

Austria - Emergency medicine

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Population	8 Mio
Language	German
Life expectancy	w: 82, m: 76
GDP	212 Mrd €
GDP per capita	26,100 €
Unemployed	4,3 %
Social security expenditure	30% of GDP
Health insurance	4,8% of GDP
Health insurance coverage	~100% (compulsory)

		<u>per 100,000</u>
Hospitals	310	
General Hospitals	118	
Hospital beds	72 000	885
Beds occupied /year	20 Mio	250,000
Days sick /y/employed	13	
Physicians	35 400	440
Physicians in hospital	18 052	225
Physicians in training	5 647	69
General practitioners	11 081	136
Specialists	14 793	182
Other health professionals	73 528	919

Death rates	per 10 ⁵ /y	%
All causes	919,4	100
Heart disease	337,5	36,7
Malignancy	232,5	25,3
Cerebrovascular	100,3	10,9
Airway disease	48,1	5,2
Infectious disease	3,0	0,3
Suicide	18,3	2,0
Homicide	0,9	0,1

Medical schools

Public	4
Private	2
Time to graduation, y	6-8
Postgraduate training, y	
General practioners	3
Specialists	4-6
Certification: Board examination	
Recertification: not compulsory	

Emergency Medicine

EM recognized as specialty	NO
Professional organizations	various
Organizations pre-hospital	various
Training programme	1-week
in-hospital	none
certification awarde by	regional chamber
Recertification intervals	2y

Prehospital Emergency Medicine

Organizations: various, sometimes competing
 Red Cross, Resuscitation council,
 Private & Professional Associations
 Dispatch: regional centers, trained technicians,
 Medical Priority Dispatch Systems
 Crew: two paramedics ± 1 physician
 Multi-tiered
 Funding: public service (taxes)
 fixed-budget + fee-for-service

In-Hospital - Emergency Departments

Defined by Hospitals
 Wide variations with hospital type and region:
 - Scope of patient care
 - Specialty model (single vs. multiple-specialty)
 - Training level
 - Administrative oversight
 - Availability of observation unit

Challenges

- EM is NOT an independent specialty
- Who does need or want change ?
- NO academic EM curriculum
- How to start building EM workforce
- Optimal use of observation/discharge units

Background

- History Prehospital triage to specialist
 EM associated with anesthesia
- Competing interests of professional organisations
- Interest groups want to keep patients, influence
- Non-anesthesists lack training opportunities.
- Federal states: regional regulatory variations
- Narrow view on resuscitation vs. EM