

# **The Swedish model for Emergency Medicine**

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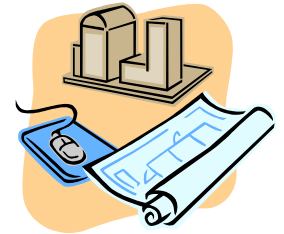
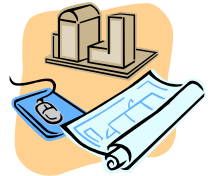
**In Sweden  
Emergency Medicine  
became a supraspeciality  
on July 1 2006**

# Simple Answer

More Money



More Space



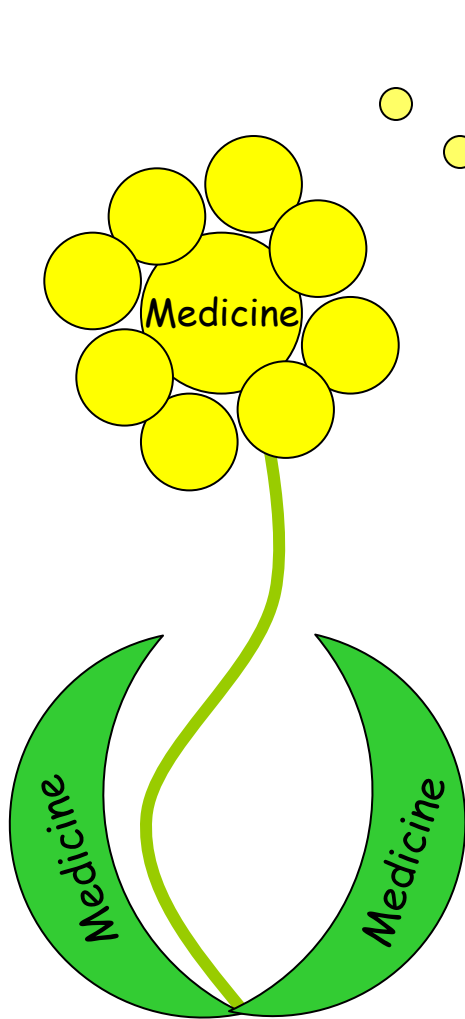
More Staff



**Problem Solved!**

# **Political concerns in EM:**

- Patient safety
- Subspecialized hospital doctors
- Population expectation
- Economy

