CESCI

CENTRAL EUROPEAN SERVICE
FOR CROSS-BORDER INITIATIVES

2018

LEGAL ACCESSIBILITY
along the Hungarian borders
Third milestone

CROSS-BORDER RESCUE

Summary report about the harmonisation of the cross-border ambulance services

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Contents

1. The objective of the subproject

The aim of the subproject is to continue the results of the previous initiatives based on the knowledge and experience gained during the two previous *Legal Accessibility* projects and also to start a cross-border discourse with the participation of Hungary and the neighbouring EU countries in the field of ambulance. From the viewpoint of cross-border ambulance services, we intent to explore the positions of the authorities of the neighbouring countries, and the existing policy orientations concerning the subject, which brings us closer to the forming of the proposals related to the multilateral legislative harmonisation.

2. Presentation of the project activities

The manager of the subproject was Enikő Hüse-Nyerges, the working plan was completed on 29th May 2019.

2.1 Interviewing

In the framework of the project part, we contacted the competent cross-border institutions and collected information during personal interviews about the details of the operation of the rescue and emergency health care system.

Our interviewees:

- **Alexander Heller,** head of the centre - Landessicherheitszentrale Burgenland (Rescue Service of Burgenland), Austria
- **Valerija Bartolić**, director – Zavod Za hitnu medicinu koprivničko-križevačke županije (Emergency Institution of Koprivnica-Križevci County), Croatia
- **Mirjana Hanžeković**, deputy director – Zavod Za hitnu medicinu koprivničko-križevačke županije (Emergency Institution of Koprivnica-Križevci County), Croatia
- **Tomislav Novinščak M.D.,** director – Zavod Za hitnu medicinu međimurske županije (Emergency Institution of Međimurje County), Croatia
- **László Gencsi**, Deputy CEO – Ambulance Service Oradea, Bihor County, Romania
- **Daniel Grabar**, head of the emergency institution – Splošna bolnišnica Murska Sobota (Murska Sobota General Hospital), Slovenia
- **Ivan Tibaut**, Director – Območne enote ZZZ Murska Sobota (Regional centre of the Health Insurance Institute of Slovenia), Slovenia
- Because reasons beyond our control, we have not managed to make the interview with the Slovakian authorities yet.

The interviews were made between 31 August and 14 September 2018.

2.2 Interactive seminar

The interactive seminar was held in Budapest on 13th November, during which the aim was to establish the personal relationships among those involved, and to summarise the possible frames of the regulatory harmonisation.

We invited the regionally competent (cross-border) leaders of the authorities and the representatives of the competent ministries and state institutions of domestic and neighbouring countries to the seminar.

The participants of the seminar:

- **Alexander Heller** - Landessicherheitszentrale Burgenland (AT)
- **Mag. Erich Hohnenkamp** – Land Burgenland (AT)
- **Mag. Christine Philipp** – Land Burgenland (AT)
- **Valerija Bartolić** – Zavod Za hitnu medicinu koprivničko-križevačke županije (HR)
- **Mirjana Hanžeković** – Zavod Za hitnu medicinu koprivničko-križevačke županije (HR)
- **Tomislav Novinščak M.D.** – Zavod Za hitnu medicinu međimurske županije (HR)
- **Dr. Juca Dacian** – DSU Romania (RO)
- **László Gencsi**– Ambulance Service Oradea, Bihor (RO)
- **László Kurucz** - Ambulance Service Oradea, Bihor (RO)
- **Daniel Grabar** – Splošna bolnišnica Murska Sobota (SI)
- **Ivan Tibaut** – Območne enote ZZZ Murska Sobota (SI)
- **Marianna Kozmannová** – Ministerstvo zdravotníctva (SK)
- **Lucia Mesárošová** – Operačné stredisko záchrannej zdravotnej služby Slovenskej republiky(SK)
- **Michal Škvarka** – Ministervozdravotníctva (SK)
- **Dr. Pál Golopencza**– National Ambulance Service (HU)
- **Dr. Anett Jova**– National Ambulance Service (HU)
- **Dr. László Kőrösi**– National Health Insurance Fund of Hungary (NEAK)(HU)
- **Enikő Hüse-Nyerges**– CESCI (HU)
- **Dr. Norbert Jankai**– CESCI (HU)
- **Gyula Ocskay**– CESCI (HU)
- **Szilvia Szilágyi**– CESCI (HU)

We also invited the colleagues of the Department of EU and International Health and Social Affairs of the Ministry of Human Capacities of Hungary to the seminar, however in contrast to their previous feedbacks, they did not participate at the meeting.

During the interviews, we experienced that the usage of English language restricts the explanation and understanding of the topic details, thus in order to encourage the participation, the seminar was held in 6 languages (Hungarian, Slovakian, German, Slovenian, Croatian, Romanian) with the involvement of conference translators. The agenda of the seminar can be found in the Annex 6.1.

Before the seminar, the participants had a chance to visit the rescue control centre of the National Ambulance Service in Budapest with the leading of dr. Pál Golopencza, chief medical officer.

3. Summary of the results of the subproject

3.1 The starting point of the subproject

The starting point was the 2017 analysis of CESCI[1], in the framework of which, a study containing a comprehensive analysis and concrete legislative and policy proposals on the Hungarian side was prepared about the possibilities for organising cross-border emergency rescue.

