

Erasmus+ Programme – Strategic Partnership
Project Title: “One Minute May Save A Life”
No. project: 2015-1-RO01-KA202-014982

General results/conclusions from the survey

Between November 2015 and March 2016, Zivac conducted a research study on perception, communication with the caller, recognition of false calls, and stress management at urgent dispatch.

1. The perception of emergency dispatchers towards the workplace

Objectives

Investigation

- the perception of stress at the workplace
- fatigue at work
- perception of the importance of what works
- the degree of empathy that should be dispatched
- the importance of working with other colleagues and teamwork
- perception of working hours

2. Difficulties / Exigencies

Objectives

Understanding

- The major difficulties at work
- The biggest difficulties encountered in the workplace
- Difficulty communicating with the caller
- The need to improve the organization of the workplace
- The use of continuous workplace training
- The need for psychological training for operators is responding to the emergency call

3. The usefulness of training

Objectives

The usefulness of learning

- prioritizing emergency calls
- recognition of false calls
- making a caller profile
- questions for the caller
- about emergency psychology
- communication with the caller

4. Statistics

Objectives

Identification

- false calls in a week
- false calls one day
- the subject of frequent calls
- the perception of the accuracy of the range of calls received in the index of cases

5. Supervision

Objectives

Understanding

- the use of permanent electronic monitoring of the dispatcher's activity (recording radio and telephone communications of all actions)
- the efficiency of the operator's activity

6. Stress factors

Objectives

Understanding

- the degree of preparedness for interacting with persons in extreme crisis situations (eg deceased child, people shot, incidents with multiple victims)
- preparedness for interaction with angry persons expressing dissatisfaction with the dispatcher

7. Rewards

Objectives

Understanding

- the degree of professional satisfaction to help save people's lives VIII.

8. Emergency dispatcher - Recognition of the job

Objectives

The utility

- Recognizing the Emergency Dispatcher as a distinct craft in the context of the operationalization of the Integrated Emergency Dispatchers
- Establishment of a training / training institution (schools) for the "Emergency Dispatcher"
- Selection of "Emergency Dispatchers" according to predetermined criteria to be inserted in the job sheet
- super specialization of emergency dispatchers depending on the specificities of the various agencies involved in the response to emergency situations (eg Dispatcher firefighters, medical dispatcher, police dispatcher, gendarme dispatcher, etc.)
- identifying 5 skills / attributes of the "Emergency Dispatcher"

Hypotheses :

1. Workplace dispatcher perception is influenced by the organization and the working environment
2. There are difficulties and exigencies at work
3. It is important to prepare dispatchers to be effective
4. there are a large number of false calls
5. Surveillance and monitoring are not useful
6. there are stress factors
7. Professional satisfaction is great
8. It is necessary to create the emergency dispatcher's job

Methodology

Qualitative research:

2 focus group discussions in Bucharest. The duration of a group discussion is about 2 hours.

The structure of these groups was: Men and women active in the field of emergency dispatching, aged 25-40

Quantitative research:

Structured questionnaires

813 people nationwide

The total sample and corresponding sub-titles had the following sampling errors: Total sample $N = 813 \pm 2.5\%$

The total sample is representative for dispatchers across the country aged between 30 and 40 years.

Data analysis was conducted globally.

Activities

Making the questionnaire

Develop questionnaire

Sample Selection

Schedule the questionnaire

Recruiting interviewees

Making the interview

Moderating the discussion group

Data analysis

Report

Interpretation of results

I. Perception of the workplace

1. On the question "I'm stressed at work, 207 respondents (25%) think it is totally false for them, while 129 thinks it is completely true. I answer that it is neither false nor true. The analysis of the data shows that the perception of emergency dispatchers is that they do not feel stressed at work.

2. On the question "I feel tired at the workplace, 202 dispatchers responded that it was completely false, that is, the highest percentage of 25%, while the smallest 111, ie 14%, responded That it is completely true. So the perception of fatigue at work is felt by a small number of emergency dispatchers

3. To the question "what I do at work helps the society I live in," a majority number, 613 dispatchers answered, that it is completely true, the highest percentage, 87%, while only 5 respondents answered That is completely fake for her

4. On the question "I feel that what I do is important, a number of 702 dispatchers answered that it is completely true, while only 4 is completely false.

5. The question "What I do at work makes me feel good," a number of 555 dispatchers said it was completely true, while only four responded that it was completely false.