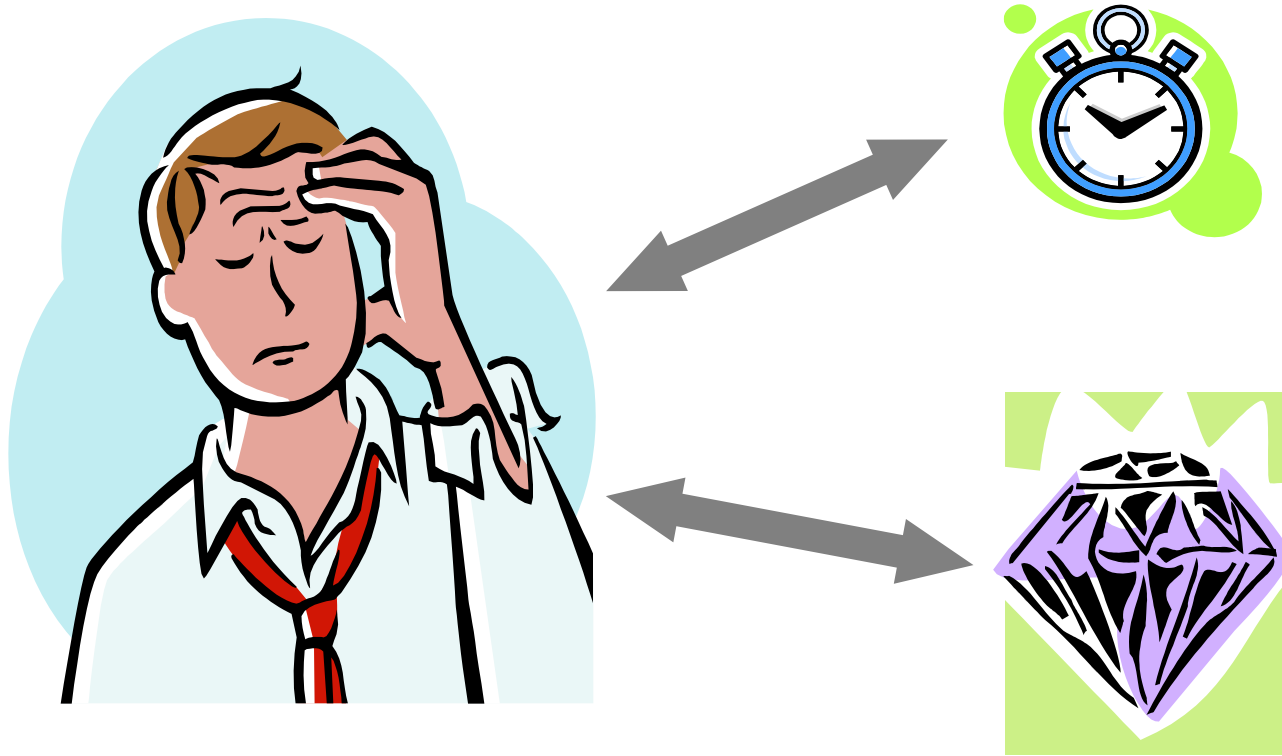


# **Population expectation**

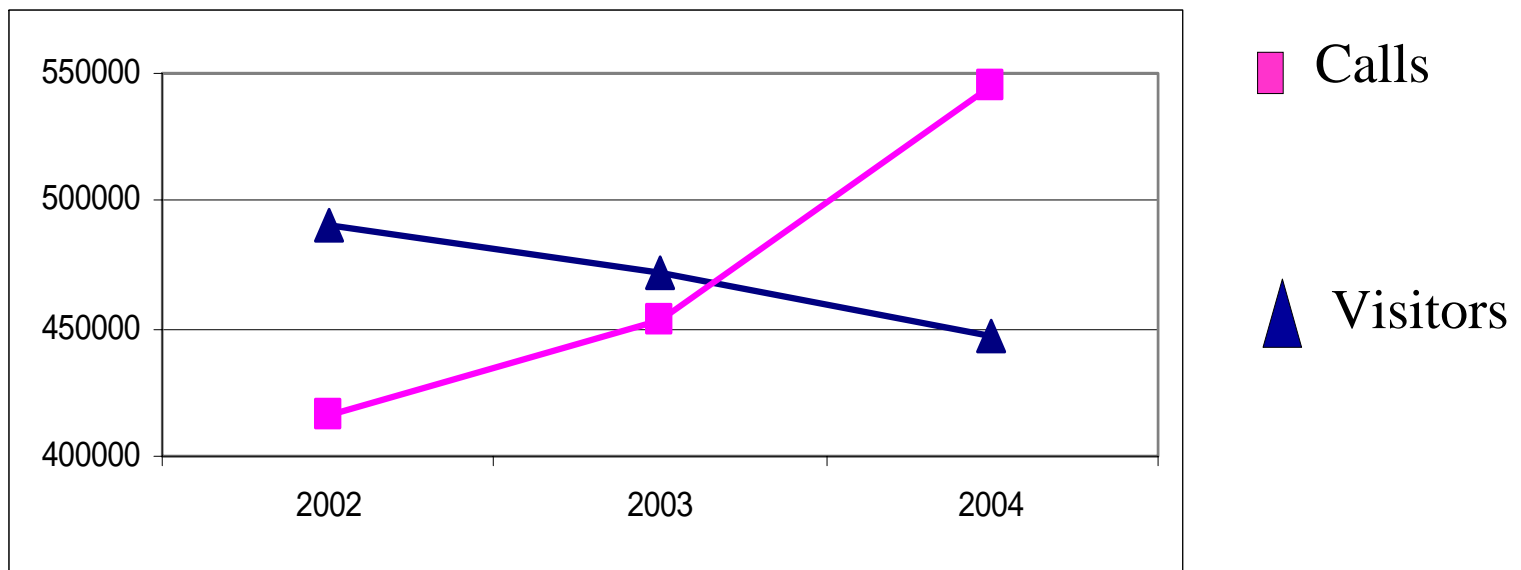
- Immediate satisfaction
- Political promises
- "Local and fast delivery of health care"



# Expectations of patients



# Stockholm ED visits – Tele Nursing/Triage





**60% of the calls end up in  
advise concerning self care**



**A population of 1,9 million make 0,7 million enteries into the countys Web Care site**

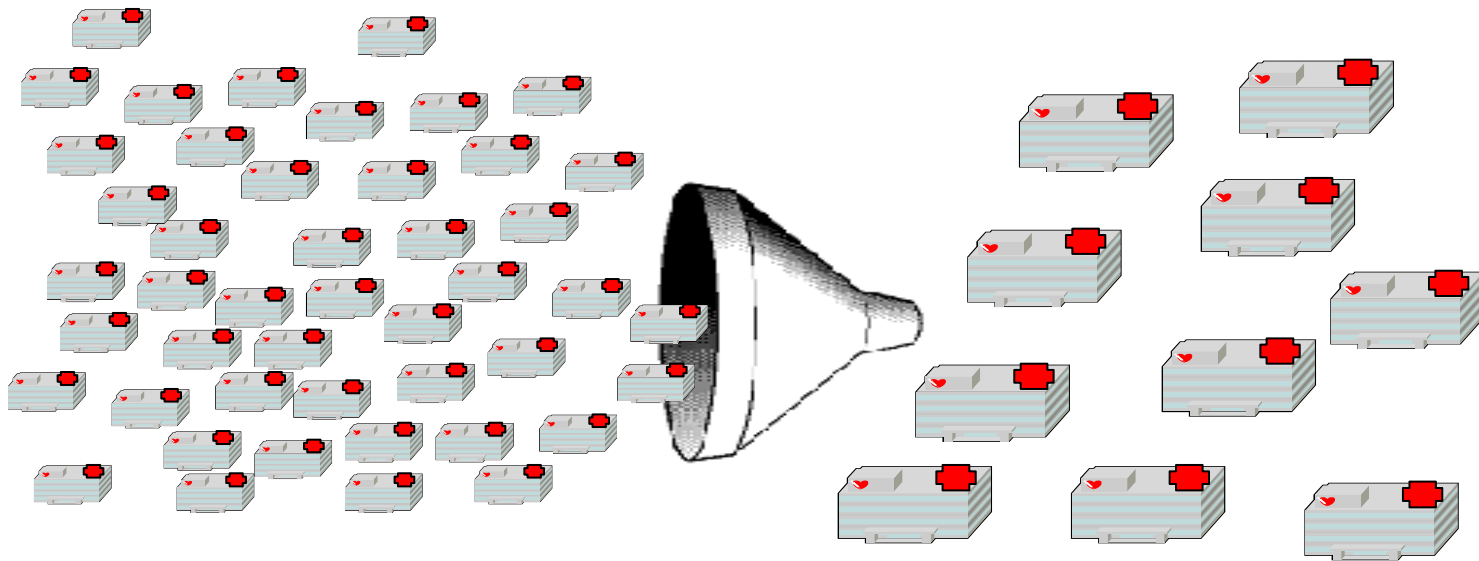


# Economy

- Reduction of number of acute hospitals
- Reduction of hospital beds
- Transformation of hospitals
- New trends

# Reduction of E.R. capacity in Sweden

1990: 94 E.R.

