102.

Martie 2017

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conexiuni

SOCIETATEA ROMÂNĂ DE CARDIOLOGIE
GRUPUL DE LUCRU "CARDIOLOGIE DE URGENTĂ"

CURSURI GL-CU 2017

TROMBEMBOLISMUL PULMONAR IN SITUATII SPECIALE Directori de curs: Prof. Dr. A. Petriş, Dr.G.Tatu Chiţoiu	31 martie 2017	BRAŞOV

"Obiectiv 1.
crearea unei comunităţi-web a medicilor (membrii SRC şi afiliaţi) din România preocupaţi de domeniul "Cardiologiei de Urgenţă" cu scopul de a facilita schimbul de informaţii şi de experienţă în domeniul practicii pre-spital şi în unitatea de terapie intensivă coronarieni".

Grupul de Lucru "Cardiologie de Urgenţă"

TINEM APROAPE!

Conexiuni - Colectiv de redacţie
publicaţie a Grupului de Lucru "Cardiologie de Urgenţă"
Antoniu Petriş, Diana Ţînţ, Valentin Chioncel, Călin Pop, Gabriel Tatu-Chiţoiu
Distribuţie on-line; http://www.cardioportal.ro/cardiologie_de_urgenta_rapoarte_si_documente

MINISTERUL SĂNĂTĂȚII

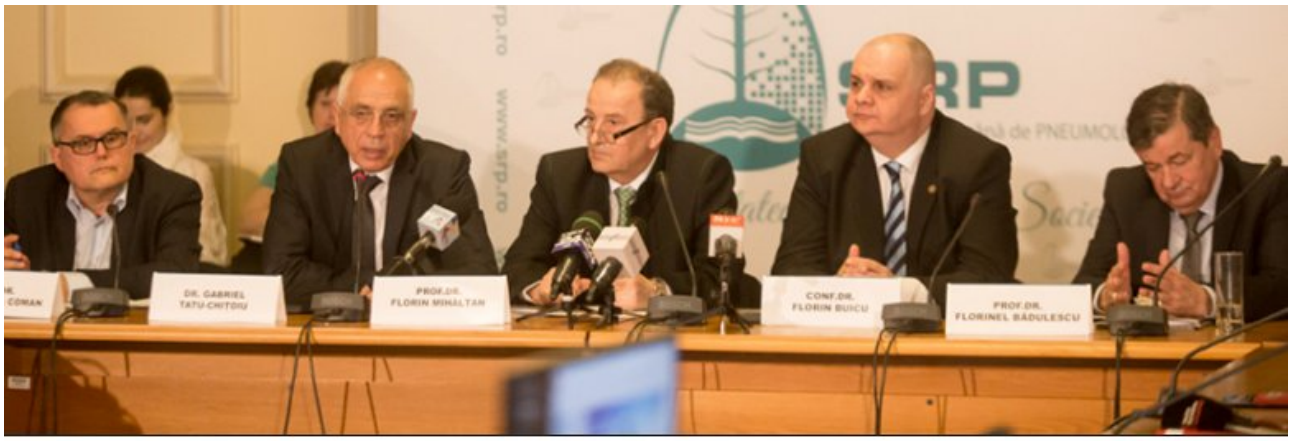
Minister | Transparenţă decizională | Informaţii de interes public | Contact