6. On the question "I feel that my life depends on those who ask for help in the emergency call, 87%, ie 679 dispatchers answered yes, while 7 dispatchers answered negatively

6. To the question I consider that the operators responding to the emergency call must be very empathic (to understand the caller), answered in the affirmative 84%, a number of 657 dispatchers, while negative responders answered a number Only 5 dispatchers

7. To the question I think it is very important, in the course of the activity, the collaboration with the other colleagues and the teamwork, affirmatively answered a percentage of 96%, ie 735 dispatchers, while only 2 responded negatively

8. The most efficient SABIF Emergency Operator's work program is in turn, with 404 dispatchers considering that the optimum lap time is 12 hours, 233 dispatchers consider the optimum program to be 24 Hours, a number of 66 dispatchers believe that 8 hours would be effective to work and a shoulder of 22 responders answered that 6 hours would be effective.

II Difficulties / demands

1. To the open question What are the major difficulties in the workplace ?, the dispatch response from the ISU and the ambulance is:

ISU	SERVICIUL DE AMBULANȚĂ
<ul style="list-style-type: none"> - Lack of staff - Many IT applications that enter the same data - 90% of dispatchers operate in the 1980s - Overloading with workloads - The 24/48 program instead of 24/72 - Staff difference in dispatch - Bureaucracy - Sound discomfort - The soundtrack due to ISU dispatcher coupling with SAJ and SMURD - Staff crowding in a small space - Lack of a front panel between the agents - Fatigue accumulated - Much bureaucracy, plenty of papers - situations to be filled - for In one case the data is entered in at least 3 programs - Managing unusual situations - The high amount of activities - Performing activities that are not related to the activity of the dispatcher operator - Access to dispatch - DO NOT RESPECT - Teamwork should be better recognized - Additional time is not paid - Lack of real-time communication with other agencies, institutions involved in SMURD - Lack of natural light - Inadequate ventilation - No cleaning materials - Non-payment of overtime - Listening to the three frequencies simultaneously 	<ul style="list-style-type: none"> - Lack of ambulances (crews) and resources - Lack of space in which activity takes place - Shady and mischievous guards - The dispatch disorder - Many devices emitting electromagnetic radiation - Lack of sanitary education of the population regarding the role of the national emergency system, the lack of information of the population regarding the significance of 112 - People who call and do not understand the emergency system - No. Of very high demands compared to available resources - Multiple errors of the dispatcher system / program - Too much responsibility for what does not matter to you (as a doctor) - Difficulty communicating with callers (fake, insult, offense) - Operators - Large number of false / erroneous calls, no. Large emergency / non-emergency calls - Restrained space, high background noise - People who call and do not understand the emergency system - Areas with difficult accessibility in some communes / villages - The inability to always act on a medical logic that is accurate to the specific case - Fears - fictitious requests - The populist policy of the system, which seems to show that the callers have only rights, not obligations - Prolonged working time - Overuse of sight and hearing - Lack of crew (asis + doctor + ambulant) in the field

<ul style="list-style-type: none"> - Lack of communication of callers - High volume calls during heavy rain and wind - Lack of population education on 112 service 	<ul style="list-style-type: none"> - Big noise - They are not well aware of the duties of each person, and there are no clear tasks for dispatching (separating each agency separately) - Very many duties, lots of stress - Ambulances overdue d.p.d.v. technical - Schedule f - Communicating with low-level learners - Caller information is limited - Many laps due to lack of staff - Duplicity - No criteria to deny unjustified claims - The lack of a cloakroom and a dining area - Insufficient involvement of doctors from families in the emergency - There is no medical triage for 80% of the calls - Overloading crews in traffic - When the caretaker on the phone says one thing, and the crew otherwise did - Lack of communication with other agencies
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2. On open question What is the biggest difficulty you have encountered at the workplace?, dispatch from ISU and del Ambulance answer:

