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The First International Conference in Pre-Hospital Emergency & Disaster Medicine 26-28 March, 2009, Gibraltar

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CONFERENCE REVIEW

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**The First International Conference in Pre-Hospital Emergency & Disaster Medicine,
26-28 March, 2009, Gibraltar**

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The First *International Conference in Pre-Hospital Emergency & Disaster Medicine* was held from 26-28 March, 2009 in Gibraltar. Gibraltar presents a challenging location for prehospital and emergency medicine. It has a population of 29,000 squeezed into 7 km² of country. The density is even higher than this suggests as much of the area is occupied by the famous "Rock". 8 million visitors a year add to the diversity at this historically important site sitting at the cross roads of Europe and Africa.

A unique feature of Gibraltar is the road from Spain which has an intersection with the airport runway. When a plane lands, the road is blocked for few minutes. I suspect not too many people run that red light.

The Gibraltar Ambulance Service became a full time-dedicated ambulance service in 2007 and is managed by the Gibraltar Health Authority. The service, based at the St Bernard's Hospital, has 23 members, 2 ambulances and attends an average of 8 calls a day. They currently operate at the UK technician level. Although this is a lower level than practised in most of Australia, it is a significant improvement on the previous system provided by the police until 1999. The Conference is being held to acknowledge the services genesis.



Gibraltar Ambulance Service



The keynote lecture was from Professor Douglas Chamberlain. Professor Chamberlain introduced paramedic care to UK in 1970. Now well into his 80s he continues to work on improving survival from out of hospital cardiac arrest. He reported that the ILLCOR guideline changes in 2005, focusing on chest compressions, have shown increased survival rates.

Scott Stewart (left) with Professor Chamberlain

Cardiac arrest management was the main theme for the first day. Representatives of the Gibraltar Health Authority presented a case study of a 16 year old boy on holidays who suffered a cardiac arrest in the main street. The case illustrated the chain of survival well. Paramedic Michael Valarino told the audience that the boy had bystander CPR administered prior to his arrival. The Gibraltar Paramedics obtained ROSC after a short time on scene. Later the patient arrested multiple times in A&E and intensive care. He was eventually

discharged home with intact neurological function. After investigation at a tertiary centre in London he was diagnosed with idiopathic ventricular tachycardia and received an implantable cardiac defibrillator.

Raveen Naidoo, from the Durban University of Technology, presented his Masters project; introducing pre-hospital thrombolysis to South Africa. While this is an established treatment modality in many developed countries, Mr Naidoo suggests that is a first for a developing country. He identified that many patients with acute coronary syndrome did not present to facilities capable of thrombolising them till they were outside the treatment window. The delays were mainly due to the patient presenting, in the first instance, to a medical provider not able to thrombolise such as a general practitioner or a local hospital. The patient component of the delay was not just due to a late decision to present but also included transport delays due to the use of public transport and in one case a wheelbarrow! Mr Naidoo suggested that prehospital administration of thrombolytics by paramedics solved many of these problems.

Professor Douglas Sinclair, Chief of Emergency Medicine in IWK Health centre, Halifax Canada, discussed the Nova Scotia EMS service. They have been developing an extended care role for the paramedics working in consultation with nurse practitioners, in rural populations, that do not have good access to a general practitioner. This is a different focus to the UK extended care Paramedic role. The Nova Scotia paramedics took on tasks including blood pressure and glucose monitoring, immunisations, fitting of baby seat and health advice. The system seemed to provide benefits for all involved as was evidenced by increased satisfaction reported for both staff and clients. It would seem that this concept could be considered for trial in isolated country towns in Australia that do not have ready access to doctors.

Another major theme of the conference was that of acute stroke care. The concept of time *is brain* was reinforced at the conference. We had a session delivered by Professor Tembory from the University of Malaga. It was an interesting experience to have a lecture entirely in Spanish trying to work out the meaning from the graphs & pictures.

Neurosurgery in Acute Stroke introduced probably the most enduring image of the conference. Whilst being awestruck by stunning video of the Dr Urbaneja, performing neurosurgery, a clip fell off a blood vessel filling the field of view with blood. This was suctioned away and another added. "Arh this is not that hard" a modest Dr Urbaneja added with a shrug.

Ms Shona Brown presented a software tool that helped reduce bed availability and A&E wait time. The JONAH program® helped to identify bottlenecks and causes of delays in Whipps Cross University Hospital, London. It gathers near real time information then produces multiple graphs to assist administrators to identify and then work on the most significant one first. This is then reduced until some other factor is the most restrictive. This computer aided version of the classic Deming business process improvement cycle of Plan-Do-Check-Act has helped the hospital meet its national targets.



St Michael's Cave (Image by Greenshed)

A tour organised by one of the Gibraltar Paramedics took us to Europa point to view the Straits of Gibraltar and beyond to Africa. Higher up the rock we toured St Michael's Cave - a dramatic natural grotto. The cave is so large that concerts for hundreds of people are held inside. On exiting we were introduced to the resident "Gibraltar ape" troupe. They do not like being touched but are quite happy to climb on people in exchange for peanuts.

The conference dinner was held in old gunpowder store rooms deep inside the "Rock" itself. After being allowed entrance by the guards in 17th century Red Coat uniforms complete with muskets, we were treated to a feast followed by Spanish dancing.

Overall, the conference was excellent, with a very impressive list of key speakers and interesting topics.

Please check the JEPHC [Continuing Education Noticeboard](#) periodically to check dates for the next *Pre-Hospital Emergency & Disaster Medicine* Conference.

Disclosure

The author travelled to Gibraltar and attended the conference as an employee of the Centre for Paramedic Science, a joint project of St. Georges, University of London and Kingston University.