



Looking back; 20 years of Emergency Medicine in the World

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EuSEM Vice president.



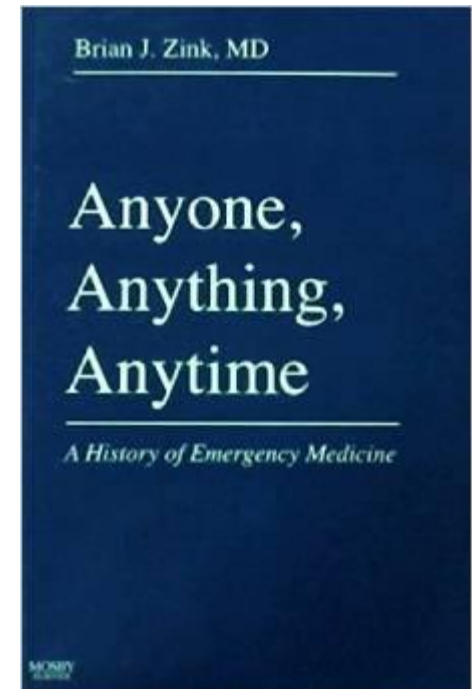
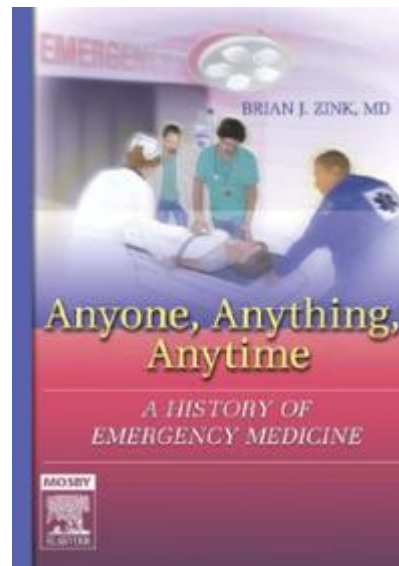
Contents

- ✓ Emergency Medicine Concept
- ✓ Speciality
- ✓ Scientific Societies
- ✓ Research
- ✓ Activity

There are no COIs to disclose in this presentation.

Emergencies, Casualties

- ☐ Anyone
- ☐ Anything
- ☐ Anytime
- ☐ Anywhere



Emergency Medicine

- Definitions

- “Emergency medicine is a field of practice based on the knowledge and skills required for the **prevention, diagnosis and management of acute and urgent aspects** of illness and injury affecting patients of all age groups with a full spectrum of episodic undifferentiated physical and behavioural disorders; it further encompasses an understanding of the development **of pre-hospital and in-hospital emergency medical systems** and the skills necessary for this development. “ (IFEM)
- “ (EM) is a specialty in which **time is critical**. The practice of EM encompasses the pre-hospital and in-hospital triage, resuscitation, initial assessment and management of undifferentiated urgent and emergency cases **until discharge or transfer to the care** of another physician or health care professional” (EuSEM)

Emergency Medicine Pioneers

- Baron Dominique Jean Larrey (1766–1842)
- Industrial Revolution
 - Hospital on place
 - Manchester Ship Canal, first aid stations. 1885-94
 - Zinc Mine 1853
- Wars
- Accidents
 - Industrial, Traffic.

