

pain relief was placed in 49% of thoracic trauma patients. The mean length of hospital stay was eight days.

Conclusions: A majority of thoracic trauma patients can be managed non-operatively by simple emergency room procedures such as tube thoracostomy. A high index of clinical suspicion is required to diagnose thoracic trauma in poly-trauma patients.

Keywords: poly-trauma; thoracic epidural; thoracic trauma; traffic crashes; tube thoracostomy

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(N63) Emergency: A Ward with Potential Independency

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Introduction: The emergency ward always has been financially dependent on the government. A lack of income has arisen due to the high cost of emergency services. As a result, emergency beds have been considered as non-approved and overcharged beds by human resources and financial aspects.

Methods: The aim of this study is to collect information on emergency ward income and human resource management in order to calculate income.

Financial analysis was mapped based on process mapping, documentation procedure, and documents collected before being submitted to insurance parties.

Results: The following problems must be solved: (1) poor documentation in medical and nursery sections; (2) poor collection of para-clinics; (3) poor coding of services; (4) poor supervision in patients' release; (5) inadequacy in registration of consumables; (6) lack of obedience in special insurance regulations; (7) insurance extraction; and (8) errors in sending the document within a specified time.

Defects in the official staff were observed in the analyses. These weak points have been resolved by 30 hours of training, adding three new staff positions, designing emergency services registration forms, and more intra-ward coordination between the discharge, accounting, and insurance sections.

The most noticeable changes have been a 325% surge in emergency income, more admissions, and qualitative and quantitative growth of services.

Conclusions: Due to high workload and poor management, the emergency ward is not receiving 60% of its clinical charges, which hopefully can be solved by some manipulations. If the moneymaking potentials of emergency ward are improved, there might be a possibility of undertaking quality management plans, which are expected to result in more financial benefits.

Keywords: coding; emergency management; emergency wards; financial; human resources

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(N64) Firearm Injury, A Clinical Profile Study

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Introduction: Due to modernization and rising civilian violence, there has been an increase in firearm injuries. Approximately 2.4% deaths per 100,000 are recorded in the US. It is a modern day epidemic with a mortality of 35–50%. **Objective:** To study the clinical profile of firearm injuries presenting to the emergency department of the JPN Apex Trauma Center, All India Institute of Medical Sciences New Delhi, India.

Methods: Patients presenting to the emergency department with a history of firearm injuries were recruited for the study. The clinical details were recorded in a specifically designed performa.

Results: A total of 25,928 patients presented to the emergency department, including 42 cases of firearm injuries. Of the patients, 90% were brought by relatives and 10% by police. Thirty-three (78.58%) cases were due to homicide, six (14.28%) were suicidal, and three (7.14%) accidental. The age range was 5–68 years with a male:female ratio of 3.2:1. The number of patients between the ages of 0–15 years was 2 (4.8%), 15–60 years was 39 (92.9%); and >60 years was 1 (2.4%). The number of patients with neurotrauma was 19 (45.2%), seven had spinal injuries (16.7%), six experienced abdominal injuries (14.2%), three had injuries to the extremities (7.1%), five had chest injuries (11.9%), and two experienced polytrauma (4.8%). Exit wounds were present in 12 (28.6%) cases.

Conclusions: Young males (64.3%) had a higher incidence of firearm injuries. Homicidal cases were the most common. Pediatric patients and accidental injuries were not rare. Neurotrauma was the predominant mode of presentation.

Keywords: clinical profile; emergency health; firearms; homicidal; neurotrauma

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(N65) Violent Patients in the Prehospital Setting

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Introduction: Emergency medical services (EMS) providers may be exposed to violent behavior.

Objectives: To determine the prevalence of violence against EMS providers in the prehospital setting and factors associated with such violence, and to identify the methods used to manage violent patients.

Methods: Consecutive medical calls to the Falck Rescue System in Slovakia were analyzed prospectively in the period of 15 July to 31 December 2008. Following each call, prehospital personnel recorded information about any episodes of violence.

Results: There were 48,228 calls available for analysis. Overall, some sort of violence occurred in 0.42% of EMS interventions. Of this reported violence, 88.2% was directed against staff, while 11.8% was directed against the patient or relatives. Therefore, the incidence of violence directed against prehospital care personnel was 0.37% (179/48,228). Patients accounted for most of this violent behavior (76.8%). The type of violence varied, with 45.8%