NESDAY, 11th JUNE 2014, DAY 1

Plenary — Conven

Chairperson: Peter CAMERON (QAT)

Great expectations

Judith TINTINALLI, University of North Carolina at Chapel Hill (USA)

Emergency Medicine began around the world as a Great Idea.
The challenges and conflicts of the first decades resulted in a strong foundation for our sp
But growth will not be automatic or self-propagating unless we plan ahead.
How do we make emergency care more efficient?
How can we take care of the growing population demands for emergency care?
What liaisons can we forge to make the message of emergency medicine heard around the w
and to improve our message? What is our message? Who are we?
What can we do to further the recognition of Emergency Medicine as an independent specia
How can we continue to attract the next generation of physicians to emergency medicine?
How can we involve more young physicians in the politics, economics, and administration
specialty?
How can we harmonize emergency medicine education around the world?
What about the educational and practice needs of our current group of emergency physician
How can emergency medicine research move the specialty forward?
Let's start looking to the next decade!

1A: Trauma 1 - Trauma System — Conven — 1:00-12:30

Chairpersons: Gautam BODIWALA (GBR), Tim RAINER (HKG)

Trauma system development

C James HOLLIMAN, International Federation for Emergency Medicine (USA)

Trauma system development is an important aspect of healthcare delivery for all count
World Health Organization has recently acknowledged the importance of trauma c
countries and has produced useful and practical guidelines for trauma system develop
for the delivery of good trauma care. There is extensive medical literature validating th
effectiveness and benefits of trauma care systems. This presentation will review these d
trauma systems, the global epidemiology of trauma, and present the important compon
effective trauma systems.

Trauma systems - How do we benchmark outcomes?

Peter CAMERON, International Federation for Emergency Medicine (QAT)

Trauma is now a leading cause of preventable death and disability internationally. Mu
of trauma victims is very much dependent on the system of care and yet the ability to
outcomes across the system is very limited in most jurisdictions. Experience from the
trauma system is useful in demonstrating the feasibility of systematic benchmarking of
care interventions

gender and Glasgow Coma Scale (GCS). This allowed the adjusted odds of survival for each year compared to 2008 to be calculated.
From 2008 until 2011 there was a no significant change in the odds of surviving major trauma in England. However, following introduction of the Major Trauma Networks there was a significant ($p<0.001$) 19% increase in the odds of survival during the first year of the new system.
We believe this is the first attempt at an organised change in the system for major trauma care on a national level covering a population of nearly 60 million. We have observed a significant improvement the care process and in the odds of surviving.

Trauma management

Mohd Idzwan BIN ZAKARIA, College of Emergency Physicians Academy Medicine Malaysia (MYS)

The development of an effective tra uma system has long been pursued by all the university hospitals in Malaysia. This paper discussed about such development in the University Malaya Medical Centre, the oldest and largest university hospital in Malaysia with an annual patients attendance to the emergency department of more than 100,000/year. Components of the system are discussed namely competent pre hospital care providers with standardized protocols, identified trauma centres, accredited trauma surgeons and trauma emergency physicians, communication, trauma team coordination, rehab facilities, trauma registry and research programme. The creation of a trauma team and the clinical outcome of severely injured patients after such creation will also be discussed in great details. Using the TRISS methodology, the trauma team activated (TTA) group showed better outcome in term of TRISS probability of survival (Ps) compared to the trauma team non activated (TTNA) group. In the $Ps > 0.5$, the TTA group recorded 86.8% survivors compared to 79.7% in the TTNA group. As for the $Ps < 0.5$ the TTA group recorded mortality of 53.3% compared to 83.3% mortality in the TTNA group. There was however some issues which needed to be addressed namely pre hospital care system, trauma surgeon and physician training and access block.