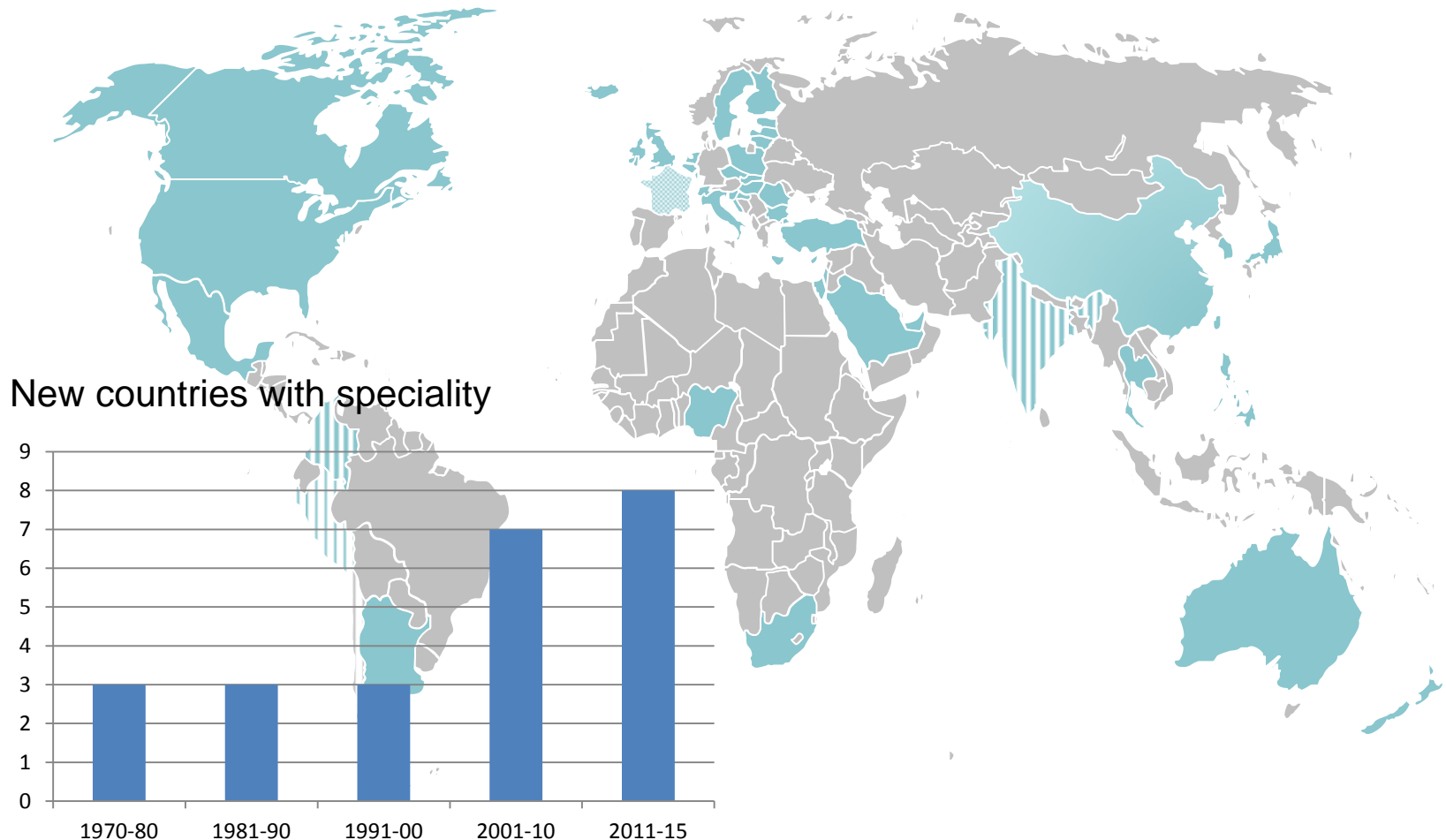


Emergency Medicine Early Years

Speciality

- UK 1972
- US 1979
- Canada 1980
- Hong Kong 1981
- Singapore 1984
- Turkey 1994
- Italy 1996
- South Chorea 1996

Emergency Medicine World



35-40 Countries with Formal Training Programs. 1/5

Emergency Medicine Development

- Standardizing Medical Education.
 - Recognition of EM as a Specialty.
- The creation of EDs is a trend that started in the 1980s.
- EMS (Prehospital).
- Research Agenda.
- Presence in the Academia.

EM National Societies

70-80 Consolidated National Societies

Areas	Nº of EM Societies
North America	10
South America	7
Europe	34
Africa	5
Asia	11
Middle East	5
Australia	2

