

# Emergency Medicine in Scandinavia – should anaesthesiologists still be involved?





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## Freddy Lippert

- Clinical background
- Anaesthesiology
- Special interest in trauma care, resuscitation, pre-hospital care

## Disclosure



# Emergency Medicine in Scandinavia – who should be involved?



## Headlines

- **The new regions and the national report on emergency health care**
- **The key issue: Speciality, competence, experiences and interest**
- **The future challenge**

## Denmark

- **Inhabitants 5.4 million**
- **Area 43.000 km<sup>2</sup>**
- **Population density 123 per km<sup>2</sup>**
- **Emergency Department: approx. 42**
- **ED visits 938.354**
- **Emergency Departments traditionally lead by orthopaedic surgeon**

## What is Emergency Medicine?

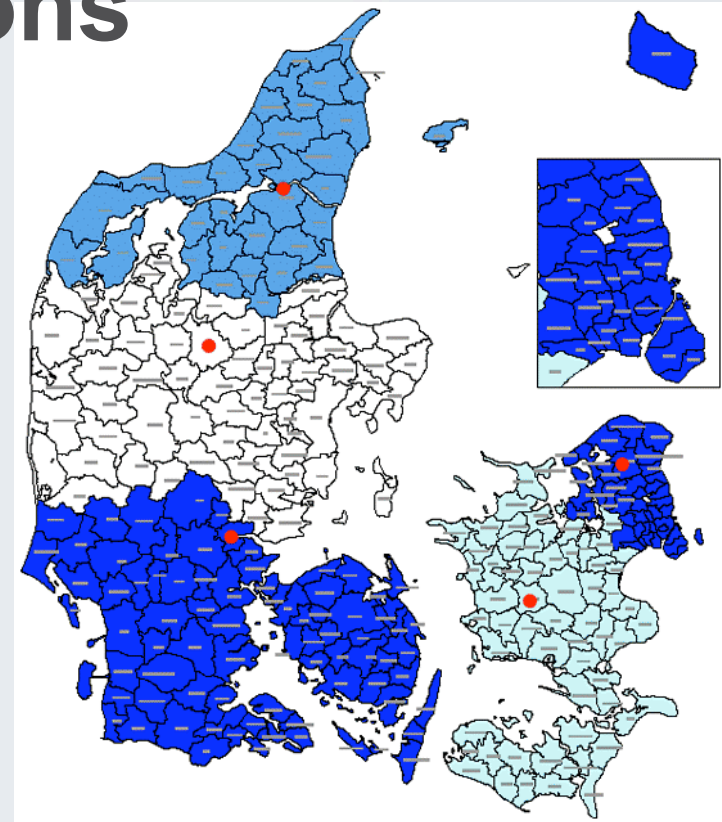
- **Emergency Medicine as emergency care: trauma care, medical emergencies, resuscitation, advanced life support**
- **Emergency Physician = ?**
- **Emergency Medicine as a speciality**

## What is Anaesthesiology?

- **Anesthesia**
- **Intensive Care Medicine**
- **Pre-hospital care**
- **Pain-management**

# The Five New Health Care Regions

- Region Nordjylland
- Region Midtjylland
- Region Syddanmark
- Region Sjælland
- Capital Region



# The Capital Region of Denmark



- 1.6 mill inhabitants
- EMS with physicians
- 2 Dispatch centres
- 10 hospitals
- 10 Emergency departments
- 1 trauma centre

## Re-organising Health Care in Denmark

- **Unique opportunity**
- **Centralisation, especially emergency care**
- **New tasks to new hospitals**
  
- **Time and needs for identifying best practises**
- **Opportunity for changing practises**

# National Board of Health Report on Emergency Care 2006

[www.sst.dk](http://www.sst.dk)