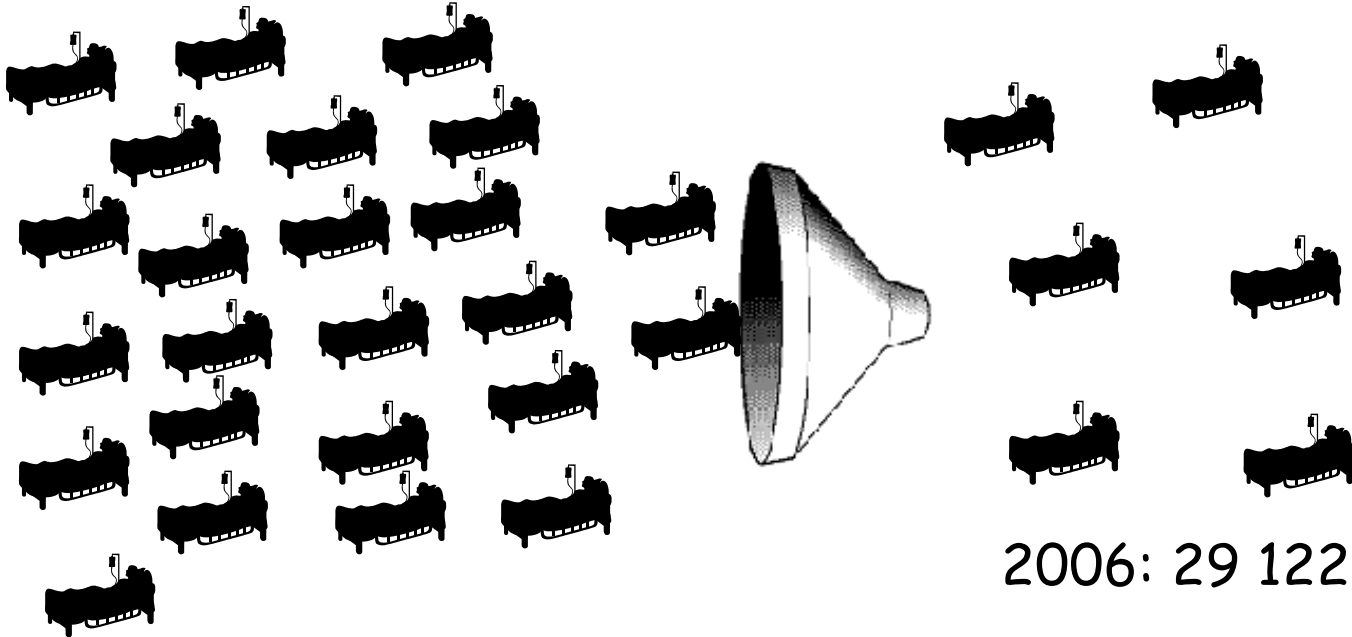


**U.S 1994** → **1999**  
**7,6% decrease in hospitals**  
**8,1% decrease in EDs**

**2006: 61 E.R.**

AHA Hospital Statistics, Chicago, Ill

# Bed reduction in Sweden -75%



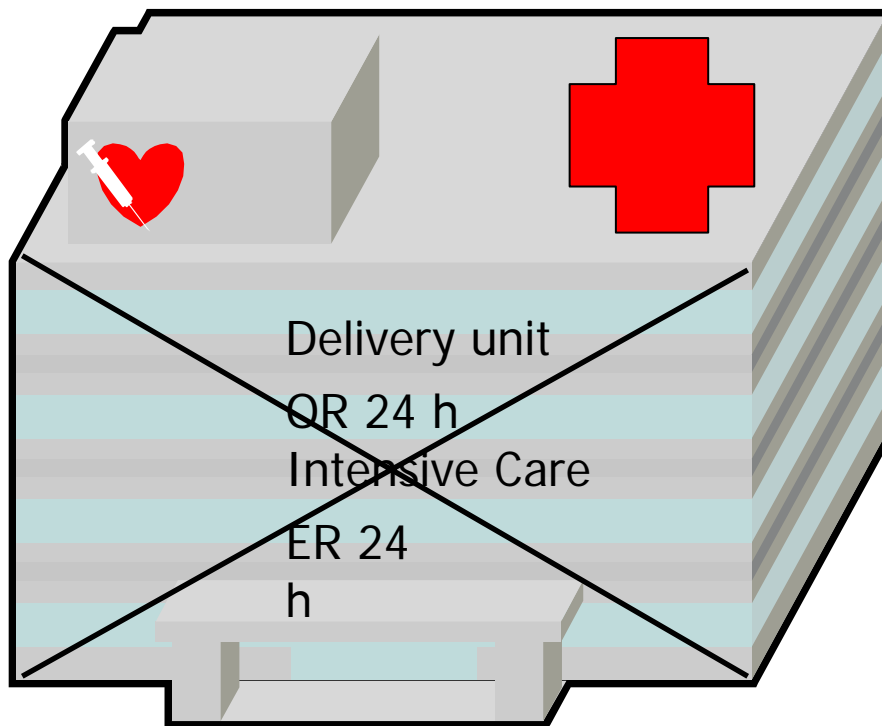
1980: 117 038 beds

2006: 29 122 beds

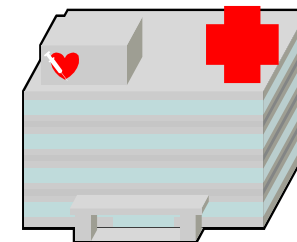
U.S 1994  1999  
12% decrease in Hospital Beds  
18% decrease in Medical/Surgical Beds