In the study, we analysed the conditions of implementing cross-border emergency rescue through thematic approach, then we formulated legal and policy recommendations. The following topics were processed:

- **the conditions for crossing the border:** currently, ambulances are only allowed to drive within the Schengen area without control, however, in the case of non-Schengen borders (Romania, Croatia, Ukraine, Serbia), there is an obligatory control, which would significantly slow down the rescue.
- **operating licenses:** rescue activities can only be performed with operating licenses, the issuing of which falls within the competence of the given country's authority. Thus, the licenses can only be used in the territory of the given state, and they ceases to be valid after crossing the border. Another problem is that, although the qualifications of health care professionals are universally accepted in the EU, for foreign operation, they must apply for the authorisation of the given Member State. Material conditions for the appearance and equipment of ambulances also vary from Member State to Member State. These also mean that, the definition of the minimum physical and personal

[1] Results / Healthcare integration (2nd milestone – 2017): http://legalaccess.cesci-net.eu/en/milestone-no-2/healthcare-integration/results-healthcare-integration-2nd-milestone-2017/

conditions and the licensing process can be regulated at national level in different ways, which basically hinders cross-border cooperation.

- **use of distinctive signs and their criteria** in Hungary, there is a regulation about which bodies can use distinctive signs, and according to the regulation, during the operation of the distinctive sign, the vehicle may only be run by that person, who meets the requirements laid down in a separate legislation. Accordingly, foreign ambulances can only use distinctive signs in possession of the necessary Hungarian licenses.
- **administrative-technical issues:** in Hungary, the CASCO and the liability insurance of vehicles are of European scope. However, the liability insurance of personnel is limited to the territory of Hungary. It is also important that the ambulances affected by cross-border rescue should have access to the digital map of the neighbouring countries and to clarify the internal protocols for refuelling, route registering and the purchasing of supplies for staff across the borders.
- **professional cross-border cooperation from rescue alert to patient hospitalisation:** the rescue services in some countries operate according to slightly different management and rescue protocols, which may pose a number of problems in cross-border cooperation.
- **communication:**
    - the establishment and operation of radio systems that provide the continuous contact between the ambulance crew and the coordination centre, is a matter of state competence. In order to ensure the smooth operation of the growing number and growing spatial, parallel-functioning telecommunication systems, frequency management at international level is needed, which regulates, to what extent the networks of neighbouring countries can be interfered with. As a consequence, beyond the 5-10 km radius of the border, the radio connection with the home country of the rescue service ceases to work, but no contact with the local coordination centre will be made. Connecting the networks of neighbouring countries would be necessary, but the obstacles of technological background are still significant.
    - in the case of cross-border cooperation, the language factor is a general obstacle. Although the knowledge of the Hungarian language is common in the neighbouring border regions, language problems still can occur. This is especially true for the urgent patient care, where a language error may even cost a life. This problem is a major obstacle both between rescue coordination centres, between the rescue coordination centre and ambulance crew, and between persons (patients, ambulance staff, hospital staff).

- **financial questions:** according to the Government Decree on Health Services, rescue service providers are funded with fixed remuneration, which is defined at national level. This way, the funding of cross-border rescue is currently the responsibility of the home country. The hospital emergency care is normally funded according to national laws and procedures, but it is also possible that the patients are not citizens of the country, where they were rescued. In this case, citizens of the Member States of the European Economic Area are entitled to benefits, when they own a European Health Insurance Card, which is funded by a healthcare provider, having a contract with the local health insurance. In the case of Ukraine and Serbia, the costs of emergency services are reimbursed by the healthcare provider contracted by the social security provider.

We formulated legal proposals and policy recommendations on the obstacles that have arisen.

a) We made a proposal at the European level to define the concept of cross-border rescue, and for the regulation of the mutual acceptance of operational and distinguishing signs beyond the border. The applicability of the Directive would be based on the condition that the involved Member States voluntarily settle the terms and conditions of cross-border cooperation.

b) We recommend to regulate the following aspects of cross-border rescue through bilateral agreement:
   - cross-border zones that might be included within cross-border rescue activity;
   - free movement of ambulance vehicles using distinctive sign within non-Schengen borders;
   - the type, minimum conditions and competences of the ambulance crew that can be sent across the borders;
   - the sequence of alarm and command of the rescue unit beyond the borders; and the details of the cooperation between domestic competent units (ambulances, dispatch centre, etc.) and rescue units beyond the borders;
   - the sequence of transferring the patient to the domestic rescue unit or transporting the patient into the hospital;
   - protection and support for the rescue units beyond the border;
   - setting up a translation service helping the rescue.

c) Depending on the new provisions at European and bilateral level, in some cases it is necessary to implement amendments within the related domestic legislations.

d) Policy recommendations:
   - Supplementing of the European Union standard 1789:2007 relating to the medical devices, equipment and drugs
   - Creating unified, multilingual blanks that help the process of patient delivery

