

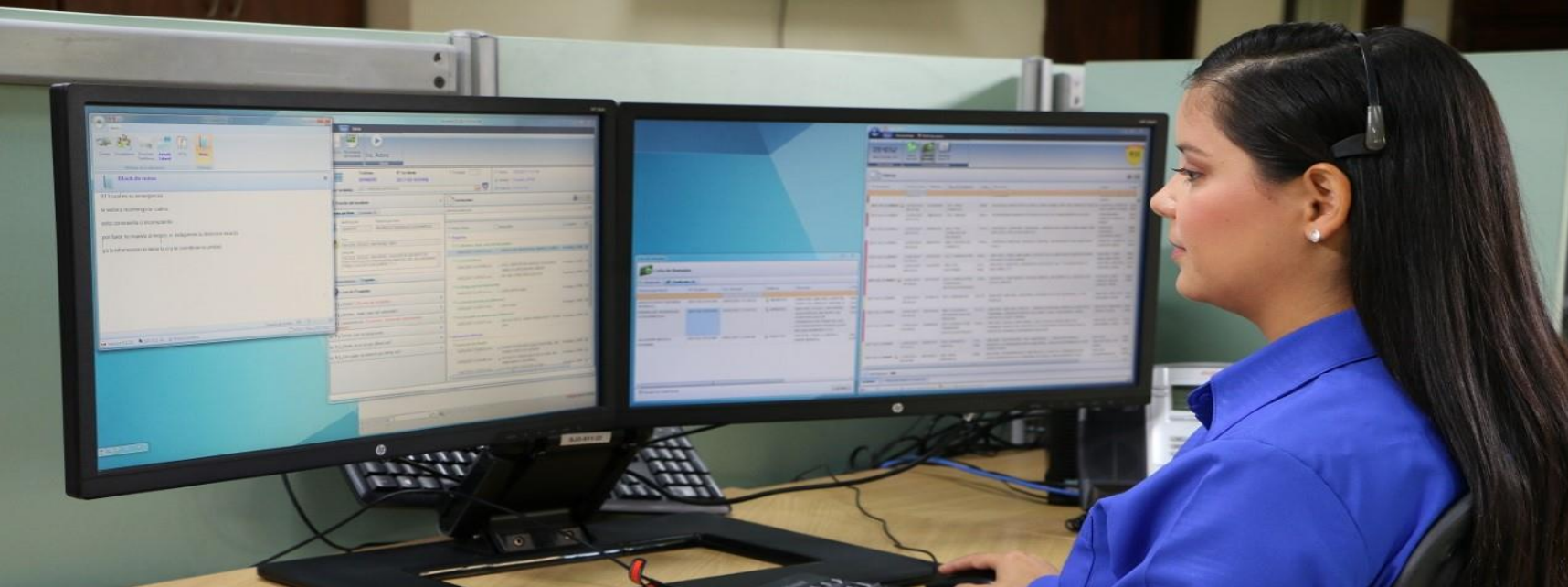


#EMTamericas

Regional Workshop to Promote Legislative Initiatives from a Safe Systems Approach

# Implementación plataforma SISMED911





- ✓ **ALTA IMPLEMENTACION DE UN NUMERO DE EMERGENCIAS UNIFICADO, PERO CON COBERTURA NACIONAL-LOCAL DESIGUAL**
- ✓ **GRAN DIVERSIDAD DE NUMERO DE EMERGENCIAS ENTRE PAISES**
- ✓ **PERFIL PROFESIONAL MUY VARIADO EN EL PERSONAL QUE ATIENDE LA LLAMADA**
- ✓ **DISTRIBUCION PROPORCIONAL EN EL MODELO DE DISTRIBUCION DE LA GESTION DE LA LLAMADA: DESPACHO vs REGULACION vs MIXTO**
- ✓ **EL 60% DE LOS PAISES CUENTA CON CENTROS DE DESPACHO COMPUTARIZADO (CAD)**
- ✓ **ESCASA IMPLEMENTACION TELEMEDICINA Y LOCALIZACION DESA**





## DESPACHO SEM NEW YORK CITY

- NYC COMPUESTO POR 5 DISTRITOS: MANHATTAN, BRONX, BROOKLYN, QUEENS AND STATEN ISLAND
- ANTES DE COVID19, EL NÚMERO DE LLAMADAS DURANTE UN PERIODO DE 24 HORAS OSCILÓ ENTRE 3600 Y 4500 EMERGENCIAS MÉDICAS
- A LO PEOR DE LA CRISIS, NYC ESTABA RESPONDIENDO MÁS DE 7200 EMERGENCIAS MÉDICAS DIARIAMENTE



PAHO  
Prehospital  
Emergency  
Medical Services

Prehospital Emergency Medical Services Readiness Checklist for COVID-19  
Instructive

Draft document, Version 2.2 March 08, 2020.

