EUSEM
EUROPEAN SOCIETY FOR EMERGENCY MEDICINE

# Complementation Manual

**General considerations:**

The information intends to reflect the Country's Emergency Medical System, use your personal experience on your working area and your knowledge of the country's situation for the other areas. We are aware that two levels of Emergency Departments (ED) have been selected (ED at Tertiary hospitals and ED at Primary Hospital).

## If information is not available or unknown, click "Unknown". For numerical values just keep it blank.

## All the questions should be filled, except the unknown numerical.

Just tick the box or include the requested number, fill in the free text field and add comments when possible.

Questions:

1) The country of employment.
2) The working place of the respondent using the size criteria.
   a) Tertiary hospitals: 500 or more beds or (Teaching Hospitals)
   b) Secondary hospitals: 100 to 499 beds
   c) Primary hospitals: Fewer than 100 beds
   d) Emergency Medical Services (EMS), Ambulance Services. **One response.**
3) EM Doctors Contract type: Including professionals, working at the ED, with or without speciality. Residents are excluded.
   a) Based on a fixed contract that includes out of hours compensation.
   b) Based mainly on activity indicators.
   c) Combination of the previous. **One response.**
4) Specific EM problems: Rank the described problems that affect Emergency Medicine. Rank as "0" when the factor is not a problem. Rank "4" when the factor is a relevant problem.
   a) Lack of general resources or funding
   b) Lack of manpower: Insufficient health professionals
   c) Lack of Doctors
   d) Lack of Nurses
   e) Inadequate structure: Inadequate design of the ED or EM services.
   f) Inadequate training for the standards of care.
   g) Crowding: Demand creates block access to the ED.
   h) Exit block: Delay in admission to the hospital wards generates crowding situations.

i) Lack of social recognition: Social perception of the relevance of EM Systems.
j) Lack of peer's recognition: Appreciation of the work done by EP, by other specialists.
k) Lack of leadership: No national visible leaders that promote the speciality or at the centres level.
l) Others none listed: Rank others non listed that can affect the normal care of our patients.

5) Identify which structures are on place to provide care to urgent and unscheduled care in your country.
   a) Hospital ED (A&E)
   b) Hospital ED with a differentiated walk-in clinic for non-life-threatening conditions. Urgent Care Centres placed at the Hospitals
   c) Emergency Medical Services, Ambulances Services.
   d) Primary Care Urgent Care Centres usually based on GP hubs, with resources to deal with minor injuries and for non-life-threatening conditions, managed by general practitioners.
   e) General Practitioners 24/7 access. Possibility to access General Practitioners for non-life-threatening conditions.
   f) 24-hour advice phone line. Phone line dedicated to provide medical advice.

**Multiple responses**

6) Prehospital national service, access phone: Reflecting national coverage, more than one answer is accepted if more than one phone coexists. If a specific national number exists, please include it.

**Multiple responses**

7) Dispatch Centres dependence, more than one answer is accepted if more than one model coexists in the same Country. Select mixture when the majority of the Dispatch Centres are shared by Police or Fire Department, with the medical teams.

**One response**

8) The number of Dispatch Centres. Provide the number of centres on a National level.
9) Medical Director: An Emergency Physician in charge of the organization and procedures of the EM Services, with 24/7 coverage. **One response.**
10) EMS Ambulances ownership and operation. **One response**
11) Medical Priority Dispatch System: Any informatics technology (IT) that helps decision (Clinical) making like MPDS. Support systems for ambulance management are not considered.

**One response.**

12) Professionals staffing the ambulances: including the number of each professional on basic and in advanced units, others dedicated to the emergency transport are considered. If a specific professional is not included mark as "0".
13) AED Programs: Local or National AED programs organized and run by the EMS.

**One response.**

14) Trauma System: Local or National Trauma system meaning: designated referential hospitals, EMS and ED integration, and quality indicators on a local or National level. **One response.**
15) How are disasters response organized, led by EMS, led by Police-Fire, led by Civil Defence.

