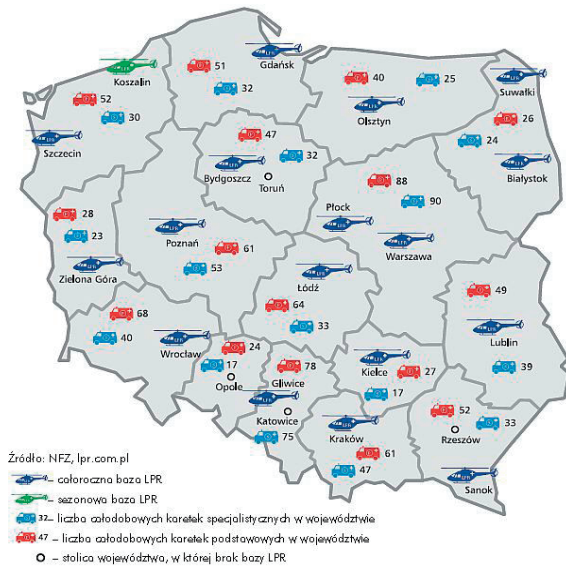


Fig 1. - The location of ambulances and helicopters in Poland. Specialist teams "S" – blue, Teams basic "P" – red colors

Hospital emergency department («SOR» – Szpitalny Oddział Ratunkowy) -Emergency department, "SOR" - an organizational unit of the hospital within the meaning of on health care, a business unit of the system, providing the benefits of health care to people in emergency health. In a situation that is not a direct threat to the life of the patient should use medical consultation of general practitioner (GP). In order to properly secure benefits in the field of primary care in the 18.00 - 8.00 (Monday - Friday) and Sunday and holidays GP has a duty to identify outpatient emergency realizing benefits in terms of night and holiday ambulatory medical care and nursing. If necessary, the hospital, which is a hospital emergency department provides prompt transportation of persons in emergency health to the nearest healthcare facility providing services in an appropriate range. Hospital emergency department has an obligation to provide health benefits to every person regardless of their place of residence. It is unreasonable claim on the Functioning of the operating regions of SOR. You can only talk about the potential of the population served by the SOR in the squad, which includes residents located in the vicinity of the SOR. Emergency department operates based on daily rate - to be paid a lump sum regardless on the number of patients admitted, and hospital units operate under contract on the provision of medical services - to be paid for the quantity of medical procedures (Fig. 2).

System interact. System interact - organizational units of hospitals specialized in the field of healthcare services necessary for emergency medical services,



Fig. 2. - Emergency Department Medical University of Białystok Clinical Hospital

services appointed by law to assist and social rescue organizations (units cooperating with the system). Units cooperating with systemem- service statutorily established to help those in emergency health, in particular: PSP, TSO (included KSRG), other units subordinated to or supervised by the Minister of Internal Affairs and the Minister of National Defence social rescue organizations which, as part of their statutory tasks or statutory are obliged to help those in emergency health, if they are registered individuals cooperating with the system. Cooperating units system state emergency medical - Mountain Rescue TOPR, Water Rescue WOPR, Fire Services PSP, OSP, Border Guards SG, other hospitals.

Works governor of specified the act of 8 September 2006 State Emergency Medical Services.

1) Preparation, submission for approval to the Minister of Health provincial action plan the system for three years, with annual updates or changes. The plan includes the following topics: characteristics of potential threats to life? or health that may occur in the province, including the analysis of risks of natural disasters or technical failures? within the meaning of the state of natural disaster, the number and distribution in the province units of the system, way coordinate system units, calculation of operating costs of medical rescue teams, way co-operation with public administration bodies and units of the system from other provinces, to ensure efficient and effective to save lives and health, regardless of the boundaries of provinces, way cooperation of the system? units cooperating with the system, specify the location of emergency call centers and description of the structure of the system to notify states of emergency health threat.

2) Record-keeping units partnered with the State of Emergency Medicine.

The register includes the following data: the name, registered office and address of the co-operating system; area of operation units cooperating with the system;

the number of rescuers who have a valid certificate of completion of the course and earning a lifeguard; equipment list, which has a unit that works with the system; the maximum time to reach the rescue unit at the scene; contact telephone numbers.

3) Keeping in electronic or written records of system units from the province. Registry system units from the area of the province is conducted on

the basis of data obtained from the Regional Branch of the National Health Fund province on the amount contracted for the year of medical rescue teams and hospital emergency departments in the province.

4) Taking measures to ensure the lawful State Medical Rescue parameters of time to arrive at the scene for the emergency medical team from the moment of acceptance by the medical dispatcher.

State Emergency Medical Services: cities with more than 10 thousand population: median 8 min, max. 15 min; outside the cities above 10 thousand, residents - median 15 min, max. 20 min.

It runs monitoring system of the National Medical Rescue system half-year. Thus obtained statistical data on eg. access times of ambulances to the scene, the size of the population it serves, the surface area protected by individual ambulances are helpful in determining the stationing of ambulances and their areas of operation.

5) Supervision of the system of the State of Emergency Medicine in the province.

Supervision is to conduct inspections: cooperating units of the system, disposers entities operating in the province in the manner and on the terms specified in the regulations on health care entities conducting courses. Tasks related to the control system units State Rescue and entities conducting courses realizes Regional Center of Public Health based on an agreement with the Regional Governor

6) Confirmation and denial of approval and withdrawal of approval of an administrative decision of the program courses qualified first aid.

Tasks for the approval and denial of approval by an administrative decision of the program courses qualified first aid in the province of Poland has passed the Regional Public Health Centre on the basis of an agreement with the Regional Governor.

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ГОСУДАРСТВЕННАЯ СЛУЖБА ЭКСТРЕННОЙ МЕДИЦИНСКОЙ ПОМОЩИ В ПОЛЬШЕ. ОРГАНИЗАЦИЯ И ДЕЯТЕЛЬНОСТЬ

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В статье представлено описание организации государственной системы экстренной помощи в Польше. Приводятся базовые определения, структура системы спасения и персонал. Освещены вопросы развертывания и эксплуатации основных единиц системы экстренной помощи.

Ключевые слова: экстренная помощь, реанимация, медицинские услуги, определение, организация, активность, парамедик, медицинский диспетчер, экстренная авиация, взаимодействие служб.

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