

Challenges to Emergency Medicine in Singapore for the New Millennium

Prof V Anantharaman
Department of Emergency Medicine
Singapore General Hospital

The state of our discipline

-- Emergency Medicine

- Emergency Medicine recognised as a medical discipline 23 years ago
- Structured Basic and Advanced specialist training programs since 1989
- Society for Emergency Medicine 1993
- Undergraduate training in EM 1996
- All public EDs staffed by trained Emergency Physicians
 - 57 accredited by SAB
 - 27 x BSTs, 19 x ASTs
- M Med (EM) since 2000
- Chapter of Emergency Physicians 2006

The best of times

- Then what is amiss?
 - Growing dissatisfaction and uncertainty within the entire field of medicine
 - Increasing cost of medical care
 - Quality of care needs to be clearly defined
 - Is emergency medicine in danger of being branded a "luxury"?
 - How do we stay relevant?


Major Challenges (Opportunities)

- Access Block
- Increasing expectations from public for specialist-level of emergency care at first contact in a hospital
- Demand for faster and more cost-effective emergency health care
- Gap in level of emergency care between public and private sectors
- Growing demand for Singapore certification in Emergency Medicine from the region
- The 13th International Conference in Emergency Medicine, 2010
- Lack of standardization and sharing in systems of care within our very small country

1. Access Block

- Daily experience
- It is a hospital's problem - need to decrease ALOS
- It is also an ED's problem - need to identify bottlenecks for greater efficiency in processes
- Hospital and ED patient flow
- Protocol-based Emergency Observation Medicine is our contribution -- concerted implementation

2. Increasing expectations from public for specialist-level of emergency care at first contact in a hospital

- Increasing complaints
- Consultant-based care at EDs
- 57 consultants  235 (equilibrium)
- Females - 40% become part-time
- More rigorous training programs and standards of examinations
- Continuous Professional Development
- Re-certification

3. Demand for faster and more cost-effective emergency health care

- Advanced Triage practices (what time-savings?)
- Review current processes to speed up initial phase of ED care
- Earlier identification of patients who would require inpatient care
- Decreasing Door-to-Balloon times (how much time-savings?)
- Advanced Nurse Practitioners
- Senior Doctors at Triage
- Increased transmission of pre-hospital data to EDs (HEAL)

4. Gap in level of emergency care between public and private sectors

- Impending DRGs in private sector
- Demand for private sector to be subject to same controls as for public hospitals
- Pre-occupation with bottom-lines and distrust of Emergency Physicians
- Contracting of Emergency services to achieve operating synergy

5. Growing demand for Singapore certification in Emergency Medicine from the region

- Singapore, the leader in EM development in SE Asia
- Demand for specialist post-graduate training
- Diploma in Emergency Medicine
(ACT SWIFTLY, TAKE THE LEAD)
- Master of Medicine (Emergency Medicine)
- Fellow, Singapore College of Emergency Medicine (FSCEM)

6. The 13th International Conference in Emergency Medicine, 2010

- Opportunities for world-class recognition in Emergency Medicine
- Opportunities to interact and network with international leaders in EM
 - Build up phase
 - During actual conference
 - Follow-up
- Let's utilize ICEM 2010 for benefit of Singapore and Regional Emergency Medicine

7. Lack of standardization and sharing in systems of care within our small country

- Sharing of case records increasing (EMRx)
- Singapore is a very small country
 - Yet, each ED has its own particular EMR system
- Challenge to achieve similarities using IT (can be achieved with consolidation of ED services)

A special appeal

- Allow exploitation of IT to develop the kind of interactive and evidence-base to drive emergency care practice

Time for Action

- Challenges are opportunities
- Be active participants in the process of change
- Act as one voice, not as six different Departments
- Our patients will be the real beneficiaries
- You will be happier in your work environment