International federations

☐ IFEM

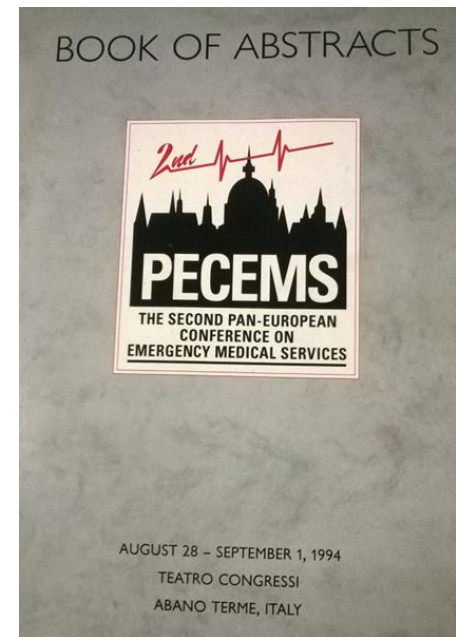
☐ EuSEM

☐ African Federation for Emergency Medicine

☐ Asian Society for Emergency Medicine

EM International Associations

- World Association for Disaster and Emergency Medicine (WADEM) in 1977.
- Emergency International (EI) in 1989.
- Pan-European Centre for Emergency Medicine Management Systems (PECEMS) in 1989.
- Society for Academic Emergency Medicine (SAEM) in 1990.
- International Federation for Emergency Medicine (IFEM), 1991.



European EuSEM



European Society for
Emergency Medicine
(EuSEM)

- Founded in May 1994,
- Actually INPO represents 27 countries through their National Societies.
- European Curriculum
- European Board
- European Journal
- Educational





European UEMS

1958 Representing Medical Specialties in EU

MDJC

Board

Section

2005

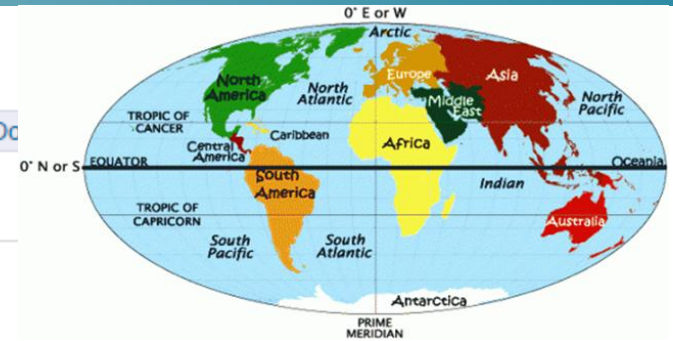
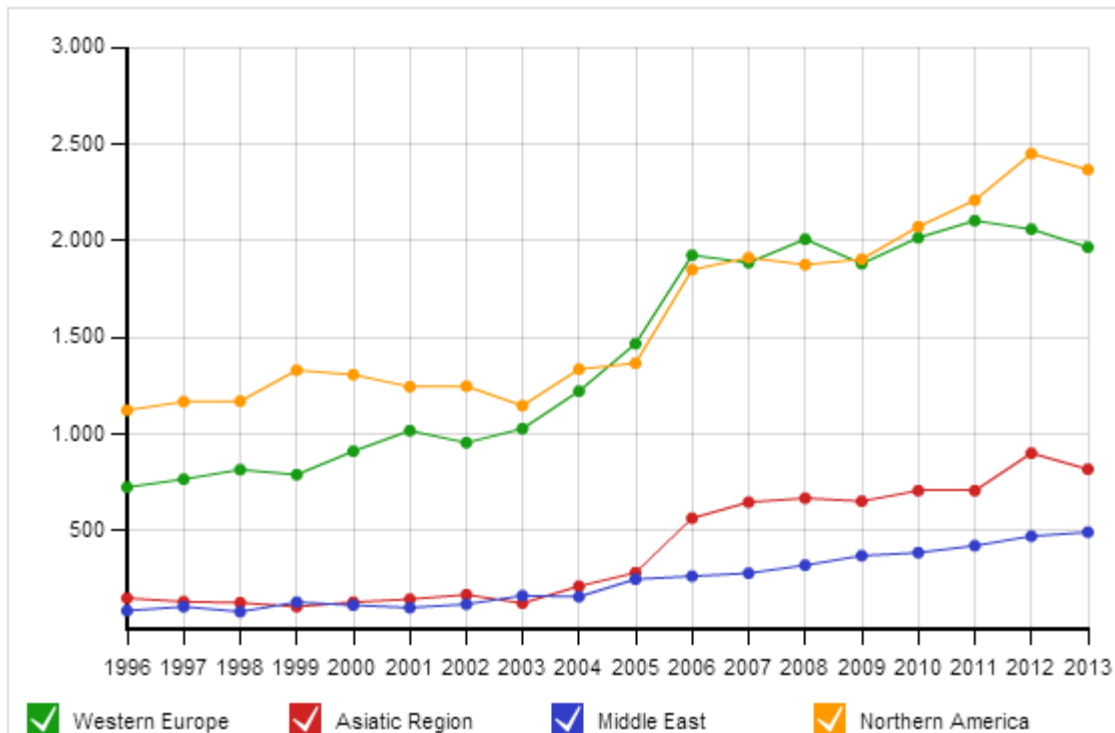
2010

