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The 2015 emergency care reform in Poland: Some improvements, some unmet demands and some looming conflicts☆

Anna Sagan[a,*], Iwona Kowalska-Bobko[b], Anna Mokrzycka[b]

[a] European Observatory on Health Systems and Policies, London School of Economics—Health and Social Care, United Kingdom
[b] Institute of Public Health, Faculty of Health Sciences, Jagiellonian University Medical College, Poland

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ABSTRACT

Between 2006 and 2015, the Act on the State Emergency Medical System was the key act governing the organization, financing and provision of emergency care in Poland. From the moment it entered into force, it had been heavily criticized. The critique focused, among others, on the lack of provisions allowing for emergency medical services (EMS) to be performed outside the EMS units, the lack of a separate Act regulating the profession of a medical rescuer and the lack of a separate professional organization representing medical rescuers. As early as 2008 a team of specialists was set up to work on amending the Act and these works resulted in the draft Act on the State Emergency Medical System that was submitted to public consultations on 19 August, 2014. This draft was further reworked in 2015 and was signed by the President on 25 September of the same year. The Act addressed some of the shortcomings of the EMS legislation that was previously in place. However, the new Act did not meet the key demands of medical rescuers; namely, it did not introduce a separate legal act regulating this profession nor established a professional organisation representing their interests. An analysis of the vested interests of various groups of medical professionals indicates that these interests are likely to have influenced the final legislative outcome. The Act, as well as its implementing executive regulation from April 2016, may reduce support of certain medical professional groups during the Act's implementation as well as create tensions between these groups, especially between medical rescuers and nurses.

1. Introduction

This article provides a summary of changes introduced by the Act of 25 September, 2015 Amending the Act on the State Emergency Medical System, the Act on Therapeutic Activity, the Act Amending the Act on Therapeutic Activity and certain other acts (henceforth called 'the Act of 25 September, 2015' or 'the Act') and of the policy process leading to its implementation, including the positions of the various stakeholders. The new President, in office since 6 August, 2015, signed the Act before the parliamentary elections took place on 25 October, 2015. Most of the Act's provisions came into force on 1 January, 2016.

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* Corresponding author.
E-mail address: anna_sagan@hotmail.com (A. Sagan).

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2. Background: an overview of history and regulation of emergency care in Poland

The emergency medical system (EMS) in Poland has, like emergency medical systems in many EU member states, a relatively young history [10]. The key milestone in its development was the introduction of the government programme titled Integrated Emergency Medical System for 1999–2003. The goal of this programme was to prepare groundwork for the introduction of an integrated EMS, with common or compatible communications network, common procedures and compatible medical equipment. The 2001 Act on the State Medical Emergency System laid the legal foundation for such system but was in large part not implemented as no executive regulations implementing the Act had been actually developed [6]. This was mainly due to the lack of funds for the Act's implementation and changed reform priorities of the left-wing government elected in 2003 [2].

The introduction of the 2006 Act on the State Emergency Medical System was a direct reaction to an accident that took place in early 2006 in Katowice. The inept emergency response to a collapse of a market hall, which resulted in 65 fatal casualties, exposed the weaknesses of the existing emergency care system. Following this accident, the government made the development of a new legislation in the area of EMS its priority.

Between 2006 and 2015, the Act on the State Emergency Medical System was the key act governing the organization, financing and provision of emergency care in Poland (Box 1). The Act introduced many positive changes compared to the 2001 Act, including the introduction and regulation of the profession of a medical rescuer as a new medical profession, which included the recognition of the medical rescuers' training obtained in other EU or EFTA countries according to Directive 2002/22/EC; granting legal protection to persons providing qualified first aid or performing medical rescue activities, similar to the protection granted by the Penal Code to the publicly employed health care personnel; introduction of first aid education at all levels of education (primary, secondary, tertiary). The Act also introduced financing of EMS directly from the State Budget and not only from the means of the National Health Fund's (NHF's) as had been the case previously [3].

According to a recent report by the Supreme Control Office [7], the functioning of the EMS was on the whole satisfactory. Patients were assured quick assistance on the site of emergency, with 90% of cases having received assistance within the maximum response time, medical transport and treatment in the emergency care hospital departments (called SORs in Polish). However, the report also found a number of inefficiencies. For example, the SORs were found to treat patients that did not require emergency care, with the share of such patients accounting for 30–80% of all

Box 1: Organization of EMS in Poland.

EMS units

The EMS consists of *emergency care hospital departments* (*szpitalne oddziały ratunkowe*, SORs) and *medical emergency teams* (*zespoły ratownictwa medycznego*, ZRMs), including air medical emergency teams. SORs are accredited hospital units. They were created to fill the gap between pre-hospital care and specialist hospital care and their key role is to provide the preliminary diagnosis and stabilize the patient. SORs can be established in hospitals that have a general surgery ward, including a trauma unit; internal medicine ward or a pediatric ward (in case of children's hospitals); anesthesiology and intensive care ward; a diagnostic imaging laboratory. SORs must have 24/7 access to diagnostic tests in a diagnostic imaging laboratory; computerized CT scans and endoscopy (including gastroscopy, rectoscopy, bronchoscopy and laryngoscopy). SORs must also have a heliport on site or within 5 min reach (these requirements were to be obligatory from 1 January, 2017 but the Act of 25 September 2015 deferred this to a later date). ZRMs are usually organized as independent units in the medical emergency system, though they can also be part of the SORs. They provide emergency medical care on the site of the accident and transport the patient to the nearest SOR or the nearest trauma centre (see below). They are equipped with sanitary transport vehicles (ambulances) and have constant radio contact with the Emergency Notification Centre (*Centrum Powiadamiania Ratunkowego*, CPR). There are two types of ZRMs: a basic emergency team (P-type) consists of a nurse and/or a medical rescuer; a specialized emergency team (S-type) must additionally include a medical physician. Both the SORs and the ZRMs must conclude contracts with the NHF in order to be included in the EMS. In 2015, there were 216 SORs and 1460 ZRMs (including seasonal ones) (Ministry of Health [5]).

Units and systems cooperating with the EMS

The following units and systems cooperate with the EMS: *trauma centres* (*centra urazowe*, CUs) (established since 2009); *hospital departments specialized in the provision of services vital for medical rescue* that have been included in the voievodeship medical emergency plans; and various *rescue systems* (e.g. fire-brigade, police)—rescuers working in these systems are authorized to provide the so-called qualified first aid services. The CUs are functionally independent hospital units. They combine various hospital departments. They were established to provide complex diagnostics and treatment to patients suffering from multiple injuries affecting more than one organ. They collaborate with the SORs. CUs cover populations of no less than 1 million inhabitants who reside within a 1.5 h reach radius. They must have access to heliports. After treatment in a CU, the patient is moved to another hospital department or to another health care facility for further treatment or rehabilitation. In 2015, there were 14 CUs (Ministry of Health [5]). The EMS is part of the National Rescue and Firefighting System (Krajowy System Ratowniczo-Gaśniczy, KSRG). A common emergency notification system was established to ensure integration of the medical emergency system and the KSRG. This system includes CPRs and Voievodeship Rescue Communication Centres (Wojewódzkie Centrum Powiadamiania Ratunkowego, WCPR).

Sources: Based on Sagan et al. [9], Ministry of Health [5], Furtak-Niczyporuk and Drop [1], Ogrodnik [8].