

EFIM composition



- 35 National Societies
- Executive Committee
- Administrative Council
 - FDIME
 - Working groups
- Secretariat (Brussels)



EFIM

- EFIM = 35 member countries
 - 35 countries = 35 health care systems
- 35 health care systems = 35 laws and regulations about medical specialties
 - 35 laws and regulations = 35 lists of competencies
 - 35 lists of competencies = 35 training programs
- 35 training programs = 35 different ways to become board certified



Different ways of practicing Internal Medicine in Europe

- in the hospital
- in the hospital and in outpatient medicine
 - as a consultant
 - as a primary care physician
 - in acute medicine
 - as a general internist
 - as an internist with subspecialty
 - as an internist with a special field of interest
- as a specialist with an interest in internal medicine (



The essentials of Internal Medicine

(EFIM strategy document)

- **Patient care**
- **Medical knowledge**
- **Communication skills**
- **Professionalism**
- **Academic activities**
- **Organization and leadership**



.....based on the official EFIM
strategy document

Internal medicine is:

- a cornerstone of any modern health care system



Your Benefits



14th European Congress of Internal Medicine

14-16 October **2015** MOSCOW | Crocus Expo



14th European Congress of Internal Medicine

14-16 October **2015** MOSCOW | Crocus Expo





End of Life

When is it?



Rijnstate

Disclosure

Potential Conflict of Interest

None

Relationship with companies

None

Sponsoring

None

Fee

None

Share Holder

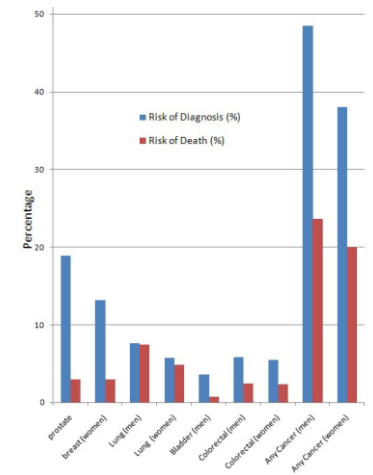
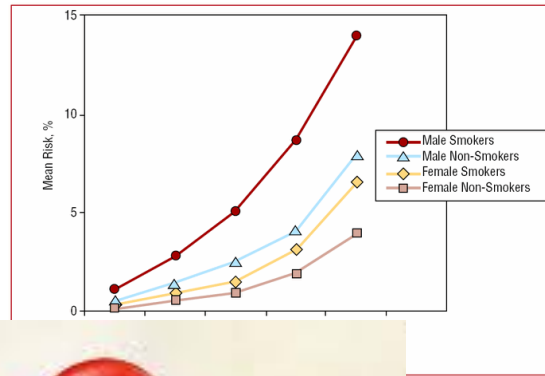
None in the Pharmaceutical World

Other Relationship

EFIM



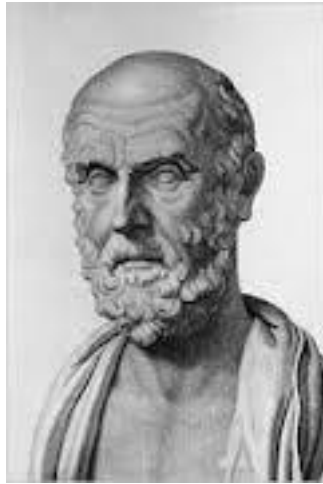
4





Relationship





I would define medicine as the complete
removal of the distress of the sick

the alleviation of the more violent
disease

the refusal to undertake to cure cases in
which the disease has already won the
mastery, knowing that everything is not
possible to medicine



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robin@barstowproductions
.com





How do you start?

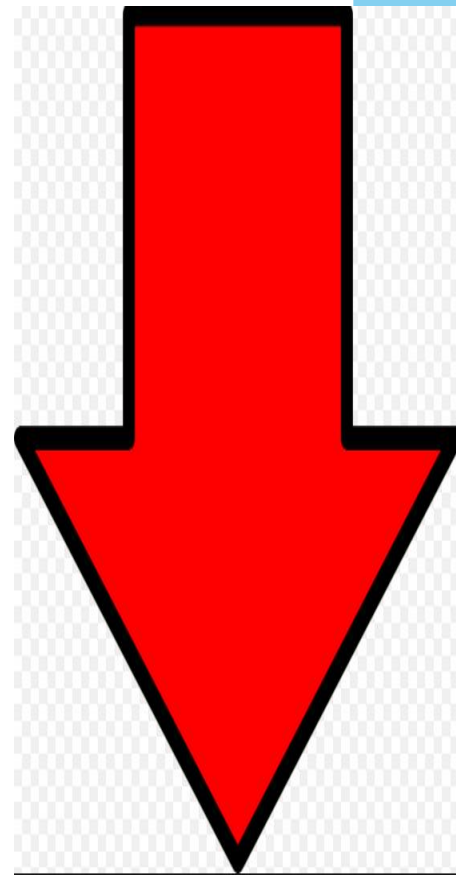
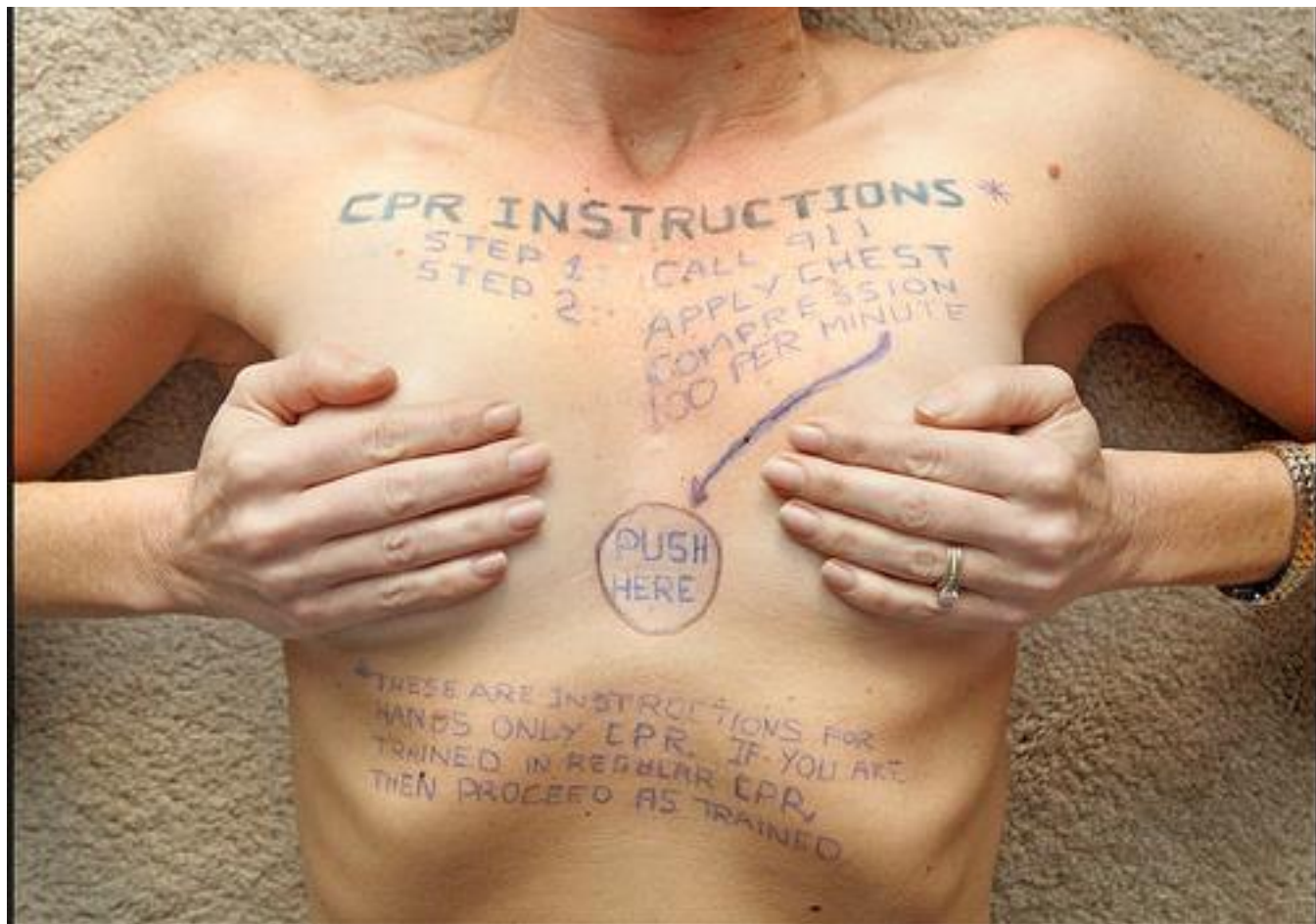






**This
patient is
DNR; it
can wait!**





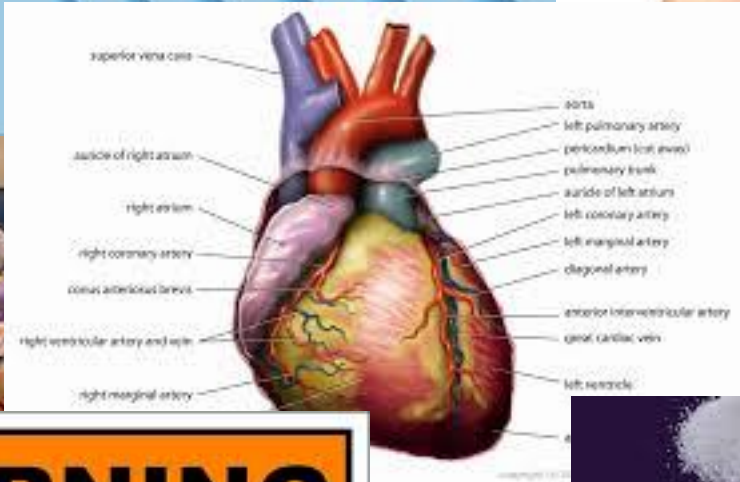
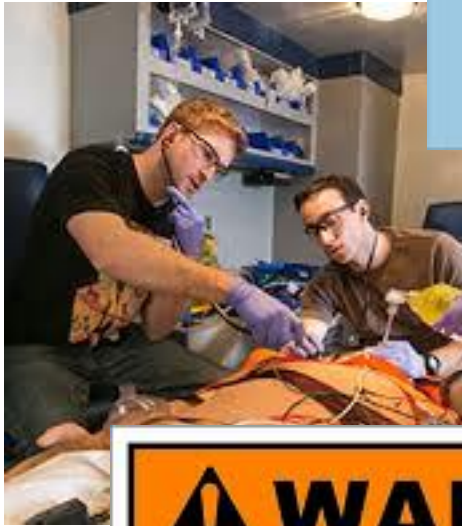