2013

- Section Objectives: To assure the highest quality of emergency care for all patients and to promote a comparable standard of clinical care in EDs across Europe.
- European Emergency Board Exam (EEBEM)

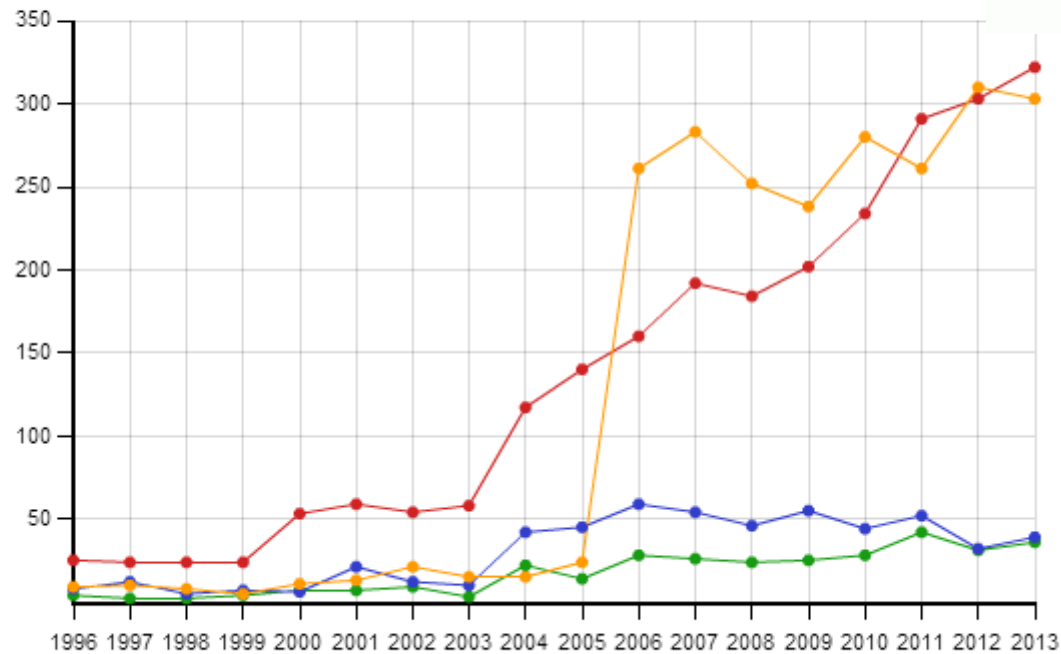
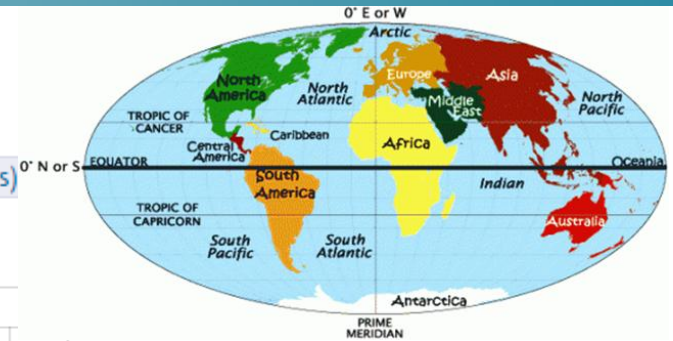
EM Research: Publications by Areas

Documents Citable Documents Cites Self Cites Cites per Document (Cites-Self cites) per Document
H Index % cited documents International collaboration