PAHO AMERICAS HEALTH ORGANIZATION (PAHO/OPS) | www.paho.org

Prehospital Emergency Medical Services Readiness Checklist for COVID-19

Prehospital Emergency Medical Services  
Checklist for COVID-19

State document - Version 2.2 (March 08, 2020)

**Objectives**  
The purpose of this tool is to help countries confirm the readiness of their pre-hospital emergency medical services to respond to COVID-19, identifying immediate and priority actions aimed at responding to the emergency in an efficient and timely manner.

**Calculation methodology**  
Weighting factors were assigned based on the methodology for estimating weights of variables, being > 100% if the item is marked "COMPLETE", 50-100% if it is marked "IN PROGRESS" and 0% if it is marked "NOT COMPLETE". The total percentage of compliance for each module is obtained by an average of the items that compose it. Subsequently, the total percentage of compliance is obtained based on the average of all items.

**INSTRUCTIONS**

**Step 1.**  
Identify the mobile resources available to the Prehospital emergency medical service (EMS). Remember to register only those vehicles and functional equipment available at the time of completion of the list.  
Identify and register staff that will act in the response to COVID-19; do not include volunteers.

**Step 2.**  
Mark each item. The items on this list are developed to be verified dichotomously, whether or not it complies. If the actions have been initiated, but not yet implemented and tested, it should be noted that they are in process, the above monitoring of each of the activities.

**Legend for each level of verification would be:**  
**COMPLETE:** The EMS has developed, validated and implemented the procedure / protocol. It has the recommended equipment.  
**IN PROGRESS:** The EMS has developed a procedure / protocol, but it has not implemented or validated yet. The equipment is in the process of purchase, but has not yet been received.  
**NOT COMPLETE:** The EMS does not have the recommended procedure / protocol and / or equipment.

**Step 3.**  
Form a working team that includes professionals with responsibilities for each component and that can work jointly to ensure that the prehospital emergency medical service can provide an integrated response that is aligned and coordinated with the health authorities in charge of the response to COVID-19.

**Step 4.**  
Identify the head of the EMS of the priority areas to intervene in accordance with the automatically generated graphic report.

\* The result expressed as a percentage is only a reference and does not reflect the real capacity of the pre-hospital emergency medical services for the management of COVID-19.

Excel Tool for Prehospital Emergency Medical Services Readiness Checklist for COVID-19

Prehospital Emergency Medical Service  
Readiness Checklist for COVID-19

Draft document - Version 2.2 March 08, 2020

PAHO

Evaluation date: \_\_\_\_\_ Country: \_\_\_\_\_

Name of Department/Organization: \_\_\_\_\_

Type:  Government  Private  Volunteer  Other

Level:  National  State/Regional/Provincial  Local

Emergency telephone number: \_\_\_\_\_ Call management:  Dispatch  Triage/regulation

**Mobile resources:**

Non-urgent transport vehicles (number: \_\_\_\_\_)

Basic life support ambulances (number: \_\_\_\_\_)

Advanced life support ambulances (number: \_\_\_\_\_)

Medical helicopters (number: \_\_\_\_\_)

Medical boats (number: \_\_\_\_\_)

Rapid-intervention vehicles (number: \_\_\_\_\_)

First-response motorcycles (number: \_\_\_\_\_)

**Personnel:**

Basic emergency medical technicians (number: \_\_\_\_\_)

Intermediate emergency medical technicians (number: \_\_\_\_\_)

Paramedics (number: \_\_\_\_\_)

Nurses (number: \_\_\_\_\_)

Physicians (number: \_\_\_\_\_)

**First responder program:**

No  Yes  Police  Fire Department  University  Other (indicate which): \_\_\_\_\_

Name of the person completing/participating in the survey: \_\_\_\_\_

Name of the evaluator: \_\_\_\_\_

**Legend:**  
**COMPLETE:** The EMS has developed, validated and implemented the procedure/protocol & has the recommended equipment.  
**IN PROGRESS:** The EMS has developed a procedure/protocol but has not yet implemented or validated it. The equipment is being purchased or is in the process of acquisition.  
**NOT COMPLETE:** The EMS does not have the procedure/protocol and/or recommended equipment.