**British Heart
Foundation**

Registered charity in England & Wales (225971) and Scotland (SC039426)



Rijnstate



In Hospital Resuscitation





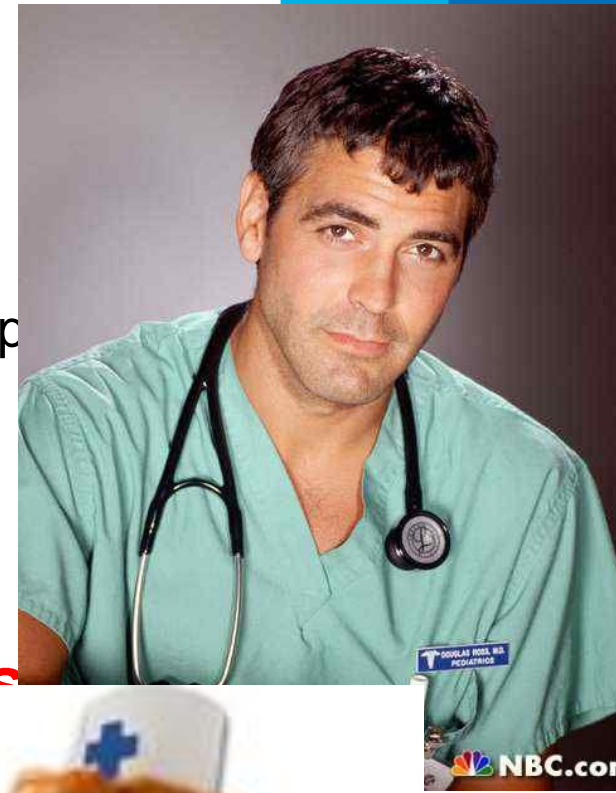
GREATER THAN ONE

Conclusies

The Sickest patients in the Hospital
Are in the ICU:

24 hours a day
7 days a week
Quick Interventions
A lot of doctor
A lot of nurses
A lot of Expensive equipment

This is Great!



Vital Signs and Cardiac Arrest

- Cardiac Arrest is often precluded by deterioration of vital signs
- Some very sick patients are not in the ICY
- They are treated by junior doctors
- In case of trouble, they will come to the bedside and get additional help

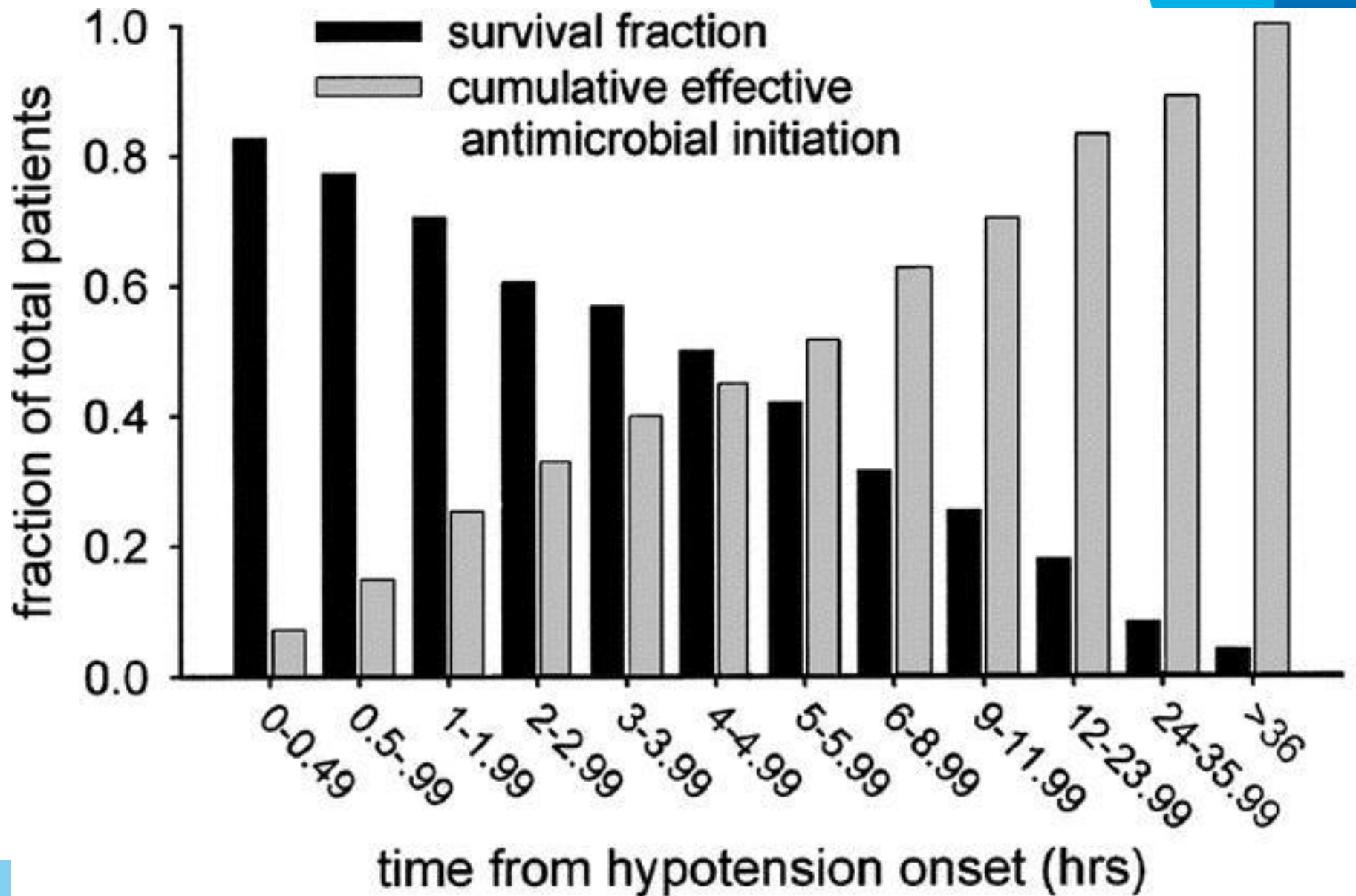
▪ **BUT**



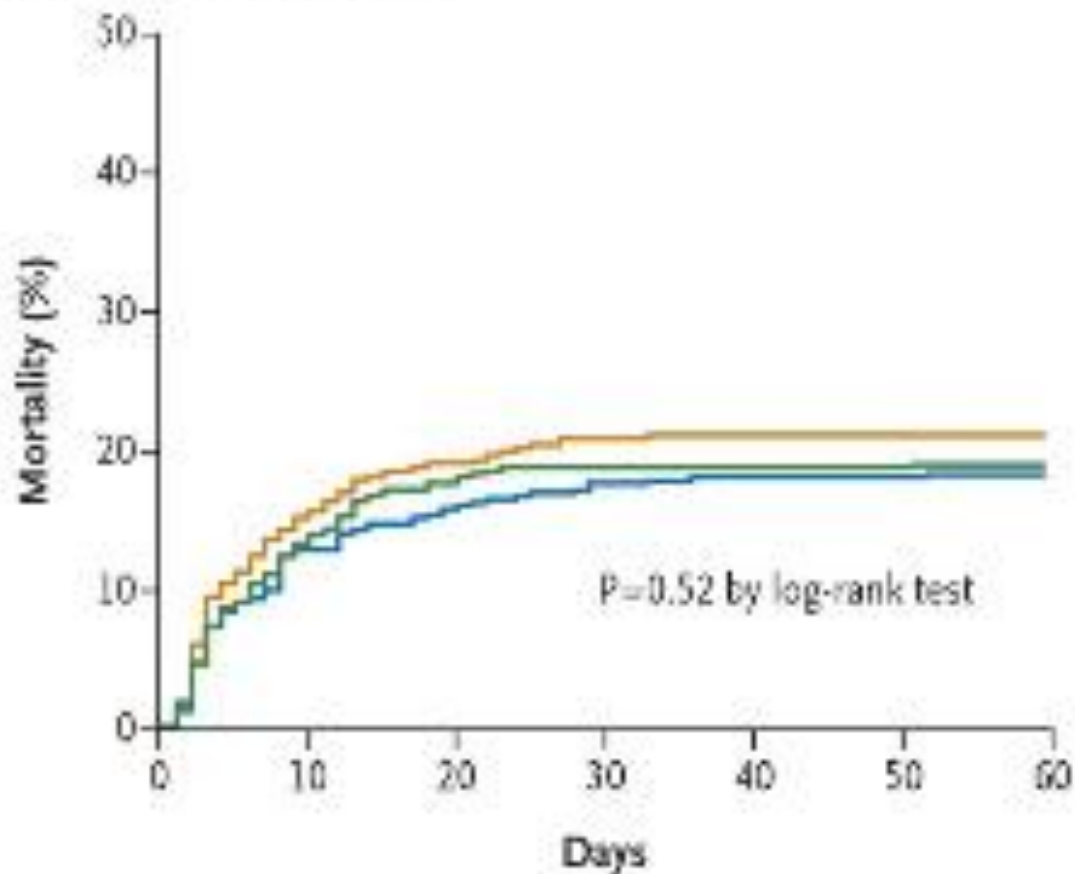


TIME = TISSUE





A Cumulative In-Hospital Mortality to 60 Days



No. at Risk

Protocol-based EGDT	439	373	356	348	347	347	347
Protocol-based standard therapy	445	389	376	368	366	366	365
Usual care	456	396	376	371	371	371	370

2013

9973	9726	8606	
74	48	59	49
2	0	4	4



www.rijnstate.nl/behandelbeperking

<http://www.youtube.com/watch?v=BvHSAuBeiEc>

Niet reanimeren en andere behandelbeperkingen

In deze folder leest u over de behandelbeperkingen die u kunt afspreken met uw arts. Bekende voorbeelden van een behandelbeperking zijn niet reanimeren en geen bloedtransfusie. U kunt bij uw arts aangeven of u bepaalde behandelingen beslist niet wilt ondergaan. Uw arts kan u deze vraag ook stellen. Het is voor u en voor ons belangrijk om hierover van tevoren goed na te denken. Deze folder is daarbij een hulpmiddel.