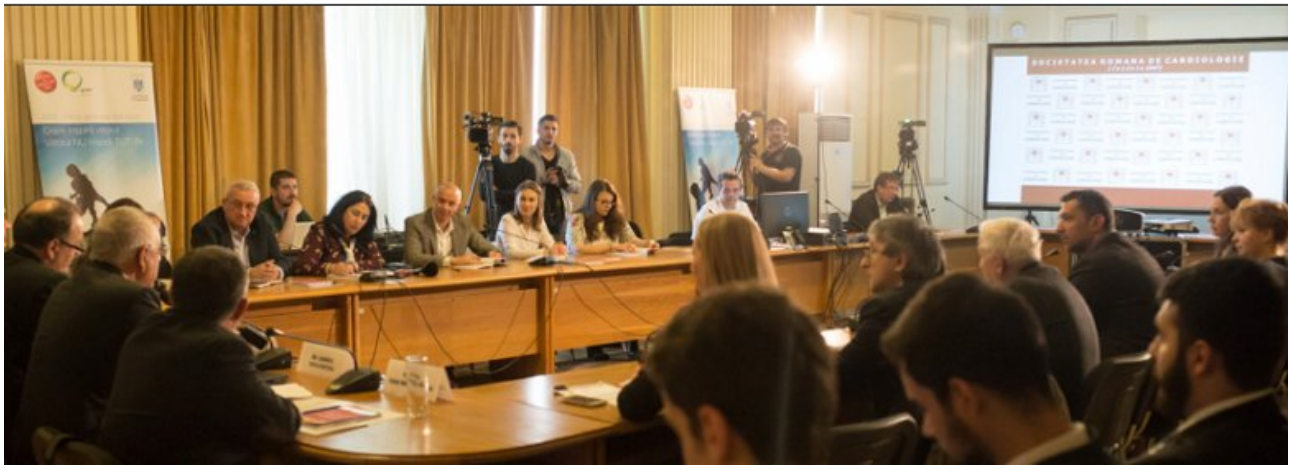
Comunicate de presa

România a realizat în 2016 cel mai mare salt pozitiv înregistrat vreodată de o ţară, de 12 locuri, în domeniul politicilor de control al consumului de tutun, conform Scalei Politicilor de Control al Consumului de Tutun – alăturare spectaculoasă în topul ţărilor europene-

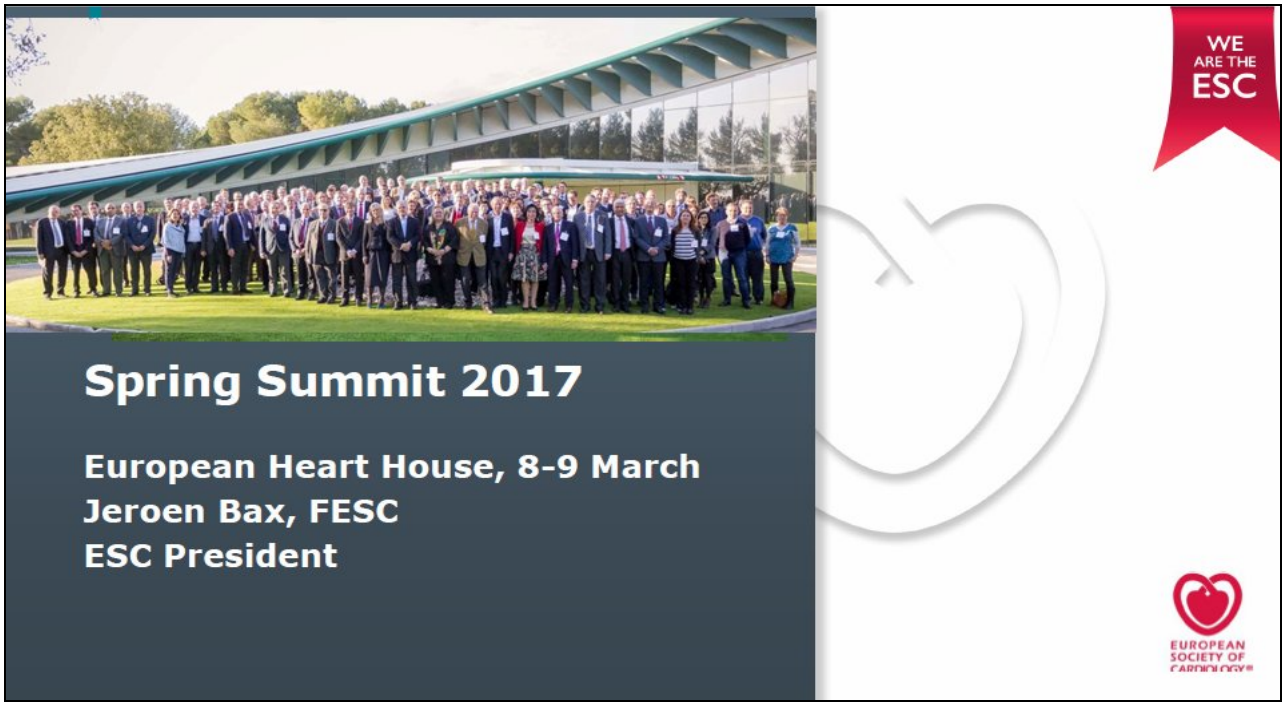
23 martie 2017

Raportul dat publicităţii astăzi, în cadrul celei de-a 7-a Conferinţe Europene Tobacco or Health prezintă rezultatele activităţilor de dezvoltare şi implementare de politici privind controlul consumului de tutun în 35 de ţări europene, folosind un instrument numit **Scala Politicilor de Control al Consumului de Tutun**. Ţările europene au fost evaluate în privinţa măsurilor considerate a fi componente esenţiale ale unor



