

Dansk Selskab for Akutmedicin

Danish Society for Emergency Medicine



**Hillerød
Hospital**

Hvorfor Akutmedicin i Skandinavien ?

Jakob Lundager Forberg, Overlæge
Internmedicin/Akutmedicin



"To be or not to be, that is the question. Next question?"

Emergency Medicine or not....

Akutmediciner ikke det vigtige..

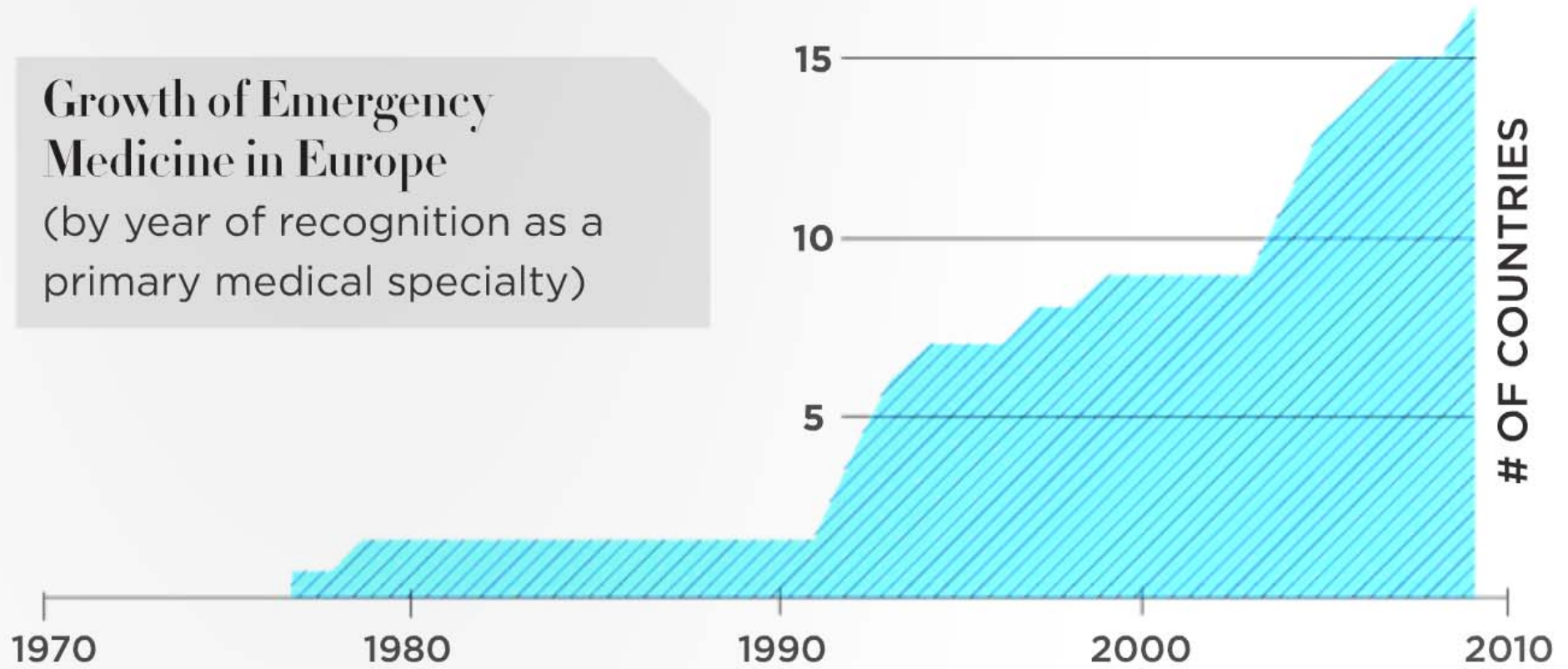
Men ...



ej sufficient længere....

Growth of Emergency Medicine in Europe

(by year of recognition as a primary medical specialty)



Skandinavien er Unik ?