Rijnstate

**Neem altijd uw
verzekeringsgegevens
en identiteitsbewijs mee!**

Toets hier om te zoeken...

Selectie

- Patiëntselectie Rijnstate
- Patiëntselectie breed Rijnstate
- Taakselectie Rijnstate
- Taakselectie breed Rijnstate
- SEH: Overdracht Rijnstate
- SEH: Overdracht Zevenaar

Dossier

- Open patiëntdossier
- Verpleegkundige dossiers

Kliniek / OK

Afdrukken

Medicatie

- Accordatielijst
- Medicatielijst

Overig

- Complicatie reg. IC
- Complicatie ovz. IC
- DCR: INT complicaties
- Toevoegen aan lijst

Document

- Document archief

Geboren [redacted] M

Patiëntnummer [redacted] | 86 jaar | B4V2 - 203 - 5 | Niet reanimeren + Behandelbeperking

Intensive Care

Behandelaar: Intensivisten

Consult Orders Registratie Brieven

Voorblad **Onderzoeken en resultaten (36)** Status Naslag KCHL uitslagen Radiologieonderzoeken Patiënts

1 van 1

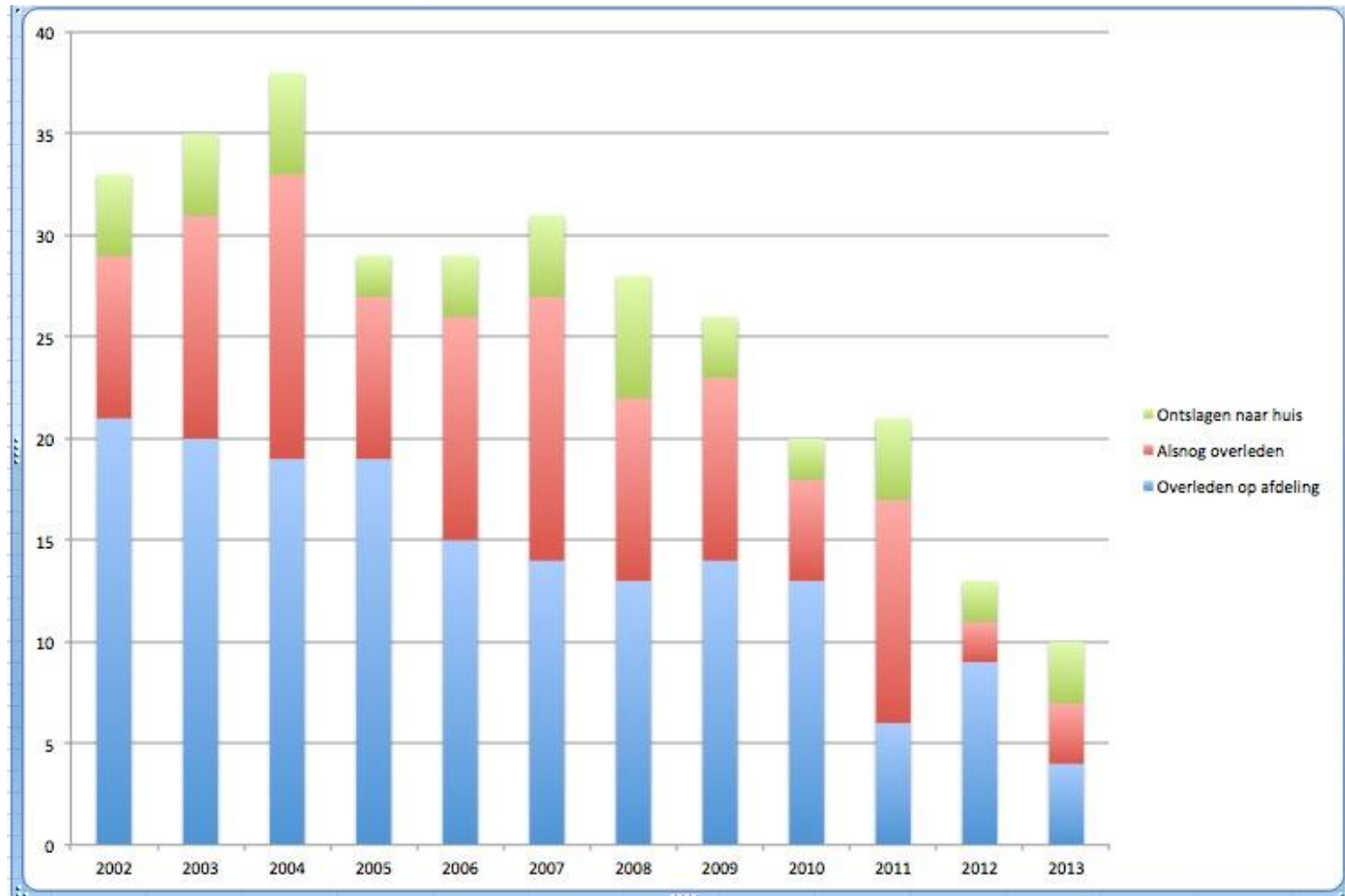
24-01-2014 22:53:00 | Formulier behandelbeperkingen | auteur: Seijger, Charlotte | laatste mutatie: 24-01-2014 | Seijger, C

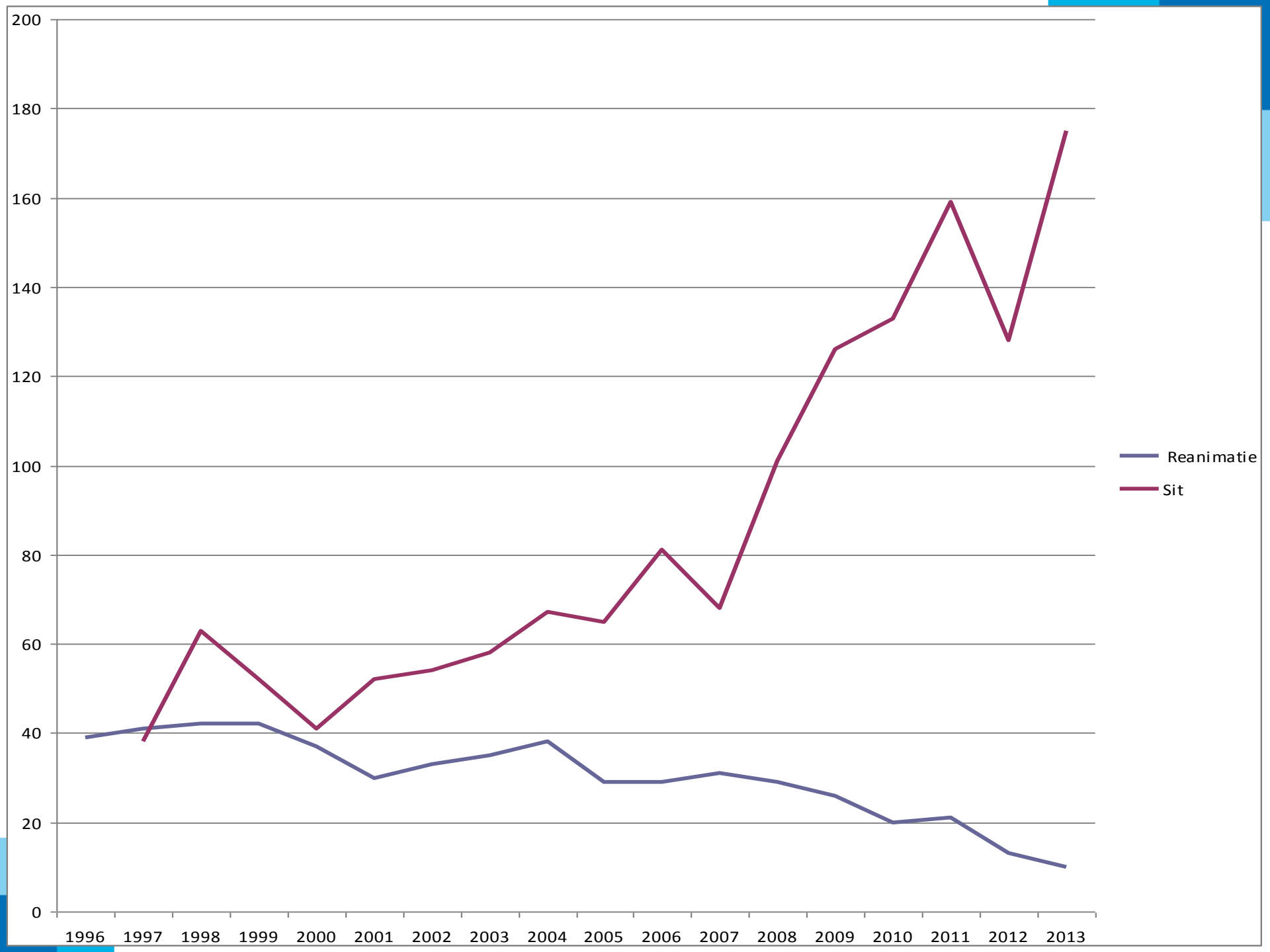
Behandelbeperking	Niet reanimeren + Behandelbeperking
Datum vaststelling	24-01-2014
Schriftelijk document van patiënt	nee
Uitdrukkelijk verzoek van patiënt	nee
Beleid besloten in overleg met patiënt/ wettelijk vertegenwoordiger	ja
Beleid overlegt met familie	ja
Reden overweging behandelbeperking	Patiënt met reeds bestaande of te verwachten blijvende ernstige invaliditeit
Reanimeren	nee
Invasieve beademing	ja
Niet invasieve beademing naar CCU	ja
naar ICU/PICU	ja
Dialyse	ja
Opereren	ja
Cardio stimulantia	ja
Bloedproducten	ja
Antibiotica	ja
I.V. voeding	ja
I.V. vocht	ja
Sonde voeding/vocht	ja
Geen behandeling meer, anders dan bestrijding ongemak	ja