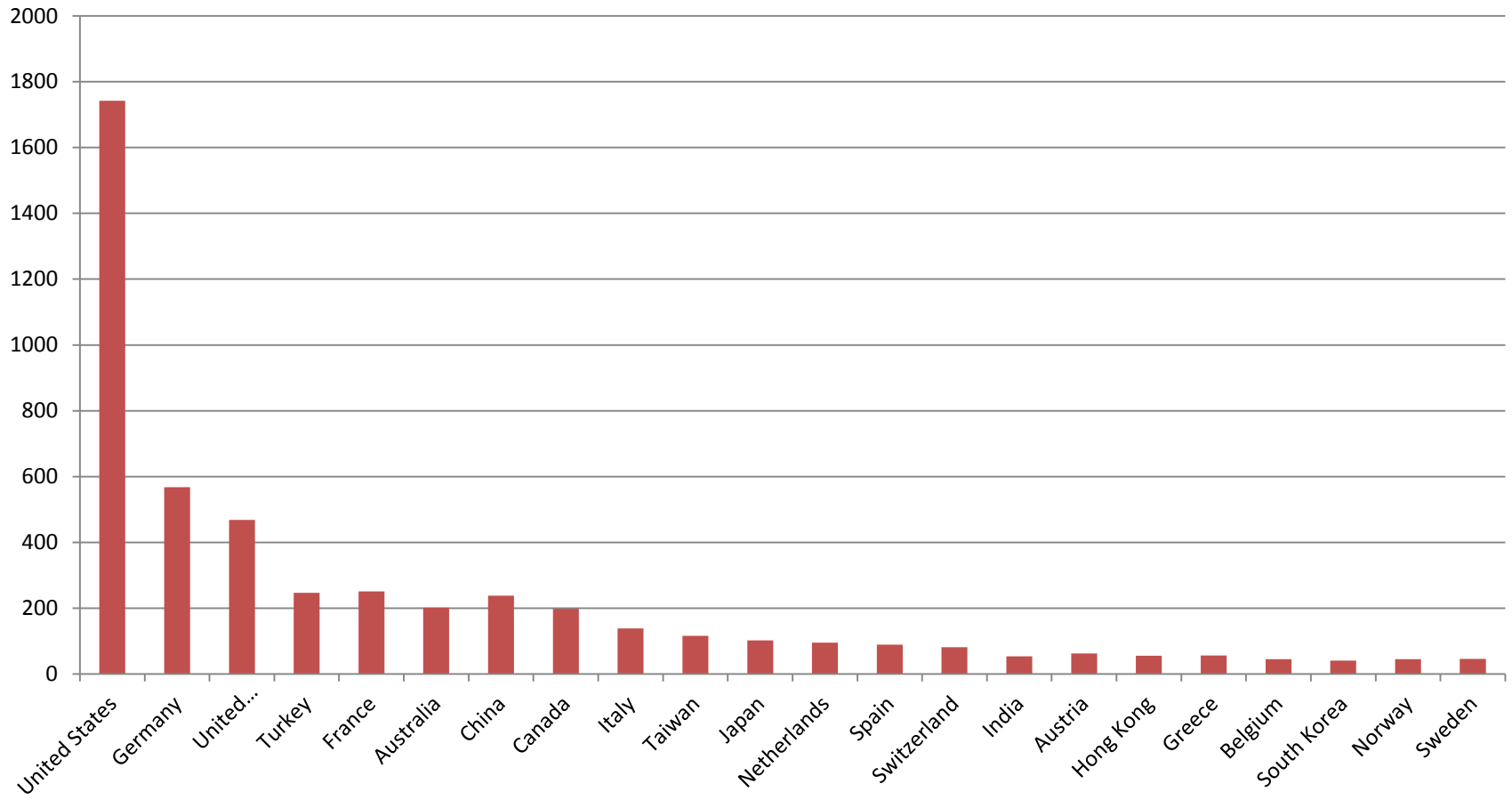
EM Research: Publications by Areas

Documents Citable Documents Cites Self Cites Cites per Document (Cites-Self cites)
H Index % cited documents International collaboration



