

# CEU 2023 Florence: an appointment with the future of the emergency system

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The Academy of Emergency Medicine and Care is one of the more than 20 scientific societies promoting the 3<sup>rd</sup> National Congress of Emergency/Urgency (CEU2023), planned in Florence from March 30<sup>th</sup> to April 1<sup>st</sup>.<sup>1</sup>

This will be a fundamental appointment to update on all clinical and organizing aspects of the Italian emergency medicine system. More than 2500 people will participate to the CEU2023 meeting and courses with the possibility to attend more than 50 sessions with approximately 500 national and international speakers. This organization will ensure elevate quality of updating for specific themes by covering the point of view of hospital and pre-hospital medical doctors and nurses, emergency medicine trainees, but other professionals (drivers, rescuers, technicians, and volunteers). Indeed, this large and cross-sector participation is crucial, since the Emergency system should be conceived and reformed as an integrated network between hospital, territorial and social health entities. The Italian emergency system is facing with a crisis, which is not affordable anymore without a re-organization of the current law dated more than 30 years ago. All the stakeholder, particularly regional and national politicians are invited to provide immediate and short-term proposal for facing the current problems of the emergency system and provide short- and mid-term practical solutions. The serious shortage of workers in this historical period in the health system makes it mandatory to optimize resources, expressed with an accurate definition of roles and skills.

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Key words: emergency medicine; CEU2023; Italian emergency medicine system.

Conflict of interest: LG is editor of ECJ.

Received for publication: 22 March 2023.  
Revision received: 22 March 2023.  
Accepted for publication: 22 March 2023.

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Emergency Care Journal 2023; 19:11330  
doi:10.4081/ecj.2023.11330

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Regarding the pre-hospital setting, the recognition of the fundamental professional status together with unique of core curriculum for also drivers, rescuers and technicians will help the system in a re-organization of the sanitary personnel in order to optimized resources maintaining an adequate and prompt response to emergency and urgent request from the territory.

In this view, the role of nurse should be better recognized. Currently nurses can't carry out many emergency procedures independently, despite their skills, due to the lack of clear regulations on their role. On the contrary, specialized nurse has clearer areas of competence and greater autonomy in other countries of the world, e.g. for emergency management of the airways and drugs administration. Furthermore, the voluntary organizations, present throughout the Italian territory would provide an effective and low-cost service of inestimable welfare and social value, if correctly regulated and integrated into the network. Their personnel could effectively assist the work of the territorial emergency team with new definition of competences associate with adequate and regulated training.

Regarding the hospital setting, an editorial from Emergency Care Journal highlighted the main problems of the Emergency Departments (ED).<sup>2</sup> They include crowding and boarding,<sup>3-5</sup> personnel overwhelming and burning out.<sup>6-7</sup> The failure of the chronic care model and its pro-activity, associated with some backwardness and ineffectiveness of general practice medicine leading the citizens to receive a quick and appropriate answer to their medical needs only in ED are among main causes of crowding.<sup>3,4</sup> The exceedingly reduction in hospitalization places, making Italy one of the countries with the lowest beds/1000 people, the insufficient number of nursing homes and rehab hospitals causing longer hospitalizations, largely contribute to boarding.<sup>2</sup>

In this contest, ED has also very low available resources, particularly regarding emergency medicine specialists. This role is no longer attractive either to those employed by EDs, often abandoned for other careers, nor for younger doctors despite a curriculum focused on Emergency Medicine has been introduced in Italy since 2009/10.<sup>7,8</sup>

Possible solutions need be promptly discussed by all parties involved.

The change of the definition from Admission and Emergency Medicine and Surgery (Medicina e Chirurgia d'Accettazione ed Urgenza, MeCAU) to Emergency and Urgency Medicine in which specialized medical doctors and nurses are recognized in their specific and fundamental role in the national health service, could be a first sign.<sup>9-11</sup>

Adequate recognition of skills and salary, with an adjustment compared to other sectors and other European countries, could be an immediate response to interrupt the diaspora from EDs with the aim of enhancing the professionalism of the staff in this sector.

I sincerely hope that CEU2023 could represent a final "first step" for the future of the future Emergency System, conceived as diversified professional and services, integrated into a single network with a common point of view aiming for the best assistance to the patient.

## References

1. Terzo Congresso nazionale di Emergenza Urgenza, CEU2023. Available from: <https://www.congressoemergenza.it/>
2. Coen D, Casagrande I, Cavazza M, et al. Facing the Emergency Department crisis in Italy. *Emerg Care* 2021;17:10331.
3. Poggiali E, Barbieri G, Salvatore V, Salinaro F. The Emergency Rooms and Emergency Medicine should not be the answer to the weakness of the Italian National Health System. *Emerg Care J* 2021;17:10304.
4. Campagna S, Conti A, Dimonte V, et al. Trends and characteristics of emergency medical services in Italy: A 5-years population- based registry analysis. *Healthcare (Basel)* 2020;8:551.
5. Pines JM, Hilton JA, Weber EJ, et al. International perspectives on emergency department crowding. *Acad Emerg Med* 2011;18:1358-70.
6. Lin M, Battaglioli N, Melamed M, et al. High prevalence of burnout among US emergency medicine residents: Results from the 2017 national emergency medicine wellness survey. *Ann Emerg Med* 2019;74:682-90.
7. Verougstraete D, Hachimi Idrissi S. The impact of burn-out on emergency physicians and emergency medicine residents: a systematic review. *Acta Clin Belg* 2020;75:57-79.
8. Härtel C, Prosen G, Brown R, Dryver E. European core curriculum or emergency medicine, Version 2.0. European Society for Emergency Medicine, 2019. Available from: [https://eusem.org/images/Curriculum\\_2.0\\_WEB.pdf](https://eusem.org/images/Curriculum_2.0_WEB.pdf)
9. Cascio M, Barcella B, Zaccaria G, et al. Italian Emergency Medicine residents' perspectives. *Emerg Care J* 2022;18:10870.
10. Piazza I, Barcella B, D'Ercole A, et al. Emergency medicine residents in Italy: Data from a national survey. *Emerg Care J* 2022;18:10439.
11. Ghiadoni L. Emergency medicine residents: Don't give up! *Emerg Care J* 2022;18:10891.

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