
Emergency Medicine and Patient Safety - What Can We Learn from the U.S. And Vice Versa?

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Scandinavian Update

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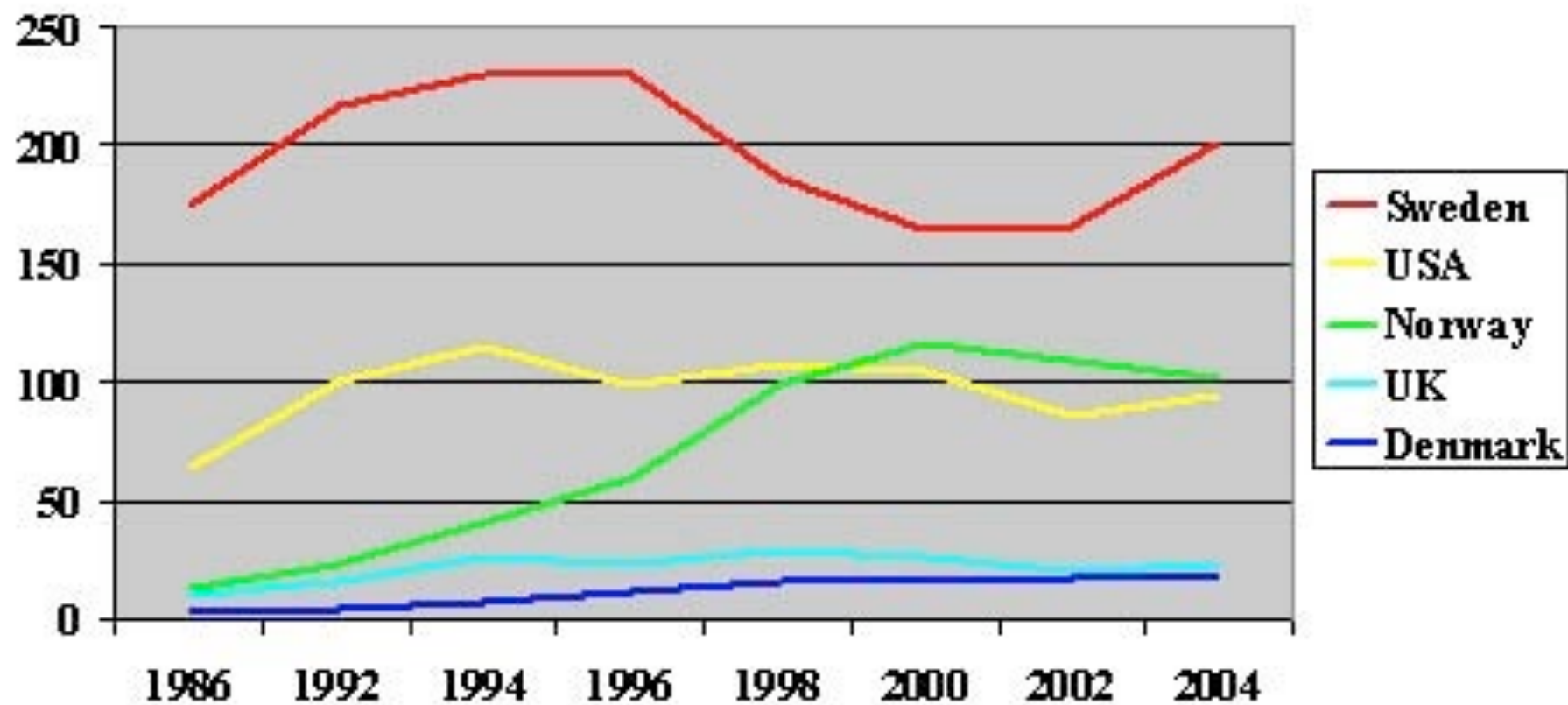
**A matter of
perspective**

.... and information

Where
Europe
and
America
Meet!



