

Real Time Crisis Management Tool

Integrated Stakeholder Action

PSCE Conference

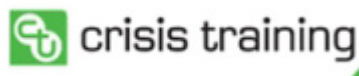
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Dr. Toni Staykova
Cambridge University Hospitals – Coordinator
Alkiviadis Giannakoulis
European Dynamics – Technical Management

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Partners



Objectives of the presentation

- To present a brief outline of the COncORDE concept
- To provide an overview of the potential outcomes
- To present our technical approach
- To invite stakeholders for feedback and explore collaboration

Challenges to be solved by COncORDE

- ❖ Improves coordination
- ❖ Fills the gap for a Pan-European solution for Different kinds of emergencies. All Hazards applicability

The COncORDE system is designed with users to ensure high acceptability in operational environment

Challenge 1: Improve Coordination

- ❖ In order to have **Interoperability**, we first need to ensure (intra-)operability
 - ✓ Organisational
 - ✓ Technical
- ❖ In order to improve **Multiagency coordination** we need to ensure that there are tools to visualise and document the response at Single agency level
- ❖ COncORDE focuses on enabling this for the organisations acting at the level of EMS response on the ground
- ❖ **The vision:**
 - ✓ Prove the concept of improved operability and coordination at Single agency level
 - ✓ Apply the same principles to the other agencies – Fire, Police, SAR, Military. All responder units in emergency follow **Incident Command Systems/ICS**
 - ✓ Establish the common foundation to interlink multiagencies

Challenge 2: Pan-European All Hazards System

- A pan-European system is more challenging than a national system (US, Australia)
- Numerous and heterogenous external debates in every aspect of EMS work across Europe :
 - ❖ *differences in preferred systems of triage*
 - ❖ *differences in medical protocols*
 - ❖ *country/region specific approaches to first response*
 - ❖ *differences in professional training curricula*
 - ❖ *and many more...*
- The differences are not likely to be resolved in the near future
- A Pan-European All Hazards solution is only possible if it **builds on commonalities**

What is the commonality ?

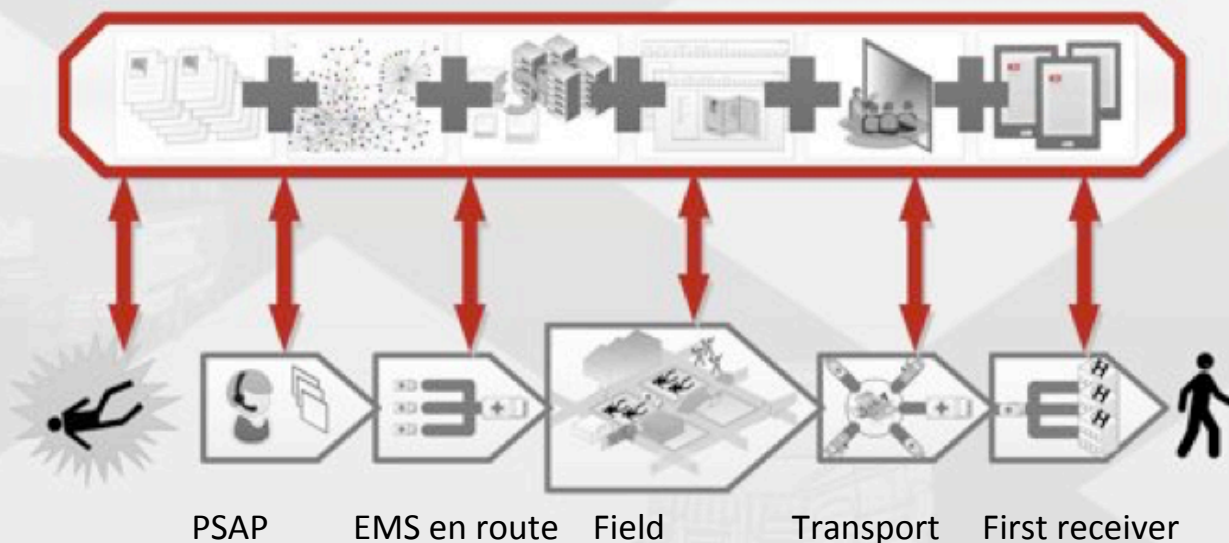


**In all countries, in all hazards THERE ARE PATIENTS /affected people
in the centre of an incident requiring EMS**

The Common “Anatomy” of Emergency Medical Response

Emergency medical response takes place in 5 conceptual spaces ...no matter where
...no matter what the nature/type/size etc... of the incident