24-01-2014 18:37:00 | Formulier behandelbeperkingen | auteur: Bakens, Anouk | laatste mutatie: 25-01-2014 | Bakens, Anouk

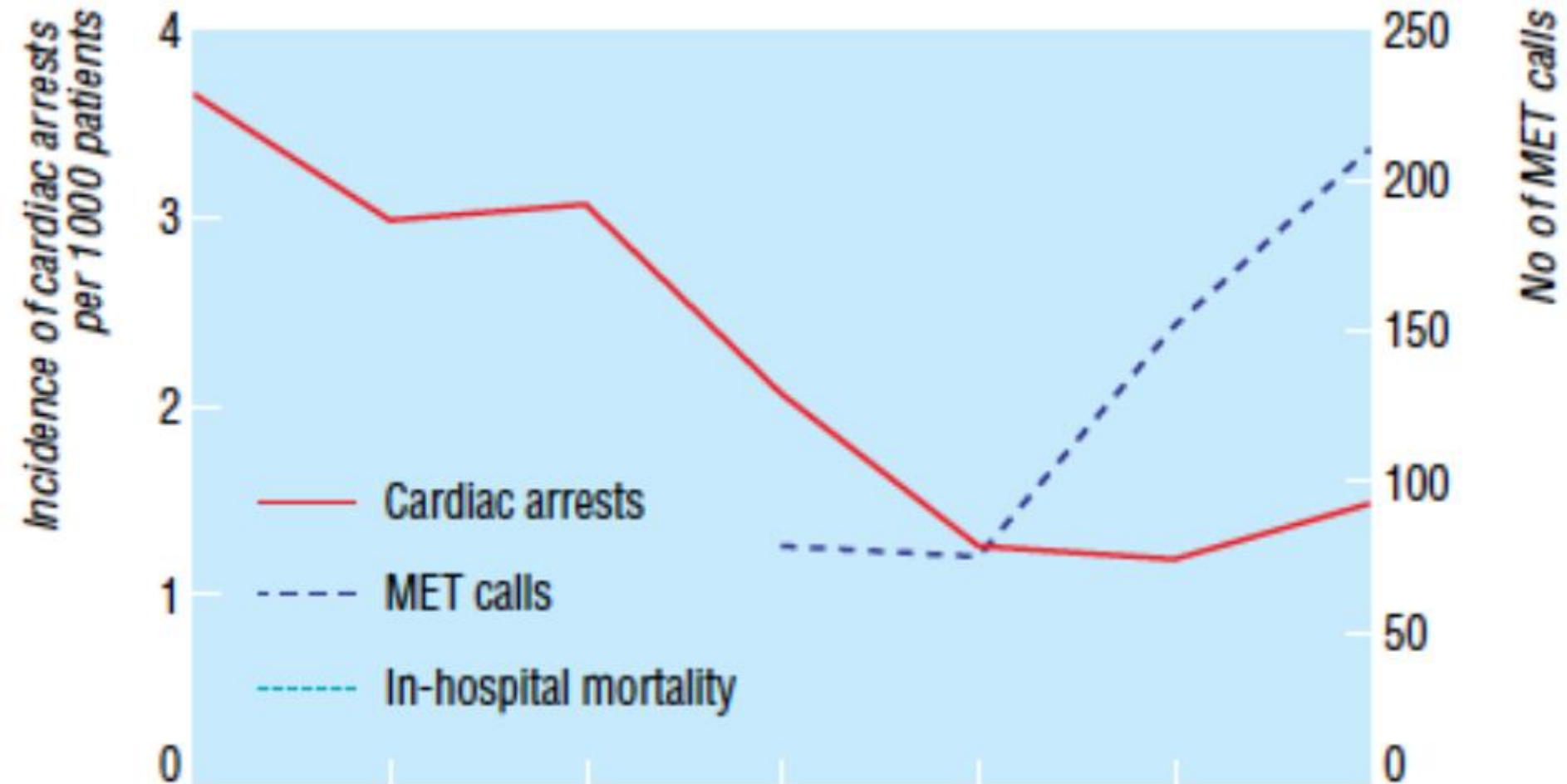
Patiënt Opties Toevoegen

Reanimaties in ziekenhuis Rijnstate





Buist British Medical Journal 2002





Conclusion

- The number of In-Hospital Resuscitations is a marker for quality of care

What about outside the hospital?



Cardiac Arrest in the Netherlands

Each year - of every 100.000 residents - there are 90 to 100 who suffer a cardiac arrest

(without any warning)

Ventricular fibrillation 80%

Rijnstate

Cardiac Arrest in the Netherlands

At home

78,7%

At work

1,8%

When a GP is present

1,3%

Warehouse/pub/stadium/church

7,7%

In the street

7,2%

Other locations

3,3%



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Automated External Defibrillator

AED

A reliable, safe and computerized device that detects a heart rate (using two electrodes)

Provides a (semi- or fully-) automated defibrillation shock (when needed)

Easy to operate / In principle everyone may use an AED (since 2003).



A maximum of 30 CPR-trained volunteers receive an alert on their mobile phones

(by means of a text message)

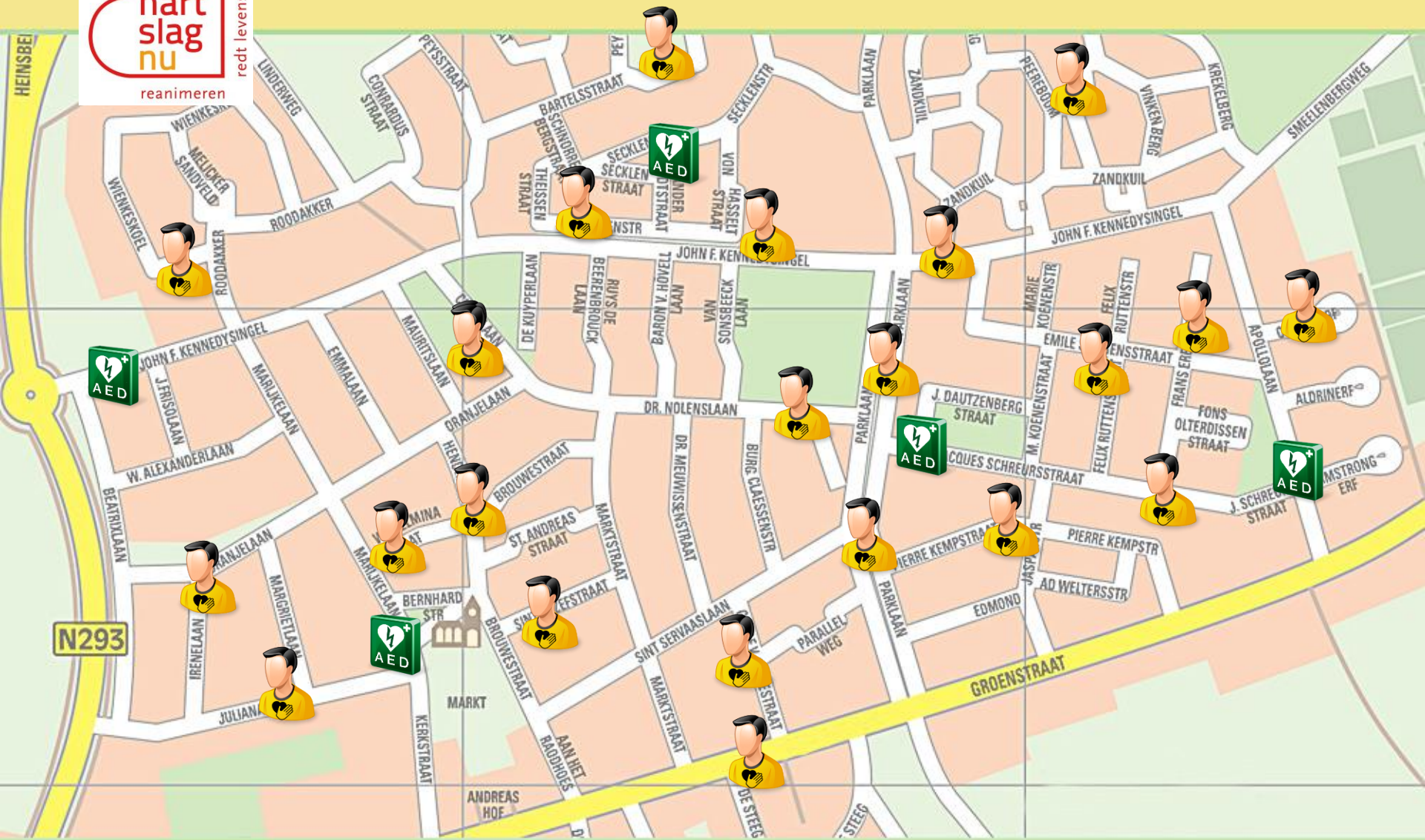
The alerts are based on the home/work address **(Zip code)** of the volunteer (maximum 5 addresses)

