

LowCode is an IT solution which supports the management of **low-severity codes** (White/Omega Codes) - those cases that aren't critical for patient safety and need no timely and specialized actions at the scene.



The Issue of White/Omega Codes

The Issue of **White/Omega Codes** involves Operations Centres of the 118 Medical Emergency Service, Emergency/First Aid Rooms, Out-of-hours GPs, GPs, Clinicians and their associations.

White/Omega Codes represent 15-20% of the overall number of interventions provided by the Operations Centres of the 118 Emergency Service and require a significant amount of time in order to correctly identify pathologies and provide appropriate care.

Therefore, when dealing with White/Omega Codes, medical resources which should be devoted to more serious cases are often employed, with effects that have been only partially analysed up to this day.

Consequently, it is crucial to identify a pathway allowing to promptly recognize a **White/Omega Code**, and to provide an alternative to standard emergency dispatch phone routines, relying on a specific medical evaluation not suffering the strict timing constraints related to actual emergencies.

Such pathway, together with appropriate information campaigns, should involve a significant reduction of services provided by basic emergency vehicles, which could be employed for other, more severe emergency codes.

The **LowCode** software was designed to support such scenarios, and to facilitate citizens wishing to access a Health System which today is experiencing a situation of collapse due to demand overburden.

The software application supports operators providing triage through specific, exhaustive symptom description, in order to accurately address a patient to either basic or specialistic health care, and ensures the possibility to involve emergency vehicles only upon effective necessity.

Benefits

The main benefits provided by the LowCode application are:

- > Standardization of the triage process and focused health care intervention assignment
- > Creation of a correspondence between patient anamnesis and specific medical actions required
- > Timely and safe management of an ever increasing health care demand
- > Reduction of time needed to assess a case
- > Reduction of overall transportation service demand
- > Decrease of overall number of patients accessing the Emergency Room and subsequent reduction of waiting time
- > Reduction of unnecessary examinations provided by GPs and specialists
- > Knowledge acquisition and qualitative analysis related to case histories

White/Omega Codes at Operations Centres of the 118 Medical Emergency Service

International statistics suggest that the average time for managing a **White/Omega Code** call is around 15-20 minutes. When **LowCode** is employed the time is reduced to 8-10 minutes, whereas an emergency call addressed to 118 Emergency Service usually takes 2-3 minutes.

This means that nurses of the 118 Service generally deal with White/Omega Codes calls lasting 4-5 times more than the average emergency call. With the non-computerized triage processes currently employed, the nurse is not necessarily able to immediately discern minor emergencies from actual emergencies.

This implies that, before a call is passed on to another professional in order to be dispatched, resources are inappropriately employed.

This fact, along with the difficulties in information exchange among operators, nullifies virtually all the benefits provided by the possibility to differentiate minor emergencies and actual emergencies.

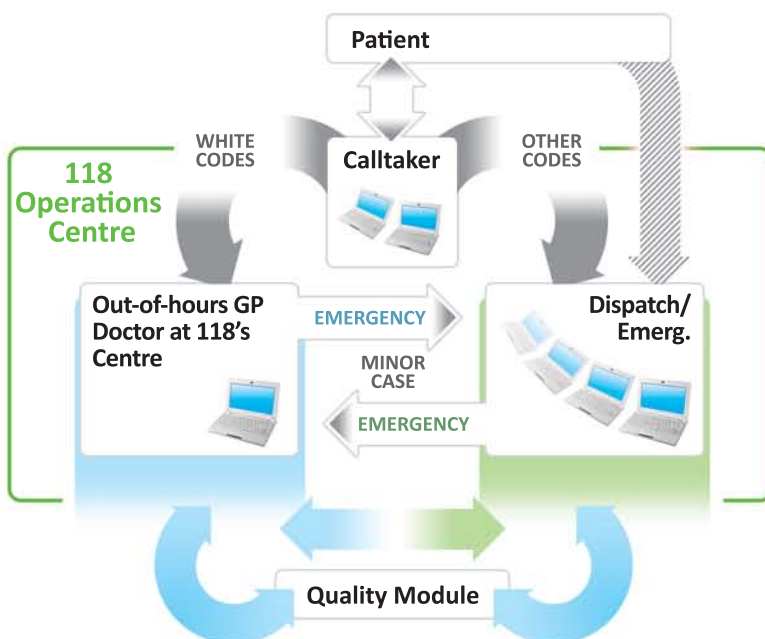
In order to overcome such issue, an ideal scenario should provide a logic network automatically connecting the two typologies of operators.

Chart 1 represents an ideal flow of phone calls addressed to a 118 Operations Centre relying on a specific call taker to filter the calls and address them either to the emergency dispatch system (green, yellow, red codes) or to the **White/Omega Code** management system.

Another version of this model could function without a call taker: in this case, incoming calls could be taken directly by the professionals devoted to patient evaluation.

Today, both modes are available, depending on which additional services are provided by the 118 Operations Centre and on the level of optimization of such services.

Dispatch flows and Phone Call flows for the 118 Medical Emergency Service:



FEATURES

- Phone call categorization according to case severity
- White/Omega Codes Management
- Caller interrogation support
- Action suggestion
- Case History Analysis



LowCode

can work as a stand-alone system or within a network based on the different contexts in which it is employed.

LowCode

Requires Windows XP or later versions.



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