GENNEMGANG AF AKUT-  
BEREDSKABET

I HØRING: 21. DECEMBER 2006 - 1. MARTS 2007

2006

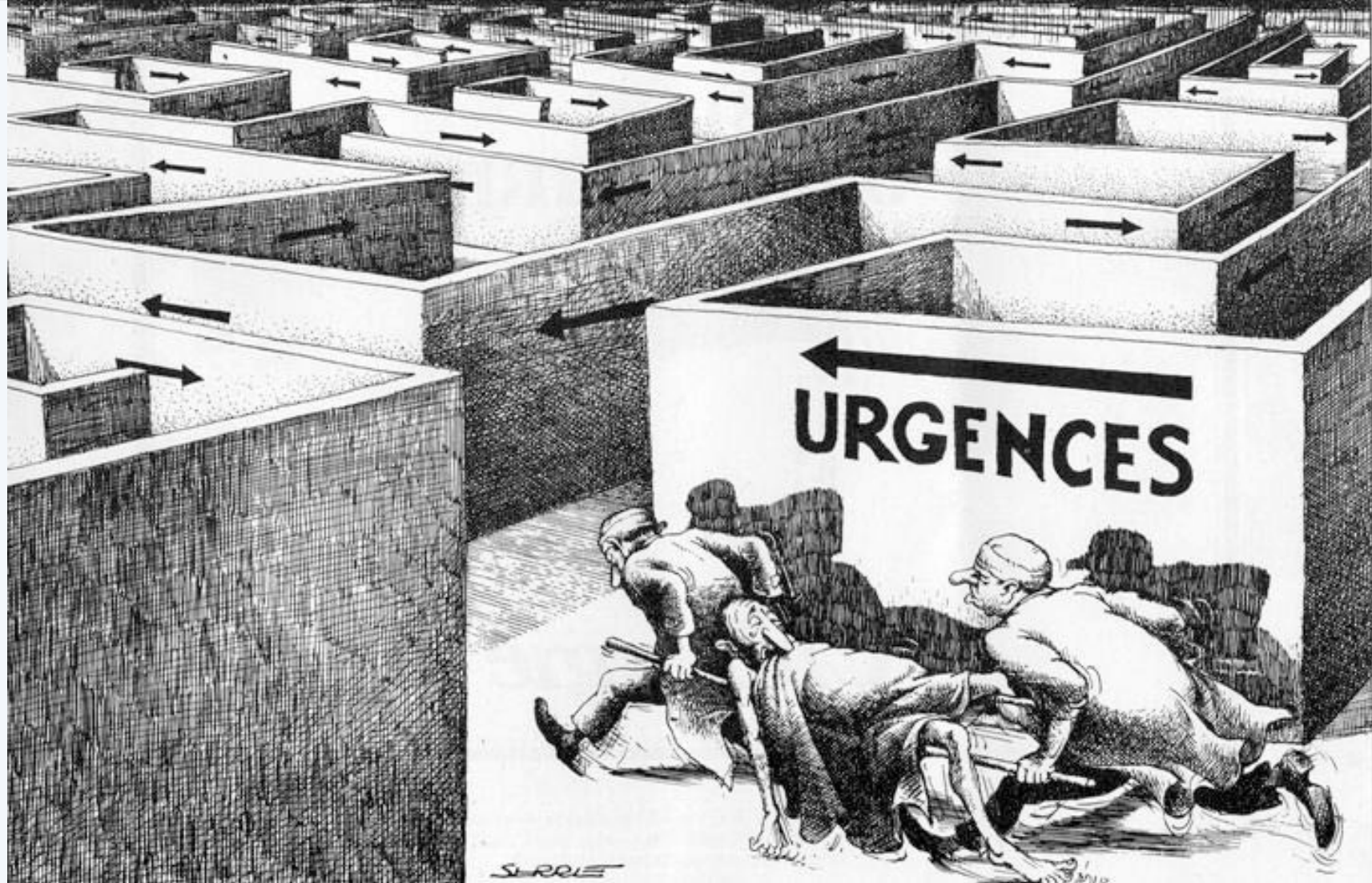
# National Board of Health Report on Emergency Care 2006

