

Background: Although the incidence of Out-of-Hospital Cardiac Arrest (OHCA) is increasing, mortality is decreasing due to, in large part, early recognition and initiation of the chain of survival including prompt CPR and defibrillation, followed by advanced cardiac life support and transport to an appropriate cardiac center. Israel is an ethnically varied society with a large proportion of the population spread between urban centers and rural areas. Magen David Adom (MDA) is the Israeli national EMS organization with first responders, EMTs and Paramedics as providers. In contrast with most EMS dispatch centers which follow algorithms to provide instructions, MDA employs EMTs and Paramedics who answer emergency calls and provide CPR instructions to lay first responders in cases of OHCA.

Methods: Retrospective analysis of emergency-call recordings during the first half of each month in a 6-month duration. Efficacy was measured by time to cardiac arrest diagnosis, time to initiation of compressions, absence of barriers and cooperation, and spontaneous return of consciousness/circulation.

Results: Preliminary analysis of the results shows a significant inverse relationship, between average time to recognition of cardiac arrest and initiation of compressions, to years of experience. Nevertheless, the average time to recognition and initiation of compressions was not significantly different for Paramedics than for EMTs. Moreover, dispatchers with more years of service experienced greater cooperation from callers.

Conclusion: This study shows that centers with dispatchers with field experience, are able to provide high quality direction for OHCA DCP. Years of service and overall experience correlate with higher cooperation and possibly improved patient outcome. More research and further studies are necessary to compare the efficacy in comparison to algorithm-based DCP, as well as to determine the actual improvement in patient outcome.

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Lessons from “Lehiwot Menor” Radio Show, and its Opportunities for Teaching Emergency Medicine to the Public in Ethiopia

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Study/Objective: To describe the lessons learned from the first two years of “Lehiwot Menor” (Living for Life), a radio show aimed at teaching basic emergency care principles to the general public in Ethiopia.

Background: In Ethiopia, despite a national initiative to standardize and strengthen prehospital and emergency care, the general public still lacks basic awareness regarding emergency care.

Methods: “Lehiwot Menor” is a twice weekly, one-hour radio show at Bisrat FM 101.1, broadcasting throughout Addis Ababa and neighboring cities since September 26, 2014. Founded and hosted by two nurses trained in emergency medicine and critical care. Lehiwot Menor seeks to educate the public on harm reduction and injury prevention, as well as appropriate use of prehospital ambulance and emergency services. This was a

qualitative assessment on the impact of the show through discussions, text messaging, and social media portals with a station audience.

Results: Weekly live radio discussions with the public have helped disseminate information about the importance of emergency care in Ethiopia. Discussions have helped debunk several harmful traditional healing practices, while building awareness regarding appropriate prehospital lay response. Several new topics previously causing significant ethical dilemmas have also been introduced (eg, brain death evaluation). Public figures including actors/actresses, legislators, and journalists continue to participate in this teaching and increase public awareness. Additionally, Lehiwot Menor has served as a means of recruiting volunteers for first aid and blood donation.

Conclusion: Effective emergency care frequently starts with appropriate prehospital decisions made by lay first responders. These include basic resuscitation, as well as the decision to call for ambulance support or bring patients in for acute care evaluation. Radio programs like Lehiwot Menor can play an important role in helping teach the general public about early and appropriate utilization of emergency care, in settings where basic public awareness about these services is lacking.

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Emergency Medical Service Usage and its Effect on Outcomes in Road Traffic Accident Victims in India

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Study/Objective: A study of Emergency Medical Services (EMS) utilization for road traffic accidents (RTA) in southern India is proposed to determine 1) proportion of victims transported by ambulance and 2) crude morbidity and mortality rates in patients brought by ambulance versus other modalities.

Background: In 2005, an EMS “1-0-8 Ambulance” was launched in Hyderabad to confront absence of centralized emergency response and high mortality rates from RTA. The program expanded to 15 Indian states, with over 10,000 ambulances, but remains underdeveloped; mired by prolonged transit to definitive care sites and lack of pre-hospital EMS interventions. It is not known if EMS utilization in India improves outcomes. Further investigation is warranted to identify strengths and weaknesses of the Indian EMS system.

Methods: A retrospective chart review is proposed of four hospitals receiving patients from 1-0-8 services in South India. All patients presenting for emergent care following RTA in 2015-2016 will be included. Data on 1) demographics, 2) transport, 3) injury mechanism and description, 4) treatment course, and 5) outcome will be obtained from emergency department and hospital patient records using a standardized tool. Impact of EMS usage on trauma score, duration of hospital stay, ICU stay and mortality will be assessed.

Results: Data collection and analysis are expected to be completed by March 2017.