

# ESTABLISHMENT OF ESTONIAN POISONING INFORMATION CENTRE

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# Objective

To describe and provide analyzation to the process of launching the Estonian Poisoning Information Centre



## Background - Estonia

Population: 1.3 million

All institutions of acute medicine is formally private medicine (with a State Representative in the Council), except EM services (=pre hospital care)

Missing knowledge about:

- clinical toxicology
- composition of chemicals etc.



# First initiative for establishment of an PIC in Estonia came from health care

## **Process led by interested individuals,**

couple of officers of Public Health Department (Ministry of Social Affairs):

- no fixed recourses, funding only from projects
- limited provision of delegating authority from the State for international cooperation
- no sustainable results
- meetings with hospitals, Rescue Board, Centre for Disaster Medicine ->

Centre for Disaster Medicine functioned (limited time), at Mustamäe Hospital in Tallinn provided poison information, but not seen as promoter

- Poisindex-database
- functioned 8h/5 for doctors

The proposal for permanent operation was to provide a PIC service by doctors/nurses on duty in ICU instead of an independent centre

- no need for an own database or call-statistics for toxicovigilance was foreseen



The problems and strengths of an establishment process led by a government agency vs interested individuals and the need for clear vision and leadership at high governmental level

# Leadership of an Establishment process

## Establishment was not stated as a priority of State – 2004

Process led by interested individuals, couple of officers of Public Health Department (Ministry of Social Affairs):

- no fixed recourses, funding only from projects
- limited provision of delegating authority from the State for international cooperation
- no sustainable results

## Process led by a government agency (Chemical Notication Centre ) from 2004

Clear vision and leadership developed at high governmental level

- Concept for working principles of PIC
- Benefits from a functioning PIC understood
- The resources for establishing of PIC allocated from the state budget

Establishment was not recognized as a priority by the government until 2004 when Estonia become as a member of EU, which brought all the EC Directives related to chemical products



The problems and strengths of an establishment process led by a government agency vs interested individuals and the need for clear vision and leadership at high governmental level

# Finding a suitable place for the PIC

## Establishment was not stated as a priority of State – 2004

Process led by interested individuals

- Instead of independent centre was suggested a PIC service with doctors on duty in ICU

## Process led by a government agency (Chemical Notication Centre ) from 2004

Clear vision and leadership developed at high governmental level

- 2003/2004 decision about PIC establishment under Chemical Notification Centre
- North Estonian Medicine Centre as a consultant



Finding a suitable place for the PIC in the existing national health care system and among its professionals

# The key factors for to start the EPIC service

EAPCCT's „Self-assessment checklist for min. - and optimum standards for poisons information services

Interest from State

Mentor PIC (Finland)



To understand what were the key factors for getting the decision and necessary funding to start the EPIC service

## What to learn from suitable existing PICs to create a clear vision and understand key processes of new PIC

**Short training in clinical toxicology**

**Understanding the real work of PIC**

**Quality assurance procedures**

**Importance of PIC's scientific work**

**Joining international community**



To understand what were the most valuable contributions established PICs (and EAPCCT) provided for starting the services of the PIC



## Documents for successful start the EPIC service

- The vision statement, 5-year plan, budgets
- Guidelines for database security (by ISKE standard)
- Poisoning Management Monographs, adopted to include local information
- Documentation of the Quality Assurance Process
- Contact with international community: EAPCCT Congresses , NAPC annual meetings



To understand what were the key factors for start the EPIC service

## Strategy for successful start the EPIC service:

- active poisons information education
- a visual corporate identity
- full communication strategy
- operation started for 8h/5 days a week
- work to include PIC into legislation (for making PIC a permanent structure)



To describe strategies to promote a new PIC among various stakeholders (public, professionals etc) to build demand for its services

## Conclusion

From Estonian experience in successfully establishing a sustainable PIC it is crucial to have:

- clear support and funding from the State,
- an effective mentor-PIC,
- active international/domestic collaboration,
- EAPCCT's 'minimum-optimum standards'
- a couple of experienced, committed, educable EM specialists.

Establishing with government funding a new PICs within a privately funded medical institution may be problematic, if direct communication (independent budgeting/transparent accounting) with funder of the centre cannot be secured.

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... and  
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