ISU	SERVICIUL DE AMBULANȚĂ
<ul style="list-style-type: none"> - In the large workload, data can not be entered in computer applications (in dynamic) - Insufficient technique to handle all emergencies - Inflated service duties - Military legislation and regulations are not respected - Sound pollution - The unobtrusive and dignified way you are treated as a non-commissioned officer - Changing the program from 24/72 to 24/48 - Fatigue accumulated - No working technique (computers, keyboards, mice) / outdated technique - There is a lot of statistics - Extensive events - Aggregated radio traffic makes communication difficult and thus the response time is increased - System errors and communication device signals - The 112 map is out of date, many streets are missing - Extensive interventions - fires with many participants - In massive floods, windstorms or blizzards in inhabited areas, the system is difficult to handle - Caller perception of ISU service - Lack of assumption 	<ul style="list-style-type: none"> - There is no communication and understanding with the ISU - Lack of ambulances - The Type B and Type C crew need - Collaboration with UPU-BZ - Lack of space in which activity takes place - Lack of a legal framework for sanctioning abusive and repetitive ambulance although they have their own medication - Lack of protection of the national emergency system, having regard to No. High demand for. Medical cases that can be resolved in outpatients. An imbalance of resources is created at the interview in case of major accidents - Inappropriate sanitary group - Poorly trained operators - No. Too many calls to available crews - The greatest difficulty is the management of situations / incidents involving more than one victim due to lack of crew (too few ambulances) - Poor health education of the population - Lack of intervention crews - Non-consideration of an age limit for pre-hospital work requiring physical, mental, - Shuttle - Wickedness - Solicitations from foreign citizens - Technical problems in taking calls on a crowded day

	<ul style="list-style-type: none"> - Transfers between hospitals, when they are repeated, often and have insufficient resources to make them in a timely manner - Primary care - insufficient to provide emergency medical assistance - which suffocates both ambulances and UPUs and dispatchers - Collaboration with some operators / radiotelephones
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3. On the question "Are you often in difficulty communicating with callers?", The largest number of respondents, that is, 269 responded that it is completely false for them, only 24 saying it is completely true
4. On the question of whether the organization of the way in which work is needed, the respondents said most of them (225 that they need the majority and 221 they need it) to improve the way they work.
5. When asked whether it would be useful to continuously prepare emergency dispatch, the largest number in a major percentage (359, 44%) answered yes, they need continuous training.
6. When asked whether psychological training is needed, the largest number of dispatchers also think they need (274) this training.
7. When asked whether call preparation should be done in a certain way, 70% (595) say it should be done through direct questions tailored to each dispatcher's situation, while 255 say they should be performed following a strict algorithm of questions addressed to the caller.

III. Utility of preparation

1. When asked whether it would be useful to prepare a dispatch to learn to prioritize emergency calls, the greatest number (205) responded that it would be useful.
2. When asked if a false call recognition training would be useful, a total of 405 (50%) of respondents said it would be very useful.
3. On the question of whether it would be useful to learn to make a profile of the caller, 251, again the highest number of callers answered that it would be very useful
4. When asked whether it is useful to learn to ask questions to callers, even a larger number of respondents, ie 320 responded that it would be very useful
5. When asked if they need to receive information on the psychology of emergency situations, a number of 242 respondents said it would be very useful, but a total of 255 respondents said it would be useful.
6. However, the situation is different when asked whether it is necessary to receive information about security psychology (eg Protect the caller / patient from immediate danger, secure the area where the incident or the patient occurred, the management of nearby persons), a number Very large dispatchers (469, 57%) said that such training would be very useful.
7. When asked whether it is necessary to receive information about psychotraumatology, the highest number of 257 responded that it would be very useful

8. When asked whether training is useful to learn to communicate with the caller, a very high percentage (53%, 437 respondents) said it would be very useful
9. Ask about the usefulness of receiving information to support the caller in first aid measures, 554 respondents (66%) said it would be very useful.

IV. Statistics

1. The question refers to how many false calls are received in the dispatcher within a week. Thus, between 1 and 5 calls per week answered most dispatchers, this means that this is the number of false referrals.
2. As to how many calls are jokes, a number of 340 dispatchers answered that none, while a number of 205 dispatchers answered 1-5 calls a day.
3. With regard to the number of calls, it turns out to be by mistake, the majority, that is, 411 (65%) say that none, while 130, the next as a percentage of 21%, answer that 1-5 calls in one day
4. To the question which is the subject of the most frequent calls in a week, dispatchers answer:

ISU	SERVICIUL DE AMBULANȚĂ
<ul style="list-style-type: none"> - Medical emergency - Fire - People on the street - Aggressions - Transportation of overweight persons - Door unlocking - Calls that do not rank according to the index, the methodology that is often a novelty for ISU operators 	<ul style="list-style-type: none"> - Allergy, fainting, colitis, fever, HTA, cardiac, ACV, psychosis, agitated psychiatric illness, doctor advice, hospital transportation, home consultation, patients requiring ambulance 2-3 times a day, The patient's condition is good

