

## Know us in 5 minutes

*Updated:* 2021, *March* 30<sup>th</sup>



## Mission and Vision

### Mission and Vision

#### Mission:

o to improve emergency care for children through high standard national, multinational and multicentre research. In this way, REPEM will help the EuSEM PEM Section achieve the objectives proposed



#### • **Vision** - REPEM facilitates:

- The development of European multicenter projects related with the PEM
- The training of EuSEM PEM Section research members.
- o The answer to doubts from members of the EuSEM PEM Section.
- The development of a research project proposed with any member of the EuSEM PEM Section.



# Steering Committee and structure

## **Steering Committee**

CHAIRMAN: Rianne Oostenbrink Sophia's Children's Hospital – Erasmus MC (Rotterdam, The Netherlands)

SECRETARY: Silvia Bressan
University of Padova (Padova,Italy)

#### **RESEARCH RESPONSIBLES**

Liviana Da Dalt
Department of Woman's and Child's Health,
University of Padova (Padova, Italy)

Ruud Nijman St Mary's Hospital London (England, UK) Alain Gervaix Hôpitaux Universitaires de Genève Genève (Switzerland)

Henriette Moll Sophia's Childrens Hospital – Erasmus MC (Rotterdam , The Netherlands)

Kristina Keitel
Boston Children's Hospital and Scientist at
Swiss TPH/ Harvard University

PAST CHAIRMAN: Santi Mintegi
PAST SECRETARY: Borja Gómez
Cruces University Hospital (Barakaldo, Basque Country, Spain)



## First steps of the Network

## Nice – the first Meeting

#### First meeting:

- o Nice. 2005.
- 3<sup>rd</sup> Mediterranean Emergency Medicine Congress in collaboration with AAE
- o Five pediatric emergency physicians. Hezi Waisman

### Crete - The foundation

#### Creation:

- o Crete. 2006.
- EuSEM meeting
- PEDs within the scope of EuSEM (Europe and Middle East): Belgium, Hungary, Italy, Israel, Saudi Arabia,
   Spain, Turkey, and the UK.

## First paper

### Pediatric Emergency Care in Europe A Descriptive Survey of 53 Tertiary Medical Centers

Santiago Mintegi, MD,\* Itai Shavit, MD,† Javier Benito, MD,\* and the REPEM group (Research in European Paediatric Emergency Medicine)

Pediatric Emergency Care • Volume 24, Number 6, June 2008



**Objective:** To examine determinants of quality of care provided by pediatric emergency departments (PEDs) in tertiary European centers.

**Methods:** Analysis of questionnaires was sent to directors of PEDs. Questionnaires were sent through the pediatric research group of the European Society for Emergency Medicine. Three major descriptive categories were included in a 28-point questionnaire: institution's pediatric inpatient capabilities, scope of services, and medical staff education and structure.

Results: Sixty-five questionnaires were completed in full. Fifty-three tertiary medical centers from 14 countries were included in the study. In 86.8% of these institutions, the PED is separated from the adult emergency department; 91% have a pediatric intensive care unit, and 72% have an in-patient pediatric trauma service. Eighty-eight percent of the PEDs have incorporated triage protocols. Social service was not available in 17% of the departments. Sedation for painful procedures is provided by the staff in 77% of the PEDs. Only 24% of the PED medical directors have been formally trained in pediatric emergency medicine. In 17% of the departments, there is a 24-hour 7-day residents' coverage with no attending pediatrician or pediatric emergency medicine-trained physician.

Conclusions: According to this pilot study, the basic services provided by tertiary PEDs in Europe appear to be appropriate. Physicians training level and staffing may not be adequate to achieve optimal patient outcome.

## Second paper

### Paediatric community-acquired septic shock: results from the REPEM network study

P. Van de Voorde • B. Emerson • B. Gomez • J. Willems • D. Yildizdas • I. Iglowstein • E. Kerkhof • N. Mullen • C. R. Pinto • T. Detaille • N. Qureshi • J. Naud • J. De Dooy • R. Van Lancker • A. Dupont • N. Boelsma • M. Mor • D. Walker • M. Sabbe • S. Hachimi-Idrissi • L. Da Dalt • H. Waisman • D. Biarent • I. Maconochie • H. Moll • J. Benito

Eur J Pediatr (2013) 172:667–674 DOI 10.1007/s00431-013-1930-x

Conclusion The outcome in our sample was very good. Many children received treatment early in their disease course, so avoiding subsequent intensive care. While certain variables predispose children to become septic and shocked, in our sample, only measures of organ dysfunction and concomitant treatment proved to be significantly related with outcome. We argue why future studies should rather be large multinational prospective observational trials and not necessarily randomised controlled trials.