✓ Singapore ✓ Australia ✓ Hong Kong ✓ China

EM Research: Cited Publications 2009-13



EM Journals 2013

Rank 2013	Title	SJR	H index	Cites / Doc. (2years)	Country
1	Resuscitation	2,634	89	4,51	Ireland
2	Annals of Emergency Medicine	1,944	104	3,08	United States
3	Shock	1,444	83	3,27	United States
4	Prehospital Emergency Care	1,42	37	1,98	United Kingdom
5	Academic Emergency Medicine	1,395	78	2,07	United Kingdom
6	Injury	1,096	72	2,01	United Kingdom
7	BMC Emergency Medicine	0,956	16	2,36	United Kingdom
8	Burns : journal of the International Society for Burn Injuries	0,834	63	2,07	United Kingdom
9	Canadian Journal of Emergency Medicine	0,767	25	1,28	United States
10	Journal of Burn Care and Research	0,76	50	1,63	United States
11	American Journal of Emergency Medicine	0,591	56	1,23	United Kingdom
12	Emergency Medicine Clinics of North America	0,561	34	1,73	United Kingdom
13	EMA - Emergency Medicine Australasia	0,556	32	1,23	United Kingdom
14	Pediatric Emergency Care	0,535	44	0,97	United States
15	Journal of Emergency Medicine	0,534	51	1,05	United States