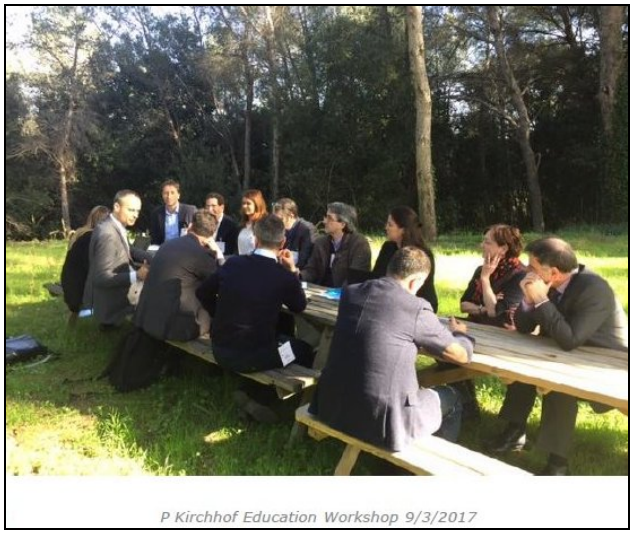


FELICITARI SRC !



Break out sessions and workshops (with the audience in groups):

Research – Congress -
Membership – Advocacy - Education

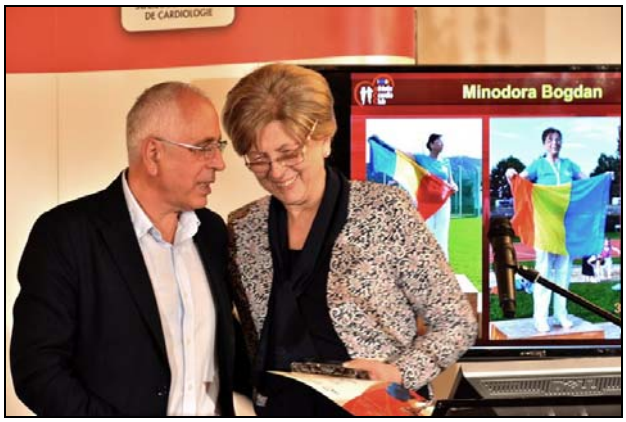


WE ARE THE ESC !