Buisness Journal 2001

# New trends "Close Care"

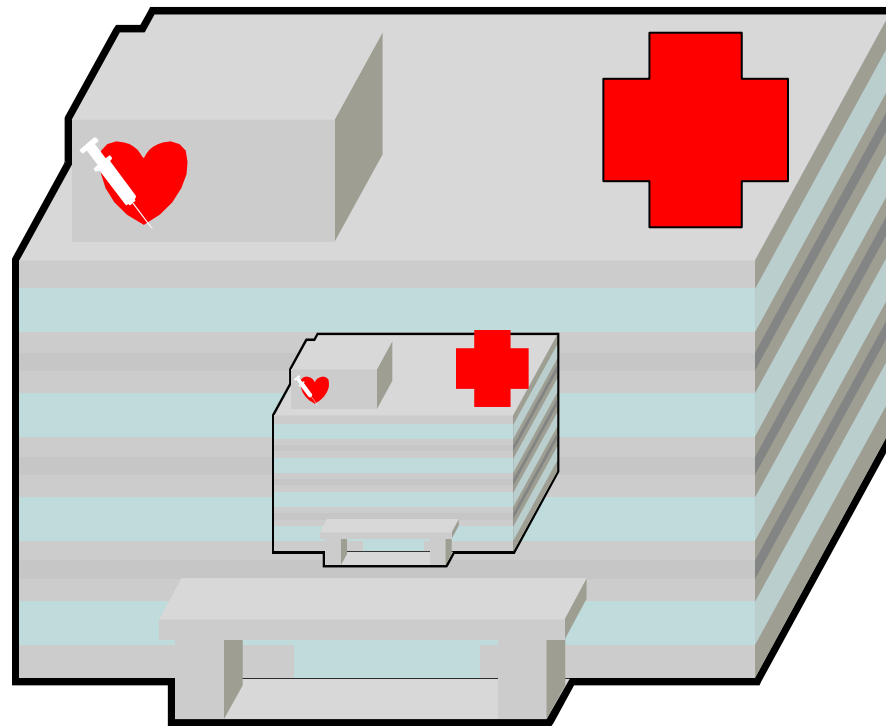


"Close Care Hospital"

