3rd Asian EMS Conference, 2014 Goa, India

PAROS 2
Miri General Hospital
2014

Introduction

- MECC Miri was established since 2009
- Managed emergency calls for Northern Sarawak
- MERS999 system was installed and functioning May 2013

Emergency calls managed by MECC Miri

	2009	2010	2011	2012	2013
	1454	1346	1398	1472	1901

Source of Emergency Call in MECC Miri

695
1204
2013
■ 999
Hospital Line

Team member

Data collection was done with the help from the staff in the Emergency Department

Research assistant for the data auditing and entering (under PAROS grant)

Work process

- Emergency call via 999 to MERS999 system
- Details of the caller was verified
- Type of emergency: found unconscious/unresponsive ie cardiac arrest/respiratory arrest
- On line medical directive
- Dispatch of the ambulance/EMT
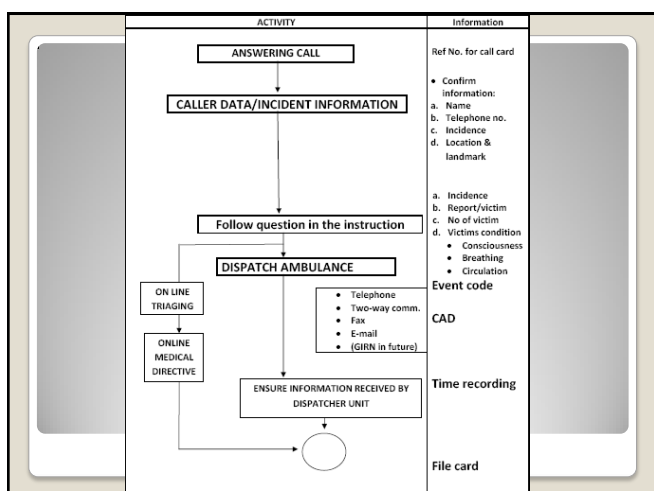
Data collection

- All emergency call for out of hospital collapse from May 2014-Apr 2015 were included

- Data collected from the ambulance dispatch form

- Data from MERS999 voice recording

Result: MECC Miri (PAROS 1)

Jan - 11 cases managed by MECC
    6 cases privated transport

Feb - 18 cases managed by MECC
    3 cases privated transport

Mar - 15 cases managed by MECC
   6 cases privated transport

Apr - 19 cases managed by MECC
    9cases privated transport

Result: MECC Miri (PAROS 1)

- May -   15 cases managed by MECC
-     6 cases privated transport

- June -   11 cases managed by MECC
-     6 cases privated transport

- July -   16 cases managed by MECC
-     2 cases privated transport

- August - 18 cases managed by MECC
-     3 cases privated

Result: MECC Miri / Kuching (PAROS 2)

- - Voice calls was extracted May – August 2014
- - 91 cases, means 23 cases per month
- - 45 cases are to confirm dead and 3rd parties
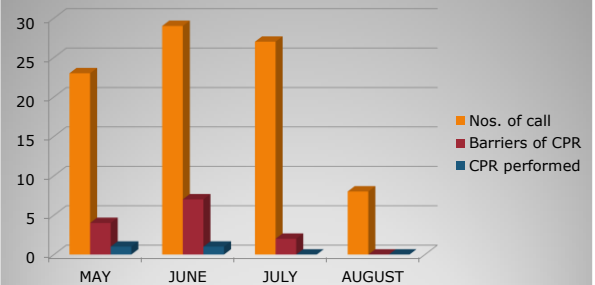
Result : MECC Miri / Kuching (Paros 2)

Limitation/Issue

- Some of the calls requested for confirmation of death by medical personnel as per local policy.
- Shortage of human resource in MECC
  - Only one staff as call taker and ambulance dispatch
  - Online medical directive was on hold when ambulance is dispatched
  - Using different phone line to instruct the caller for CPR, (recording of the conversation was not available for audit)

Limitation/Issue

- MERS999: extraction of the data required only can be done from Kuala Lumpur (resolved)
- Totally dependent on the research assistant
- Public perception of emergency call management and performing CPR as instructed
- Language Barrier
- Gender Difference
- dispatcher non complaince due to trainess

Conclusion

PAROS 1 is relatively new in MECC Miri
- -151 cases of cardiac arrest was recorded from Jan-Aug 2014
- Most of the cases are request for confirmation of death due to local policy

PAROS 2: more effort is required to extract data/voice recording for audit and analysis.
- 91 cases voice record from May to August.
- 60% callers called to direct line which means unable to audit.

Looking Forward

- Data and voice recording to be extracted for future audit
- Improvement of the MERS999 system for MECC Miri
- Coordination and team for PAROS in Miri
- Training of the staff for PAROS data collection