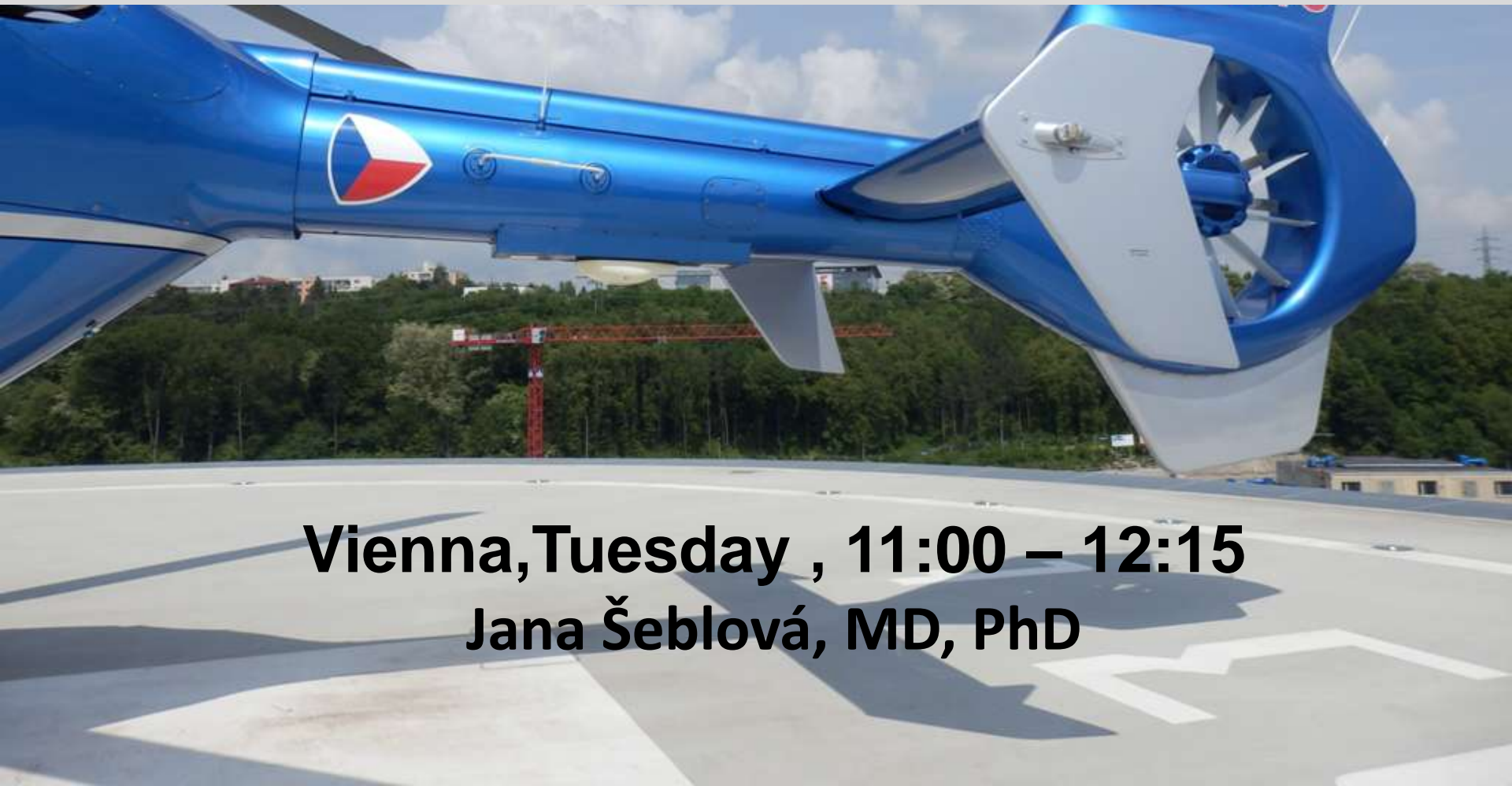


PREHOSPITAL SECTION OF EUSEM



Vienna, Tuesday , 11:00 – 12:15

Jana Šeblová, MD, PhD

SCIENTIFIC PRESENTATIONS

Vienna, Monday 3rd October 2016

● **State of the Art: Pre-hospital Medicine**

- Capnography in Prehospital Medicine. Stefan TRENKLER (Košice, SLOVAKIA)
- Prehospital Stroke Management. Eric REVUE (Chartres, FRANCE)
- The efficiency of helicopter emergency missions for STEMI: Time and intervention. Carmen Diana CIMPOESU (Iasi, ROMANIA)