1E: Cardiac EM 1 - Chest Pain — Theater 1

Chairpersons: Sally MCCARTHY (AUS), Ling-Pong LEUNG (HKG)

Current management of acute coronary syndromes

Anil CHOPRA, University Health Network, University of Toronto (CAN)

The management of acute coronary syndromes evolves rapidly with several new pharmacological and nonpharmacological interventions being introduced nearly every year. It is challenging for emergency clinicians to keep up on the literature and appropriately direct change management. This presentation will focus on some of the advances in the management of acute coronary syndromes. We will begin with a discussion of the diagnostic challenges leading to misdiagnosis or delayed care including alternative serious diagnosis, risk stratification, use of ultra sensitive cardiac biomarkers and bedside ultrasound. This will be followed by a discussion of the choice of appropriate antiplatelet agents and the optimal choice amongst reperfusion strategies. Controversial issues regarding the early use of nitrates, ß-blockers, heparin, GIIb/IIa inhibitors, oral anticoagulants and transfer protocols will also be discussed.

Improving STEMI systems of care: The mission: Lifeline experience

Robert SUTER, UT Southwestern (USA)

In response to a great concern about populations within the vast area of the United States without access to established STEMI systems of care, the American Heart Association launched Mission: Lifeline to meet critical needs in developing systems for STEMI and other time-sensitive conditions. Lifeline to meet critical needs in developing systems for STEMI and other time-sensitive conditions. Mission: Lifeline initiative is to help such as cardiac resuscitation. An important aspect of the Mission: Lifeline initiative is to help

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Programme Updates as of 9 June

11th June, Day 1			
P. 27	11:00 – 12:30	Track 1A	Topic of Mohd Idzwan BIN ZAKARIA changed to "Trauma system in Malaysia: An experience in University Malaya Medical Centre"
P.30	11:00 – 12:30	Track 1D	Speaker: Yiming LU cancelled
P.35	12:30 – 14:00	Lunch Symposium	Bard International Lunch Symposium: venue changed to **S421**
P.36	14:00 – 15:00	Track 2F	Speaker: Ron WALLS replaced by Kendall HO
P.38	14:00 – 15:00	Track 2C	Chairpersons: John RYAN (IRE) and Gary CHU (HKG)
P.49	15:30 – 17:00	Track 3J	Chairpersons: Brendan E SMITH (AUS) and Chor-Chiu LAU (HKG)
P.45 /50	15:30 – 17:00	Track 3H & 3F	Venues swapped: **Track 3H at S226 & S227; Track 3F at Convention Hall B**
P.51	15:30 – 17:00	Track 3G	Chairpersons: Terrence MULLIGAN (USA) and Kwok-Leung TSUI (HKG)
P.53	15:30 – 17:00	Track 3D	Chairpersons: Arif Alper CEVIK (TUR) and Eddie Cheuk-Pun YUEN (HKG)
12th June, Day 2			
P.60	10:00 – 11:00	Free Paper	Chairpersons: Jonathan BENGER (GBR) and Chui-Ling LAU (HKG)
P.60	10:00 – 11:00	Track 4J	Chairpersons: Tim HARRIS (GBR) and Herman Ka-Hing LEE (HKG)
P.60	11:30 – 13:00	Track 5G	Chairpersons: Darryl MACIAS (USA) and Chi-Yin MAN (HKG)
P.62	11:30 – 13:00	Track 5C	Speaker: Joost BIERENS cancelled
P.66	11:30 – 13:00	Track 5F	Chairpersons: Paul DARGAN(GBR) and Thomas Tak-Shun AU (HKG)
P.67	11:30 – 13:00	Track 5B	Speaker: Kan ZHANG replaced by Zijing LIANG, topic "The programmed treatment of snakebites in Guangdong"
P.71	13:00 – 14:30	Lunch Symposium	Philips Electronics Hong Kong Limited Lunch Symposium: venue changed to S224 & S225 and Speaker: Michael CHANG (TWN), topic "Mobile EMS Room in Taiwan"
P.75	14:30 – 15:30	Track 6C	Chairpersons: Thomas Che-Wei LIN (TWN) and Tung-Ning CHAN (HKG)
P.84	16:00 – 17:30	Track 7F	New speaker: Donovan DWYER (AUS), topic "Infant Supraventricular Tachycardia"
13th June, Day 3			