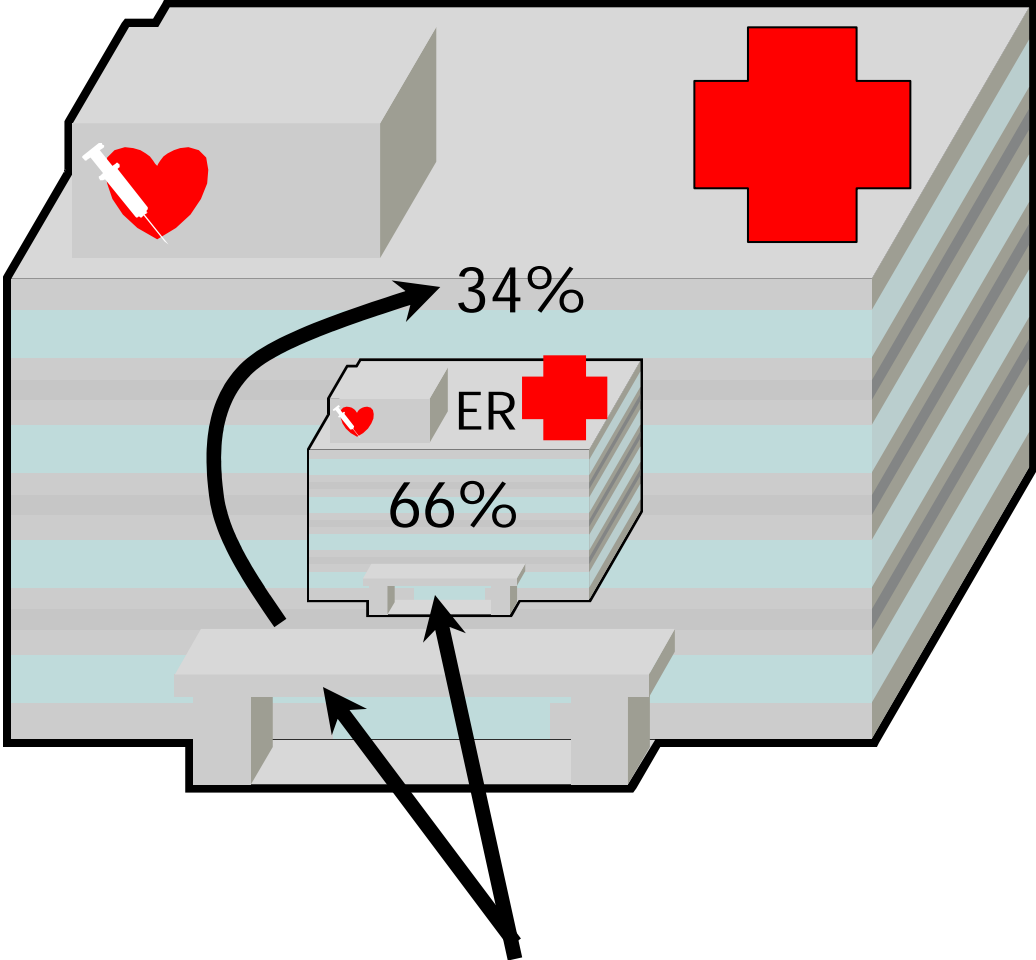




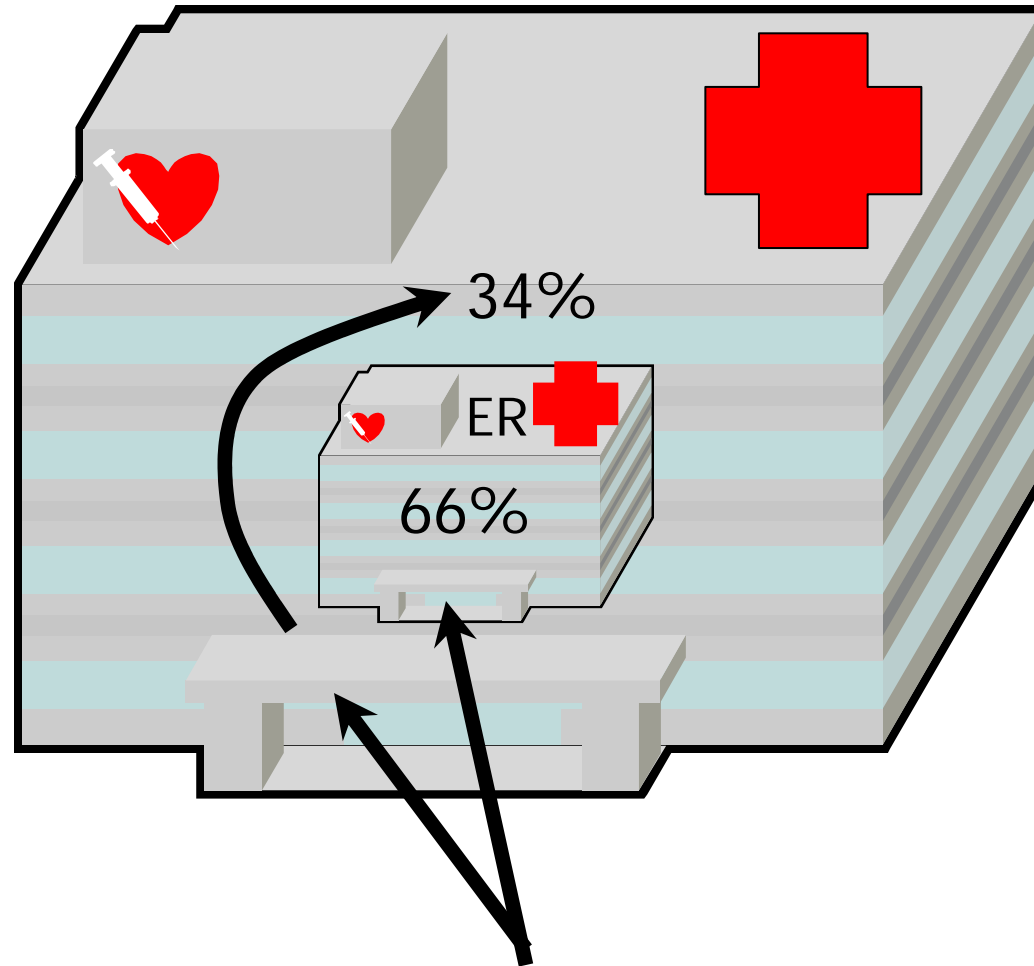
**Emergency Hospital inside the Elective  
Hospital as  
the total number of beds is reduced**



# One Third of Acute Admittances By-pass the E.R.



# One Third of Acute Admittances By-pass the E.R.



A new trend

?