The most extensive plan for reorganising Emergency Health Care

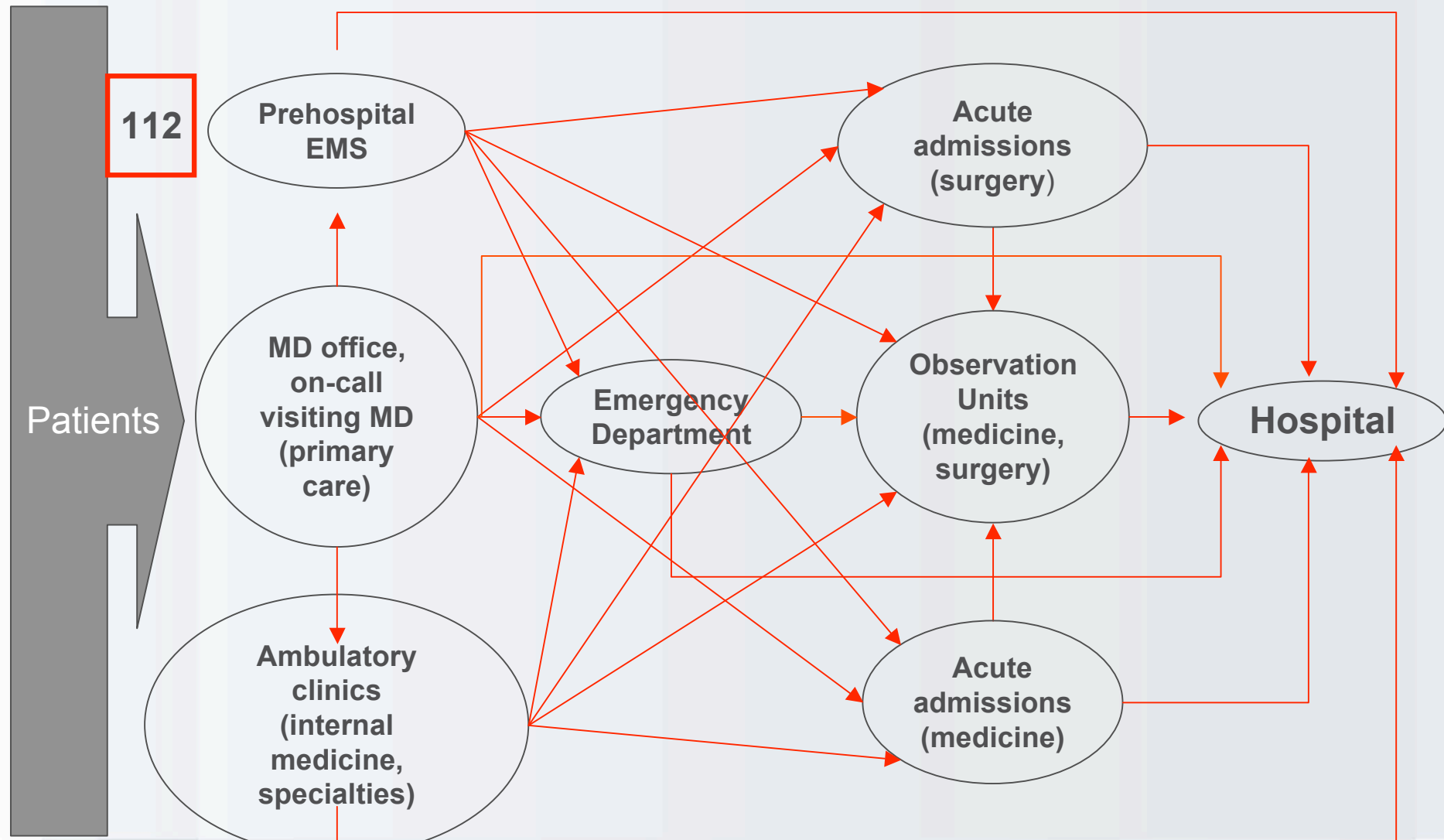
Including:

- Pre-hospital Care - EMS
- Access to Emergency Care
- Emergency Departments (facilities, specialities, level of competence)
- Centralisation
- Education