Icelandic doctors abroad



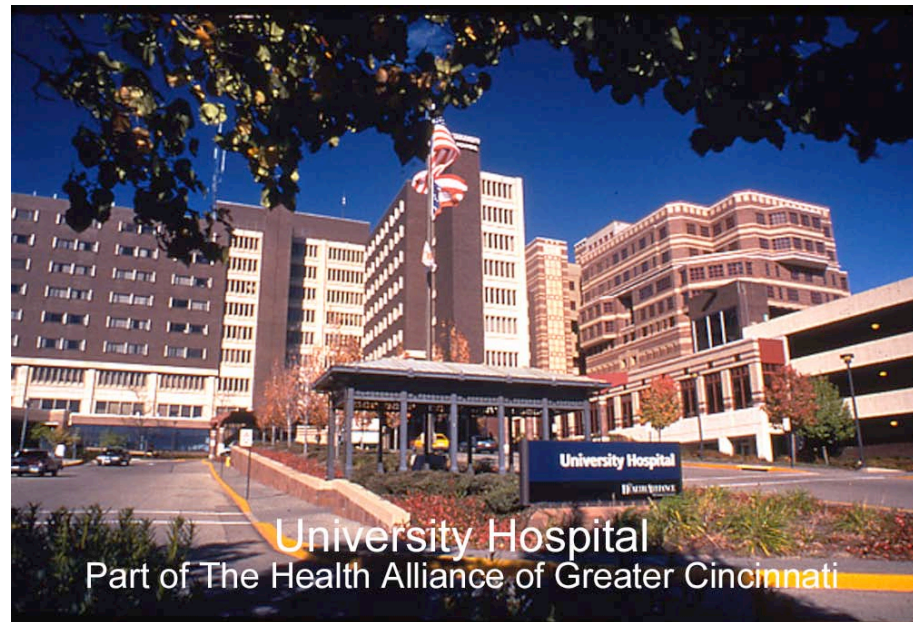
Why EM is Different in the U.S.

- History of Emergency Medicine
- Evolution of EM in the last decades
 - How?
 - Why?
- Current state
 - of the specialty



EM in the 60's

- Young and inexperienced house staff
- No training
- Poorly organized
- “Black” reports
 - U.S.A. & U.K.



- *McHugh & Driscoll: Annals of Emergency Medicine 1999*
-

The Problems

- No one had the right specialty competence
- Lack of methodology
- No academic positions
- Demands for a change
 - Getting louder and louder



- *Chellis, Olson & Augustine*
J Accid Emerg Med 2000
-

The Solution: Specialization

- Improve MD training, skills, competence
- Professional societies
 - *ACEP* 1967
 - *CSA* (later *BAEM*) 1968
- Specialty training
 - *Cincinnati* 1970
- Attending coverage
 - 24/7



Definition of Emergency Medicine

- Save life and limbs!
- Relevant dx., tx. & disposition
- Prehospital emergency medical care
- Teaching and training
- Research



■ *Annals of EM Oct. 1986*

The European Version - EuSEM

- High quality emergency medical care
- Accessibility
- Dedication
- Acute illness
- Trauma



- *Manifesto for Emergency Medicine in Europe, EuJEM 1998*
-

Current State of EM in the U.S.

- A well-defined specialty
- Large and growing
- Competitive
- Low risk of burn-out



- *Fred, Örtenwall, Widgren, Läkartidningen 2001*
-

Some Key Differences

	<u>Nordic Countries</u>	<u>United States</u>
<u>In hospital</u>	Various departments	Emergency Departments
	Multiple specialties	Emergency Medicine
<u>Pre-hospital</u>	Physicians	EMTs
	Nurses	Paramedics
	Ambulance staff	

Patient Safety in EM



- Numerous studies have proved safety, efficacy and equal quality of care
 - WHEN provided by doctors properly trained in EM
 - A few examples to consider
 - Airway management
-

Patient Safety - Residents

- A comparison of trauma intubations managed by anesthesiologists and emergency physicians
 - 673 intubations
 - Success and failure rates were similar

 - *Academic Emergency Medicine, January 2004*
-

Pt. Safety – Specialist Supervision

- Alternating day emergency medicine and anesthesia resident responsibility for management of the trauma airway: A study of laryngoscopy performance and intubation success
 - 658 trauma patients
 - There were no differences
 - *Annals of Emergency Medicine, Jan. 2004*
-

Patient Safety – Prehospital



- Great variability in endotracheal intubation success rates
 - Best results 86-90%

■ *Academic EM, July 2003*

What to Learn?

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An aerial photograph of a volcanic eruption. A massive, billowing plume of white ash and steam rises from a central vent, spreading out as it ascends. The surrounding landscape is rugged and rocky, with some snow patches visible. The overall scene is captured from a high angle, looking down on the volcano.

Thank you!