

## IMPROVING PATIENT ACCESS TO MEDICAL SERVICES

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**Abstract:** Coordinated service delivery model of SPPC is based on a vision in which the patient is placed in the center (patient-centered), stable and continuous, based on prevention and promoting continuity of care and socio-health integration. The objective that SPPC is planning is: to make a platform for e-health services for integration between the territory and hospital support: the network of community hospitals, hospitals to automate their processes of care; Medical doctors (GMM) and dental practitioners (MMD) network in the relationship between patient and hospitals, pharmacies and other points of contact between citizens and the health system to allow the programming of expert services and other services to be available later. This proposal for achieving e-health platform has the potential to replace the existing systems, but wants to make these systems interoperable.

**Cuvinte cheie:** centru unic de programare, management servicii medicale

**Rezumat:** Modelul de furnizare a serviciilor coordonate de CUP se bazează pe o viziune în care pacientul este plasat în centru (pacient-centric), stabilă și continuă, bazată pe prevenire și care promovează continuitatea asistenței medicale și integrarea socio-sanitară. Obiectivul pe care CUP intenționează să îl îndeplinească este de a realiza o platformă de servicii de e-health în vederea integrării între teritoriu și spital care sprijină: Rețeaua de spitale de la nivelul unei comunitati; Spitalele pentru automatizarea propriilor procese de îngrijire; Medicii de medicină generală (MMG) și medicii de medicina dentara (MMD) în relația dintre pacient și rețeaua spitalelor; Farmaciile și alte puncte de contact între cetățean și sistemul sanitar pentru a permite programarea de servicii de specialitate și furnizarea de alte servicii care vor fi disponibile mai târziu. Acesta propunere de realizare a platformei de e-health nu are în vedere înlocuirea eventualelor sisteme care există deja, ci dorește să facă aceste sisteme interoperabile.

## INTRODUCTION

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Romania is one of the few European countries that managed to implement 112 as the single emergency call number. Many European countries still fail to leave the old numbers for different emergency work and keep them in parallel with the 112 without serious justification. Most of the old numbers are kept because care services do not give up the numbers and replace them with a unique tone. European Directive obliges European countries to implement unique number 112 but does not specify the mode, leaving the issue to be determined by each country separately.

There are several working models ranging at the European level:

1. **Total dispatching integration** and single call number in a single integrated dispatch as is the case in Finland and Sweden.
2. Where **partial integration** and 112 are integrated dispatching fire and emergency medical services and public order remain separate as found in some lands in Germany.
3. **Keeping of separate dispatches** and 112 call center is operated as a separate or integrated in one of the dispatches

as found in Italy and some departments of France.

Internationally there are many models and if we take the U.S. where there is a single emergency call number, namely 911 for all catalogs, the trend is toward integration the dispatching model in Chicago and other states. A recent example visited by a delegation of the Ministry of Health and GIES was the new integrated dispatch from Jordan built at Amman after the Chicago dispatch model, serving all emergency services and in turn they are represented in the integrated dispatch.

**In Romania** there are three functional models:

1. **Call center** + dispatches at each agency with medical emergencies being taken only by ambulance crews which in turn alerts SMURD: This model is predominant in the country today.

The caller calls the unique number 112 to which answer a STS operator responsible for checking the urgency and if the call is not false then the caller is transferred to the operator agency, directly responsible for such urgency. If the emergency requires action from many agencies, all agencies are put in listening, just one call that queue caller being the owner. The intervention decision is taken by each agent based on the information obtained from dispatch.

**Call center + dispatches at each agency with medical emergencies being taken in accordance with a predetermined protocol for ambulance and fire.**

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This pattern is present in a number of counties and in Bucharest. Control is implemented to give the Inspectorate for Emergency Situations SMURD crews for use correctly after it was proven that the ambulance service crews do not use that even when incidents are in their vicinity. In this model medical code cases red and yellow, according to a predetermined list, 112 are taken and transferred to dispatches, the ambulance and the ISU. In some cases ambulance is the owner of the conference and in other ISU is the owner of the conference. Decisions are taken separately and each dispatch informs the other of its decision.

### 2. **Integrated dispatch where the call center and the agencies' dispatches are in the same place and space:**

In this model, currently functional in the Mures County, all involved in taking a call and dispatching crews intervention is in the same room. Thus, in the integrated control center are present employees of STS, ISU / SMURD, police, local police, ambulance and local authorities. Calls are taken and recorded without transfer of the caller. If necessary, especially in medical cases, the doctor is asked to join the conference with the caller. The staff that takes the call can dispatch the first medical teams and especially in cases of fire in order to win as much time as possible.