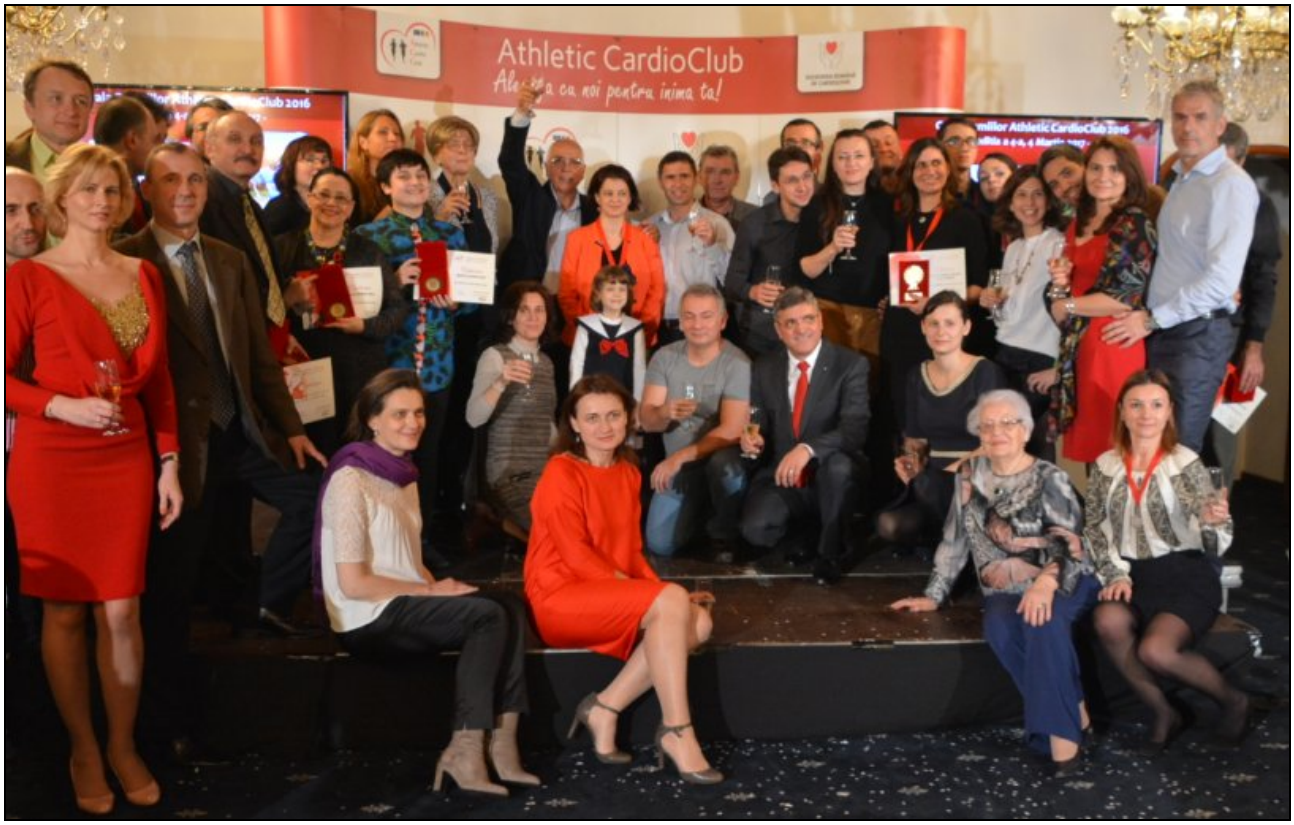
GALA PREMIILOR ACC 2017

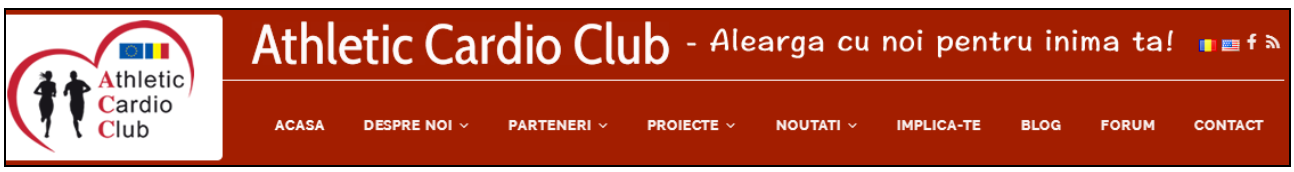
4 MARTIE 2017, BUCUREȘTI

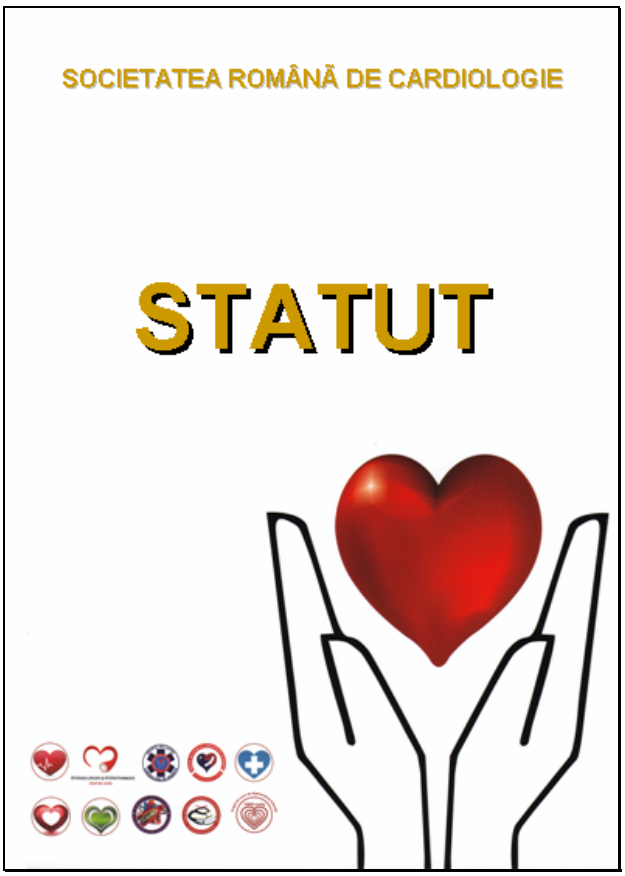
Loredana Dinu, campioană olimpică la Rio de Janeiro 2016 împreună cu echipa de spadă a României.



Minodora Bogdan, multiplă campioană la Medigames Maribor 2016.