- Promotion of radio standards according to the European standards and financial support for application by Member State
- Elaboration of appropriate standard which is safe for storing and sharing of personal and basic health data of the European citizens and stimulation of Member States for its use
- Joint exercises, (language) training, organisation of knowledge and experience sharing opportunities for the relevant units
- Supplementing of internal protocols of professional bodies relating to work beyond the borders (travel document, refuelling, rescue unit supply, etc.) Extension of the territorial scope of personal liability insurance
- Expanding the GPS database of vehicles with maps of the neighbouring countries in border areas, where vehicles fulfil their tasks
- A common database in the border sections with contact details of the regional emergency call centres, as well as emergency border care hospitals and level of their progressivity
- Mapping and comparing of the applied radio standards, determining of further steps
- Creating a common ambulance vocabulary for border sections
- Recognition of language skills among the aspects of service organisation
- Operation of translation/interpretation service

As a consequence, we made a proposal for the involvement of the competent authorities from the other sides of the borders in order to explore the viewpoint of the authorities of the neighbouring countries concerning the existing policy orientations and developments, hereby complementing and further developing the examination made concerning the Hungarian framework.

3.2 The main findings and results of the interviews

	AUSTRIA	ROMANIA	CROATIA	SLOVENIA	SLOVAKIA[2]
Organisational structure	• **control and professional coordination:** Ministry of Health • **implementation:** provincial rescue services, in many cases with national service providers (e.g. Red Cross)	• **control:** Ministry of Health • **professional coordination:** Departamentul pentru Situații de Urgență • **implementation**: on 2 levels – (1) SMURD (apart from the fire department) and (2) county rescue services	• **control:** Ministry of Health • **professional coordination:** National Institute of Emergency • **implementation:** 21 county centres, maintained by the municipalities	• **control and professional coordination:** Ministry of Health • **implementation:** 10 emergency centres apart from the big hospitals (the national level is sustainable)	• **control:** Ministry of Health • **professional coordination:** n.a. • **implementation:** 1 national operational centre and 13 public and private service providers
Financing	• financed by: 50% provincial -50% city finance • fixed annual budget for the maintenance of the cars and for the staff • the transport to the hospital is refunded up to 70% by health insurance on the basis of kilometre signs	• financed by: the Ministry • fixed annual budget based on the number of cases of the previous year • extra aid can be requested	• financed by: county-level health institute + municipality + own incomings (sport, cultural programmes) • fixed monthly budget + they can ask for money for infrastructure development once a year	• financed by: social insurers and other voluntary insurers • fixed annual budget by the number of employees + cost reimbursement concerning the patient transport by the number of cases • the emergency service is refunded by the number of cases	• n.a.

[2] In the absence of an interview, the table was filled out based on the information provided at the seminar.

	AUSTRIA	ROMANIA	CROATIA	SLOVENIA	SLOVAKIA[2]
Rescue units	**3 level system:** 1. ambulance 1: it has a doctor and can use emergency vehicle lighting 2. ambulance 2: doctor is necessary 3. 3. patient transport	**4 level system:** 1. C2 van (emergency vehicles): doctor, nurse, driver 2. car: with doctor 3. B2: assistant and driver 4. patient transporter.	**2 level system:** 1. with doctor 2. with assistant (patient transport is not available in every county)	**3 level system:** 1. doctor, assistant, driver 2. 2 assistants, driver 3. patient transporter (there are no paramedics, the driver also has medical qualifications)	**n.a.**
Arriving to site time limit	n.a.	**according to regulation:** 11 minutes in urban areas, 15 minutes out of the urban areas	**recommendation:** 10 minutes in urban areas, 20 minutes out of the urban areas	n.a.	**according to regulation:** the team must leave for the site within 2 minutes
Border crossing	n.a.	**practice without regulation:** they use the lane for diplomats in the case of emergency, 2-3 minutes long control	**practice without regulation:** according to experiences at Koprivnica, they can cross without a control	n.a.	n.a.
Operating licenses	• **equipment conditions:** providers fixed on a state level; • **staff conditions:** the certification of diplomas and chamber membership is required	• **equipment conditions:** providers fixed on a state level; • **staff conditions:** the certification of diplomas and chamber membership is required + special courses	• **staff conditions:** the certification of diplomas and chamber membership is required + special training in every 4 years	• **equipment conditions:** providers fixed on a state level; • **staff conditions:** the certification of diplomas and chamber membership is required + special training (also available in English)	• **n.a.**

	AUSTRIA	ROMANIA	CROATIA	SLOVENIA	SLOVAKIA[2]
Emergency vehicle lighting	• **minimum requirements:** 2 nurse/doctor in the car, with special (state-level) qualification • **authorisation:** on a provincial level	• **minimum requirements:** one month long special course for the drivers • **authorisation:** on a state level	• **minimum requirements:** a the special training mentioned at the staff conditions • **authorisation:** on a state level	• national level regulation • according to the respondents, it does not exclude the Hungarian ambulances	• n.a.
Administrative-technical conditions	• minimum equipment requirements determined on state level.	• liability insurance: domestic validity – The ministry handles it, but it is funded by the county organs • question: payment of tolls/road charges? • minimum equipment requirements on state level, but they decide on a county level, where to buy them	• state = European minimum equipment requirements, but they decide on a county level about the type of the tools and about the quantity of the active ingredient (continental vs. coastal areas)	• liability insurance: it needs to be checked by the respondents • European minimum requirements • in the case of an alarm, the composition of the units is decided by the doctor	• the issue of patients' date protection was raised
Emergency call centres	• national and provincial phone numbers (do not have 112)	• 112 it the phone number • the county dispatcher service is joint with the firefighters • constant medical attendance	• phone number: 112 + own national emergency number • county dispatcher centres: there is two people in one shift	• phone number: 112 • 2 national centres in Maribor and in Ljubljana	• phone numbers: 112 and 155 • district dispatcher centres: there is usually somebody speaking Hungarian