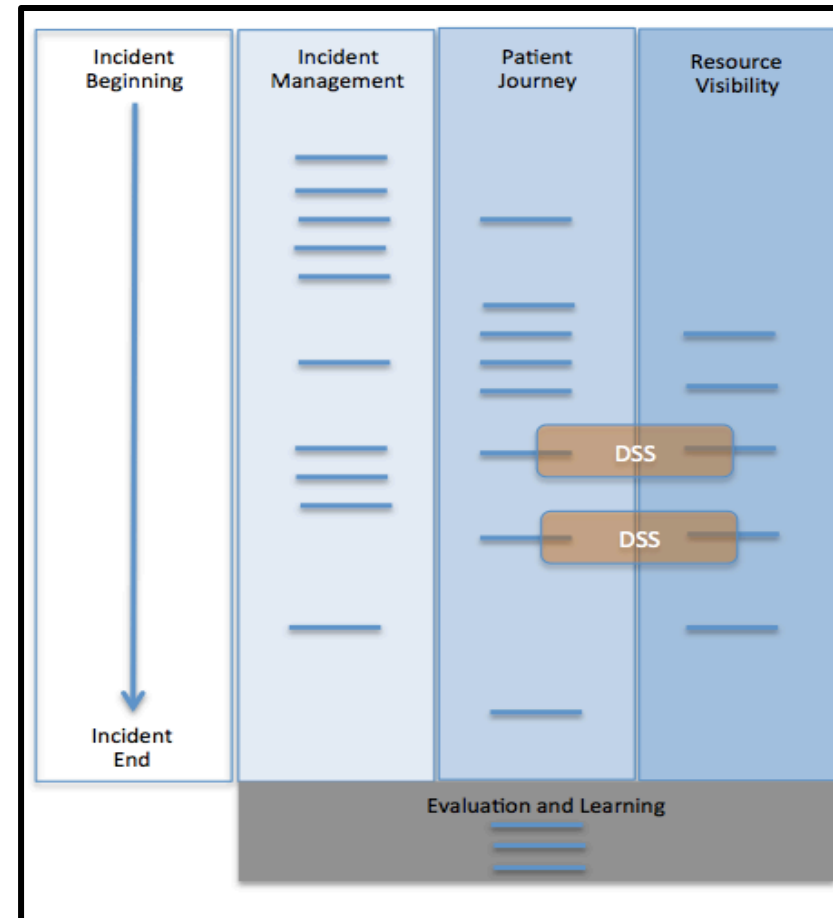
COncORDE 

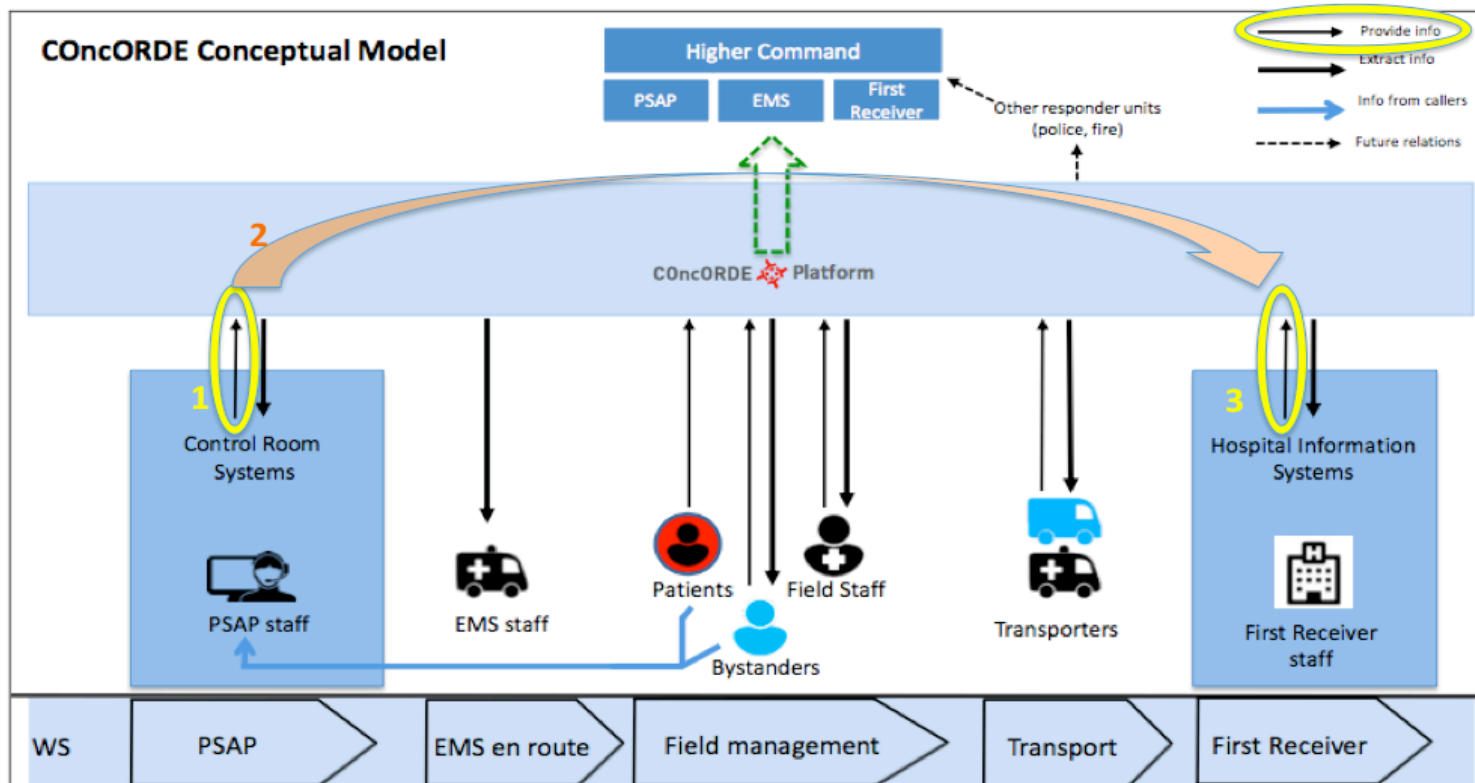


In these 5 spaces the main EMS response actors have clear sets of function/tasks in relation to the patients,

What will the system do ?