5. To the question of the perception of the accuracy of the inclusion of calls received in the index of cases, I answer:

ISU	SERVICIUL DE AMBULANȚĂ
<ul style="list-style-type: none"> - Very good - The case index is very limited - It can be improved - It is running with difficulty because the applications do not work - Too few dates to be able to do the right job - Most of the time, the cases are wrongly framed - It is not very good (Fire is FOC, medical emergency or SMURD is something else. Almost all calls from 112 come to ISU) - In the vast majority of cases, ignorance, lack of accountability, lack of knowledge of the current law of the caller leads to extraordinary pressure on operators, which have effects in terms of proper framing - Nearly 60% accuracy - Superficiality - 3 of 5 - Satisfactory 	<ul style="list-style-type: none"> - Depending on the emergency, be grouped by color or emergency code - Clear, concrete and objective questions - Hi - Often the reason for the request does not correspond to the reality - Not always the symptom may be correctly framed in the case index - I think it needs a re-analysis, followed by a better concretisation. - Often the callers tend to exaggerate the symptoms to get the ambulance faster. Until there is a solution for these cases, minor crews will get a surplus crew, and in major emergencies less qualified crews. - Framing of incoming calls in the case index is important

- 99%	
- Accuracy of 75% - 80%	

V. Supervision

1. When asked whether they consider that permanent monitoring of the dispatcher's activity is useful, 702 (87%) of respondents said it was useful, 38 (5%) said it was useless, while 69 (8%) responded I do not know
2. On the question of whether the operator's activity is more efficient, I answer 469 (58%) that it is more effective in the presence of a supervisor to make decisions instead, while 127 states that it is more effective in the absence of a supervisor to make decisions In its place and 209 say I do not know.

VI. Stress factors

1. When asked whether they are prepared to interact with people in extreme crisis situations (deceased children, people shot, incidents with multiple victims), a large number, 755 respondents (94%) said yes, 12 as not 38 I do not know
2. When asked if I think I am ready to interact with angry people expressing my dissatisfaction with me, although I am not responsive to this dissatisfaction, 750 of the respondents (92%) say yes, 29 not like 37 know
3. On the question of whether I am aware that if I make the wrong decision, it could have negative consequences on people's life or property, 804 (99%) responders say yes, no one answers no, and only 7 answer with I do not know

VII

1. On the question of whether the dispatching activity offers professional satisfaction to help save people's lives, 749 (93%) answer yes, 17 like not 44 I do not know

VIII

1. When asked whether it would be useful to recognize the Emergency Dispatcher as a distinct job in the context of the operationalization of the integrated emergency dispatchers, 649 respondents said yes, 84 I do not know 66
2. Ask if it Considers that it would be useful to set up a training / training institution (schools) for the "Emergency Dispatcher", 571 say yes, 136 not 139 and I do not know
3. To the question I consider that the selection of "Emergency Dispatchers" should be done according to predefined criteria to be inserted in the job sheet, a number of 524 responds affirmatively (74%), while 78 respond negatively and 109 respond with I do not know
4. To the question I believe that, in the context of the operationalization of the integrated emergency dispatch centers, it is necessary to "super specialize" the emergency dispatchers according to the specificities of the different agencies involved in the emergency response (eg Dispatcher, medical dispatcher, dispatcher, dispatcher Gendarme, etc.), 564 dispatchers say yes, (71%), 138 say they do not know 96

5. Ask if I believe that the Emergency Disaster Manager should be trained to understand, manage and integrate the emergency response of all agencies involved in the direct surrender process by their representatives (fire brigade supervisor, police supervisor, physician supervisor, gendarmerie supervisor, etc.) .), 576 answer in the affirmative, 145 respond negatively and 115 say I do not know