	AUSTRIA	ROMANIA	CROATIA	SLOVENIA	SLOVAKIA[2]
Radio systems	• joint network for the law enforcement authorities, with different, but interoperable frequencies • national level network, but the provinces are responsible for its maintenance • TETRA • there is practice for the network sharing providing limited access (only ambulances) between the provinces	• joint network for the law enforcement authorities (except the military), with different frequencies • only the dispatcher centres can connect to other frequencies • national level network, the communication company, STS is the maintainer • TETRA • if they cannot reach their own network, they communicate on the phone	• joint network for the law enforcement authorities (except the military), with different, closed frequencies • national level network, the maintainer is the police • TETRA • communication on the phone can also be a solution	• joint network for the law enforcement authorities, with different, closed frequencies • national level network, the Ministry is the maintainer • currently the tools are not compatible with the network of the other side • communication on the phone can also be a solution	• TETRAPOL
Language as a factor	• the majority can speak English • there are ambulance staff and hospital staff, who can speak Hungarian	• while organising the shifts, they take into consideration to always have a dispatcher and ambulance staff, who speaks Hungarian in the given shift • there is no regulation concerning language issues neither by the organisation nor by qualification	• while organising the shifts, the English language knowledge is important • most of the ambulance staff speaks English, the dispatchers not that much • BUT those living along the border do not speak English • to save lives, the communication is not that necessary	• there is no regulation, but almost everyone speaks English (there are also people, who speak German, Croatian and Hungarian) • they tried to hire dispatchers, who speak Hungarian, this attempt is still unsuccessful	• usually there is Hungarian-speaker staff member • operators speaking EN, DE, HU, RUS have an advantage • it is not a requirement to have foreign language-speaker when organizing the shifts

	AUSTRIA	ROMANIA	CROATIA	SLOVENIA	SLOVAKIA[2]
About the cooperation	• the political will is necessary • Regarding Hungary, the connections are missing • in the area of Lake Fertő, rescue is also done on the Hungarian side	• regarding patient transport, they have professional connection with the ambulance staff of Debrecen • the cooperation highly depends on staff questions • they think that a 15-20 km wide border zone would be realistic • the ambulance supply is good on the Romanian side, but the contact with the high level Hospital in Debrecen would be important	• they think that a 5-10 km wide border zone would be realistic, in the case of a disaster, this is wider • there would not be a big number of cases, but it would be important to cross border in the case of emergency (Drava is a bottleneck) • they suggest a bilateral agreement	• there would not be a big number of cases, but it would be important to cross border in the case of emergency, as there are areas, from where it is hard to reach the Slovenian hospitals • they have connection with Szombathely, but the stronger cooperation failed because of language difficulties	• the Ministry of Health is open to cooperate

3.3 The main findings and suggestions of the seminar

The meeting was opened by Gyula Ocskay, the secretary general of CESCI, who presented the legal accessibility initiative of the association. Following this, the participants of the seminar introduced themselves, and the project manager of CESCI Enikő Hüse-Nyerges, presented the results of the ambulance service part of the project that was implemented last year.

Related to this, Dr. Pál Golopencza, the Chief Medical Officer of the National Ambulance Service highlighted that he can imagine the possibility of further developing the cooperation in the frame of a bilateral agreement. On the other hand, he called for the establishment of a direct telephone link between the chief operational officers of the neighbouring countries in order to develop and facilitate cooperation.

The first interactive section aimed to enumerate the legal and administrative obstacles to the free border crossing and operating of ambulances in the countries concerned. The participants reported the following obstacles:

- based on experience, the authorities are trying to help fastening the border crossing for the ambulances (e.g. with the use of the lane for diplomats), but there is no regulation about this.
- they cannot use the distinctive sign after crossing the border, or in the case of use, they are penalised on the Hungarian side for it.
- the radio networks vanish by the borders; for that the usage of mobile phones is the current the solution.
- the assessment of the language obstacles differs in every borderline, which can be explained with the minorities living there. While organising the shifts of the dispatchers and ambulances, the language skills do not constitute as an official aspect, however in practice, they always take this factor into consideration.
- the regulation about the licenses and the equipments of the ambulances and the staff is not uniform currently, but there are no serious professional differences, so the participants think that they can easily overcome this obstacle.
- although the EU regulation works well in relation to the hospital emergency care, the mechanisms concerning the financial accounting of the rescue are completely lacking.

It was also said that while saving the life of patients, they sometimes have to break the rules, which is settled afterwards with a lot of paperwork. The participants also determined some focal points (e.g Rajka and its region, the areas that are hard to reach along the Slovenian border), where the cooperation would have crucial significance.

The second section was intended to identify further steps for cooperation, as a result of which, the participants determined the actors that need to be involved by each country: (1) the cross-border ambulance services, (2) the central body, responsible for the policy coordination (3) the competent ministries (4) the state and private insurers. In the case of Austria, the central professional organisation is the Ministry, while in the other cases, these two are separated.