● **Philosophy and controversies**

- Prehospital staff controversy: Physicians, Nurses, Paramedics. Carmen Diana CIMPOESU (Iasi, ROMANIA)
- Relation between electrical and mechanical myocardial activity during cardiac arrest. Roman SKULEC (CZECH REPUBLIC)
- New challenges: Telemedicine. Eric REVUE (Chartres, FRANCE)

SCIENTIFIC PRESENTATIONS

Vienna, Sunday 2nd October, Monday 3rd October 2016

- **Prehospital research by ambulance organisations**
 - Creating a support structure for EMS research. Karen SMITH (UK)
 - Doing EMS research as an EMT. Veronica LINDSTRÖM (Stockholm, SWEDEN)
 - Best Paramedic-led studies 2010-2015. Joost BIERENS (THE NETHERLANDS)
- **Research: Pre-hospital Medicine**
 - EuSEM prehospital systems survey 2016. Jana SEBLOVA (Kladno, CZECH REPUBLIC)
 - EMS systems' comparison across the cases. Christoph REDELSTEINER (Wien, AUSTRIA)
 - Cardiac arrest on board: How safe are we on the plane? Anatolij TRUHLAR (Hradec Králové, CZECH REPUBLIC)

MEDICAL DISPATCHING – past conferences

The next one? – topic very important for PH care

- **1 st Medical Dispatching Conference 2013 – „Seeking for the golden standard“: Prof. Castrén – Karolinska Institutet, Stockholm 14 – 15 May 2013**
- **2 nd Medical dispatching 2014 – 30 – 31 October, Prague, Czech Republic**
- **24 oral presentations**
- **11 posters**
- **about 80 participants from 17 countries**



EMS COPENHAGEN 2016

THE FIRST EUROPEAN CONGRESS DEDICATED TO PREHOSPITAL CARE



EMS COPENHAGEN 2016

ALL SPECIFIC TOPICS OF PREHOSPITAL CARE COVERED

- **Systems, management, communication, research, epidemiology, technologies, dispatch, major incidents and disasters, humanitarian medicine, education including simulation, HEMS, quality, safety, ethics....**
- **Emergency: neurology, cardiology, geriatry, paediatry, infectious patient, traumatology....cardiopulmonary resuscitation**
- **Ultrasonography, CT , POCT, monitoring....**
- **Workshops**
- **EMS Championship**



PREHOSPITAL EMERGENCY CARE

THE LANCET 2015



Extreme medicine 2

Pre-hospital emergency medicine

Mark H Wilson, Karel Habig, Christopher Wright, Amy Hughes, Gareth Davies, Christopher H E Imray

Lancet 2015; 386: 2526–34
This is the second in a Series of
two papers about extreme
medicine

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Pre-hospital care is emergency medical care given to patients before arrival in hospital after activation of emergency medical services. It traditionally incorporated a breadth of care from bystander resuscitation to statutory emergency medical services treatment and transfer. New concepts of care including community paramedicine, novel roles such as emergency care practitioners, and physician delivered pre-hospital emergency medicine are re-defining the scope of pre-hospital care. For severely ill or injured patients, acting quickly in the pre-hospital period is crucial with decisions and interventions greatly affecting outcomes. The transfer of skills and procedures from hospital care to pre-hospital medicine enables early advanced care across a range of disciplines. The variety of possible pathologies, challenges of environmental factors, and hazardous situations requires management that is tailored to the patient's clinical need and setting. Pre-hospital clinicians should be generalists with a broad understanding of medical, surgical, and trauma pathologies, who will often work from locally developed standard operating procedures, but who are able to revert to core principles. Pre-hospital emergency medicine consists of not only clinical care, but also logistics, rescue competencies, and scene management skills (especially in major incidents, which have their own set of management principles). Traditionally, research into the hyper-acute phase (the first hour) of disease has been difficult, largely because physicians are rarely present and issues of consent, transport expediency, and resourcing of research. However, the pre-hospital phase is acknowledged as a crucial period, when irreversible pathology and secondary injury to neuronal and cardiac tissue can be prevented. The development of pre-hospital emergency medicine into a sub-specialty in its own right should bring focus to this period of care.