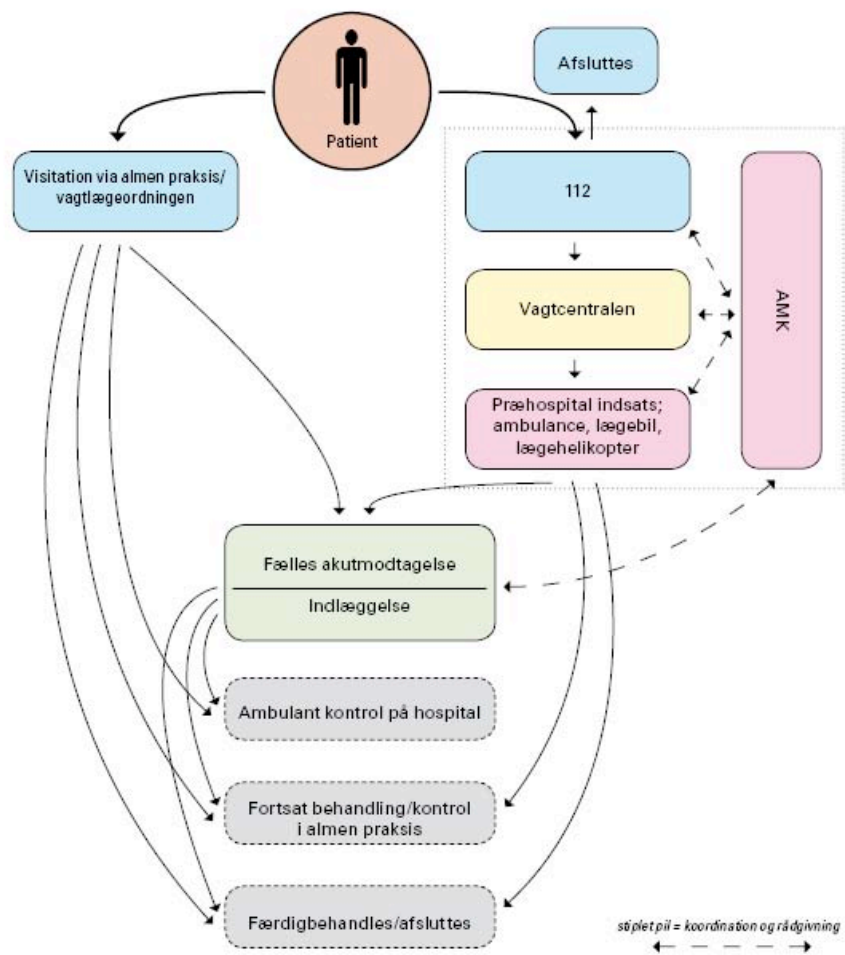
# How do patients access EM care?



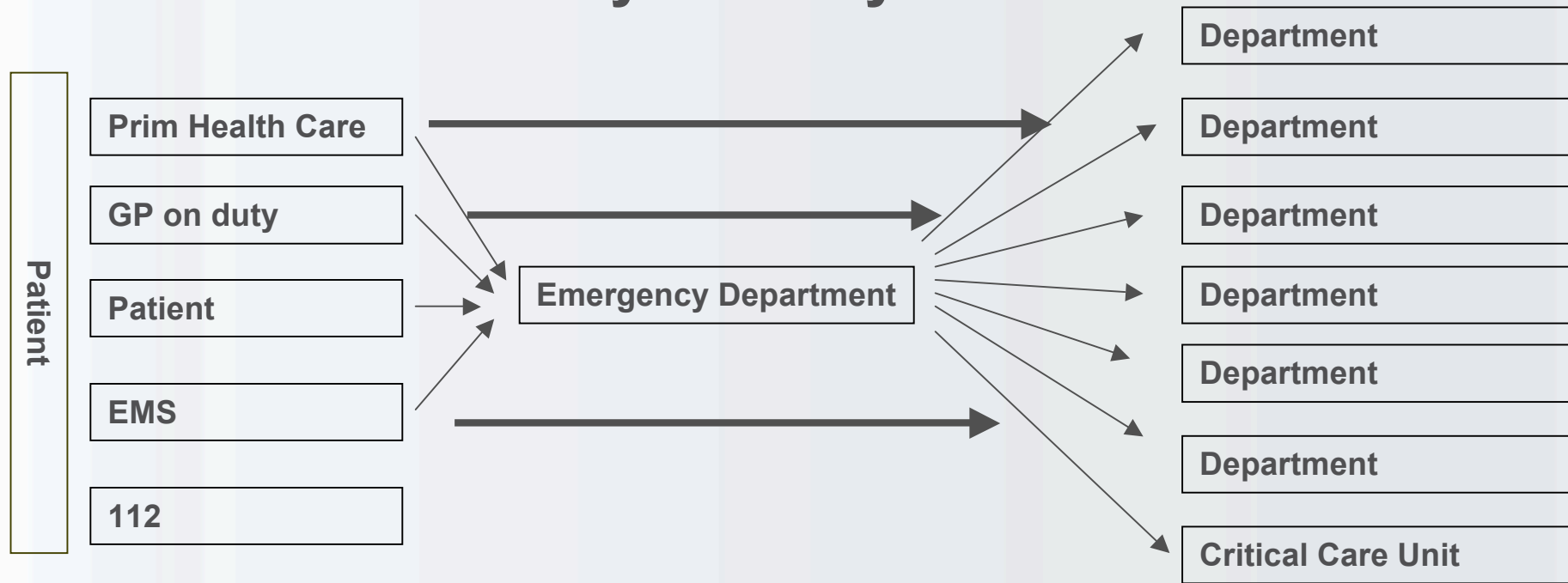
# How do patients access EM care?