28.1.1. **Grupuri de lucru**

c. La nivelul Grupurilor de lucru se va ține evidența exactă a membrilor. Un membru activ al SRC poate să opteze pentru maximum două grupuri de lucru în care să-şi poată exercita dreptul de vot. **Dreptul de alegere şi votare în cadrul Grupurilor de Lucru se câştigă după 6 luni de la înscrierea oficială în grupul de lucru respectiv.**

34.4 Membrii care încalcă obligația de plată a cotizației, în termenele şi în condițiile stabilite, vor fi notificați, prin poştă, fax sau e-mail, **să îşi achite obligațiile băneşti până la 31 Martie pentru anul precedent. Neplata acestora în termenul specificat va avea ca rezultat suspenderea automată până la plata restanțelor.**

CALENDAR

- **21 martie 2017** - Data limită de înscriere într-un Grup de Lucru pentru a putea candida sau participa la votul pentru desemnarea conducerii respectivului Grup.
- **22 iunie 2017** - Data limită pentru depunerea candidaturii (CV + scrisoare de intenție) pentru pozițiile din cadrul Consiliului de Conducere al Societății Române de Cardiologie (conform condițiilor menționate în statutul SRC).
- **21 august 2017** - Deschidere vot electronic (cu 30 de zile înainte de Adunarea Generală a SRC).

EUROPEAN SOCIETY OF CARDIOLOGY®

Acute Cardiovascular Care Association ACCA
A Registered Branch of the ESC

ACCA WHITE BOOK

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Czech Republic	**Richard Rokyta**
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Egypt	**Ahmed Magdy**
Estonia	Toomas Marandi
France	**Eric Bonnefoy**
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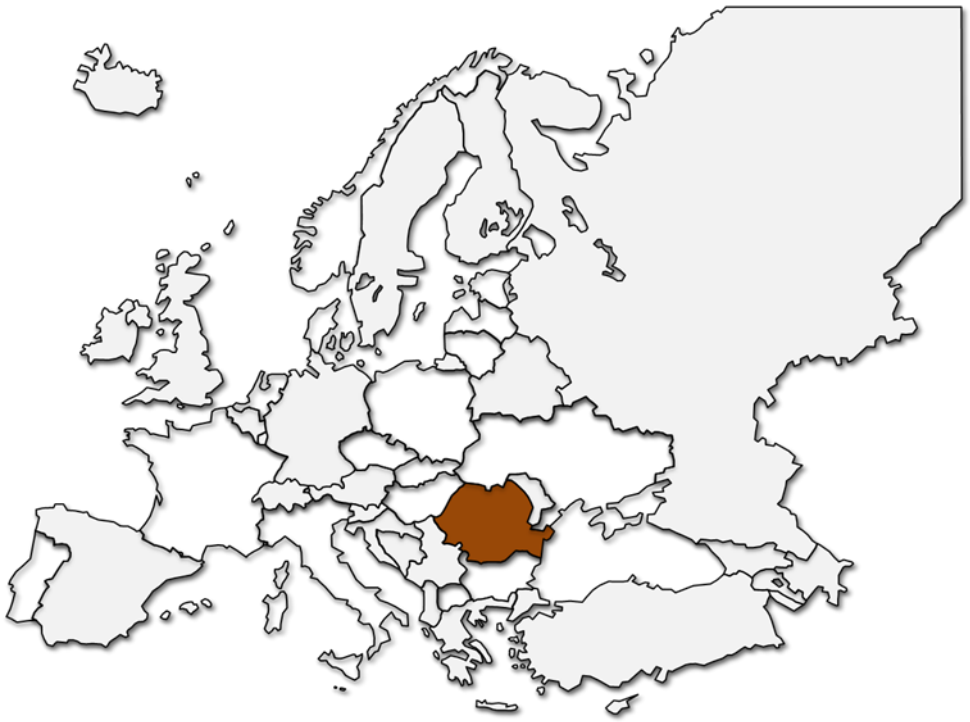
United Kingdom	**David Walker**

ROMANIA



Demographic and socioeconomic context

Population (1000)	Population Aged >65 (% of total population)	Life epectancy at 65 years	Urban (% of total population)	Real GDP, PPP$ per capita
21267	15.0	16.1	57	19 401

Health status and mortality indicators

Tobacco smoking*	Obesity**	Raised blood pressure***	Crude death rate per 1000	Age-standardized death rates****	Age-standardized death rates for circulatory diseases****
28	21.7	27.4	12.0	901.3	507.9