6. To the question which are the main 5 skills / attributes of the utter dispatcher answer:

ISU	SERVICIUL DE AMBULANȚĂ
<ul style="list-style-type: none"> - Patience - Firmness - Calm - Rapidity in decisions - Communication skills - Organized - Sociable - Definitely - Discernment - Coherence and flexibility in thinking - Flexibility - Discipline - Team work - Power of persuasion - Trust - Rigorous - Empathy - Pc operation - Foreign languages - Intelligence - Strength and fatigue - Ability to make the right decisions in emergency situations - Distributive attention - Receptivity - Calm - Professionalism - Ability to communicate - Good organizer - Good memory - Convincing - Stress resistance - Self-control - Resistance to prolonged work schedule - Good training in the field - Sensitivity - Desire to help people ask - Availability at any time, day and night - Understand the caller - The ability to convince - Positive attitude - Vigilance - Emotional balance - Professional motivation 	<ul style="list-style-type: none"> - Tenacity, - Distributive attention - Professional training - Responsibility - Understandable - Empathy - Patience - Discipline - Tolerance - Vigilance - Team spirit - Professionalism - Strength and fatigue, - Perseverance - Communicative - Close collaboration with coordinating physician and central dispatcher - Be a good organizer - Continuous personal development ability - Permanent availability to learn new things - Managing your own feelings / reactions in crisis situations - Ability to test cases on an emergency basis - Ability to listen and ask questions - Psychological training - Promptness to recognize urgent cases - Knowing first aid measures - Managing available resources

Conclusions

Regarding the perception of the workplace, dispatchers feel that they do not feel stressed at work, the perception of fatigue at work is felt by a small number of emergency dispatchers. Regarding the way they feel because they work in this area and help the society they live in, what they do is very important, they are very proud and feel very good doing this and it is a real fulfillment for them.

They are also aware that each individual depends on the life of those who call, which means they take responsibility for their work, and they understand and realize that an emergency operator must be empathetic, understand the person who sounds and To understand the situation when he is calling in case of an emergency.

Collaboration with other colleagues is important in their perception, because that is the only way to complete the chain that ensures success in solving each case.

As a working schedule, it would be best for dispatchers to work in 12-hour shifts.

As difficult / demanding, they consider that the ones listed below are the major difficulties at work. The answers are shared on the ISU and the ambulance service, even if there are many similarities, there are differences in the problems experienced by dispatchers.

ISU	SERVICIUL DE AMBULANȚĂ
<ul style="list-style-type: none"> - Lack of staff - Many IT applications that enter the same data - 90% of dispatchers operate in the 1980s - Overloading with workloads - The 24/48 program instead of 24/72 - Staff difference in dispatch - Bureaucracy - Sound discomfort - The soundtrack due to ISU dispatcher coupling with SAJ and SMURD - Staff crowding in a small space - Lack of a front panel between the agents - Fatigue accumulated - Much bureaucracy, plenty of papers - situations to be filled - for In one case the data is entered in at least 3 programs - Managing unusual situations - The high amount of activities - Performing activities that are not related to the activity of the dispatcher operator - Access to dispatch - DO NOT RESPECT - Teamwork should be better recognized - Additional time is not paid - Lack of real-time communication with other agencies, institutions involved in SMURD - Lack of natural light - Inadequate ventilation - No cleaning materials - Non-payment of overtime 	<ul style="list-style-type: none"> - Lack of ambulances (crews) and resources - Lack of space in which activity takes place - Shady and mischievous guards - The dispatch disorder - Many devices emitting electromagnetic radiation - Lack of sanitary education of the population regarding the role of the national emergency system, the lack of information of the population regarding the significance of 112 - People who call and do not understand the emergency system - No. Of very high demands compared to available resources - Multiple errors of the dispatcher system / program - Too much responsibility for what does not matter to you (as a doctor) - Difficulty communicating with callers (fake, insult, offense) - Operators - Large number of false / erroneous calls, no. Large emergency / non-emergency calls - Restrained space, high background noise - People who call and do not understand the emergency system - Areas with difficult accessibility in some communes / villages - The inability to always act on a medical logic that is accurate to the specific case - Fears - fictitious requests - The populist policy of the system, which seems to show that the callers have only rights, not obligations - Prolonged working time