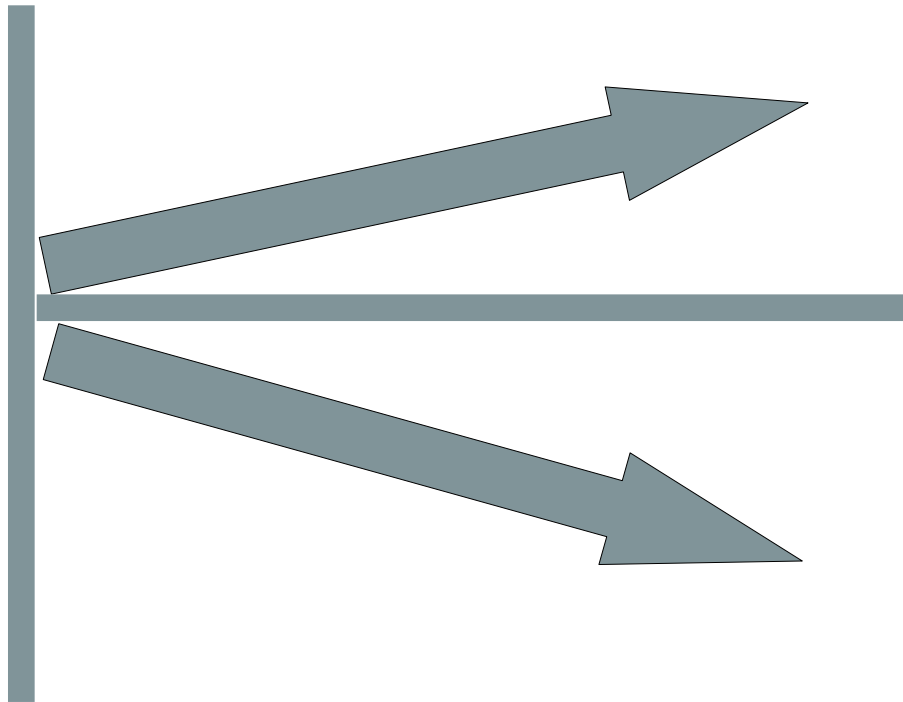
Cardiology

Neurology

Haematology

Nephrology

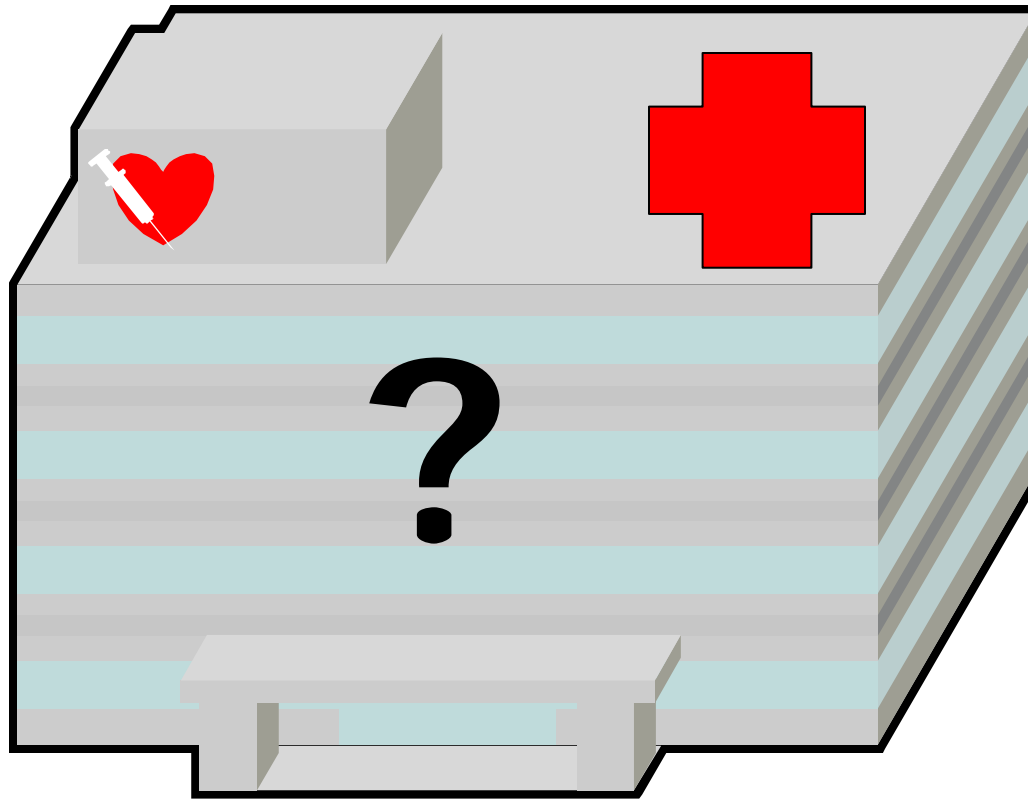
# Type of ED Visits



Urgent, critical patient  
are increasing

How do we reduce?  
Nonurgent

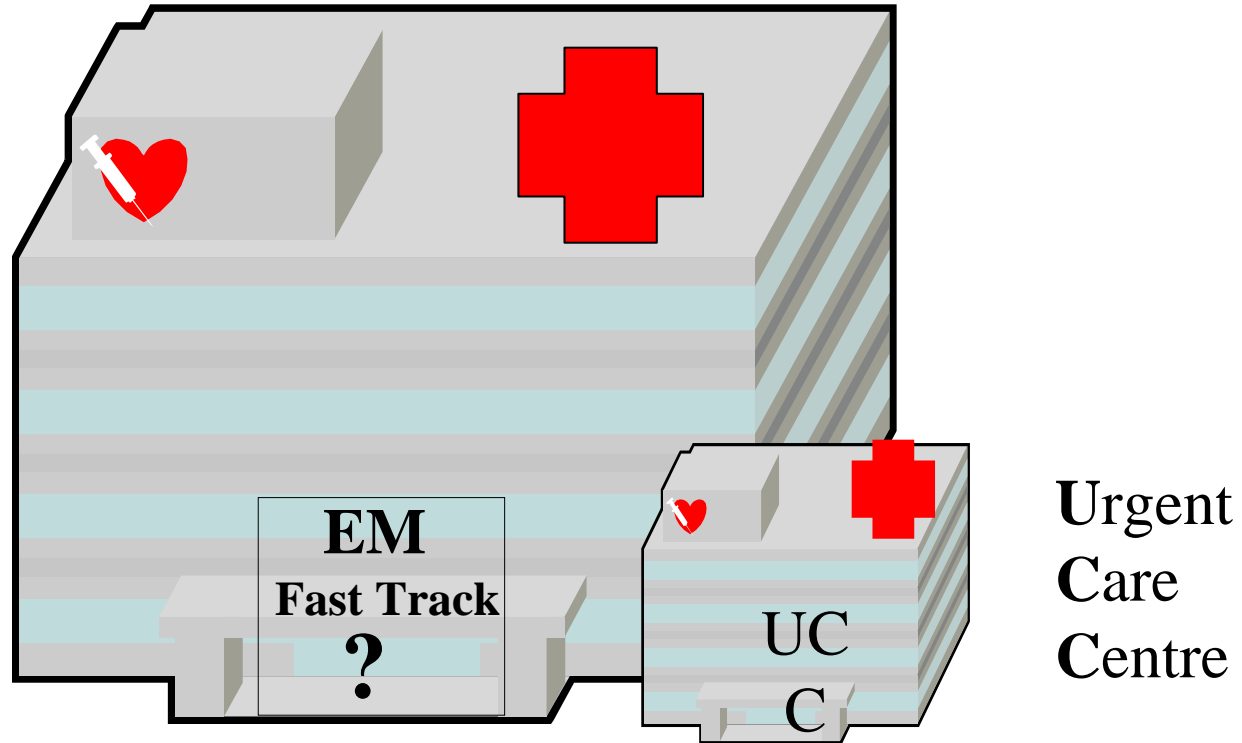
# Transformation of Hospitals



Philippe Vandekerckhove,  
MD, PhD

*Clinical Director, University Hospital Leuven*