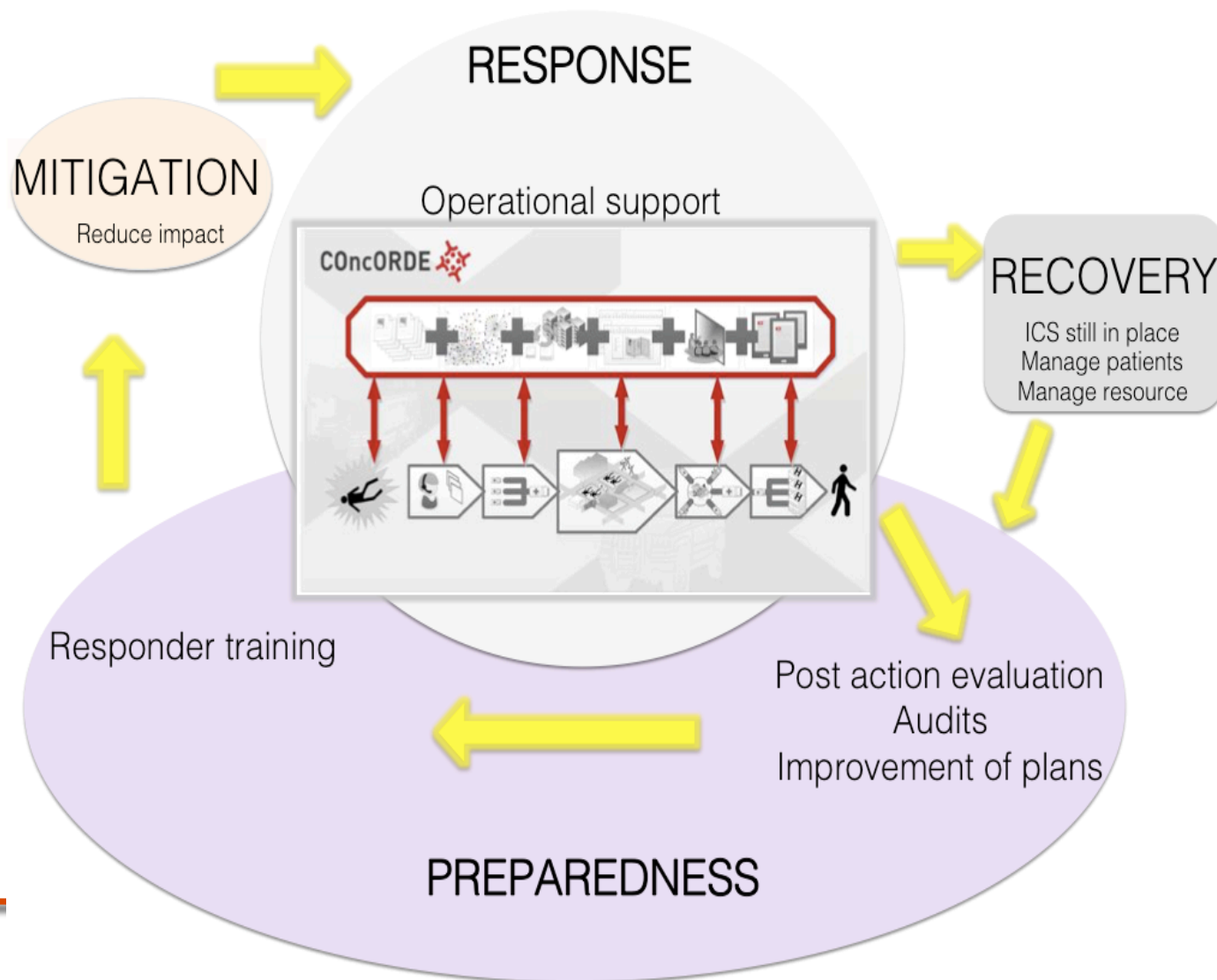
- FRAGMENT 1 INFORMATION FROM PSAP/112 AND FIRST RECEIVER HOSPITALS
- FRAGMENT 2 JOIN INCIDENT/EMS
- FRAGMENT 3 ESTABLISH COMMAND
- FRAGMENT 4 SHARE AND USE INFORMATION
- FRAGMENT 5 STAFF LOCATION AND ROLE VISIBILITY
- FRAGMENT 6 INCIDENT/SITREP, PATIENT DATA UPDATES, URGENT NOTIFICATIONS AND WARNINGS
- FRAGMENT 7 BYSTANDERS
- FRAGMENT 8 FIND, TRIAGE, TRACK, RETRIEVE PATIENTS
- FRAGMENT 9 PATIENT MEDICAL TREATMENT, TRIAGE, NEEDS
- FRAGMENT 10 DSS ON MATCHING MULTIPLE DYNAMIC DATA
- FRAGMENT 11 FIRST RECEIVER RESOURCE, EPIDEMIOLOGY SURVEILLANCE
- FRAGMENT 12 FIRST RECEIVER PATIENT TRACKING
- EVALUATION





- 1** – PSAP initiates incident in COncORDE
- 2** – PSAP notifies First receiver hospital and requests capacity
- 3** – First receiver hospital provides capacity information to COncORDE system

COncORDE's position in the disaster cycle



Limitations

- Interoperability issues
- Network

...move on to technical