The maximum distance between the victim and volunteer is 1000 meters

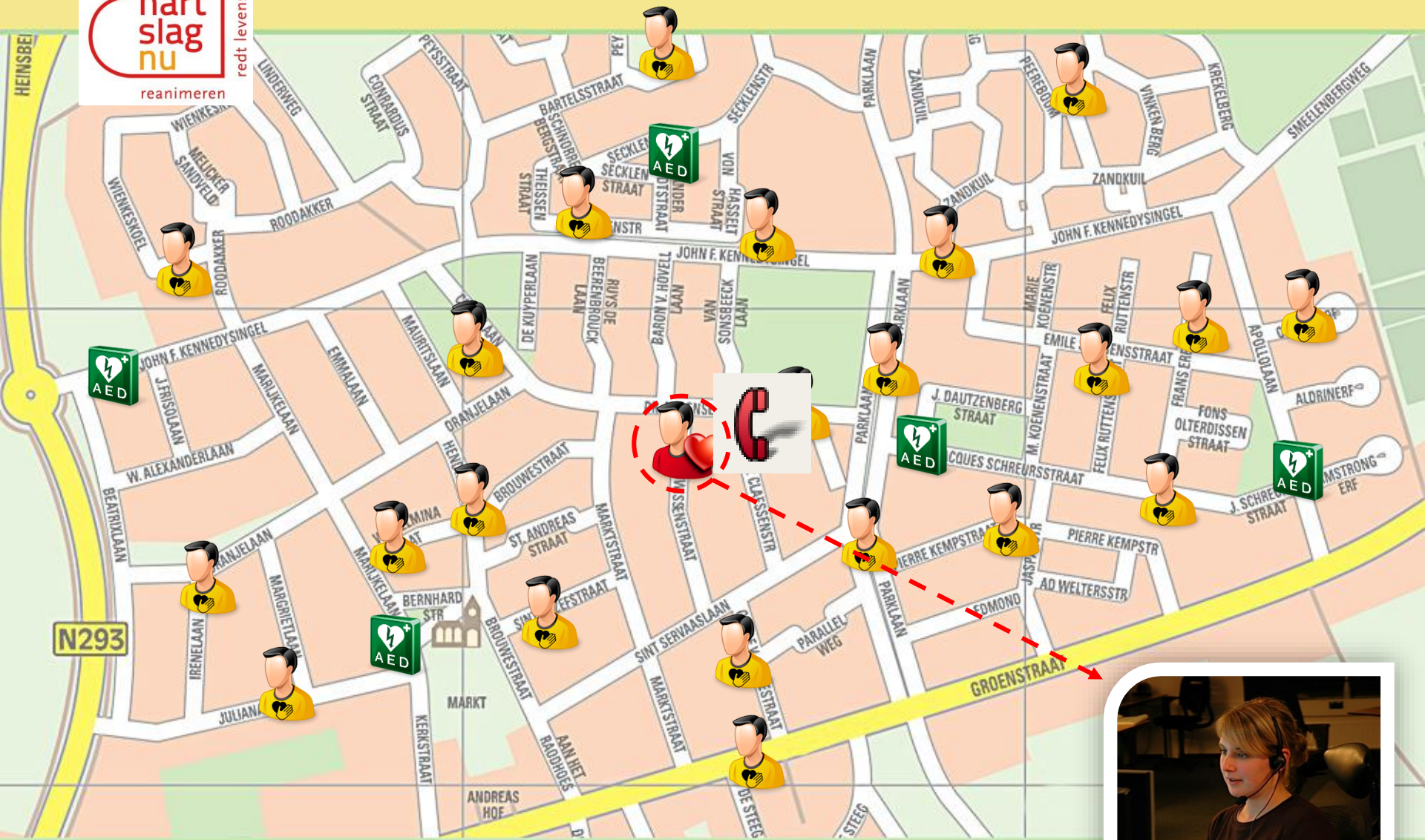
The radius around an AED is 500 meters.



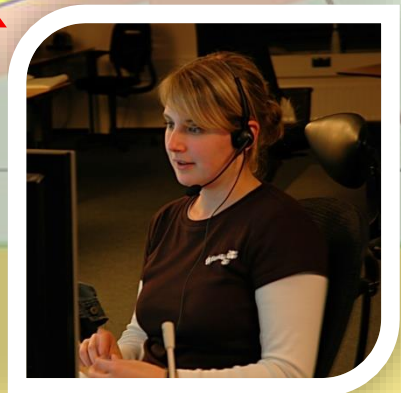
Rijnstate



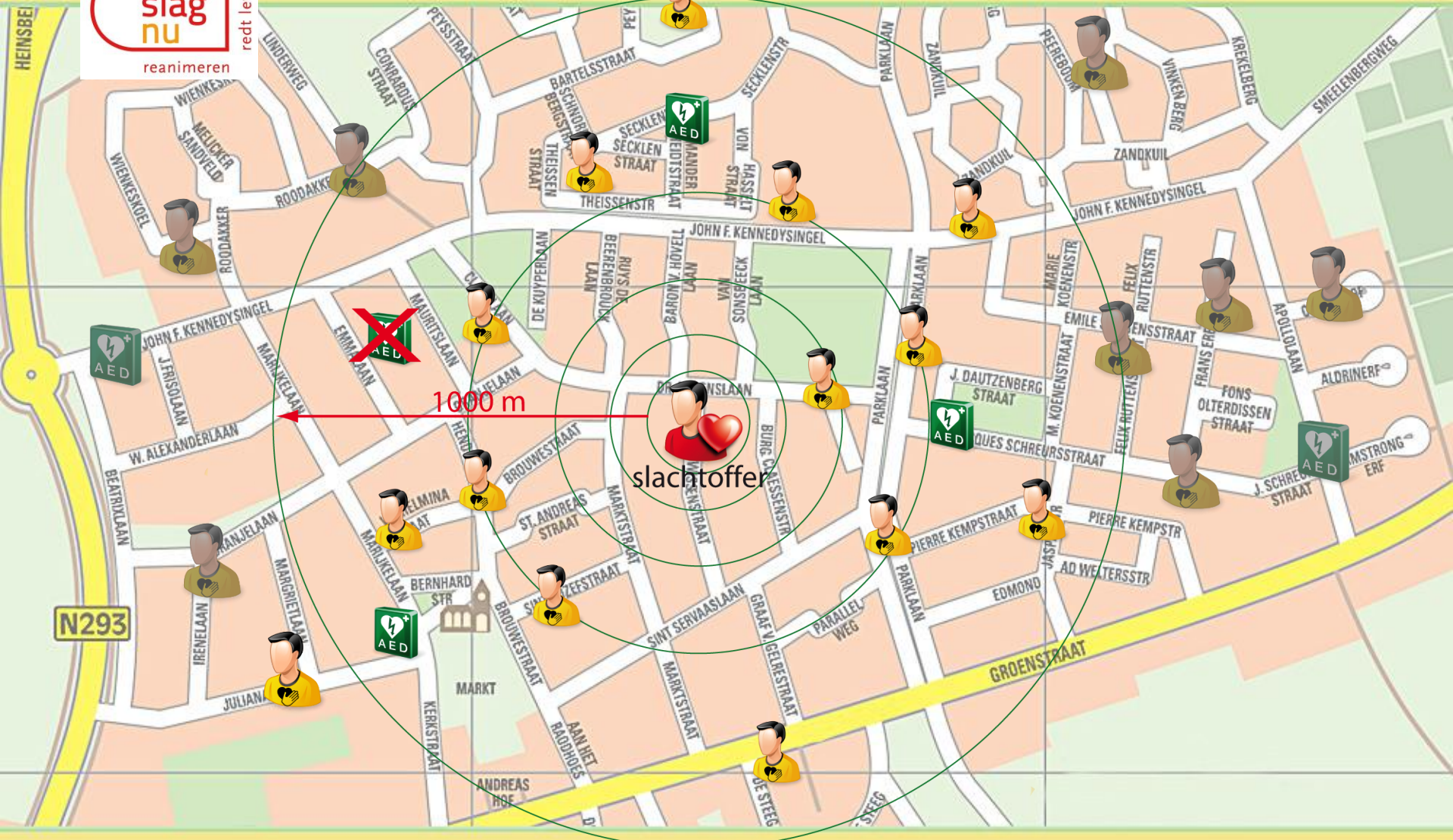
Volunteers and AED's (registered in HartslagNu)



