



UCI Medical Center

UNIVERSITY OF CALIFORNIA, IRVINE

Emergency Medicine in the United States.

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Emergency Medicine in the United States.
How is it different from Europe and other parts of
the world ?

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Emergency Medicine in the U.S.

Objectives:

- Definition: Emergency Medicine in the U.S.
- History of Emergency Medicine
- Structure and design of an Emergency Department
- Future and problems of Emergency Medicine in the U.S.

Emergency Medicine in the U.S.

- Hospital-based.
- Own specialty with a career pathway.
- Own chairman/director, own equipment and finances.
- Located centrally in the hospital.
- Accessible 24 a day and 7 days a week.
(24/7 philosophy)

Emergency Medicine versus *Notfallmedizin*

- Different Philosophies
Germany –U.S.A.
- USA: Scoop and Run (Korea, Vietnam war)
- Germany: Stay and Play (The physician comes to the patient)
- Both systems have advantages and disadvantages.
- Comparisons of *outcome* in both systems is probably not possible.

Emergency Medicine (U.S.) versus *Notfallmedizin* (D)

- In contrary to Germany, U.S. physicians do not drive to the scene (EMS). Too expensive and legally too risky.
- Paramedics drive to the scene, stabilize and transport the patient to the hospital.
- U.S. point of view: a physician at the scene does not contribute to a better outcome of the patient.

Emergency Medicine (U.S.) versus Notfallmedizin (D)

- Public domain:

[www.ldk-online.de/
city/blid0333.jpg](http://www.ldk-online.de/city/blid0333.jpg)

- Public domain:

- www.bumc.bu.edu

History of Emergency Medicine in the U.S.A.

- *Emergency Rooms* around 1960:
- Physicians worked in ERs without any special qualifications.
- Physicians with problems (alcohol, drugs, debts)
- No Structure, no supervision.
- The youngest and most inexperienced physicians cared for the sickest patients.

The Situation in the 60s

- Unbearable situation.
- Hospitals and physicians had frequently problems.
- Fluctuation among the staff.
- Complaints from the patients.
- Law suits lots of money. Damaged reputation.
- Lawyers and courts were making hospital policies.

Economic Aspects

Questions:

- How many misdiagnosed MIs does a hospital need to file bankruptcy ?
- How many awarded \$\$\$ of malpractice law suits could pay a full-time position of a board-certified emergency physician ?

Patients Expect Globally

Patients expect:

- Good treatment, friendly treatment, timely treatment
- Treatment without mistakes
- Explanation of their disease and prognosis
- Knowledge of alternative treatment forms
- Respect

Efforts in the Search for a Solution for this Problem

- Professional staff and modernization in emergency departments.
- High investments in equipment and staffing will lower the potential costs of a law suit.
- Intangible aspects: enormous pressure of the public on physicians and politicians.
Lobby group of consumers in Washington.

Emergency Medicine as its own Specialty

- Emergency Medicine was founded as an answer to the deplorable conditions in the 60s.
- 1968 a group of 6 physicians founded the American College of Emergency Physicians (ACEP)
- 1979 the American Board of Emergency Medicine (ABEM) was founded.

ABEM Mission Statement

(www.abem.org)

- to protect the public by promoting and sustaining the integrity, quality, and standards of training in and practice of Emergency Medicine.
- being part of a process that provides the public with well-trained, high-quality emergency physicians.
- The Board believes that well-trained, high-quality emergency physicians will always be the best for the American public.

ABEM Purpose

- Improvement of quality in Emergency Medicine
- High standards
- Evaluation of physicians' abilities
- Awards certificates
- Public service
- December 31, 2000: 17,300 board-certified physicians
- December 31, 2005: 22,375 board-certified physicians
 - 2006 : ACEP about 25,000 members