# Fast Track within the EM department or UCC

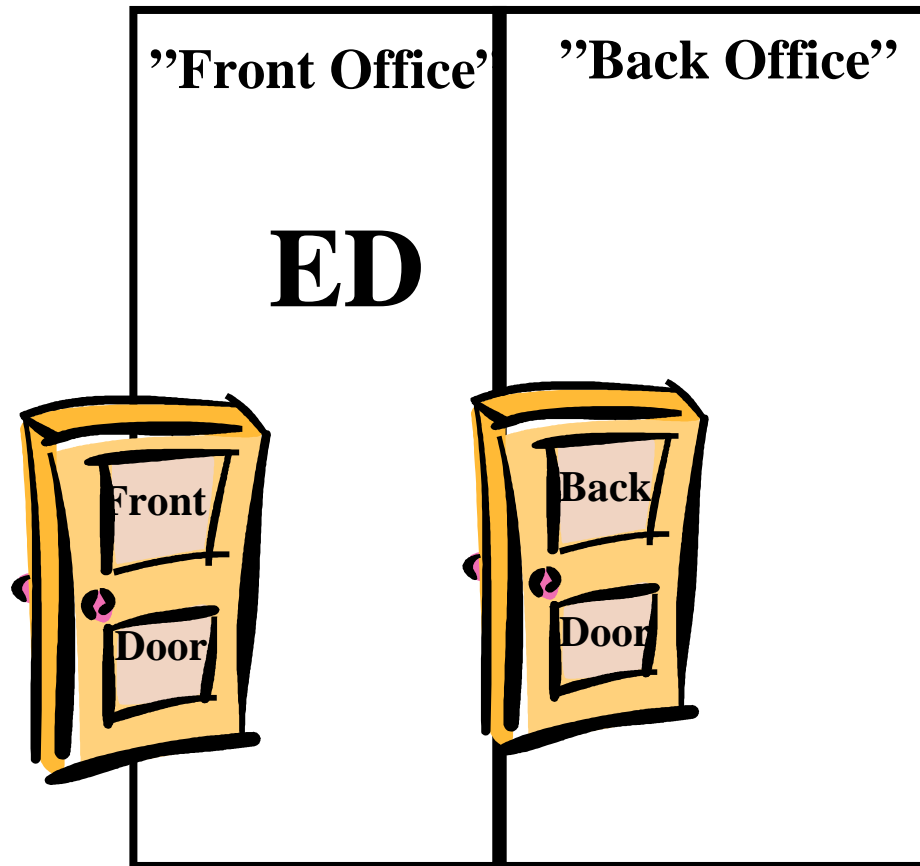


# Implication of bed reduction for EM

- Need for high EM competence
- Increased need for around the clock diagnostic resources
- Good interaction with prehospital care
- Increased cooperation with the local community
- Only patients with a "proven" need for in-patient care will be admitted
- Transformation of Hospitals