Call (cardiac arrest) to dispatch center

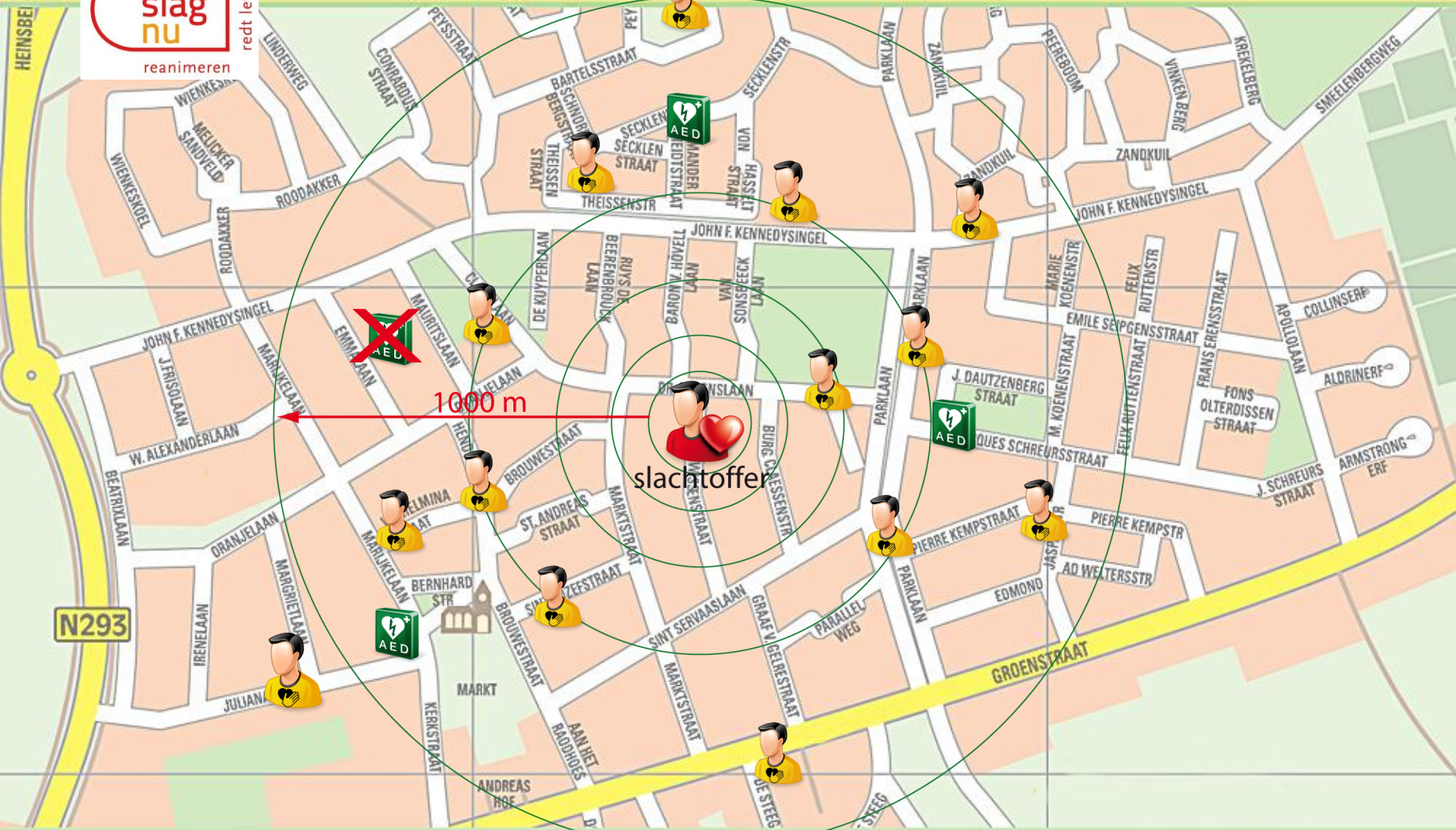


Max 30 volunteers

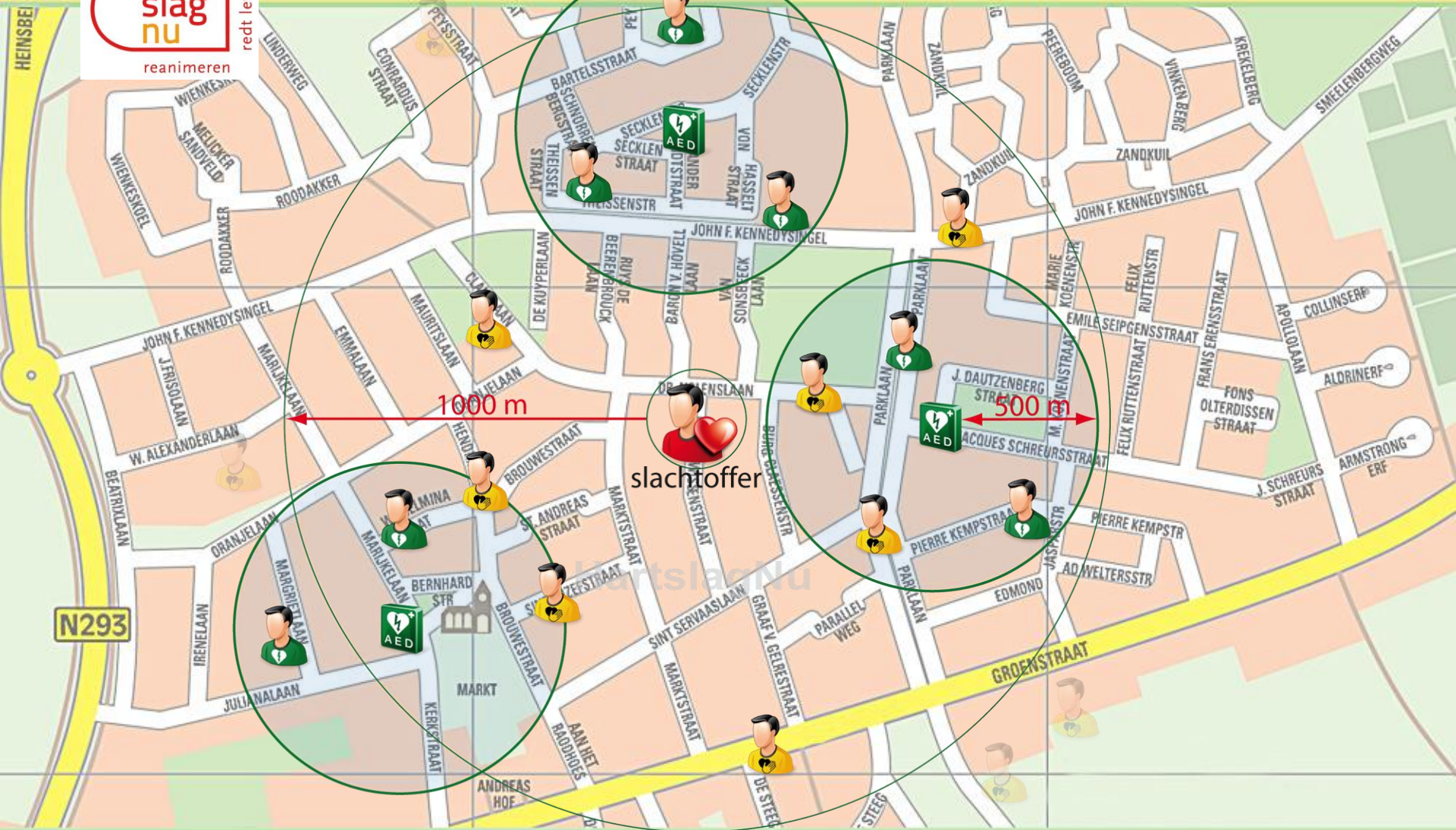


Max 1000 meter

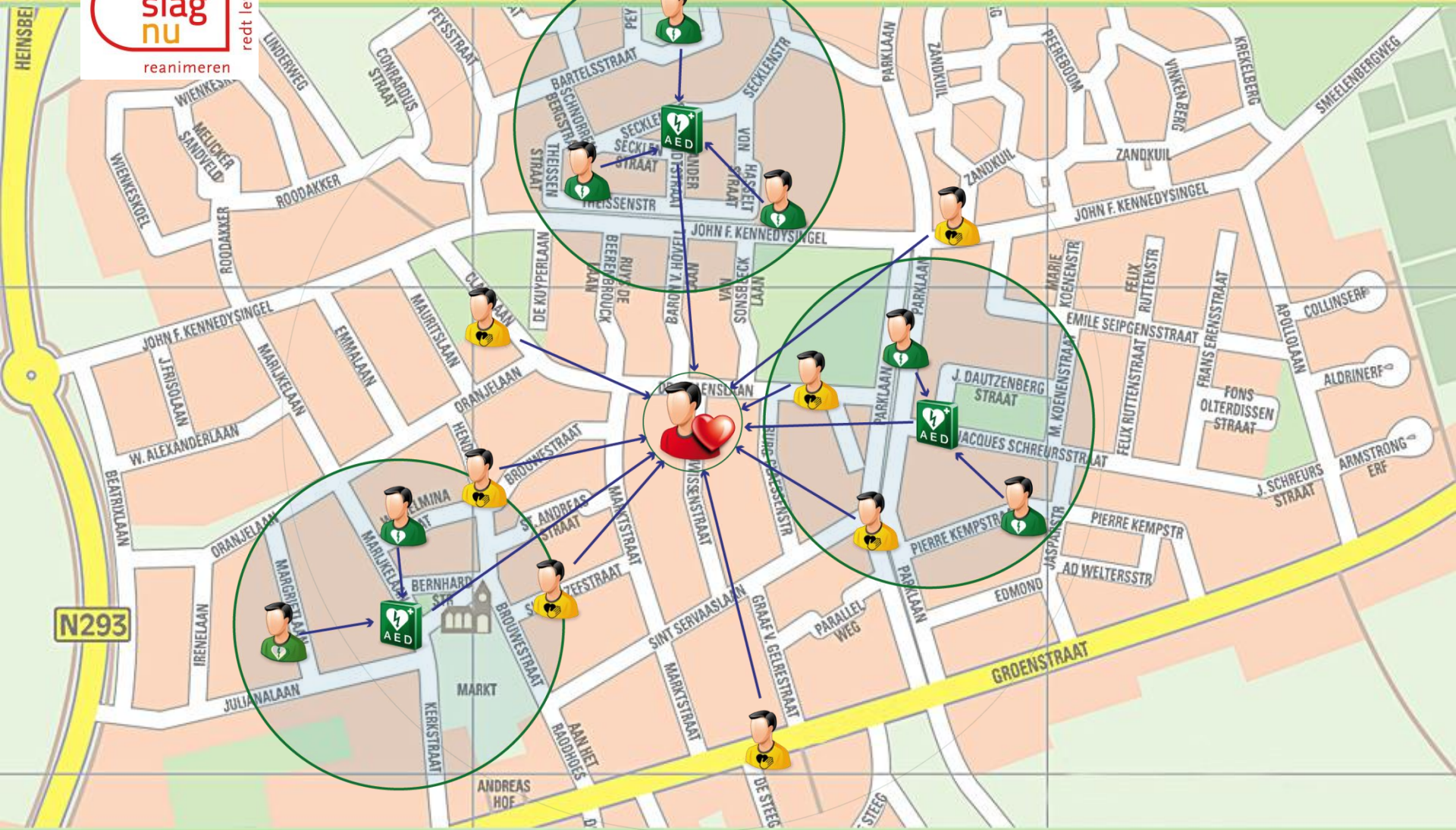
Max 30 volunteers



Max 1000 meter



Max 1000 meter Max 500 meter (AED)