On an operational professional level, the participants made suggestions on:

- providing easy and fast interinstitutional access, by a **well-defined contact mechanisms**;
- the development of **an international (even EU-level) certification system and common certification** with respect to the licenses;
- the establishment of **national coordination centres**, to where the organisation of cross-border cooperation and the continuous contacts are delegated;
- the establishment of **translation/interpretation service centres** (because of the high number of tourists, it would be extremely helpful not only in the border areas);
- the establishment and **harmonisation of the TETRA networks and equipments**, which is considered by the participants to be possible even in the short-term, both from technical and financial point of view.

In order to strengthen cooperation on a long-term basis, besides interstate connections, the establishment and rebuilding of contacts through personal consultations at the local level should also be started, even within the framework of EU projects.

4. The fulfilment of the defined indicators

THE INDICATOR	TARGET	FULFILLED
Interviews made in the neighbouring countries	5 pc	5 pc
Professional seminars	1 pc	1 pc
The number of EU member states participating the seminar	6 countries	6 countries
Number of participants at the seminar	30 ps	28 ps[3]
Summary report	1 pc	1 pc

[3] The Ministry of Human Capacities of Hungary had preliminary delegated one development and one legal expert who were not able to attend the event because of other duties.

5. The opportunities to continue the subproject

There is an opportunity to continue the project on 3 levels, in parallel by exploiting the synergies:

1. **European Union level**: it would be worth sharing the problems, obstacles, and solutions identified in the framework of the project at European level, while paying special attention to addressing the competent EU institutions that are supporting legal harmonisation.
2. **Interstate level**: for the bi- or multilateral legal harmonisation, it would be necessary to continue the professional consultation that already started during the project, with the involvement of all central bodies including ministries, institutions and insurers. The providing of regular meetings clearly contributes to the development of a long-term professional discourse.
3. **Regional level:** for the smooth cross-border cooperation, the organisation of meetings is considered to be necessary, which can be held independently by the borderlines, which serve the formation and strengthening of personal contacts, and which serve professional consultation (joint exercises, study tours, etc.).

6. Annex

6.1 Agenda of the seminar

Legal accessibility | 3rd milestone
International seminar on cross-border ambulance services
12-13 November 2018, Budapest

12 November

13:00- **Hotel check-in** (IBIS Budapest Centrum, 1092 Budapest, Ráday u. 6.)

15:00-17:00 **Study visit at the coordination centre of the National Ambulance Service**
Venue: 1137 Budapest, Róbert Károly krt. 77.
English and German translation is provided

18:00- **Dinner**
Venue: TBA

13 November

Venue: TIT Kossuth Klub, 1088 Budapest, Múzeum u. 7.
Working languages: German, Slovak, Slovenian, Romanian and Croatian

08:45 **Welcome coffee**

9:00 **Introduction of the 'Legal accessibility' initiative** (Ocskay Gyula, Secretary General, CESCI)

09:15 **Introduction of the results** in the field of ambulance services (Enikő Hüse-Nyerges, Project manager, CESCI)

9:40 **Tour the table** (2 minutes/ participant)

10:00 **1st Session: obstacles hindering cross-border cooperation**
intervention of the participants (max. 8 minutes/country)
questions and answers – interactive debate

11:15 **Coffee break**

11:30 **2nd Session: possibilities for cross-border cooperation**
intervention of the participants (max. 8 minutes/country)
questions and answers – interactive debate