# Hospital: ED Overcrowding

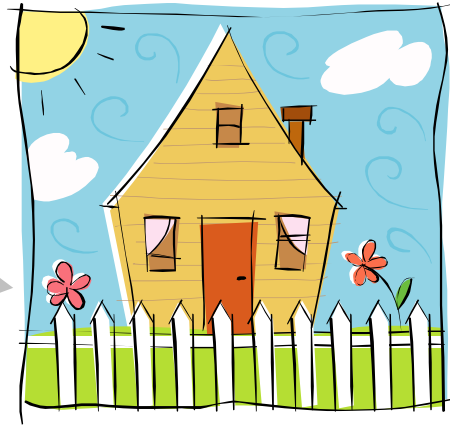
Pre  
Hospital



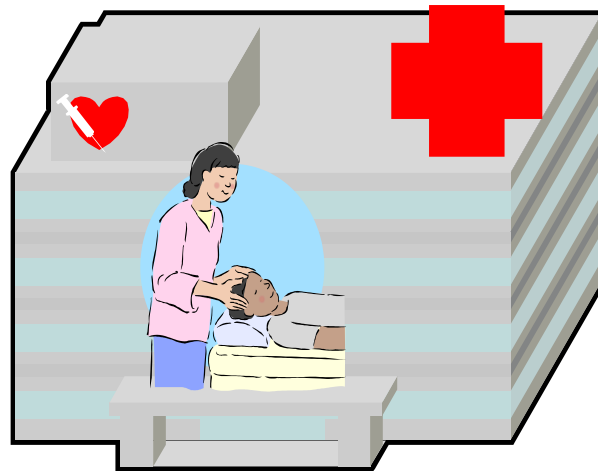
Post  
Hospital



# Frequent visitors



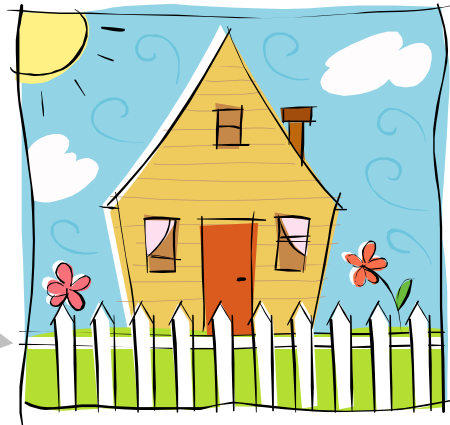
137 visits in one year



# **Frequent visitors**

**5% of the patients make  
20-25 % of the total  
number of visits**

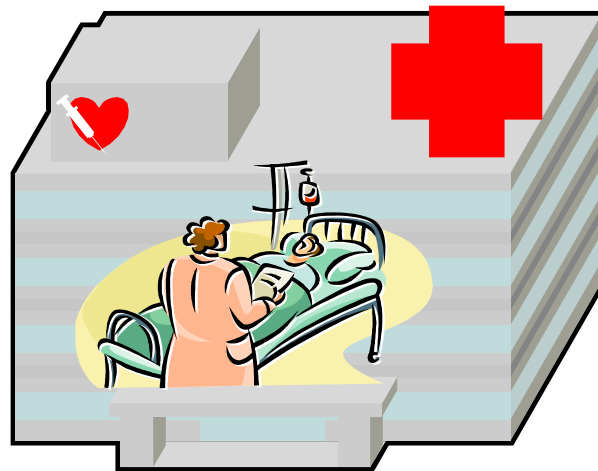
# Adverse Drug Reactions



7 drugs in



**Symptoms**



9 drugs out

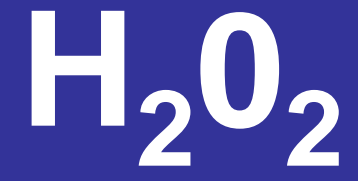


# **Adverse Drug Reactions**

20 % of the patients > 65 years old  
that were admitted from the ED of  
the Karolinska University Hospital  
were admitted due to  
Adverse Drug Reactions (ADR)

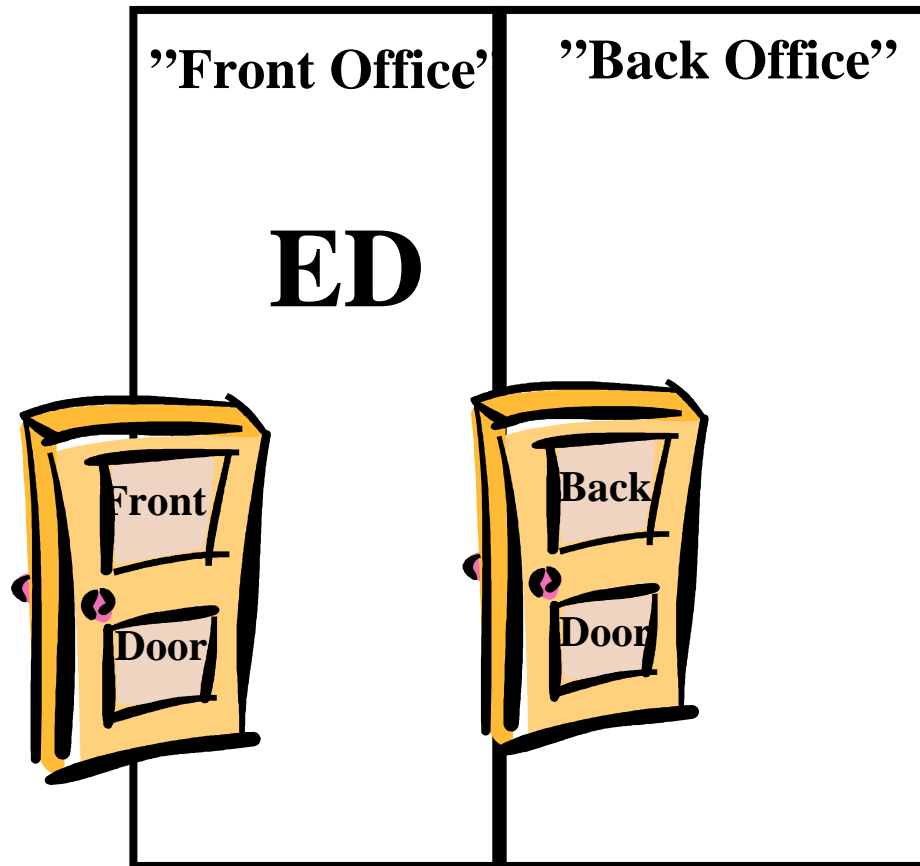
# Infections control





# Hospital: ED Overcrowding

Pre  
Hospital



Post  
Hospital

# **The exit block from A&E**

Re-engineer Back to Front





# Thank You!

