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Organizing a FOT on post crash emergency service

Wil Botman
FIA European Bureau



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Actors in post crash emergency service

- Emergency call centre
 - Calls come in from various sources
 - Deployment of emergency services
- Fire brigade
 - Extrication of victims from cars
- Police
 - Security around the incident
 - Traffic control
- Ambulance service
 - First treatment of victim
 - Transport of victim
- Hospital
 - Secondary treatment





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New element in post crash emergency service

- Helicopter with medical crew
 - Brings medical team for first treatment
 - Long distance transport
 - Quick response
 - One medical team covers wide area



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Goal of introducing the new element

- To reduce the number of fatalities, without reducing the quality of life of survivors



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Operational Actors

ambulance



rescue



police



emergency
call centre



HEMS



large
hospital





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Decision process

- Health insurance advisory board
 - Advises Health minister
 - Commissions evaluation studies
- Policy department of health ministry
 - Advises minister
- Associations of hospitals and of ambulance services advice health minister
- Board of fire brigade commanders and of police commanders advice minister of Interior
- Health minister
 - Authority to decide on new medical treatment and hospitals
 - Health minister operates within constraints of total cost of medical care (part of state budget negotiations)



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Stakeholders

- Emergency call centre
 - Manage workload
 - Receive lump-sum payment
 - Keep all clients happy
- Fire brigade
 - Are in command at scene of incident
- Police force
 - Manage workload
- Ambulance services
 - Are paid per incident and only when patient is transported
 - Highly trained to treat polytrauma patients



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Stakeholders (2)

- Large hospitals
 - To treat more polytrauma patients
 - Polytrauma patients are high income patients
- Small hospitals
 - Loose polytrauma patients
 - Loose image of full service hospitals
- Association of mobility consumers
 - Better service to mobile consumers: lives saved
- Insurance companies
 - More costs
- Minister of Health
 - Authority to decide on new medical treatment and hospitals

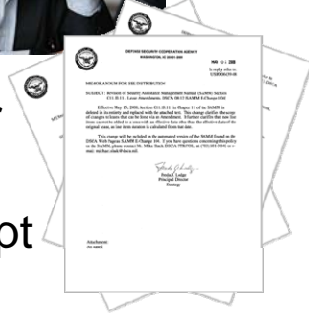


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Overview of all stakeholders



minister
&
policy dept



HEMS operations



advisory
board



research
organisation

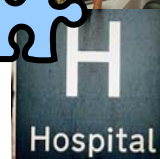
the public



small hospitals



the media



user organisation



insurance



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Research question

- Is the level of cost of saving a life year (with correction for quality of life) below the acceptable level for medical treatment?



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Deployment process

1. Implementation in the framework of an experiment
 - Is a return possible?
 - Shaping the opinion of the professional world
 - Copying a model from other countries
2. Evaluation study commissioned by health insurance advisory board (health ministry has to approve budget for this study)
3. Public opinion
 - Free publicity (newspapers and TV)
 - TV documentary
 - Articles in mobility consumers magazine
4. Financing the experiment



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Organization of the FOT

- Leadership
 - Users organization took the lead
 - Backed by surgeons of big hospitals
- Finance
 - Users organization paid big part of FOT costs
 - One big hospital paid medical staff and base facilities
- Operational task force of leadership with helicopter company and aviation authorities
- Operational task force with emergency call centres and police
- Evaluation study
 - Two research institutes with support group with leadership and surgeons of big hospitals
- Publicity organized by leadership



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Outcome of the FOT

- Study showed cost per life-years saved inferior to cost of heart or liver transplants
- Advisory board advises positively
- Health minister is not impressed and restricted by budget constraints
- Ambulance services advise divided
- Police say they can render the same service with their own helicopters
- Public opinion is very positive
- Health minister decides positively