12:50 **Closing remarks**

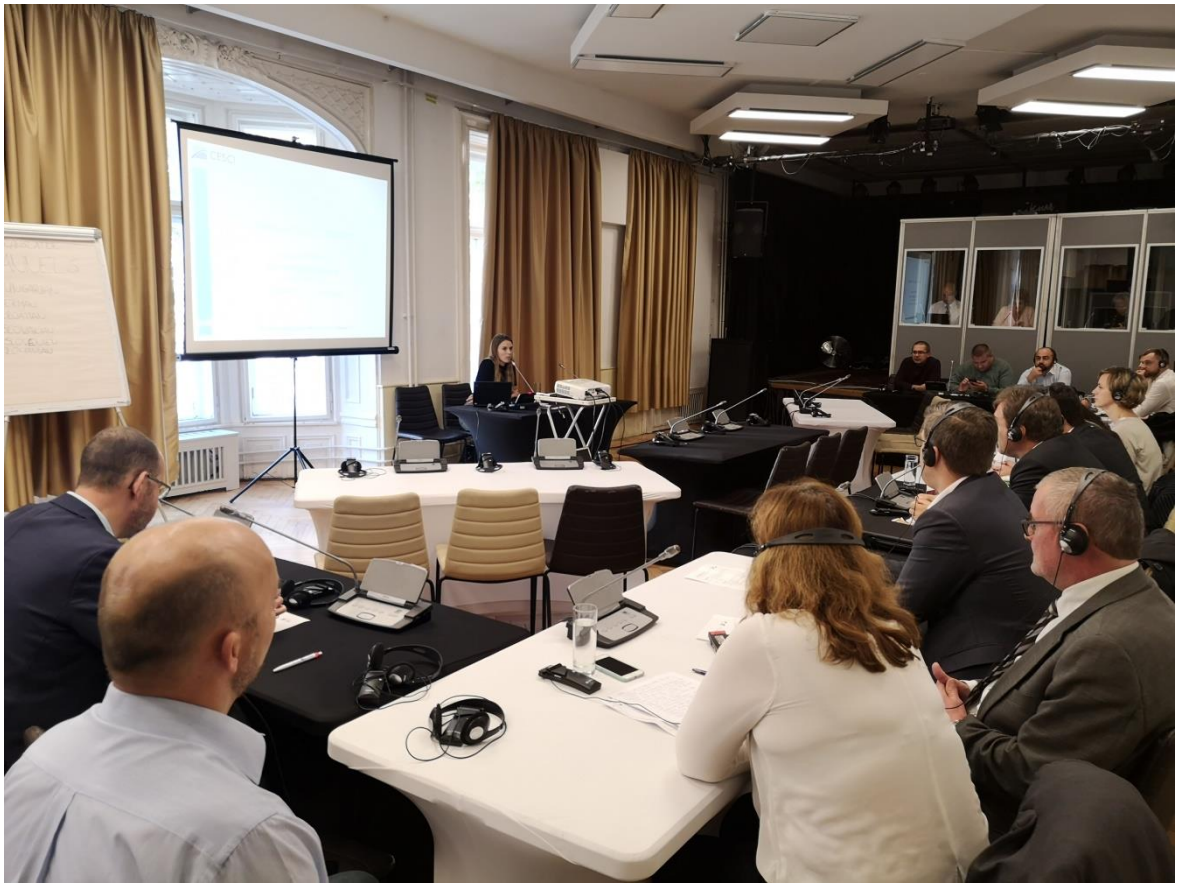
13:00 **Lunch**

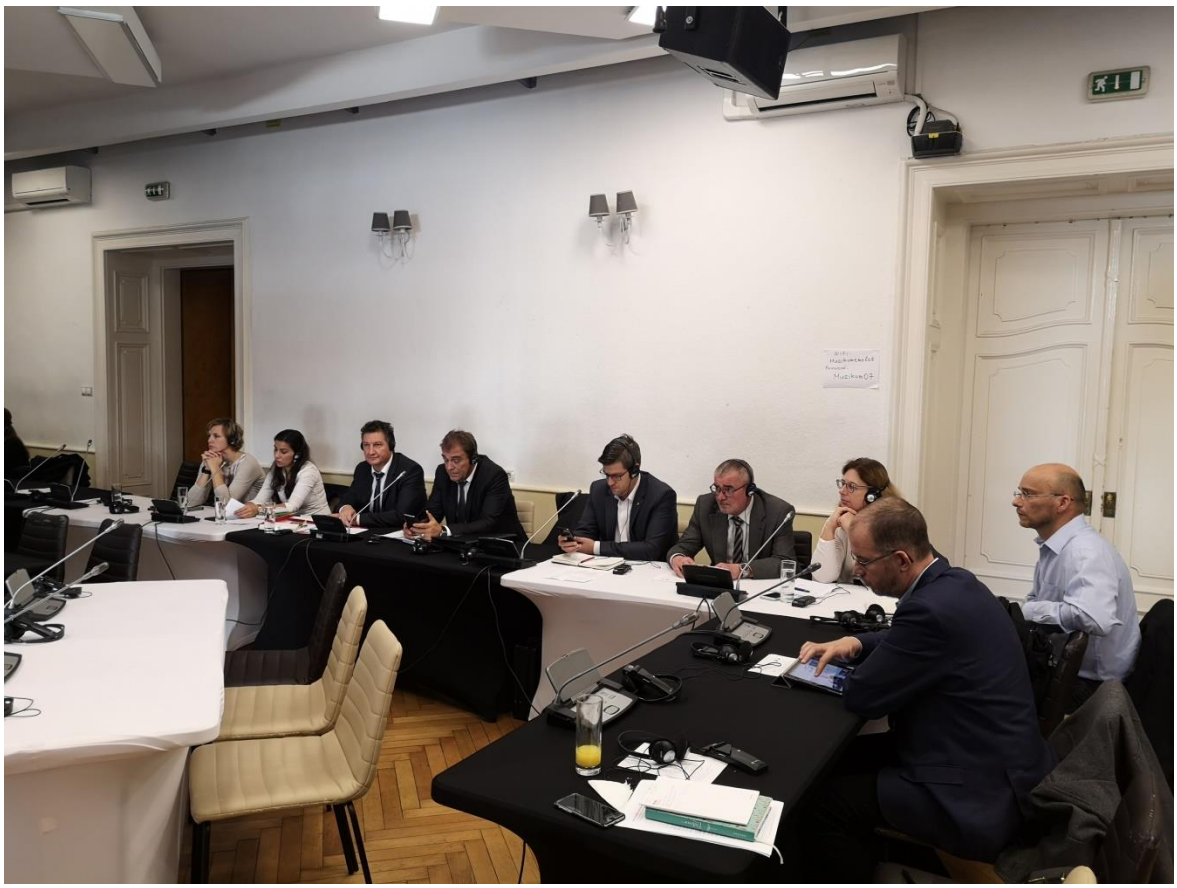
14:00 **End of the seminar**

6.2 Reminder of the seminar

Participants

- Alexander **Heller -** *Landessicherheitszentrale Burgenland (AT)*
- Mag. Erich **Hohnenkamp** – *Land Burgenland (AT)*
- Mag. Christine **Philipp** – *Land Burgenland (AT)*
- Valeria **Bartolić** – *Zavod Za hitnu medicinu koprivničko-križevačke županije (HR)*
- Mirjana **Hanžeković** - *Ravnateljica Zavoda za hitnu medicinu koprivničko-križevačke županije (HR)*
- Tomislav **Novinščak** M.D. - *Zavod Za hitnu medicinu međimurske županije (HR)*
- Dr. Juca **Dacian** - *DSU (Emergency Situations Department) Romania (RO)*
- **Gencsi** László – *Ambulance Service Oradea, Bihor (RO)*
- **Kurucz** László - *Ambulance Service Oradea, Bihor (RO)*
- Daniel **Grabar** – *Splošna bolnišnica Murska Sobota (SI)*
- Ivan **Tibaut** - *Območne enote ZZZ Murska Sobota (SI)*
- Marianna **Kozmannová** – *Ministry of Health Slovak Republic, Law Department (SK)*
- Lucia **Mesárošová** – *Emergency Center Slovakia (SK)*
- Michal **Škvarka** - *Ministry of Health Slovak Republic, EU Affairs Department (SK)*
- Dr. **Golopencza** Pál – *National Ambulance Service (HU)*
- Dr. **Jova** Anett – *National Ambulance Service (HU)*
- Dr. **Kőrösi** László – *National Health Insurance Fund of Hungary (NEAK)(HU)*
- **Hüse-Nyerges** Enikő – *CESCI (HU)*
- Dr. **Jankai** Norbert – *CESCI (HU)*
- **Ocskay** Gyula – *CESCI (HU)*
- **Szilágyi** Szilvia – *CESCI (HU)*





The meeting was opened by *Gyula Ocskay*, the secretary general of CESCI, who presented the legal accessibility initiative of the association. Following this, the participants of the seminar introduced themselves, and the project manager of CESCI *Enikő Hüse-Nyerges*, presented the results of the ambulance service part of the project that was implemented last year. Related to this, *Dr. Pál Golopencza*, the Chief Medical Officer of the National Ambulance Service highlighted that he can imagine the possibility of further developing the cooperation in the frame of a bilateral agreements.

On the other hand he called for the establishment of the compatible TETRA networks and equipments (as the coordination is technically feasible), and he also called for the establishment of a direct telephone link between the chief operational officers of the neighbouring countries in order to facilitate cooperation.

First section

The ***first interactive section*** aimed to enumerate the legal and administrative obstacles to the free crossing of ambulances in the countries concerned. The participants reported the following.

Romania