- Organisatorisk
- Faglig
- Forskning



Skandinavien er Unik

- Primær sektor er veludviklet og ”gratis”
- Præhospital behandling høj kvalitet

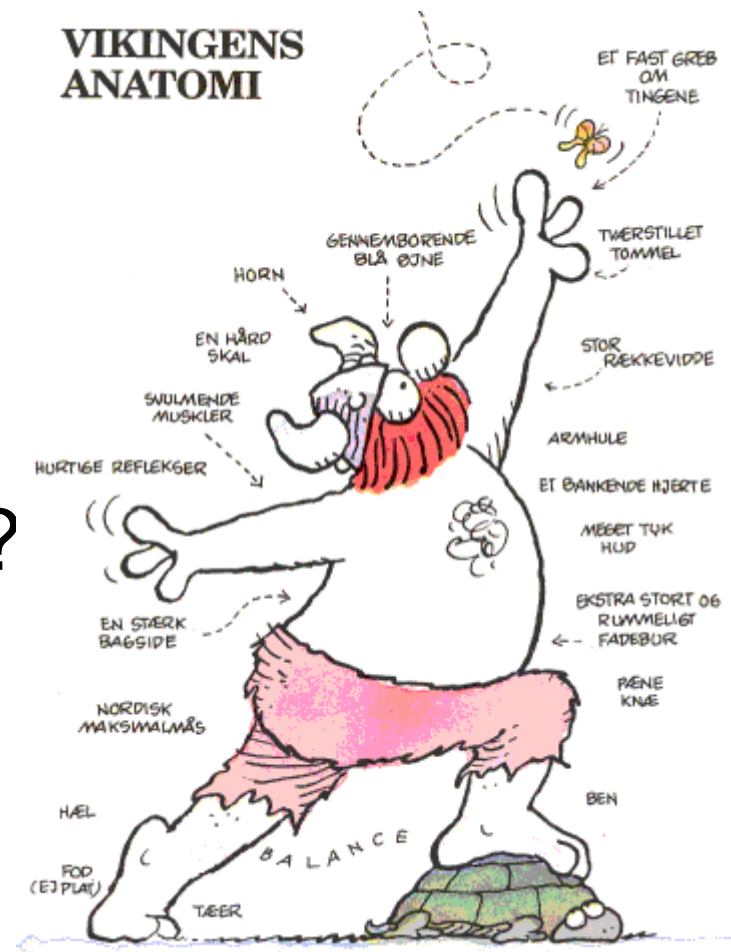
Er Skandinavien så Unik ?

Høj specialisering

Ældre multisyge

Obs. Pneumoni - ikke altid pneumoni

Over-crowding





- Hillerød middelstor Akutmodtagelse
 - 310.000 optage område
 - 180 pt per dag

Database

6300 Patienter





- 3 % Triage 1 - rød
 - 22 % Triage 2 - Orange
- 75 % Triage 3-5 (Gul/Grøn/Blå)
- 75 % normale vital parametre

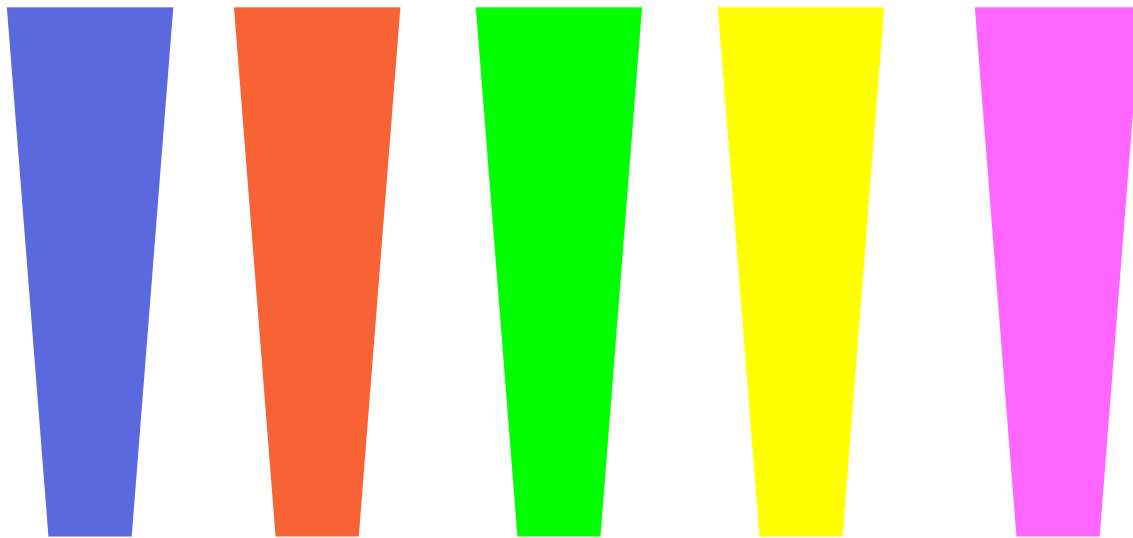
Med andre ord....