*Estimated age-standardized prevalence of tobacco smoking among people aged 15 years and over
**Estimated age-standardized prevalence of obesity (body mass inde ≥30 kg/m²)
***Raised blood Raised blood pressure (systolic blood pressure ≥ 140 or diastolic blood Pressure ≥ 90)
****per 100 000 population

Health services, health expenditure and health system coverage and utilization

Hospitals*	Inpatient care discharges*	Total Health ependiture as % of GDP	Government ependiture on health as % of total government ependiture	Private households' out-of-pocket ependiture as % of total health ependiture
2.3	20.9	5.3	12.2	19.7

*per 100 000 population

Human resources for health services

Physician	Female (%)	Older than 55 years (%)	General practitioner*	Medical specialists*	Nurses	Physician Graduates*	Nurses Graduates*
248	69	24	60	92	565	14	96

*per 100 000 population

10. Units that manage patients who need acute cardiac care

Many patients with an acute cardiac care diagnosis are not hospitalised in a unit with specific monitoring capabilities. But many are. In this case, here are the units that contribute on a reasonably frequent basis to their management.

	General Mixed Medical/Surgical unit	**General Medical unit**	**Dedicated Acute cardiac care** unit managed mainly by **non cardiologists**	**Dedicated Acute cardiac care** unit managed mainly by **cardiologists**
LEVEL B capabilities Monitoring: exclusively non-invasive. Diagnosis: echocardiography Treatment (non-medical): non-invasive ventilation might be possible.	Common in country **Yes** Manage acute cardiac care patients **No** Managed mostly by intensivists **Yes**	Common in country **Yes** Manage acute cardiac care patients **No** Managed mostly by intensivists **No**	Common in country **No** Mostly in academic hospitals **No**	Common in country **Yes** Mostly in academic hospitals **Yes**
LEVEL M capabilities # non-invasive and some invasive monitoring (central venous pressure, arterial lines) # echocardiography 24/7 # non-invasive ventilation	Common in country **Yes** Manage acute cardiac care patients **Yes** Managed mostly by intensivists **Yes**	Common in country **Yes** Manage acute cardiac care patients Managed mostly by intensivists	Common in country **No** Mostly in academic hospitals **No**	Common in country **Yes** Mostly in academic hospitals **Yes**
LEVEL I capabilities # Non-invasive and ALL invasive monitoring (PA catheter, central venous pressure, arterial lines…) # Echocardiography 24/7 # Mechanical ventilation, hypothermia initiation, continuous renal replacement possible.	Common in country **No** Manage acute cardiac care patients **Yes** Managed mostly by intensivists **Yes**	Common in country **No** Manage acute cardiac care patients **No** Managed mostly by intensivists **No**	Common in country **No** Mostly in academic hospitals **No**	Common in country **No** Mostly in academic hospitals **Yes**

11. Sites and units that manage patients who need acute cardiac care

Data were collected from 18 Romanian centres that responded to a survey conducted by dr. Gabriel Tatu – Chitoiu, dr. Calin Pop, dr.Antoniu Petris, on behalf of the RSC-Acute Cardiac Care WG.

50% were county hospitals, 45% were universitary hospitals and 5% city hospitals. In 67% of centres, these units were managed by the Head of the Cardiology Department and in only 27% of cases did these units have an independent chief, who was a subordinate of the Head of the Cardiology Department.

The medical personnel consisted of Cardiologists only. We only found one physician with competency in general intensive care in one center and two cardiologists accredited in acute cardiac care (both in the same center). None of the USTACCs had a dedicated cardiologist on duty only for the Unit.

In 44% of the centers there were No doctors accredited in CPR, while in 33% of centres all the doctors were accredited.

Central venous cannulation was performed only by the intensivists in 27% of the centres, by some of the cardiologists in 33% of centres and in just 39% all the cardiologists were able to perform this procedure.

Regarding the endo-tracheal intubation, in 22% of centers this was done by the intensivists only, while in 44% of centers the intubation was performed by some of the doctors working in intensive care units and in only 33% of the centers the intubation could be performed by all the doctors involved in intensive care.

We have had 100% coverage by SaO_2 monitors in only 11% of centres. Ventilators were present in only 16% of the units, and ventilation was mamaged by cardiologists. In all other centres there was access to a ventilator in general intensive care.

Image intensifiers were present in 27% of the units, and in the other centres, there was access to a mobile machine from another department.

In 2015 we had 17 catheterisation labs included in our National Programme for Acute Myocardial Infarction.