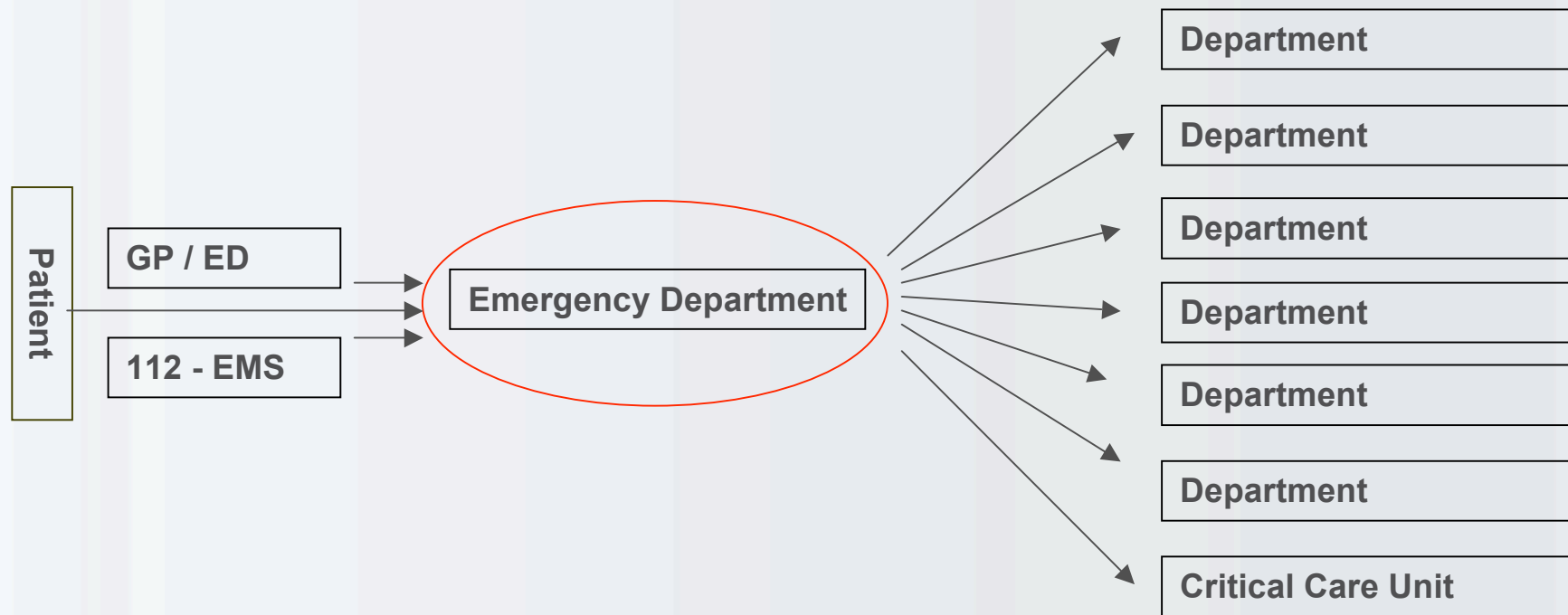
## Det akutte patientforløb



## Patient care yesterday



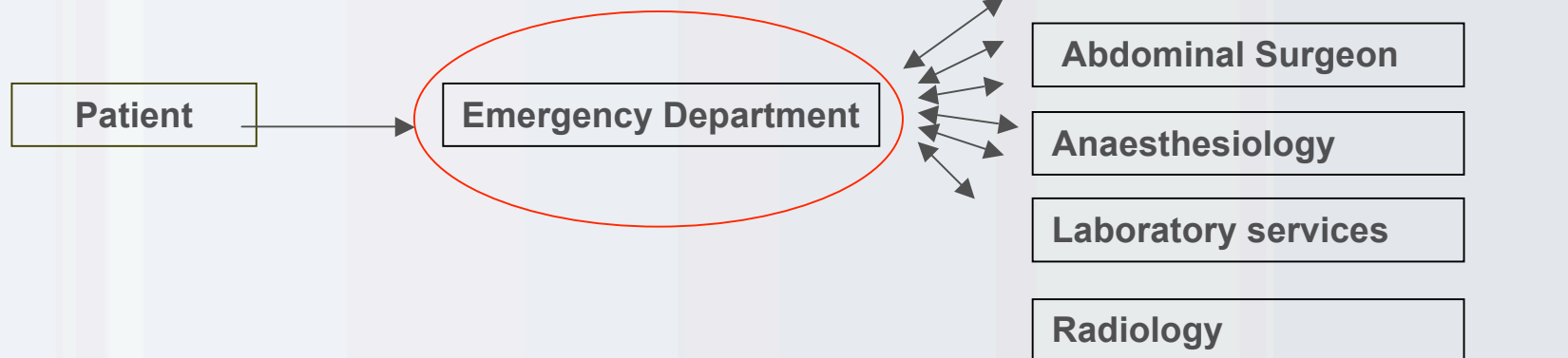
## Patient care tomorrow



## Patient care - yesterday



## Patient care – tomorrow



## Changes in Emergency Care

1. ED – fewer, bigger, higher standard of care
2. Emergency Care: education
3. Re-organising – structure and leadership

## Emergency Departments

- **Centralising**
- **Point of access and gatekeeper**
- **Rebuilding emergency department / hospitals**
- **New requirements to facilities (minimum standards)**

## Education

- 1. Courses with advanced life support and trauma care but not a requirement**
- 2. No common curriculum within emergency care**
- 3. Co-operation with institutions abroad at a region level**

## Re-organising – structure and leadership

- **Co-operation between the critical specialities**
- **But a defined leadership**
- **No speciality is given preference beforehand**

## Role of the anaesthesiologists

- **Expertise in advanced life support procedures**
- **Clinical experiences in important procedures**
- **Providing continuity in care from pre-hospital setting to intensive care unit**
- **Teamwork and communication**

## Role of the anaesthesiologists

- **Not all anaesthesiologists are interested in emergency care**
- **Not all anaesthesiologists are interested in the common emergency department patient**

## **Scandinavian Society of Anaesthesiology** **www.ssai.info**

- **Educational programme within**
- **Intensive Care Medicine**
- **Paediatric Anaesthesia and Intensive Care**
- **Pain**
- **Advanced Emergency Medicine**

## **Should anaesthesiologist be involved in emergency medicine?**

- **Anaesthesiologist are involved in emergency care**
- **Emergency Care is going to be a larger part of patient care in hospital**
- **Organising emergency care is a major challenge**
- **Emergency medicine is going to be an area of expertise**
- **Interest, education, experiences are the determinants**

# Emergency Medicine as a speciality?

## Conclusions

- 1. We need focus on organising emergency Care**
- 2. Competence and interest before speciality**
- 3. The way forward: interest, education, documentation**