**One response.**

16) EMS integrated into Hospital: if daily, professionals working in ambulances are integrated into the ED. **One response.**
17) National Quality EMS Indicators, like response time or CPR results. **One response.**
18) Tertiary Hospitals ED Model. Including; general departments (all type of patients). Surgical or Medical (Independent departments). Monographic (Dedicated to a specific group of patients). Paediatric is a specific group of the monographic model. **Multiple responses.**
19) Tertiary Hospitals ED dedicated staff 24/7. Select yes if the EPs work only on 24/7 schedules for the ED.

**One response.**

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20) Yes, if the EP's also collaborate partially in other Hospital clinical activities. **One response.**
21) If there is no EP dedicated staff, or not enough, do other personnel (doctors) comes in from other departments? Residents are not considered. **One response.**
22) Tertiary Hospitals Triage model: Validated means the system is recognised by a validation methodology like: (Emergency Severity Index (ESI), Manchester Triage System (MTS), Australasian Triage System (ATS), Medical Emergency Triage (MET), Canadian Triage and Acuity System (CTAS), Spanish Emergency Triage (SET)). **One response.**
23) Special Tracks means specific paths, different from the normal flow of patients. Mainly looking for a fast response or a specific evaluation. **Multiple responses.**
24) Observation unit is defined as space with special dedicated monitored beds and personel to maintain patients with specific criteria for admissions, also known as clinical decision units, always under the responsibility of the ED. Not to be included: areas for a specific disease, like; Chest pain unit, Stroke. **One response.**
25) Other dedicated units, usually monographic like; Stroke or Chest pain. **Multiple responses.**
26) Tertiary Hospitals ED. Organizational dependence, considering independent or under the responsibility of other departments. **Multiple responses.**
27) Primary Hospital ED Model. Including general departments (all type of patients). Surgical or Medical (two departments medical and surgical), Monographic (Dedicated to a specific group). Paediatric is a specific group of the monographic model. **Multiple responses.**
28) EP Dedicated staff 24/7. Mark yes if the EPs work only on 24/7 schedules for the ED. **One response.**
29) Yes if the EP's also collaborate partially in other Hospital activities. **One response.**
30) If there is no EP dedicated staff or not enough, other personnel comes in from other departments? Residents are not considered. **One response.**
31) Primary Hospital Triage model: Validated means the system is recognised as qualified (Emergency Severity Index (ESI), Manchester Triage System (MTS), Australasian Triage System (ATS), Medical Emergency Triage (MET), Canadian Triage and Acuity System (CTAS), Spanish Emergency Triage (SET). **One response.**
32) Primary Hospitals Observation unit is defined as special dedicated monitored beds, to maintain patients with specific criteria for admissions, also known as clinical decision units. Not to be included areas for a specific disease, like: Chest pain Unit, Stroke. **One response.**
33) Primary Hospitals ED. Organizational dependence, considering independent as other departments or be under the responsibility of other departments. **Multiple responses.**
34) Primary Hospitals Secondary Transport, meaning if transport between hospitals is run by: The same EMS, the hospital with its resources or other systems. **One response.**
35) Presence of Specialty program of any type. **One response.**
36) Date of creation, if the speciality has changed structure; include the initial creation and the creation of the actual model of speciality.
37) Is it a primary speciality or Supra speciality? Supra means you need to complete another speciality first to enter the training program. Both for the cases in which initially was one option and actually has changed. **One response.**
38) Specify the number of training years.
39) Used curriculum if a establish residency program. **One response.**
40) Is there an official exit exam? **One response.**
41) Type of exit exam of the training programs, more than one option can be selected. **Multiple responses.**
42) The number of training programs for Emergency Medicine residency in the Country.

43) What are the total annual numbers of trainees? Number of EM Residents per year.
44) Type of institution that accredits the residency program. If other specify.
45) Please specify for the different professions what special training is available or required. Just include the number of training hours.
46) Universities with EM units (departments), and the number of Universities with this type of departments. **One response.**
47) Is EM part of the basic doctor's degree? **One response.**
48) Are the medical students using the ED as an educational resource? **One response.**
49) EM Journal published in the country, specify the names. Include any periodical document: Official Gazettes.