László Gencsi, the colleague of the Ambulance Service of Bihor County said that in order to fasten border crossing, they can use the lane for diplomats frequently, but there is no regulation / agreement related to it. It is a more serious problem that they cannot use emergency vehicle lighting on the other side of the border or when they use it, they are penalised. One of the colleagues of the SMURD, which is an organisation with rapid response, *Dr. Juca Dacian* added that without the use of the emergency vehicle lighting, the running-time can be longer with 1-2 hours, which is detrimental to the emergency service. He also said that from their point of view, it would improve the standard of the emergency service, if the patients, who need a higher level of emergency care could be taken to the hospital of Debrecen or Szeged.

The Bihor County emergency service maintains good relations with the ambulance staff but the cooperation was stronger before. The staff issues are really important in this case, as after the previous leaders left, the connection loosened significantly. *Pál Golopencza* promised that he would help getting in contact with the staff in Debrecen.

The question of cooperation also came up in relation to rescue with helicopters. Currently, the helicopters meet at the border and hand over the patient to one another. Cooperation in this field would not only be relevant in the case of neighbouring countries.

Slovakia

Lucia Mesarošová said that in Slovakia the emergency service is organised by a national operative coordinating centre with the participation of 13 legally independent (12 ground, 1 air) service providers. They have a total of 280 ambulance stations. Around half of the 13 service providers belong to the state. One can be a service provider through tender calls (foreigners can also apply), which is approved by the Ministry of Health for a period of 6 years.

The district dispatcher centres can be accessed with the European dial number 112 and the national 155. If needed (in case of lack of capacity), the system will direct the call to the neighbouring dispatcher centre. Although there are only some people in the centre, who speak Hungarian, she thinks that it would be necessary to operate an interpreter centre.

There is no regulation for the arrival time to the spot, but they have to leave within two minutes after the sound of the alarm.

To answer the question addressed directly to them, the Slovakian colleague said that they use the TETRAPOL technology, but she considers the transition to TETRA to be possible.

While saving the life of patients, they sometimes have to break the rules (there was such a case at the Czech border), which is settled afterwards with a lot of paperwork.

In the case of Hungary, in the area of Rajka, the cooperation is becoming more and more necessary, as patients living on the Hungarian side of the border but having insurance in Slovakia often call them.