Integrated Mures Dispatch does not function normally due to lack of communication that would allow direct coordination of the dispatch police teams. Currently there are only radio communications with ambulance service and SMURD and partially with the fire department. The problem of invoking the secret activities of some agents negatively affected the implementation of fully integrated activities in coordinating interventions in emergencies. Important to understand is that in the integrated dispatch is coordinating the intervention activities to cases that call emergency 112. Any other specific activities can, and is recommended to be managed separately from the emergency dispatcher. For example, Police representative in the integrated dispatch in Mures can not directly manage the crews because urgent intervention is required to transmit the request to another point to be alerted by telephone the police crews. In the case of the other agencies (ISU-SMURD/Ambulance ... etc.) the crews are directly coordinated by the integrated dispatch. The question is whether police can not really directly alert the police dispatch crews or public order emergency in order to shorten time and correlation with other emergency services that are in dispatch.

The following table compares the two main variants of dispatch:

<i>Compared point</i>	<i>Separate call center and dispatch separate virtual integration</i>	<i>Integrated dispatcher</i>	<i>Observations</i>
Economic	-	++	An integrated dispatch replaces at least four monitoring stations (112, police, ambulance, ISU). Economically and logistically the creation and maintenance of optimum working conditions and optimal equipment is much easier to be performed in an office compared to 4 separate locations.
Operative	-	++	<ul style="list-style-type: none"> <li>• Decisions may be made jointly in consultation between the representatives of different agencies</li> <li>• The information submitted on the ground are immediately known to all agencies in order to take immediate decisions</li> </ul>
Coordinating in collective accidents / disasters	-	++	In an integrated dispatch intervention may be well coordinated taking unique decisions known to everybody compared to separate decisions taken by separate dispatches and where information may arrive too late at other agencies.
Equipment	-	++	A dispatch may be better equipped and at a higher level than the equipment of 4 dispatches.
Ability to respond and adapt to the needs of the situation	-	++	An integrated dispatch has more staff and can better handle more calls faster and more efficiently. In the case of the STS staff training professional dispatchers from all agencies they can take any calls so you do not wait.
Institutional independence and preservation of secrets	++	-	This problem can be solved by signing confidentiality agreements with all workers in dispatch. At the same time it is highlighted that a 112 integrated dispatcher that treats public issues requires public intervention of state institutions. It is worth mentioning that the biggest secret in an integrated dispatcher is the medical one being protected by European directives and national legislation and international by making each medical request to have a confidential character.

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Staff control	++	-	One of the issues often raised is that if a particular agency has its own integrated dispatch then the personnel control is easier considering that in the case of an integrated dispatch staff can be in a place that does not belong to the respective agency.

### CONCLUSIONS

- Romania has an advanced system in terms of answering calls to the unique number 112.
- Technical support for 112 is one of the most advanced in Europe.
- Dispatching coordination is currently separated from answering calls except the Mures county integrated dispatch.
- Integration of partial dispatching (112 + ISU + Medical) or total (112 + ISU + Medical + public order / police road) for emergency cases is the aspect to be considered and possibly developed.
- Integration of dispatching does not prevent some agencies, especially the police, to keep a secondary integrated dispatcher for specific activities that are not related to emergency response.

#### **Proposals:**

1. Creation in collaboration with STS of a standard integrated dispatch refers to the space, personnel and equipment / operation.
2. Establishment of clear procedures which have aimed to minimize the time between when 112 is called and when a crew is alerted by the intervention or, as appropriate, more crews.
3. Establishing some pilot centers where such dispatching can be implemented with minimal costs.
4. Establishment of a program for achieving equipment, structural funds, a number of integrated dispatches.
5. Keeping STS 112 in Romania being responsible for real technical capacity management call centers integrated future dispatches.
6. Establishment of responsibilities in terms of dispatch command and control in integrated dispatches.

Based on the organization model of the Single Integrated Dispatch 112, a working group composed of specialists of the Faculty of Medicine in Targu-Mures, Brasov, Sibiu, representatives of health care providers in public or private system of Euro 7 Center in Romania have proposed in an exploratory workshop: Improving patient access to medical services through the establishment of the Single Programming Centre patients – SPCP.

It is also intended that similar access to emergency services through 112 Single Center, organized Single Programming Centre patients, so that given by a simple phone call to the programming center, to be possible scheduling a medical consultation to the family medicine or dentistry, hospitalization, release of drugs, laboratory imaging investigations, both to public and private service providers.

A similar system operates in the Umbria region of Italy and in Romania there is an intention to achieve the Network of the National Institute Matei Bals Hospital in Bucharest and regional centers for infectious diseases.

Access system functions will be achieved through a system of "benefits program" (CUPP) which is a practical application of "electronic access" to medical services in the e-health platform. The system is a valid instrument program, not only technologically, but also organizational, essentially to ensure citizens' access to medical services in the territory, organized in a coordinated quickly and flexibly under safety conditions, transparency and uniformity of the rules.

Specifically, CUPP is a true information system capable of managing hundreds of journals, allowing to be possible scheduling, cancellation and changing programming for different types of provided medical services and their billing. Furthermore, because of the CUPP instrument and its features it is provided the possibility to improve the use of the system as it enables a wide dissemination of its points of use, since they will be distributed to various stakeholders territory (counters information, Education of Physicians, Pharmacies), but can be accessed directly by citizens through the use of the other channels due to many existing access channels (contact center, Internet ...)