Table 4 Bacteria or viruses effectively isolated, in absolute numbers, as well as the respective number of severe outcome cases

Gram-positive, $n=37$		Severe outcome
Streptoccocus A	5	0
Streptoccocus B	3	1
Streptoccocus pneumoniae	11	1
Staphylococcus aureus	5	1
Staphylococcus epidermidis	7	1
Other Gram-positives	6	0
Gram-negative, n=61		
Neisseria meningitidis	25	1
Escherichia coli	15	0
Klebsiella spp.	4	1
Pseudomonas spp.	6	1
Other Gram-negatives	11	0
VIRAL n = 19		
Influenza H1N1	5	0
Proven viral origin	14	0
Multiple virus and/or bacteria iso	plated, $n=9$	
Unknown, $n=70$ (of which presu	med viral n=15	5) 3

#### Istanbul. EAPS 2012

Need to change



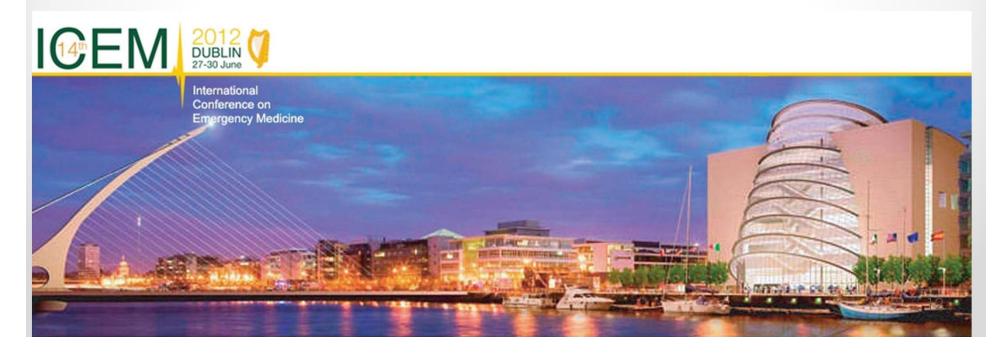
- New structure
- Steering Committee
- Procedures for submitting and approving study proposals



### ICEM. Dublin



# Relationship with other developed multicenter research networks

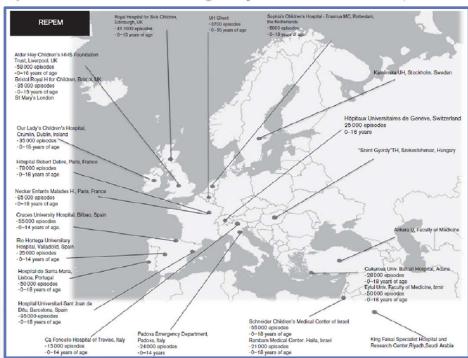


## Third paper

#### From cradle to adolescence: the development of Research in European Pediatric Emergency Medicine

Santiago Mintegi<sup>a</sup>, Mark D. Lyttle<sup>b</sup>, Ian K. Maconochie<sup>c</sup>, Javier Benito<sup>a</sup>, Alain Gervaix<sup>d</sup>, Henriette Moll<sup>e</sup>, Itai Shavit<sup>g</sup>, Liviana Da Dalt<sup>f</sup>, Yehezkel Waisman<sup>h</sup> and on behalf of Research in European Pediatric Emergency Medicine (REPEM) Network

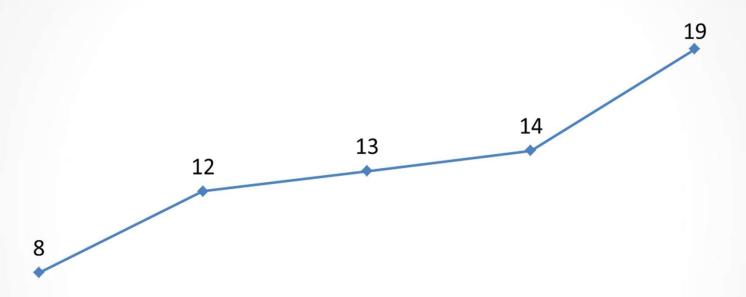
#### European Journal of Emergency Medicine 2014, Vol 21 No 1

