

Guest Editorial

Trauma in Chile

In Chile, there are no trauma centers. Emergencies and trauma are treated in the emergency departments of hospitals or private clinics and are units attached to a hospital. The only exception is the Public Assistance Emergency Hospital, former Central Hospital (HUAP) in Santiago, this establishment is dedicated exclusively for the treatment of emergencies, whether medical, surgical, trauma or burns. Established in 1911, 'the Central Hospital' represented a breakthrough in emergency care in the country. There is a parallel structure of limited attention to accidents and occupational injuries, which is a private system of insurance such as the Mutual Security. At present time, there are also primary care emergency services (SAPU), created for greater coverage as an extension of the time in the primary care clinics.

The emergency services consist basically of 2 areas—admissions and treatment. The first establishes a 'demand switch' or 'triage' where the patient is categorized according to severity and waiting time for medical care depends on this classification. This system is also used in other European countries, like Spain. It is categorized in C1: Vital emergency, immediate attention; C2: Evident emergency, attention within 30 minutes; C3: Urgency, within 90 minutes or failing to reassess; C4: Mediate emergency attention before the 180 minutes or in its default reevaluate, and C5: General attention, the attention time depends on the demand.

Medical shifts are generally 12 hours during the week and 24 hours—Saturdays, Sundays and holidays. In addition the emergency works with a 'call' service to some specialists, for example the vascular surgeon. The remaining non-medical staff (nurses, medical technologists, technicians, paramedics, ancillary service, administrative, etc.) work in a 4th shift system, (12 hours during the day, the day after 12 hours at night and 2 days off). For these officials, who work in jobs that require care 24 hours a day, in systems of rotating shifts, nights, and on Saturdays, Sundays and holidays in emergency units, intensive care units, clinical services, obstetrics, neonatal units, radiology and clinical laboratory units and blood banks, there is an incentive called 'Emergency Law', which among other benefits, increases the annual leave in 10 working days.

The emergency law also protects the patient with a life-threatening emergency, which can be attended in a private center without requiring a security document for payment, which in this case, is assumed by the public provider. The life-threatening emergency classification should be determined by a doctor, that was originally the SAMU medical regulator, and then was taken by the sub secretary of health. The patient must be rescued to a public hospital, as soon as the life-threatening risk has passed.

In the early 1990's, a powerful prehospital emergency care system was formed, based on two development areas: Cooperation between France and Chile of adult rescues and USA for children in rescue. After a thorough analysis, we decided to implement a model adapted to the characteristics of the country, and not copy foreign countries. According to the analysis and what was determined, the motto is 'to stabilize and transport'. A regulator center was established, which ranks the demand of people and institutions. This system is coordinated by the Ministry of Health, where SAMU exists in 6 of the 15 regions of the country. In Santiago, the SAMU belongs to the structure of the Public Assistance Emergency Hospital, which houses the regulator center, by a permanent doctor, who allocates resources and controls the intervention team. It consists of 24 bases, which can be basic or advanced, according to equipment and ambulance personnel. There are 13 advanced bases with professional rescuer. The central base has medical ambulances; other bases have physical therapists, nurses or midwives. All mobiles are staffed by health personnel, trained for the work they perform.

The SAMU is connected through its regulator center with all hospital emergency departments, with the Police, Fire with ONEMI, Department of Emergency and Disaster Affairs, Ministry of Health and the Airport.

Through an agreement between the Ministry of Health and the Police of Chile, the military work together by providing the SAMU personnel and equipment to transport through helicopter, with a response time of 5 minutes and high efficiency. The regulator center SAMU maintains a direct radial communication with the helicopter base and up to 4 simultaneous transfers of patients have been done. The police provide the helicopter, pilot and a handy first-aid and the rest of personnel are from SAMU.

In the context of health reform in Chile, the explicit health guarantees arise, also called GES or AUGE, whose main objective is to ensure opportunity, access, quality and financial coverage for certain diseases, which were selected according to the disease load, needs and expectations of the population and cost-effectiveness. Thus, on July 1st 2007 the trauma patient was determined as the AUGE pathology. These guarantees work for all people listed on a health insurance system,

whether public or private. To implement the guarantees the ministerial clinical guidelines were created, we defined benefits funds and the amount to be paid to public hospitals for each patient 'AUGE', a value which varies, in the case of multiple injuries, according to whether or not spinal cord injury exists. It was found that trauma patients have the following rights: 'People of any age, with risk of death from traumatic injuries involving at least two of their systems (nervous, respiratory, circulatory, musculoskeletal, digestive or urinary) are guaranteed treatment within 24 hours of rescue, with access to a provider offering resolution of addressing the most serious health problem. The copayment ranges from 0 to 20%, depending on cost provision and types of medications—it does not include rehabilitation.

Currently the pathologies included in the GES are severe head trauma and severe burn, which facilitates access of patients to centers of high capacity and resources. The Public Assistance Emergency Hospital is the national reference center for severe burn, it is responsible for dealing comprehensively with patients who fall into this category and have no ability to hospitalization and need of a private center that can solve this pathology.

The fact that these traumas have guaranteed care facilitates access and patient care, but the impact that these measures have on mortality and sequel that occur have not been measured.

As a rule, AUGE funds and committed amounts should be reviewed every 3 years in order to add or remove drugs or supplies for the best treatment of patients. Fortuitous reasons, as were the natural disasters in our country, for the first time is conducting a review of the baskets, in which it intends to incorporate these serious rehabilitation for patients.

As described, emergencies in Chile are organized and are progressing according to the demands of today's world, despite the technology and the modernity of the new times. It has been determined that the treatment of trauma patients is increasingly complex, patient longevity has increased and requires longer periods of hospitalization and finally the medical advances offer increased life expectancy, treatment and recovery. So, the demand for care grows and is not always possible to respond to it at the proper time, which makes building emergency services essential.

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