

HEALTH SYSTEMS AND HOSPITAL OVERCROWDING

Evaluation of Readaction Quality of Initial Medical Certificate In An Emergency Department

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Introduction: The initial medical certificate (CMI) is a medico-legal document of great importance. Writing CMIs is a frequent act in emergency medicine. In 2011, the Haute Authority of Medicine (HAS) published good practice recommendations concerning the writing and content of these certificates. Nevertheless, this practice faces a difficult reality in the emergency services. The aim of this study was to analyze the writing quality of CMIs in terms of compliance of all the criteria collected with respect to HAS recommendations.

Method: This was a retrospective study, evaluating professional practices over a period of two years in Ben Arous ED. We analyzed CMIs written by EPs. The certificates were subjected to a critical reading to begin a comparative study of the quality of writing of these certificates with the HAS recommendations using a criteria grid relating to the theoretical content of the certificates.

Results: 207 CMIs were analyzed (Acts of violence 88%, work accidents 12% and AVP less than 1%). The medical writers were mainly represented by general practitioners (98%). Not all of the CMIs complied with writing recommendations. The identity of the physician, the identity of the patient, the date of the examination and of the facts, the nature of the lesions, the handwritten signature of the doctor and the stamp were mentioned in more than 95% of the CMIs. The presence of CNOM registration number, the profession, the address and the number of the national identity of the patient, the place of the facts, the medical history and the previous condition of the patient were absent in more than 95% of the CMIs. The duration of the ITT was written in full in 36% of the cases.

Conclusion: The study revealed insufficiencies in the quality of CMI drafting written by EP. Specific training is underway to improve certificate redactions.

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Aiming for a Society Where No One is Left Behind in a Humanitarian Crisis: Examples of Cooperation Among Health, Medical Care, and Welfare

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Introduction: Japan is geographically prone to natural disasters such as earthquakes, volcanoes, and tsunamis, economically advanced, and socially characterized as a super-aged society. The SDGs are a concrete strategy to achieve a society where no one is left behind. So what exactly can we do to protect the vulnerable populace? This presentation will introduce the system of cooperation and implementation of medical, health, and welfare disaster relief in Japan.

Method: Government documents were received on developing national policies regarding the strategy for the unification of medical, health, and welfare. For implementation, the status of support teams specializing in disaster welfare and training status was reviewed.

Results: National policy level achievements: The Ministry of Health, Labor and Welfare (MHLW) issued a "Notification on Enhancing and Strengthening the Medical System in Times of Disaster" in 2012 and conducted a critical review of the initial response to the Kumamoto earthquake in 2016 in the "Initial Response Verification Report." This process reaffirmed the need to support vulnerable populations such as the disabled, children, and the elderly. In 2021, the Disaster Welfare Assistance Team was added to the Basic Plan for Disaster Management and the MHLW Disaster Management Work Plan.

Implementation level Achievement: As of 2022, 24 of the 47 prefectures have a DWAT in place. Gunma, Kyoto, and Miyazaki prefectures were the most advanced, with 1) ongoing meetings to strengthen cooperation with medical and health care teams, 2) participation in joint drills, and 3) DWAT awareness-raising activities through training for municipal administrative staff.

Conclusion: While this review revealed that the national government had made progress in developing policies, the implementation revealed that some prefectures have not yet established DWATs.

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Normalized Deviance from Approved Personal Protective Equipment (PPE) Donning and Doffing Protocol—Towards a Hazard Reduction Index

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