

Save Accident Victims of Nigeria (SAVAN) and the Richmond Ambulance Service (RAA) started a collaborative partnership in 2005 after meetings during the World Association for Disaster and Emergency Medicine (WADEM) Congresses in Australia in 2003 and in Edinburgh in 2005. With sustained verbal and e-communications during this period, their partnership has moved SAVAN from just an in-hospital non-governmental organization (NGO) in Nigeria, to a prehospital NGO with ambulances, donated by the RAA, manuals, and e-library materials for a paramedic training institution. More than 2,000 accident victims in Nigeria have benefited from SAVAN, while professionals such as doctors, nurses, and other volunteers have benefited from training. The partnership has evolved to such a level that spare parts for the ambulances and other consumables are being provided to avoid a scenario of grab and go.

United States citizens should be assured that their efforts and materials are saving the lives of fellow citizens in a developing nation like Nigeria, even though they may not know it. This fulfills the biblical injunction of being a “Good Samaritan”.

Keywords: global; non-government organization; partnership
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Colombian Nationwide Emergency Medical Services Legislation Project

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Colombia has a high burden of injury due to road traffic injuries, social violence, and natural disasters. Despite these problems, the infrastructure of prehospital systems in Colombia was very precarious until 2000. During this year, an inter-institutional project was put in place in order to create an organized emergency system and basic infrastructure for prehospital care in Colombia. The objective of this report is to describe the preliminary experience in developing this project and to share this methodology with all the international emergency medical services (EMS) community as an example of capacity building.

Representatives from several EMS groups organized a consensus meeting, and invited representatives from all possible stakeholders, including rescue volunteers, physicians, government representatives, and general actors from the EMS community and beyond. Working groups were created to develop guidelines consistent of and documents to support the governmental organization process for a national EMS system.

Since 2002, national prehospital guidelines, legislation (including EMS training and resources requirements), and prehospital care quality improvement tools have been released. These include three national ministry of health decrees and resolutions and 44 basic prehospital guidelines.

Inter-institutional projects, including governmental and academic medical societies are excellent ways to organize tools for capacity building in countries with high burden of injuries.

Keywords: capacity building; Columbia; legislation; injury; emergency medical services; prehospital; preparedness

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Capacity Planning of Ambulance Services in the Netherlands

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Introduction: The geographical distribution and capacity of ambulance services for 25 regions in the Netherlands is described by the use of a two-step model. In 2008, the model was actualized and a number of pre-limiting conditions were ascertained. Among these is the condition that 97% of the Dutch population should be reached within 12 minutes.

Methods: The two-step model first optimizes the geographical distribution of ambulance stations based on population coverage, using a drive-time model based on real-time ambulance velocities that predicts the average drive time for each possible trajectory. In the second step, the capacity per station is determined. In the capacity model, a Poisson distribution is fitted of two hour-block. The number of ambulances is calculated in order to meet <5% service failure. An uncertainty analysis is performed to investigate the sensitive parameters of the model.

Results: To meet the assumption of 97% coverage for each region, a total of 206 stations is needed. During working hours, 494 ambulances are needed to meet the demand of 930,000 ambulance calls per year. The capacity model is sensitive for the components for geographical preparedness and the amount of planned services.

Conclusions: The new macro-planning of the ambulance services is based on uniform assumptions for each region in the Netherlands and should provide an improved service level of EMS. The two-step model is a useful tool for capacity planning at the macro-level.

Keywords: ambulance; capacity building; emergency medical services; Netherlands; planning

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Workshop Utilizing Action Cards to Improve Disaster Preparedness in the University Hospital

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Background: Major earthquakes with a magnitude of 7–8 are 60% likely to occur in the next 30 years on the southern coast of Japan's main islands. Severe damage is predicted, and Mie University Hospital is expected to play a major role in the medical response for the disaster. Since ordinary Japanese hospital personnel do not have military backgrounds, and the hospital has not been prepared, developing disaster preparedness is extremely challenging. Providing a disaster manual is not sufficient.

Objective: In order to build a disaster preparedness system, workshops for hospital executives were convened.

Methods: According to a scenario (e.g., train crash, earthquake) given by a facilitator, as a team, the participants were encouraged to discuss and to fill in their responses on a template of the action card.

Results: The survey after the workshop indicated that each participant could identify his/her own roles as well as the