Croatia

Tomislav Novinščak said that they do not have any cross-border experiences in Čakovec (apart from one example). He thinks that in the case of the authorisation of service providers an international qualification system and course should be developed and a joint certification is needed. He does not see any problems related to the minimum conditions of equipment. In order to create a radio connection, he suggests the usage of the TETRA network. He thinks that the transition does not have big investment needs.

The Croatian colleague also added that although he does not expect major EU legal harmonisation, some smaller-scale European projects focusing on the transfer of good practices could be useful.

Apart from this he also recommended updating the illustrations in the second presentation based on the exact data. The colleague of CESCI indicated that there is no obstacle for it, in the case, the adequate data is provided.

Valerija Bartolić from Križevci added that they support the organisation of cross-border joint practices in which disaster management should also be included.

Slovenia

Ivan Tibaut and *Daniel Grabar* said that the reorganisation of their dispatcher service is currently in the process, which offers an opportunity to install TETRA. They also consider that the application of the system is an appropriate solution.

Cooperation regarding the minorities and less equipped cross-border regions in Prekmurje would be very important. In order to solve the legal issues, the harmonising of the ministries of health and insurance companies would be needed.

In the coastal areas they have cross-border connections (with Italy), but in the case of Hungary, because of language difficulties, the cooperation broke (e.g. the cooperation with the hospital in Szombathely).

The colleague from Križevci also added that there is a good cooperation in emergency patient care in the case of Istria-Izola. Materials concerning the details of cooperation will be shared with the participants.

They have ad-hoc cooperation with the Austrian partner, which generally works when the Austrian partner has no proper means of transport, but the Slovenes do.

Austria

Alexander Heller said that a solution should be found for the free border crossing of ambulances, because handing over the patient at the border is endangering proper care.

He addressed two questions to the participants:

1) Do they consider it possible that the ambulance receives the authorisation for crossing the border on the phone?

According to *Pál Golopencza* this can work during pre-planned cases, but it may be problematic for special emergency cases because of the time factor. An authorisation via phone can be part of a well-prepared alert mechanism, provided that the direct and immediate access to those, competent is ensured.

2) Do they consider the itemised settlement of accounts possible for funding?

László Körösi, the colleague of NEAK thinks that initially, the emergency care should be based on the basis of reciprocity (since the cases compensate for one another financially),

then with the increase in the number of cases, the itemised settlement mechanism could be developed.

At the end of the section, the Slovakian colleague said that repatriation after the hospital care with ambulances should be terminated due to the large administrative burden and because of the financial burden for the patient.

Second section

The ***second section*** was intended to identify further steps for cooperation. *Enikő Hüse-Nyerges* said that currently it would be possible to continue the project in the next year, but it would be important to identify the next steps. Experience shows that it is inevitable to create a willingness to cooperate at the high level of politics, but some of the operational and professional issues also require a solution. So practically, the work should be done on two levels.

The participants suggested the following:

Romania

At the operational level, national coordination centres should be established, responsible for cooperation. In Romania, such an organisation (Disaster Centre) already exists, which as he believes would be appropriate for the task. For the crossing of the border between the counties, the authorisation of the centre is needed, and the practice related to this, could be transferred to cross-border care. Two ministries are involved in the organisation and operation of the centre, which covers not only rescue and disaster management activities.

To establish radio connection, a cooperation frequency should be designated to manage cooperation.

Although there is no regulation related to this, they are trying to organise the service in the cross-border areas so that there is always a speaker of Hungarian in the centre.

In order to create cooperation in the field of air rescue, in addition to the Ministry of Internal Affairs and Health, the involvement of air navigation organisations should also be involved.

Slovakia

The national coordination centre is considered to be a good solution.

The cooperation could also be helped with the usage of the 112 emergency number, where an operator should be put, who has health-care qualifications, and can evaluate and forward the call to the right place.

At present, operators, who speak different languages (EN, DE, HU, RS) have advantage. But the operation of an interpreter service would be important from their point of view too.

The issue of data protection was also raised, as it would be important to know the basic data and the history of the patient. *Enikő Hüse-Nyerges* told that there was not yet an adequate solution to the issue but they will look up the well-functioning Western European models.

The colleague of the Ministry of Health said that they were open to cooperation. In order to develop a bilateral agreement, Insurance services, the Ministry of Foreign Affairs and the Ministry of Transport should also be involved.

Croatia

The inter-institutional availability should be shortened at operational level in any case, that is, a well-defined contact mechanism would be needed.

For them the language differences would be the biggest problem, so the interpretation service is considered to be necessary. If such thing is already organised, it should be at national level, it should not only affect the given border area.

Slovenia

As a first step, in addition to inter-state relations, the establishment and re-establishment of contacts at the local level should also be started by defining legal bases and personal consultations. The mentioned glossary/dictionary for rescue would be useful.

Austria

He agrees with all the proposals already made. He thinks that it needs to be decided, on what level we want to continue working together.

For the raised issue *Enikő Hüse-Nyerges* said that currently, EU level legal harmonisation can only be expected in the long run. In the case of Hungary, the cooperation at the local level alone would not solve the issue because of the lack of competences, so it is inevitable to involve state level actors.

In closing, the colleague of the CESCI thanked for the participation, the valuable suggestions and comments that will be summed up in a reminder with the further tasks. She also added that for the next steps they certainly count on further cooperation.