EM Journals 2015

- Emergency Medicine Publications



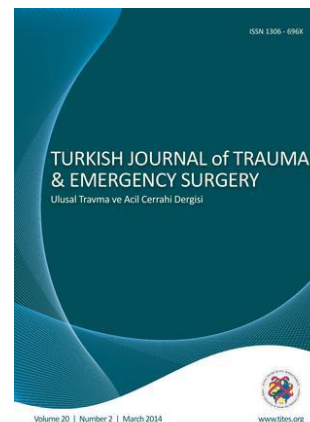
Impact Factor: 0.897-1.5



Impact Factor: 1.439-1.76



Impact Factor: 2.48-2.58



Impact Factor: 3.61-3.96



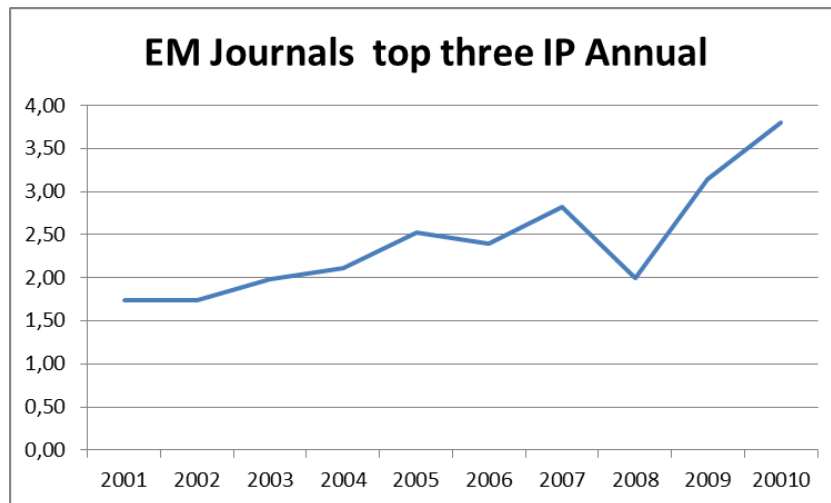
Impact Factor: 1.85-1.92

Impact Factor: 0.39



EM Research: Publications Quality

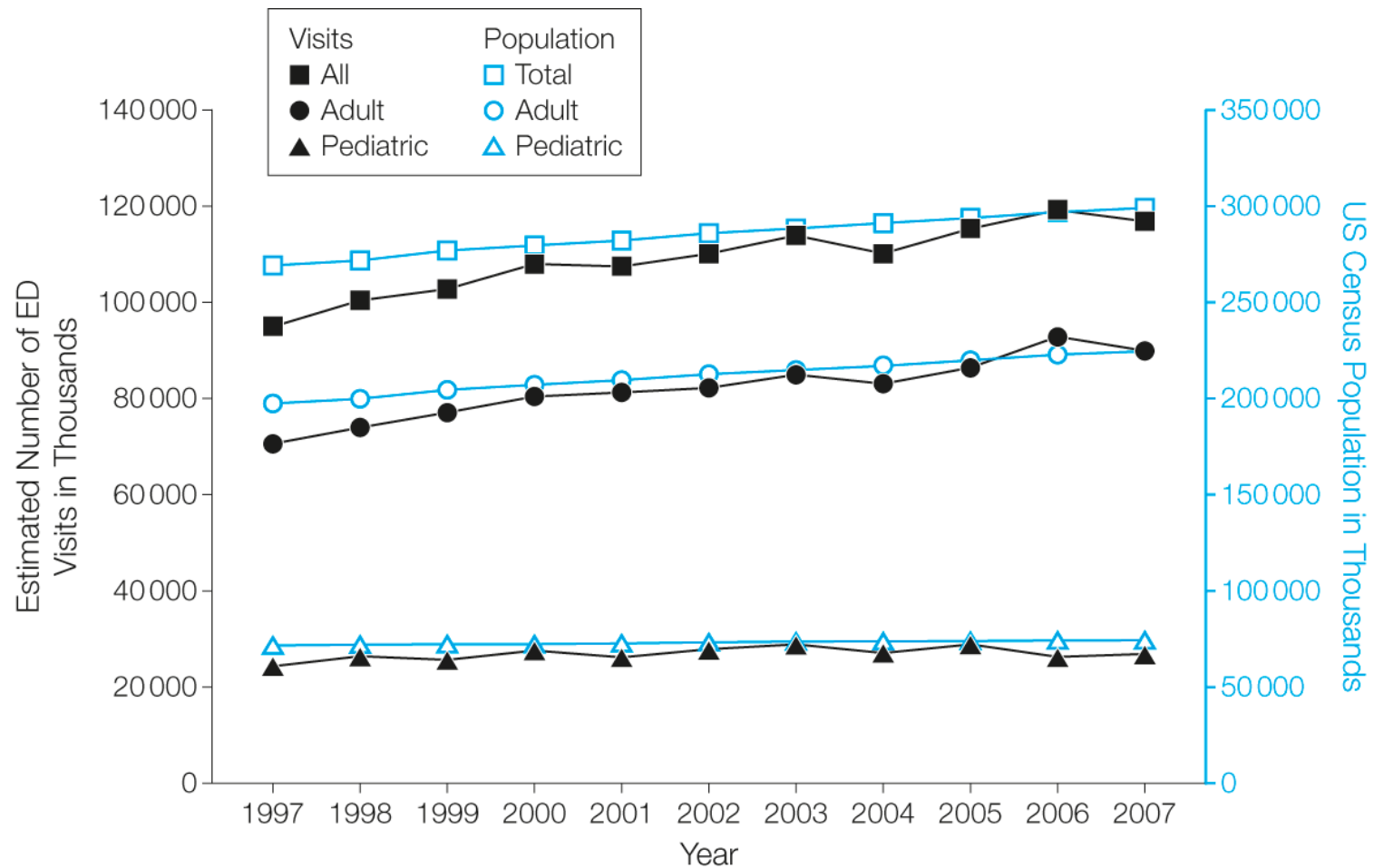
- Data from 2,287 journals in 31 specialties.
- There were 23 EM journals
 - For EM Maximum Impact Factor of 4.177, median of 1.269.



Rank

- 2001 29th
- 2006 26th
- 2010 24th

ED Demand US



20-30% of the adults visit ED during one year

ED Demand UK



The increase is in the elderly and deprived populations

The increase is more relevant on minor severity cases

Region	Rates/100
North Ireland	39.26
Ireland	32.92
Wales	33.97
Scotland	30.54
UK	28.85

Data 1999

ED Demand Annual visits Variability

Countries	Visits ED /100 h /Year	Speciality
US	39.99	Y
UK	35.48	Y
Canada	16.59	Y
Spain	45.75	N
Switzerland	20.00	Y
Japan	55.00	Y
North Ireland	39.26	Y
Ireland	32.92	Y
Wales	33.97	Y
Scotland	32.92	Y
Turkey	101.06	Y
Italy	30.00	Y
Denmark	17.3	N