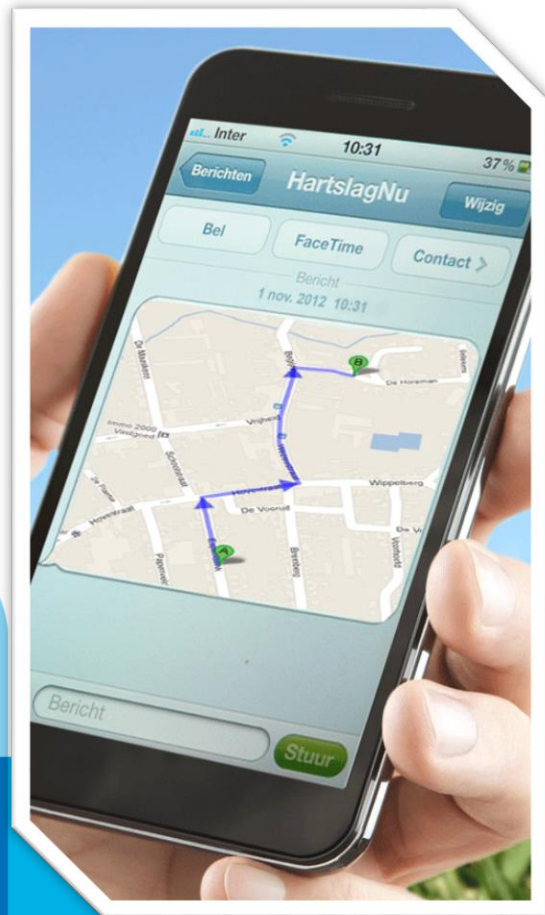


Aim: 1/3 CPR volunteer

2/3

CPR + AED provider

Text message



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Near future

Alert,

Only if the volunteer is in the area and not more than
6 minutes away from the victim

- account the speed at that moment (by foot, car or...)
- account the infrastructure



Volunteers & AED's - HartslagNu

59.482



6.917



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05-2014

Survival rates for sudden cardiac arrest

In 2000 about **10** percent

Currently **23,8** percent

with a **witness** who starts CPR immediately,

the survival rate is up to **29,4** percent

and if an **AED** is also used, the survival

rate is **34** percent.



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(research – project Hart voor Limburg)

Prof Dr A.P.M. Gorgels en R.W.M. Pijls Promovendus Maastricht University

Life after survival of a cardiac arrest

Research shows that 75 percent of the survivors give their life a **7.7** after a cardiac arrest (on a scale of 1-10)

They are happy to have gotten **a second chance.**



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The turning point

The New England Journal of Medicine

Copyright © 2002 by the Massachusetts Medical Society

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MILD THERAPEUTIC HYPOTHERMIA TO IMPROVE THE NEUROLOGIC OUTCOME AFTER CARDIAC ARREST

THE HYPOTHERMIA AFTER CARDIAC ARREST STUDY GROUP*

INDUCED HYPOTHERMIA AFTER OUT-OF-HOSPITAL CARDIAC ARREST

TREATMENT OF COMATOSE SURVIVORS OF OUT-OF-HOSPITAL CARDIAC ARREST WITH INDUCED HYPOTHERMIA

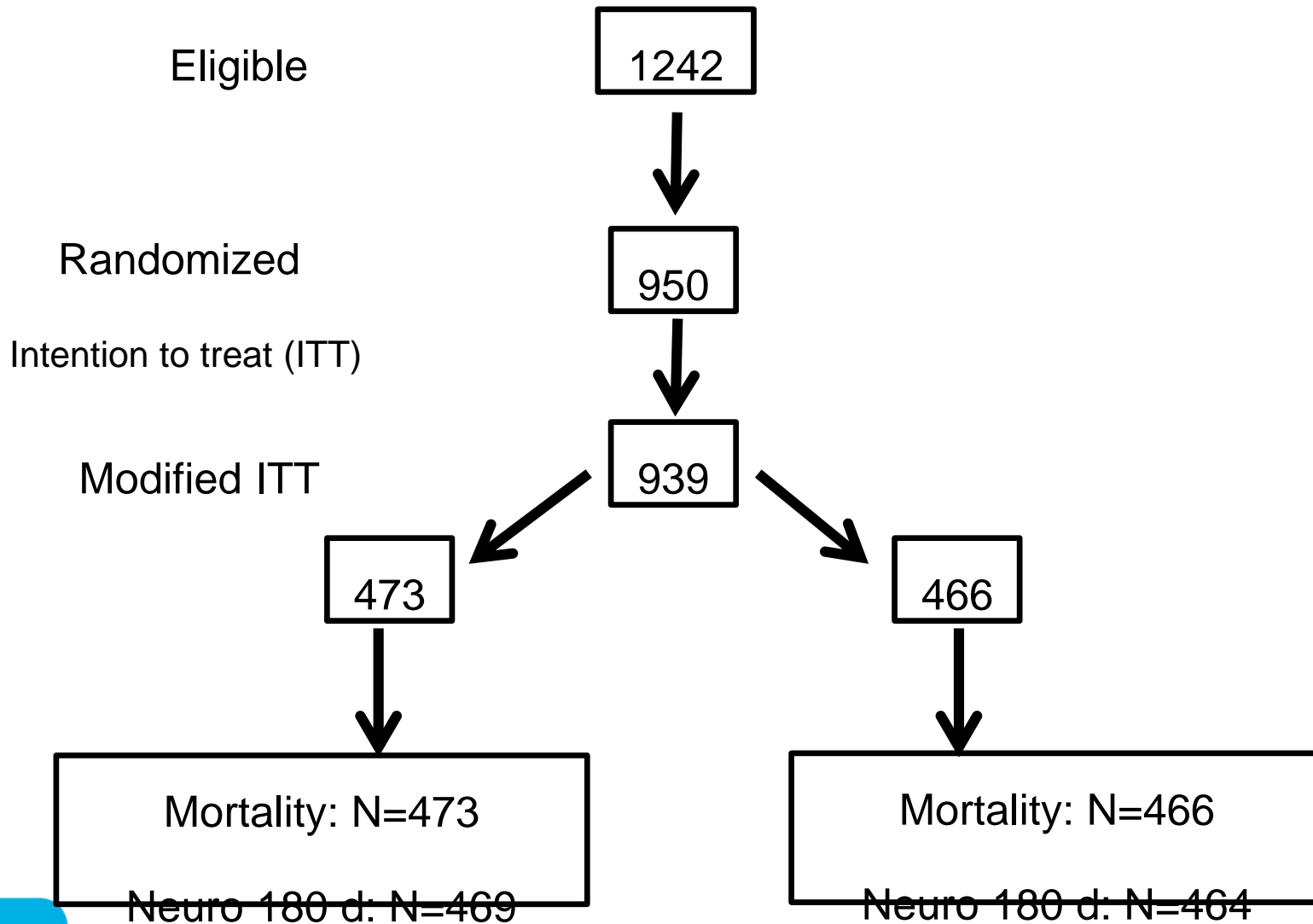
STEPHEN A. BERNARD, M.B., B.S., TIMOTHY W. GRAY, M.B., B.S., MICHAEL D. BUIST, M.B., B.S.,
BRUCE M. JONES, M.B., B.S., WILLIAM SILVESTER, M.B., B.S., GEOFF GUTTERIDGE, M.B., B.S., AND KAREN SMITH, B.Sc.



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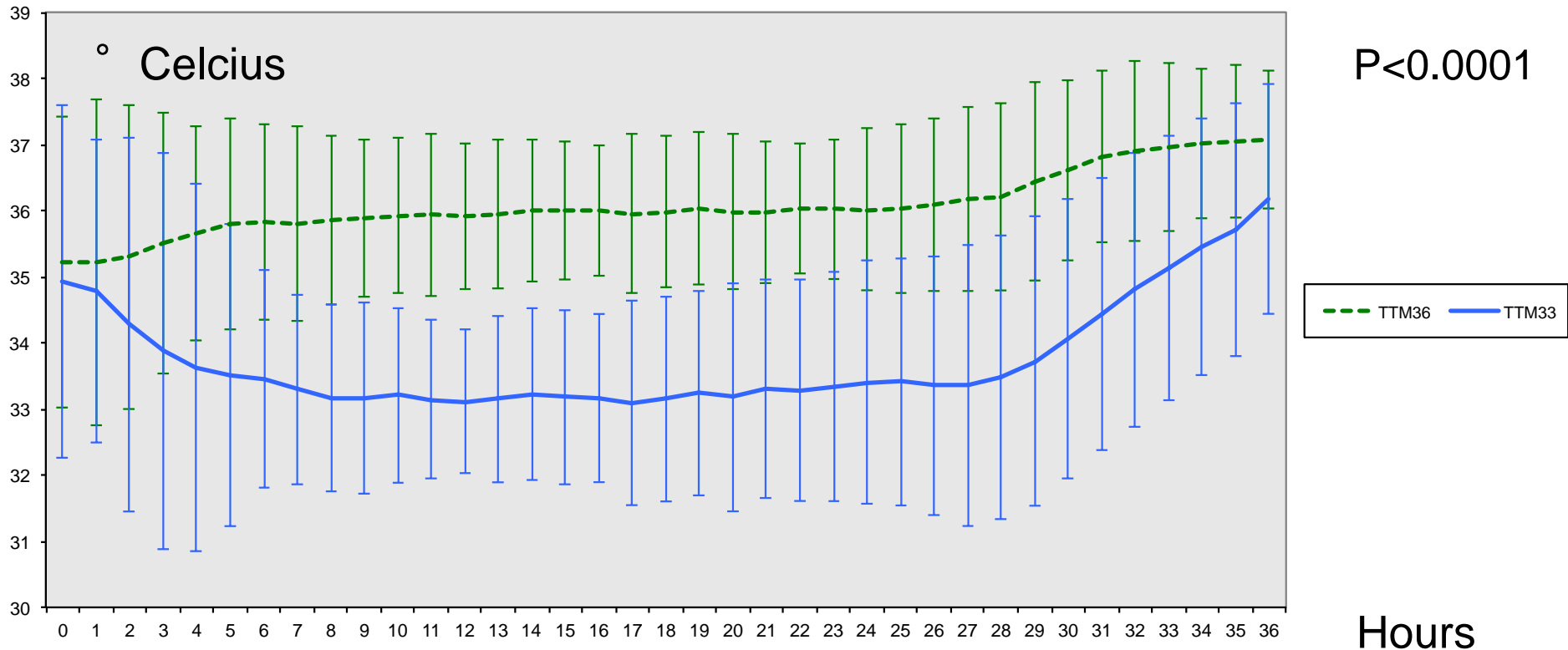
CONSORT flow chart