Introduction

Pre-hospital care provides personalised management tailored to the immediate challenges of the setting. As for in-hospital care, pre-hospital care depends on the pathological process (eg, medical or traumatic emergency) and constitutional factors of the patient (eg,

age and comorbidities). In addition to the targeted clinical management, logistical and safety considerations specific to the scene are needed. The sites of pre-hospital care can be diverse—urban, remote, confined, post-violence, man-made, or natural disaster. Advanced pre-hospital care begins with a dispatch system that optimises deployment

Key messages

- Pre-hospital emergency medicine is a physician-delivered component of pre-hospital care, enabling the transfer of specialised in-hospital interventions to earlier in treatment, thus minimising secondary (evolving) injury
- Pre-hospital emergency medicine requires a broad understanding of multiple disease pathologies and an ability to competently perform specialised procedures and to apply core principles in unusual settings
- Pre-hospital emergency medicine requires specialised non-clinical abilities including conflict resolution, logistical and crew resource management, communication, and teamwork
- Pre-hospital emergency medicine requires highly governed systems from kit maintenance to the audit and analysis of procedures and outcomes
- The pre-hospital phase of patient care is often time dependent and applying simple techniques early in the course of disease can substantially alter disease progression and outcome
- Pre-hospital emergency medicine is poorly researched for several reasons, but it is ripe for academic and clinical discovery

EUROPEAN PREHOSPITAL SYSTEMS SURVEY

- **Discussed last 2 years at the meeting**
 - stakeholders, funding, legislation, standards/guidelines, dispatch, staffing, providers – qualification, education, ED network, specific competences, crisis preparedness
- **Comments by section members – via e-mails**
- **Sent to Executive members for approval (and for consultation with research section)**
- **Approved by Executive autumn 2016**
- **Distributed February – April 2016**

EUROPEAN PREHOSPITAL EMERGENCY CARE SYSTEMS SURVEY 2016

- Online survey – discussed in [Prehospital Section of EuSEM and approved by EuSEM Executive](#)
- 18 items
- Open from 6th February till 25th April 2016
- Distributed:
 - Prehospital Section of EuSEM
 - EuSEM Council
 - EuSEM Executive
 - UEMS EM Section and Board
- 87 responses from z 30 European countries
- System and organization
- Legislation
- Who sets professional standards and guidelines
- Providers and qualification - dispatch, prehospital care
- ED network
- Crisis preparedness

EUROPEAN PREHOSPITAL EMERGENCY CARE SYSTEMS SURVEY 2016

- Albania, **Austria, Belgium**, Bosnia and Herzegovina, Bulgaria, **Croatia, Czech Republic, Denmark, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Ireland, Italy**, Malta, Netherlands, Norway, Poland, Portugal, Romania, Serbia, **Slovakia, Slovenia**, Spain, Sweden, **Turkey, United Kingdom**

CHALLENGES AND GOALS

- Increase the number of section members
- **Increase the activity of the section** in research and scientific presentation of pre-hospital problems
- **Paramedics, nurses and dispatchers needed! – associate membership**
- **Co-operate with other sections and committees within EuSEM through section representatives:**
 - **A. Khoury – Disaster Section**
 - **Patrick Plaisance - Research Section**
 - **Jana Seblova – Ethics Committee**
 - **Diana Cimpoesu – Education Committee**

CHALLENGES AND GOALS

- **Implementation of more specific pre-hospital topics into educational curriculum – URGENT!!**
- **Participation in EMS Congress in Copenhagen**



- **Preparing scientific tracks for Athens 2017**