<ul style="list-style-type: none"> - Listening to the three frequencies simultaneously - Lack of communication of callers - High volume calls during heavy rain and wind - Lack of population education on 112 service 	<ul style="list-style-type: none"> - Overuse of sight and hearing - Lack of crew (asis + doctor + ambulant) in the field - Big noise - They are not well aware of the duties of each person, and there are no clear tasks for dispatching (separating each agency separately) - Very many duties, lots of stress - Ambulances overdue d.p.d.v. technical - Schedule f - Communicating with low-level learners - Caller information is limited - Many laps due to lack of staff - Duplicity - No criteria to deny unjustified claims - The lack of a cloakroom and a dining area - Insufficient involvement of doctors from families in the emergency - There is no medical triage for 80% of the calls - Overloading crews in traffic - When the caretaker on the phone says one thing, and the crew otherwise did - Lack of communication with other agencies
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Regarding the greatest difficulty encountered in the workplace, dispatches from ISU and Ambulance respond

ISU	SERVICIUL DE AMBULANȚĂ
<ul style="list-style-type: none"> - In the large workload, data can not be entered in computer applications (in dynamic) - Insufficient technique to handle all emergencies - Inflated service duties - Military legislation and regulations are not respected - Sound pollution - The unobtrusive and dignified way you are treated as a non-commissioned officer - Changing the program from 24/72 to 24/48 - Fatigue accumulated - No working technique (computers, keyboards, mice) / outdated technique - There is a lot of statistics - Extensive events - Aggregated radio traffic makes communication difficult and thus the response time is increased - System errors and communication device signals - The 112 map is out of date, many streets are missing - Extensive interventions - fires with many participants - In massive floods, windstorms or blizzards in inhabited areas, the system is difficult to handle - Caller perception of ISU service - Lack of assumption 	<ul style="list-style-type: none"> - There is no communication and understanding with the ISU - Lack of ambulances - The Type B and Type C crew need - Collaboration with UPU-BZ - Lack of space in which activity takes place - Lack of a legal framework for sanctioning abusive and repetitive ambulance although they have their own medication - Lack of protection of the national emergency system, having regard to No. High demand for. Medical cases that can be resolved in outpatients. An imbalance of resources is created at the interview in case of major accidents - Inappropriate sanitary group - Poorly trained operators - No. Too many calls to available crews - The greatest difficulty is the management of situations / incidents involving more than one victim due to lack of crew (too few ambulances) - Poor health education of the population - Lack of intervention crews - Non-consideration of an age limit for pre-hospital work requiring physical, mental, - Shuttle - Wickedness

	<ul style="list-style-type: none"> - Solicitations from foreign citizens - Technical problems in taking calls on a crowded day - Transfers between hospitals, when they are repeated, often and have insufficient resources to make them in a timely manner - Primary care - insufficient to provide emergency medical assistance - which suffocates both ambulances and UPUs and dispatchers - Collaboration with some operators / radiotelephones <p>Google Traducere pentru companii:Translator ToolkitInstrumentul de traducere a site-urilor web Despre Google TraducereComunitateMobilDespre GoogleConfidențialitate și term</p>
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In connection with the difficulty of communicating with callers, they feel that they do not have this difficulty, but the organization of the way they work needs improvement, and it is certainly useful to continually prepare, and in particular requires psychological training.

It also concludes that call preparation should be done in a certain way through direct questions tailored to the situation by each dispatcher in part, while some of the dispatchers feel the need to carry out a strict algorithm of questions addressed to the caller.

The conclusion regarding the usefulness of training, first of all to learn to prioritize emergency calls, to recognize false calls, to learn the profile of the caller, to learn how to address the caller's questions is that emergency dispatchers consider it particularly useful training.

Also, to receive information on the psychology of emergency situations, it would be useful, but very useful and a necessity for them is to receive information on security psychology (eg Protect the caller / patients from immediate dangers, securing the area where they occurred Incident or patient, managing nearby people).

Information about psychotraumatology, communication with the caller, how the caller can support first aid measures states that it would be very useful for their preparation.

The statistic conclusion shows that false calls are received in the dispatch between 1 and 5 calls a week, about 1 apple turns out to be a joke, about 1-5 calls / day prove to be by mistake.