PDF Form for Prehospital Emergency Medical Service Readiness Checklist for COVID-19

PAHO  
Prehospital  
Emergency  
Medical Services

Prehospital Emergency Medical Services (EMS)  
COVID-19  
Recommendations

Draft document, Version 4.4 March 27, 2020

PAHO AMERICAS HEALTH ORGANIZATION (PAHO/OPS) | www.paho.org

COVID-19 Recommendations: Prehospital Emergency Medical Services (EMS).

Prehospital Emergency Medical Services  
Medical Surge Capacity

Management of Inter-Hospital Transfer of Patients with COVID-19

October 2020

Management Of Inter-hospital Transfer of Patients with COVID-19





## IMPACTO SISTEMAS 911

- RESPUESTA INTEGRAL
- OPTIMIZACION USO RECURSOS
- INSTRUCCIONES MIENTRAS LLEGAN LOS RECURSOS
- DATOS PARA ANALISIS Y M&E
- APOYO A LOS RECURSOS QUE RESPONDEN



# SISMED 911

SISTEMA DE INFORMACIÓN DE EMERGENCIAS MEDICAS



Organización  
Panamericana  
de la Salud



Organización  
Mundial de la Salud

OFICINA REGIONAL PARA LAS Américas

# OPS





### INTER-HOSPITAL

Module for patient monitoring and follow up in referrals and counter-referrals



### PRE-HOSPITAL

Records, characterization and dispatch of resources in pre-hospital care



### MED-SURGE

Following up and monitoring hospital beds and services



### AMBULANCE

Monitoring of maintenance and fuel for service operation



### E-CLINICAL

Patient admission and classification with algorithms and emergency room care



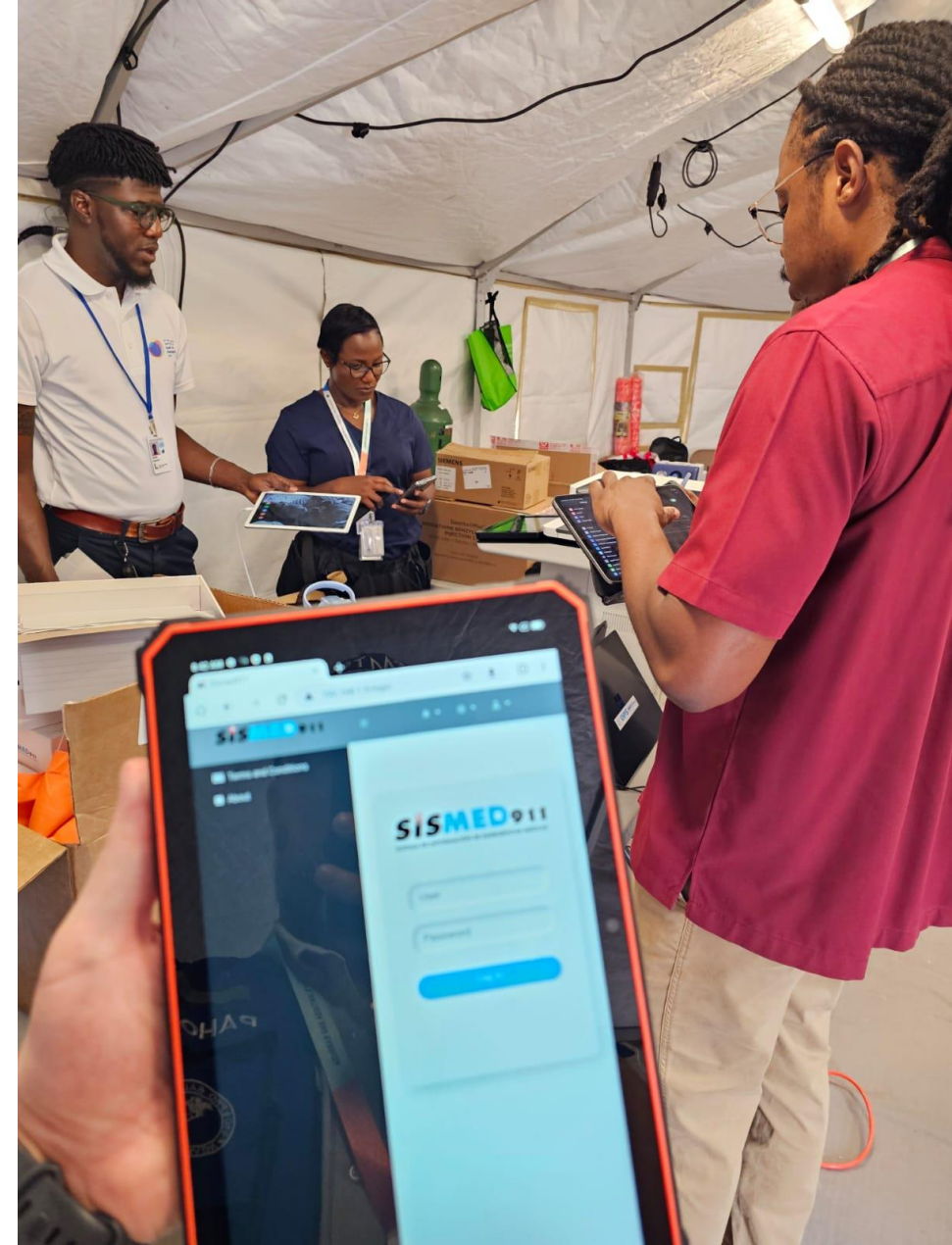
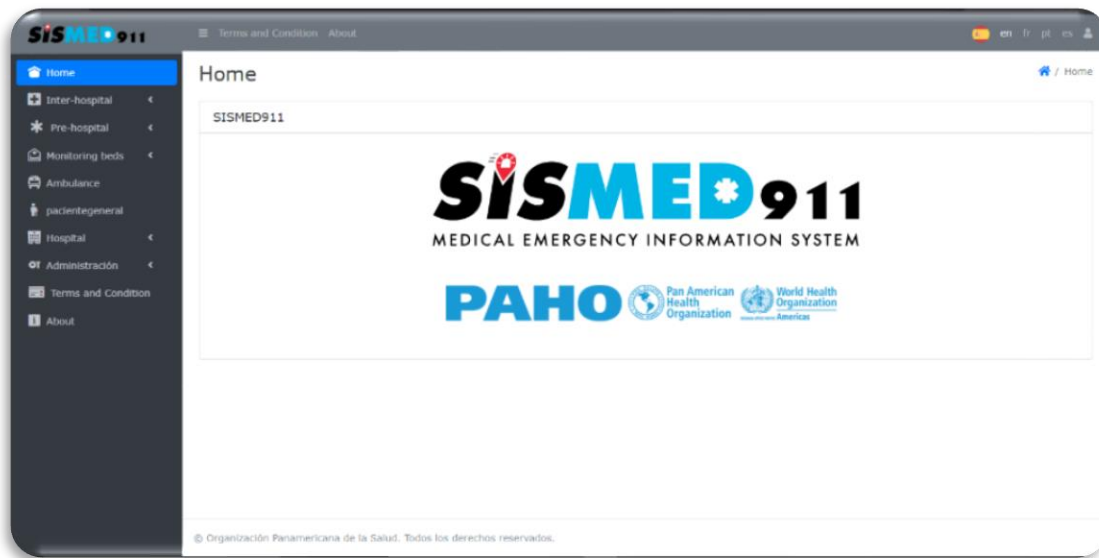
### TRACKING

Real-time emergency vehicle tracking module



### E-REPORTS

Dashboards and process statistics





## RETOS SISTEMAS 911

- **NORMATIVA**
- **FINANCIACION**
- **STAFF/PERFIL CURRICULAR**
- **SOPs**
- **ESTANDARES**
- **TECNOLOGIA**
- **EDUCACION DEL PUBLICO**
- **INTEROPERABILIDAD**
- **CIBER-RESILENCIA**
- **ESCALABILIBILIDAD**







**OPS**



**Juntos  
Respondemos**

**#EMTAmericas**