< 1/20 Recusitering

1/5 Stabilisering/Akutbehandling

2/3 Diagnostisering

Akutbehandlung



Supervision og arbejdsfordeling ved modtagelse og videre behandling af akutte medicinske patienter

Læge Lars Folkestad, læge Mikkel Brabrand & læge Peter Hallas

Ugeskr Læger 172/22

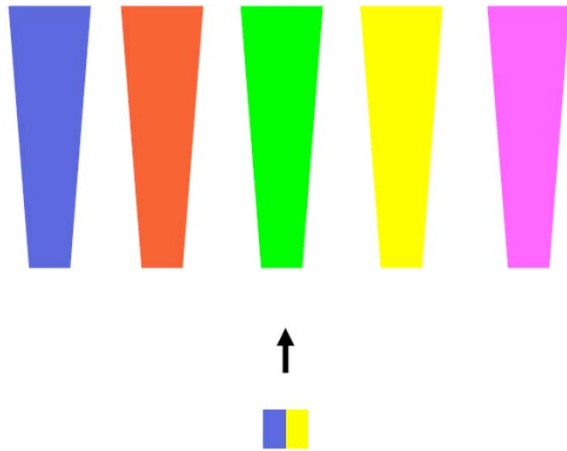
31. maj 2010

- 2,8 mdr erfaring
- 60 % af forvagter modtog ustabile medicinske pt.
- kl 24-08 modtog 67 % alene disse patienter
- 6-10 % blev konf med bagvagt



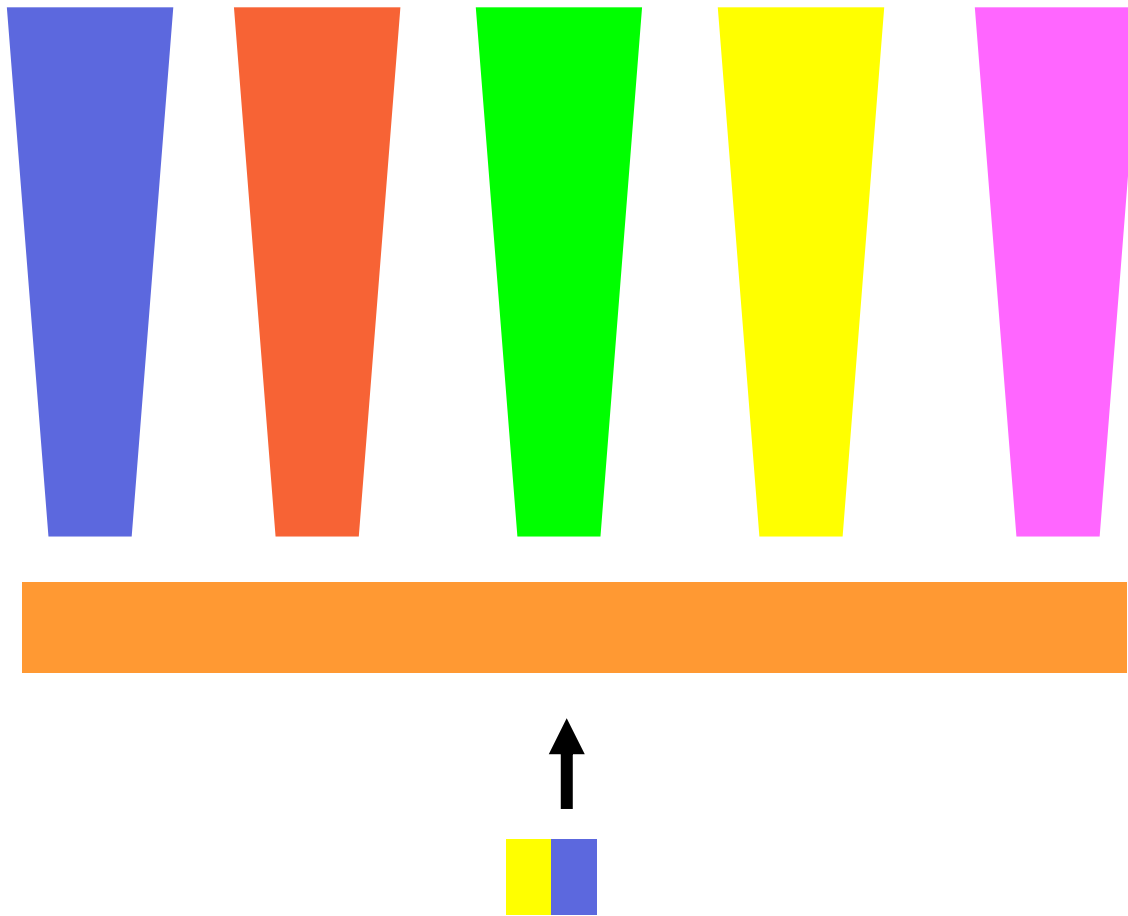
Er det så svært ?