The topic of the most frequent calls in a week is:

ISU	SERVICIUL DE AMBULANȚĂ
<ul style="list-style-type: none"> - Medical emergency - Fire - People on the street - Aggressions - Transportation of overweight persons - Door unlocking - Calls that do not rank according to the index, the methodology that is often a novelty for ISU operators 	<p>Allergy, fainting, colitis, fever, HTA, cardiac, ACV, psychosis, agitated psychiatric illness, doctor advice, hospital transportation, home consultation, patients requiring ambulance 2-3 times a day, The patient's condition is good</p>

The perception of the accuracy of the call rankings received in the index of cases is:

ISU	SERVICIUL DE AMBULANȚĂ
<ul style="list-style-type: none"> - Very good - The case index is very limited - It can be improved - It is running with difficulty because the applications do not work - Too few dates to be able to do the right job - Most of the time, the cases are wrongly framed - It is not very good (Fire is FOC, medical emergency or SMURD is something else. Almost all calls from 112 come to ISU) - In the vast majority of cases, ignorance, lack of accountability, lack of knowledge of the current law of the caller leads to extraordinary pressure on operators, which have effects in terms of proper framing - Nearly 60% accuracy - Superficiality - 3 of 5 - Satisfactory - 99% - Accuracy of 75% - 80% 	<ul style="list-style-type: none"> - Depending on the emergency, be grouped by color or emergency code - Clear, concrete and objective questions - Hi - Often the reason for the request does not correspond to the reality - Not always the symptom may be correctly framed in the case index - I think it needs a re-analysis, followed by a better concretisation. - Often the callers tend to exaggerate the symptoms to get the ambulance faster. Until there is a solution for these cases, minor crews will get a surplus crew, and in major emergencies less qualified crews. - Framing of incoming calls in the case index is important

Supervisor-related considers that permanent electrical monitoring of the dispatcher's activity is useful, the operator's activity is more efficient in the presence of a supervisor. The conclusion about stress factors highlights the fact that dispatchers are prepared to interact with people in situations of extreme crisis (deceased child, people shot, incidents with multiple victims), with angry people expressing dissatisfaction with the dispatcher, being aware At the individual level, if it makes the wrong decision, it could have negative consequences on people's life or property.

The satisfaction of their activity is felt by dispatchers, as it helps to save people's lives. That is why the recognition of the Emergency Dispatcher as a distinct craft in the context of the operationalization of the integrated emergency dispatch centers is extremely important and useful for dispatchers and would help to increase the satisfaction felt by them working in this way. The establishment of a training / training institution for the "Emergency Dispatcher" is considered a necessity by them and the selection of "Emergency Dispatchers" should be done according to predefined criteria to be inserted in the job description.

In the same way, the conclusion is that dispatchers consider that in the context of the integrated emergency dispatching operations, the "super specialization" of emergency dispatchers is necessary depending on the specificities of the different agencies involved in the response to emergency situations (eg Dispecer, dispatcher medical dispatcher Etc.) and it is necessary for the dispatchers to be trained to understand, manage and integrate the emergency response of all the agencies involved in the conditions of direct surrender by their representatives (fire brigade supervisor, police supervisor, physician supervisor, gendarmerie supervisor , Etc.).

One of the interesting conclusions of this study is the one related to the identification of personal and technical skills of the emergency dispatcher, the competences they have proposed themselves and which we want to underpin the contouring of the dispatcher profile for the selection and recruitment of the dispatcher .

Below are the proposals for these competencies, from which the most significant ones will be selected.

ISU	SERVICIUL DE AMBULANȚĂ
<ul style="list-style-type: none"> - Patience - Firmness - Calm - Rapidity in decisions - Communication skills - Organized - Sociable - Definitely - Discernment - Coherence and flexibility in thinking - Flexibility - Discipline - Team work - Power of persuasion - Trust - Rigorous - Empathy - Pc operation - Foreign languages - Intelligence - Strength and fatigue - Ability to make the right decisions in emergency situations - Distributive attention - Receptivity - Calm - Professionalism - Ability to communicate - Good organizer - Good memory - Convincing - Stress resistance - Self-control - Resistance to prolonged work schedule - Good training in the field - Sensitivity - Desire to help people ask - Availability at any time, day and night - Understand the caller - The ability to convince - Positive attitude - Vigilance - Emotional balance - Professional motivation 	<ul style="list-style-type: none"> - Tenacity, - Distributive attention - Professional training - Responsibility - Understandable - Empathy - Patience - Discipline - Tolerance - Vigilance - Team spirit - Professionalism - Strength and fatigue, - Perseverance - Communicative - Close collaboration with coordinating physician and central dispatcher - Be a good organizer - Continuous personal development ability - Permanent availability to learn new things - Managing your own feelings / reactions in crisis situations - Ability to test cases on an emergency basis - Ability to listen and ask questions - Psychological training - Promptness to recognize urgent cases - Knowing first aid measures - Managing available resources