Emergency Medicine

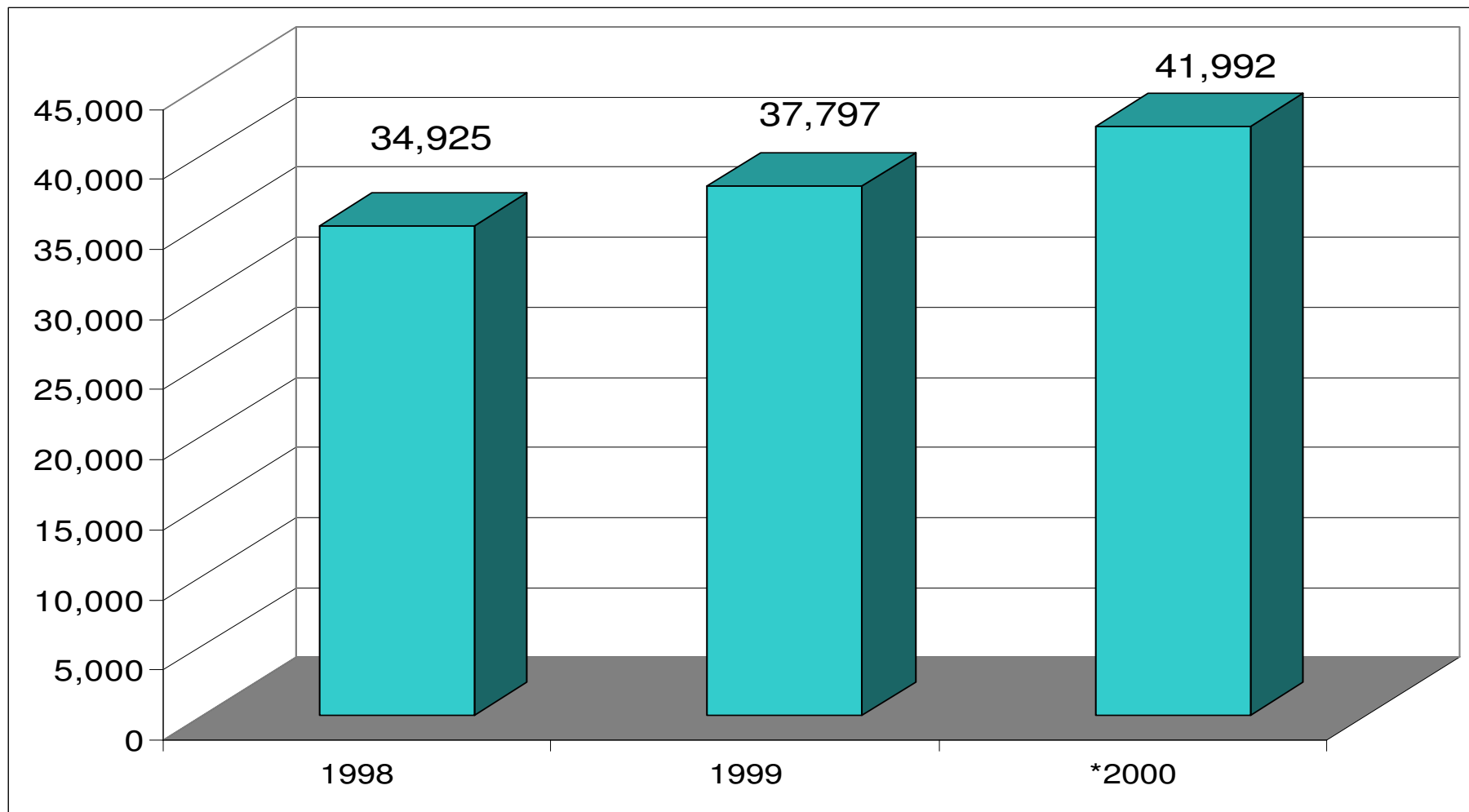
- Practiced by professionals
- Own specialty
- Is there for patients around the clock. 24/7 philosophy.
- Is practiced in a highly sophisticated functional environment.

UCI Medical Center (2002) Staffing and Numbers

UCI Medical Center: Personnel and Numbers

- 45,000 Emergency patients per year
- ED average alone: 124 patients per 24 shift.
- 462 licensed beds.
- Level I Trauma Center
- All subspecialties available including transplantation and rehab. No maxillo-facial surgery or dental department.
- 90 UCI-associated clinics with subspecialties.
- Own public relations department with an International Office. VIP customers from overseas.

UCI Medical Center: Emergency Department: Trend in the Number of Patients Visits





- Front entrance for ambulatory patients
- Nonambulatory patients (EMS) arrive at a different entrance.
- Security code
- Closed-circuit video





Triage in the ED

- Emergent
 - Complaints, vital signs represent an imminent danger for life or an extremity. Immediate treatment. (Airway obstruction)
- Urgent
 - Complaints, vital signs represent a danger for life or an extremity within hours. Open fracture, asthma (moderate)
- Nonemergent
 - Treatment is possible within 24 hours. Suture removal, Ear pain.

