Making a difference when it’s critical

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What we do

We work to

• improve understanding of the organisation and delivery of critical care
• raise awareness of factors that lead to unequal and inequitable outcomes
• trigger action across Europe to overcome those barriers
Why is it important

- **Window of opportunity** – ECCF looks at how we can improve treatment and care at a point in time when it can make a crucial, or ‘critical’ difference to mortality and morbidity

- Aim to reduce the risk of developing chronic conditions, reducing the risk of complications and readmissions and other needs for medical treatment and care in future.
Stroke

- 1 in 6 people worldwide will have a Stroke in their lifetime
- $15 \times 10^6$ people worldwide/year
- 2nd leading cause of death > 60 yo
- $6,5 \times 10^6$ death/year
- Leading cause of adult chronic disability
TIME IS BRAIN !!!

Every minute

- 1.9 millions neurons
- 14 billions synapses
- Loss 1,8 day of good health

Saver, Stroke 2006-2014

Baron JC, Cerebrovasc Dis 1999
TIME IS HEART !!!

The relative risk of 1 year mortality increases by 7.5% for each 30 minute delay.

\[ Y = 2.86 \pm 1.45 + 0.0045X^1 + 0.000043X^2 \]
\[ P < .001 \]

Roughly 1% every 3 minutes

Reperfusion Therapies Differ in Countries

A standard “Cardiac Arrest Call” number for all hospitals in Europe - 2222

- Outside hospitals in Europe there is a single standard emergency telephone number (112)

- Inside hospitals in Europe there is NO single standard emergency telephone number
Cardiac Arrest Call - current situation

• Over 105 different numbers are currently used for cardiac arrest calls in European Hospitals
• 74 hospitals used 41 different numbers in Denmark
• Only about half the staff can remember the number to call in their hospital. 50.5% in Danish study did not know the correct number

Limited knowledge of the crash call number among hospital staff—A call for standardisation B. Løfgren et al Resuscitation 2010, Vol. 81, Issue 2, S28
Cardiac Arrest Call - consequences

• Not instinctively knowing the number causes delays to resuscitation teams arriving.
• Miscommunication involving the crash number occurred in almost 1 in 10 incidents (4/30, 13%)
• 78 staff admitted to learning the new cardiac arrest number from an emergency situation, therefore at least 78 calls were delayed

Cardiac Arrest Call and professional mobility

• The situation is made worse by healthcare staff moving around hospitals in their own country and increasingly throughout the whole of Europe

• In Spain in 2007 one in five nurses entering the nursing workforce was foreign-trained or foreign-national, this reached one in three in Italy in 2008

• 35% of doctors in UK and Ireland are foreign-trained, with the UK (42%) and Belgium (25%) experiencing the highest inflows of foreign health professionals

Critically ill children

- Some 250,000 children across Europe face critical illness or injury each year
- Most crucial of all, are the first 1,000 days of life
- Wide variations across Europe in a number of areas
  - Provision of services
  - Training and education
  - Standards of care
  - Perioperative complications
  - Pre-hospital emergency transport and retrieval systems
  - Parental involvement
  - Data – quantity, quality, comparability
Please join us!

Together we can make a difference when it’s critical