Temperature profile

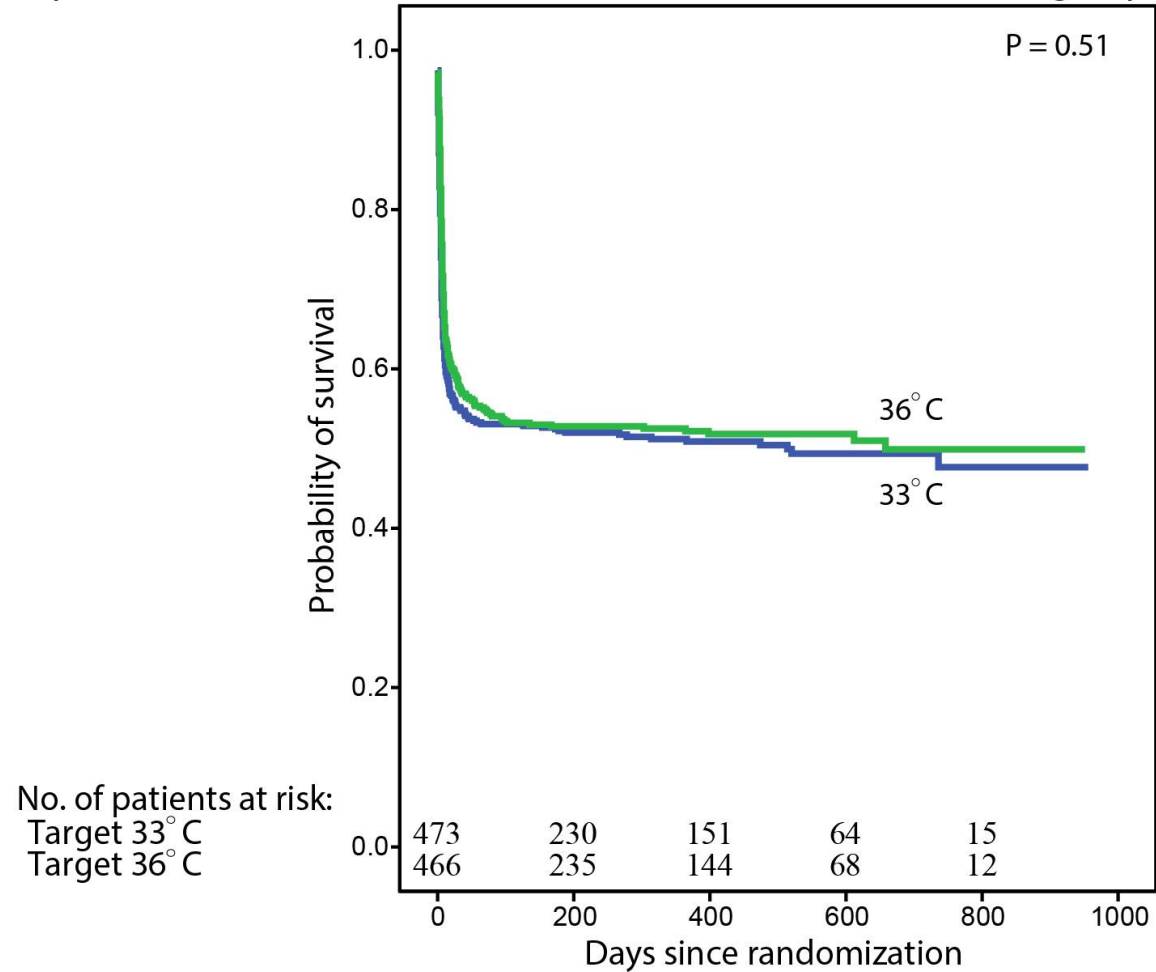
Mean \pm 2SD





Survival

Kaplan-Meier estimates for time to death in TTM-trial intervention groups



P=0.51

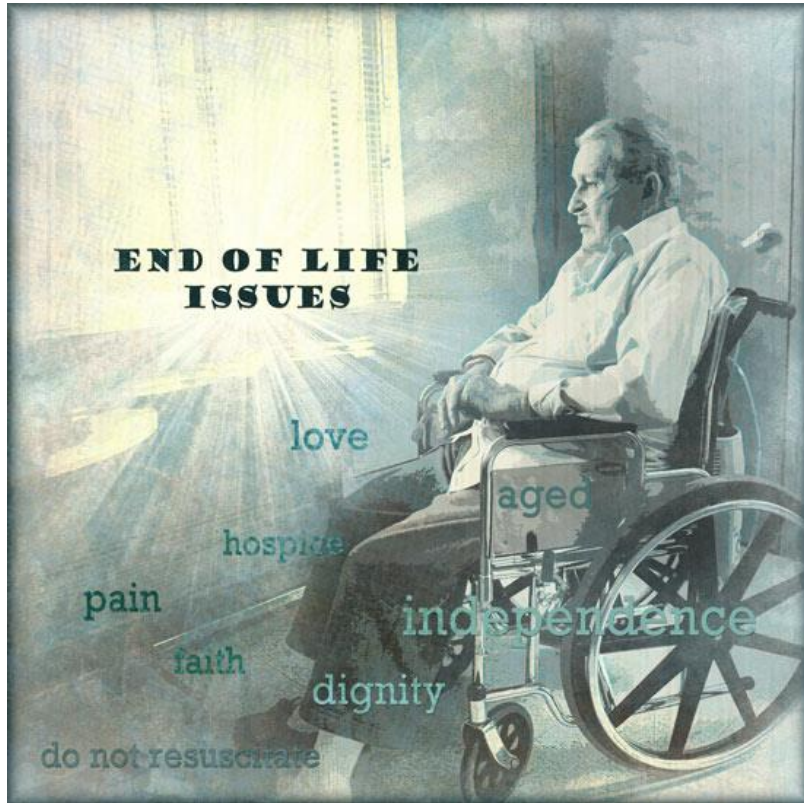
No difference in survival

Conclusion on cardiac arrest

- We don't know when life will end
- We have an obligation to discuss treatment possibilities with our patients
- We have to think before we act
- The number of in-hospital resuscitations is a marker of quality of care
- Out of hospital resuscitations get better
- Avoidance of Fever is paramount in OHCA







The ETHICA study (part I): elderly's thoughts about intensive care unit admission for life-sustaining treatments



© QA INTERNATIONAL



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Palliative Care



Euthanasia



Euthanasia Assisted Suicide



Dignitas



Advance Directives



- 50 percent of deaths in hospital
- 2 million Americans in nursing homes
- 1,4 million Americans feeding tubes
- 30000 permanent comatose state

From: Decision Aids for Advance Care Planning: An Overview of the State of the Science Decision Aids for

Advance Care Planning

Ann Intern Med. 2014;161(6):408-418. doi:10.7326/M14-0644

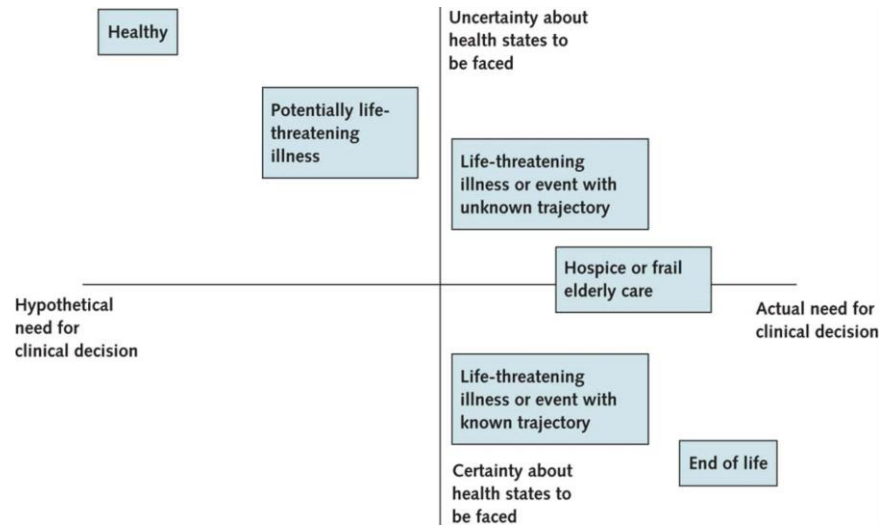


Figure Legend:

Continuum of health states during which advance care planning may be considered.



"This is Atul Gawande's most powerful and moving book."
Malcolm Gladwell

ATUL
GAWANDE



BEING
MORTAL

Illness, Medicine,
and What Matters
in the End



11th

International Conference
on Rapid Response Systems
and Medical Emergency Teams

Monday 18 May and Tuesday 19 May 2015
Amsterdam, The Netherlands

For the first time, the international MET conference will be held in The Netherlands. We are delighted to be hosting the conference's 11th edition, which will be held at a magnificent location in Amsterdam.

We look forward to welcoming you!



Rijnstate