Emergency Department

Core Personnel:

- Physicians including resident physicians.
- Nurses
- Unit clerk (telephone, administration)
- Registration
- Technician (casts, crutches, transportation, restocking)
- Translators, social workers, case managers.
Child life, house keeping (24 hr), security.

More Designs of Emergency Departments within the USA

Baptist Hospital. Nashville, TN

- Front desk
- Open space
- Light
- Source: public domain
- www.baptisthospital.com

Northwest Hospital. Seattle, WA

- Trauma/critical care rooms
- Open, spacious
- 12.000 sqft = 1.200 m²
- www.nwhospital.com
- Source: public domain

Rehoboth McKinley. Gallup, NM

- Trauma room
- All devices present
- Source: Public domain
- www.rmch.org/trauma2

La Rabida Children's Hospital.
University of Chicago (www.ucch.org)

University of Rochester Medical
Center
Strong Memorial Hospital
Department of Emergency Medicine

<http://www.urmc.rochester.edu/EmergMed/NewED.html>

University of Rochester Medical Center

Department of Emergency Medicine

- Adult ED: kidney-shaped, appearance of a race track.
- Trauma bays
- 2 bays equipped with overhead X-ray
- CT adjacent –sliding door

University of Rochester Medical Center

Department of Emergency Medicine

- Central work area for health care workers
- Almost all rooms are visible from the elevated area
- All monitors are connected to central area
- Visibility is safety (glass)

Problems in U.S. Emergency Departments

- 4000 EDs in the U.S. : 100 million visits
- Diversion of ambulances
- Tremendous capacity problems in the hospitals.
- 1999: 247 million inhabitants.
- 42,4 millions were uninsured → 15,5 %.

Problems in U.S. Emergency Departments

- Managed Care with problems of reimbursement
- Underserved public with affordable ambulatory services.
- DRGs with shorter times of hospitalization and early discharge.
- Problems with specialists. On call panel.

Problems in U.S. Emergency Departments

- Problems with availability of specialists on a 24 h basis.
- EDs have to comply with Federal Law: EMTALA, COBRA.
- Office-based physicians and free-standing clinics do not fall under these laws.
- Physician is free profession.

Consequences of these problems in public health

Many patients come to the ED because:

- No primary care physician and no regular medical care.
- No medications. No money.
- Despite Insurance, no timely access to appropriate medical care.
- Social problems end up in the ED: alcohol, abuse, drugs, poverty.

Summary

- Emergency Medicine in the U.S. is an own specialty
- EM is a hospital-based specialty
- EM is highly professional and high tech. Emergency Physicians have the opportunity of a career.

Summary

- The ED is often a substitute for misguided social health care policy.
- EM was originally designed for life-threatening emergencies and urgencies.
- EM in the U.S. is the leading specialty in the search for a better health care delivery system.

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***International
Emergency Medicine***

**INTERNATIONAL REPORT: CURRENT STATE AND DEVELOPMENT OF HEALTH
INSURANCE AND EMERGENCY MEDICINE IN GERMANY. THE INFLUENCE OF
HEALTH INSURANCE LAWS ON THE PRACTICE OF EMERGENCY MEDICINE IN
A EUROPEAN COUNTRY**

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2001;98:A3428-3429

THEMEN DER ZEIT

Managed Care in den USA

Übermacht der Versicherungen

Werden die Rechte der Versicherungsgesellschaften einseitig gestärkt, können Versorgungsprobleme und finanzielle Härten die Folge sein.

<http://aerzteblatt.de/v4/archiv/artikel.asp?src=suche&id=29918>

Bey T. Deutsches Ärzteblatt 2002;99:A2028-2030

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Emergency Departments in den USA

Der Notfallversorgung droht der Kollaps



Die Notaufnahmen sind chronisch überfüllt. Sie dienen nicht versicherten Patienten und solchen, denen der Zugang zur medizinischen Versorgung erschwert ist, als letzte Anlaufstelle.

<http://aerzteblatt.de/v4/archiv/artikel.asp?src=suche&id=32445>

Bey T. Deutsches Ärzteblatt 2003;100:A2350-2350

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Berufshaftpflicht in den USA

Überzogene Ansprüche

Angesichts astronomisch hoher Schadensersatzsummen steigen die Prämien für ärztliche Berufshaftpflichtversicherungen – ein Teufelskreis, der die medizinische Versorgung gefährdet.

<http://aerzteblatt.de/v4/archiv/artikel.asp?src=suche&id=38352>

