Rescue Services
Chair: Knud Børge Møller (Denmark)

MayDayML Initiative — Emergency Data Exchange XML based Markup Language

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Introduction: Over the past decade, the use of computer-based applications in the emergency arena has increased markedly, but all of the systems are of a proprietary nature. As a consequence, interactions between different systems usually involve specialized protocol conversions. There are several drawbacks to this situation. Primarily, data transfers between new partners are labor-intensive (and hence expensive) to implement. Furthermore, changes to the contents of data transfers demand simultaneous implementation in the involved systems. Errors in data transfers have a tendency of ending up in "no-mans land" as far as correction of the problem(s) is concerned ("Always blame the other guys"). In short, the current situation is less than desirable.

Objective: The MayDayML initiative seeks to remedy the data exchange situation in the emergency arena.

Methods: The primary vehicle for this will be the formation of a standards body for an XML application for emergency data exchange (working title "MayDayML").

Results and Conclusions: The Standards body will seek to create and maintain a set of ISO 9070 registered DTDs describing the agreed data exchange MarkUp language for emergencies ("MayDayML").

Keywords: computer applications; data; DTDs; exchange; standards; transfers; XML

Poster Session

Hospital Treatment — New Routines for Alert of Medical Care Teams in Östergötland County, Sweden

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Introduction: A survey of the procedures of the Medical Care Teams in the County of Östergötland during 1998 indicate that 119 alerts resulted in 62 completed responses (53%).[1,2] Although the education and training of the teams were adequate, the large proportion of cancellations needed further analysis and that the records of measures provided could be improved.

Objective: Changes in the alert organisation should be aimed at minimising cancellations.

Methods: Cancellations of alerts were analysed. Collaboration with the alarm centre, the rescue services, the ambulance organisation, and the county medical services resulted in changes in organisation. A form was introduced for recording all of the medical measures performed by the Medical Care Teams.

Results: Reasons for cancellation included a re-evaluation of the injury spectrum by the ambulance team. Also, cancellation was frequent in three densely-populated areas with short distances and shorter response times for the ambulance team relative to the Medical Care Team.

Conclusions: Based on these findings, the following changes were implemented: 1) alerts in the three town areas are not given until an evaluation is made at the site by the ambulance team; 2) the list of compulsory reasons for alert of Medical Care Team is revised; and 3) the alarm centre is given a check-list as an aid for evaluation of high-impact injuries.

References

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Keywords: alarms; alerts; ambulances; check list; medical care teams; organisations; prehospital; response times