JA !



Antal
Demografi
Multisyge
Specialisering
"seven eleven"
Overcrowding

Akutbehandlung - Udland



Overcrowding



Silo

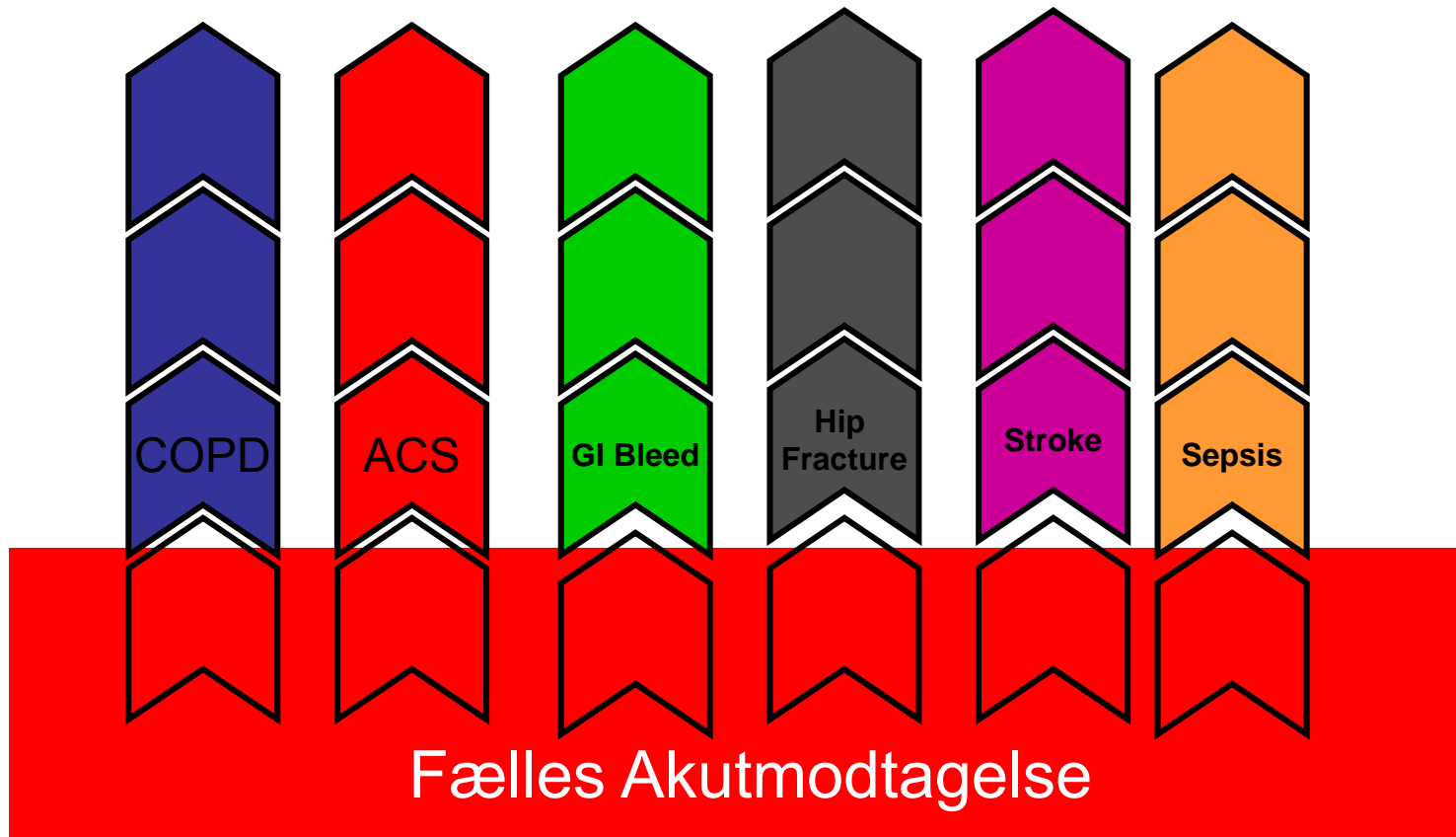


Akutmedicin Skandinavien ?

Bedste af to verdener



Første brik i patientforløbene



Hvad kan en akutmediciner ?

Akutmediciner

Resuscitation

Flow-master/
ledelse

Tidlig Diagnostik
Og behandling

Triage/visitation

Supervision
"on site!"

Akutmediciner – kan da ikke alt..



Nej da.....



Kan akutmedicineren det

The effect of specialist treatment in Emergency Medicine.
A survey of current experiences

Peter Hallas

Scand J Trauma Resusc Emerg Med 2006; 14; 5-8

- EKG
- Akut arytmi
- Intubation
- Ultralyd
- Traumemodtagelse

Forskning

Symptom

Diagnose



Nye muligheder -

Team triage

Streaming – Fast track

Ressource fordeling

A systematic review of triage-related interventions to improve patient flow in emergency departments

Sven Oredsson^{1*}, Håkan Jonsson², Jon Rognes³, Lars Lind⁴, Katarina E Göransson^{5,6}, Anna Ehrenberg⁷, Kjell Asplund⁸, Maaret Castrén⁹ and Nasim Farrohknia¹⁰

Table 3 Evaluation of scientific evidence of team triage according to GRADE

Outcome measures	Number of patients (number of studies)	Study design	Outcome*, median (min-max)	Scientific evidence according to GRADE	Comments
Number of patients leaving ED without being seen by a physician (fewer)	32 830 (4 studies)	1 RCT 3 observational studies	1.3 (1.2-6.8) percent	Moderately strong ⊕⊕⊕	Upgraded because of concordance of data
Waiting time (shorter)	25 927 (3 studies)	No RCT 3 observational studies	18 (16-20) min	Limited ⊕⊕	Downgraded because of study quality and heterogeneity
Length of stay (shorter)	29 674 (4 studies)	2 RCT 2 observational studies	40.5 (0-55) min	Limited ⊕⊕	Upgraded because of outcome size. Downgraded because of study quality.

Resumé

- Akutmedicin eller ej – ikke vigtigt
- Dedikerede speciallæger - tak
 - Tilstedeværelse: Behandling og supervision
 - Lægefaglig styring og visitation
- Skandinavien unik ? Kanske, Men ikke løst problemet
- Udland : Akutmedicin en del af løsning
- Det bedste af to verdener
- Behov for forskning og udvikling

Tak !

jlf@regionh.dk