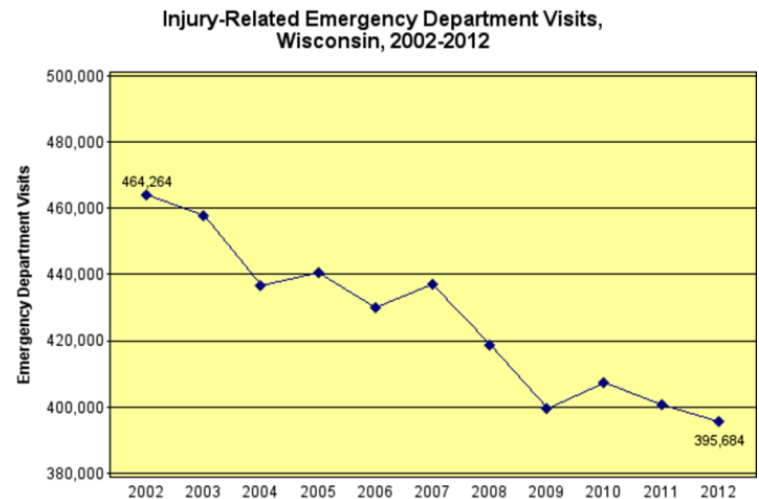
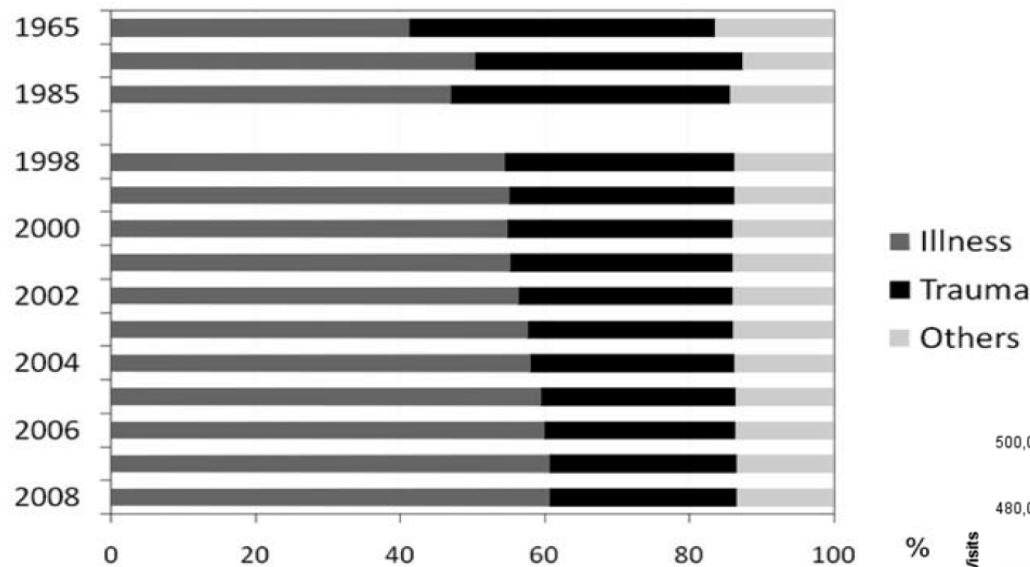
ED Variability Spain Communities

	ED Visits Rate/100 hb	% Admissions
Cantabria	54,49	9,73
Cataluna	52,83	10,57
Andalucia	49,84	9,93
Pais Vasco	47,04	13,46
Aragon	44,66	18,63
Asturias	42,70	16,76
Valenciana	46,81	12,42
Extremadura	42,40	31,24
Navarra	42,36	13,89
Galicia	38,57	16,15
La Rioja	39,51	15,75
Baleares	38,77	12,65
Castilla y Leon	37,64	18,77
Canarias	33,78	11,7
Total	45,7	12,5



Modification on type of Emergencies

Japan



Modification in the type of ED visits

- Increase in demand.
- Ageing.
- Safety net of the Health system.
- Decompensated chronic conditions.
- Decrease in injury related visits.
- More Minor injuries in elderly.
- More Social demand.
- Crowding.

Emergency Medicine. Next Years

- There will be more patients.
- With more serious illness and higher expectations.
- There will continue to be pressure on hospital beds.
- More elderly people will be living alone on the margins of safety in the community with the A&E department as a key source of help.
- New treats for the Health will on first place impact ED (SARS).
- The increasing specialisation.

Emergency Medicine Conclusions

Looking back to look forward

- The general trend is Progression.
- Not universal standardized education.
- New Challenges like modification in the patterns of demand.

Keep the focus on A,A,A,A