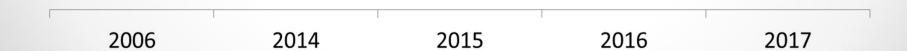




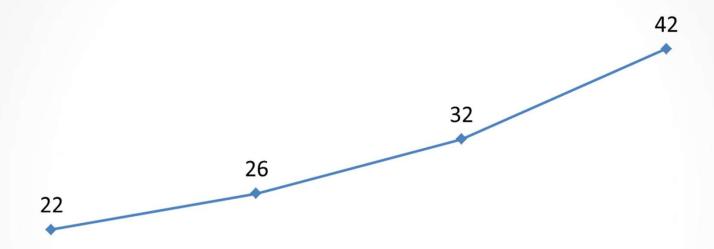
# REPEM members and participating EDs

## # countries. REPEM



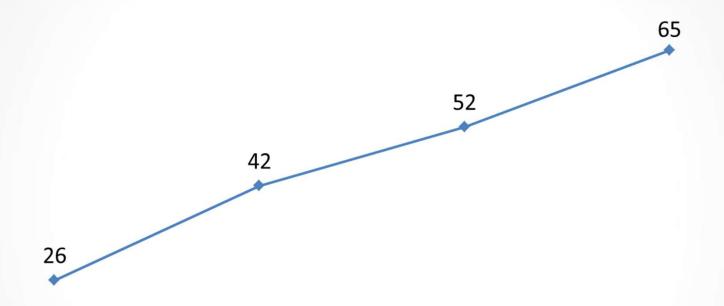


## # centers. REPEM



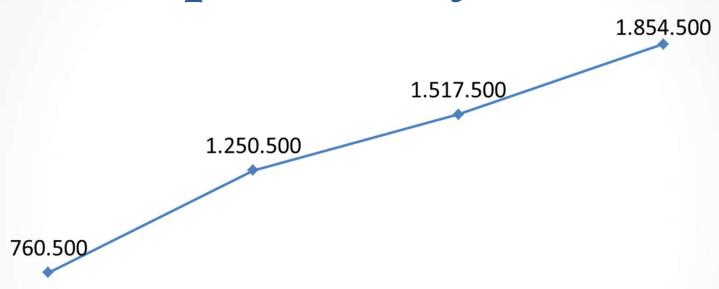
2014 2015 2016 2017

## # researchers. REPEM

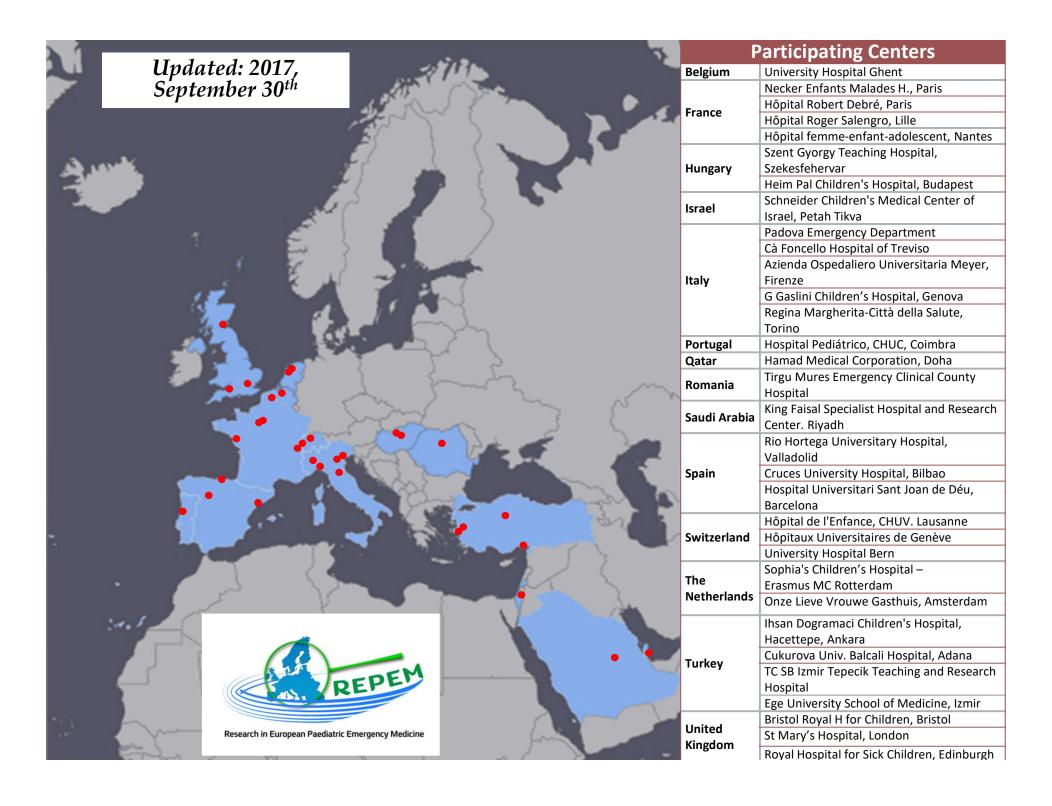


2014 2015 2016 2017

## Episodes/year









# New study proposals – to be submitted twice a year

See: website 'Studies and proposals'



# Relationship with other Networks



## Pediatric Emergency Research Network



















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Updated: 2021, March