Safety and Reliability of the Healthcare System Procurement and Logistics—Can It Be Regulated?

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After World War II, the reliability and security of the supplies of medical drugs and equipment was given top priority. Central Healthcare authorities have recommended the establishment of reserve or contingency storage at all existing hospitals focusing on essential supplies and equipment "of the type which is in daily use" as described in a governmental circular from the Board of Contingency and Preparedness for Norwegian Health Care dated 30 November 1950. Due to lack of political and economical oversight, this recommendation was not properly followed. The passage of time combined with a paradigm shift in economic thinking and governing systems, led contingency work to lose its status and importance and what remained of the storage of supplies, was removed.

Globalization creates new and significantly different challenges with respect to contingency preparedness of medical supplies. Even in a global setting, for a large part of the drugs and healthcare supplies, only a limited number of providers of raw material and/or producers exist. A modern hospital depends on a large variety of different supplies and commodities to maintain its production of healthcare services. Procurement and logistics of the healthcare system currently is fragmented and only remotely satisfies the demands for proper preparedness and contingencies.

Well-conducted risks and vulnerability analyses will reveal different needs for different products, depending on providers, place of production, possible replacement drugs/items, potential scenarios, etc. A well-functioning chain of supply, including a professional logistics program within the healthcare system, is crucial to provide correct material and quality at the right place at the right time, both in daily normal function and during crisis. A model that includes defined contingency demands for each item that are built into all contracts and agreements, would be cost-effective and improve the reliability and safety of the healthcare supply systems.

Keywords: contingency; hospitals; logistics; procurement; risk analysis; safety; supplies; vulnerability analysis

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Possibilities for International Health Work within the Framework of Nordic Collaboration, EU, NATO, and UN

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International collaboration to fight infectious diseases has a long tradition as it was recognized early on that infectious diseases know no borders. An epidemic in one country may rapidly, directly or indirectly spread to neighbouring countries and, often, even the whole world. The International Health Regulations (WHO-IHR) has a 100 year history, thereby dating back to long before the WHO was established. That the WHO has more members than the United Nations, signals that health problems are viewed as an important area for international collaboration. For the time being, the IHR is working to provide the WHO with a more powerful instrument for its future work.

The contact between those involved in biological contamination preparedness is well-established within the Nordic countries. It conducts regular meetings between the respective state epidemiologists as well as several joint projects and surveys. Through the Nordic Council and the board of the Baltic States, a large number of projects aiming at improvement for protection against spreading of infectious diseases have been carried out.

Within the EU, health care traditionally has been a national responsibility, but, through the Amsterdam Agreement, this has changed to some degree. According to this Agreement, Decision 2119 was made, which identifies those areas within surveillance and management of infectious disease for which the EU is to take the lead. This has rapidly promoted a large number of different networks, and we now are awaiting a European Centre for Disease Control (CDC) which is to be established year 2005.

As it did with respect to a large number of areas, the 11 September 2001 attacks in the United States (US) caused a kind of shift of paradigm with regard to the international work on infectious diseases. Bioterrorism became high on the agenda, and several new initiatives were launched, among them the Global Health Security Action Group. This was initiated by the G7 countries and has started several new activities.

First and foremost, the SARS epidemic became an example of the importance of international collaboration and how effective it may prove to be for countermeasure threats emerging from new potential global diseases.

Keywords: Amsterdam Agreement; biological contamination; bioterrorism; Center for Disease and Control (CDC); European Union (EU); infectious diseases; international health

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Predoc™—A Quality Information System for the Accident Scene

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Focusing on quality information systems has become a permanent part of pre hospital services. Systems like AMIS,[a] PHTLS,[b] Paramedic[c] are intended to improve the quality of prehospital medical work. The goal is to ensure optimal treatment and to transport the patient to the hospital as soon as is possible.

Quality information systems facilitate correct decision-making, based on facts, at the accident scene. The tools of assistance that rescue personnel have access to in disaster areas are knowledge, experience, the note pad, and the radio. Predoc™ is a quality assurance tool that provides an immediate overview of the number of injured and their priority scores. The information can be traced and is readable both visually and electronically. This facilitates all decision-making by the respective components of the rescue chain based on documented data.

The qualitative data assembled[1] is formalised in writing by Predoc™. This compensates for random judgment and human errors, and improves the quality of decisions. The personnel face demanding situations, and Predoc™ reduces stress by allowing a change of focus from organizing information to decision-making. This facilitates cooperation and preparedness of the complete rescue chain.

In 2003, the Ministry of Justice, together with the Health Authorities in the counties of Akershus, Østfold, Vestfold, and Tromsø, completed a pilot project whose goal was to define a new national identification and marking system.

Predoc™ was tested in exercises and in daily activities. Several limitations were determined and changes were suggested. Implementing the system into the rescue chain was recommended. In 2004, the system is in its second stage of development, and it is expected to be completed before the end of 2004.

References
1. "End report pilot test of new identification tag" Norway. 2003.

Definitions:
a. Emergency medicine information system—data application for mission management.
b. Prehospital trauma life support—training programme/method for prehospital trauma management
c. Term for education/competence level for ambulance personnel.

Keywords: disaster; information system; pilot exercises; Predoc™; prehospital; quality

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