Opinion

by Prof. Nikolay Draganov Mladenov, MD

regarding the competition for the academic position of "Associate Professor",,

of Dr. Parvoleta Krasteva Yakova – Krasteva, MD

Dr. Parvoleta Krasteva Yakova-Krasteva, MD, presents a monograph entitled **"The Emergency Department - a key and critical point in the multidisciplinary hospital for active treatment"**, in a volume of 251 pages. The selected structure includes a general characteristic of the Emergency Department, the essence and characteristics of medical triage, the behavior of the Emergency Department in crisis situations (in particular the Covid pandemic), the daily clinical behavior of the emergency unit and all this reduced to the established protocols for medical behavior, based on good medical practices. The essence of emergency medicine lies in the unpredictability of clinical situations that the staff faces daily and the time interval that is a priority for making the relevant decisions. The new needs directly related to emergency medicine can be defined as follows:

1. It has been practiced for decades, without being clearly defined as a separate specialty.

2. One of the youngest specialties and at the same time the most vulnerable.

3. When time is of the essence, old specialties are helpless.

4. Socially significant diseases increasingly require urgent diagnosis and treatment.

5. Medicine is increasingly specialized in contrast to emergency medicine.

6. Medical systems are increasingly complex.

7. The unique place of emergency care:

• as a connecting link in the healthcare system;

• as a valve of the system – a guaranteed minimum standard of medical care and at the same time an interface of the healthcare system and an element of national security;

• significant unused technical progress;

• a new treatment formula – no one is hopelessly ill until proven otherwise;

• shifting the boundaries of life;

• shifting the limits of other specialties;

• exerts positive pressure on the state of the hospital system;

The structure of the successful functioning of emergency medicine is based on:

• regulatory framework (normative protocols and algorithms for medical behavior based on good practices, with adequate security, while bringing high technologies to the forefront;);

• patients as objects of medical care;

• personnel;

• staff training;

• work environment;

And here comes the main question concerning not only emergency units – does the healthcare system function as a corporate structure, with varying degrees of maturity of the participants?

In the context of these paradigms, Dr. Krasteva has tried to give an answer, although not critical enough, what is the place and how does the emergency system function in Bulgaria, and in particular in UMBAL Tokuda. She has presented in detail the main activities of the ER in ASK UMBAL Tokuda EAD – medical triage, diagnostics, stabilization, treatment and consultations of emergency patients, performing various manipulations, observation and monitoring of patients within 24 hours (a rather debatable issue that should be based on the paradigm of an upgrading medical service), secondary medical transport and provision of events under previously concluded contracts. In the triage part, she defined the concept, triage categories, the time interval for its implementation, the basic principles/goal (certain people, for a certain period of time, with a certain resource to make the patient less sick, with a lower risk of disability and more healthy), the conditions for its effective implementation and based on this logic of triage processes, she developed a triage form aimed at optimizing therapeutic processes. The next part is related to the analysis and at the same time developed/optimized algorithms for specific medical behavior, in the conditions of the emergency center.

The algorithms include initial assessment of the patient, behavior during CPR (here are some inaccuracies that would be subject to discussion and correction, as well as those related to the dilution and calculation of medications administered during CPR). Additional protocols include various areas of medicine such as shock of different genesis, metabolic and electrolyte disorders, acute coronary incident, abdominal, renal, endocrine, neurological/neurosurgical, orthopedic,

oncological, infectious emergencies, and others. Here there is a certain problem in the implementation of these protocols, which is common to all emergency care in the country - the lack of medications taken according to the protocol and the medical devices used, respectively, for some nosological units.

The emergency unit had a special place in the emergency care system and the treatment of patients during the Covid pandemic. There are several important points that I would like to draw attention to, reflected in Dr. Krasteva's monograph:

• the medical community had very little, even negligible, information at the beginning about the nature of the infection, and subsequently, a unified system of medical behavior in the country was still not achieved;

• the emergency teams were the first line of contact with patients, in the conditions of a round-the-clock nightmare of screaming ambulances, uncritical patients, a shortage of intensive care beds and naturally overworked staff;

What was positive in the work of the emergency unit, reflected in Dr. Krasteva's monograph during the pandemic?

• the restructuring of the unit in step, with adaptation to new medical realities;

• mastering the principles of safe work and protecting the lives of personnel;

• development of sustainable practices of medical behavior, discussed in a format of interaction with other clinical units;

• updating the accepted protocols of clinical behavior (diagnostic - therapeutic and laboratory – diagnostic);

• the developed algorithm for behavior in pregnant women, children and patients on chronic dialysis deserves special attention;

• and last but not least, the perfect interaction between ICU/Emergency Unit;

Another important aspect in the work of the emergency unit, highlighted in Dr. Krasteva's monograph, is the work with polymorbid patients in critical condition requiring complex clinical behavior. Protocols for clinical - organizational behavior are also presented here, but I think there is still much to optimize there.Perhaps in certain cases, the emergency unit, based on a higher degree of intensification, could make timely and independent decisions that would allow for a

faster reaching of the relevant clinical diagnosis and from there behavior. Another important aspect of the work of the emergency unit is conducting secondary medical transport.

Here, the teams face certain problems that have been largely optimized.

• teamwork and specific conditions limiting the volume of work;

• working with the specific equipment in the intensive care unit (a certain drawback is still the inability to sufficiently apply the achievements of modern medicine in terms of equipment);

• the lack of adequate, preliminary medical information about the patient's condition, as well as a checklist reflecting his transfer;

In conclusion, I would like to express my positive attitude towards the monograph of Dr. Krasteva, based on extensive practical experience, combined with good medical practices. I give my consent to Dr. Parvoleta Krasteva Yakova-Krasteva, MD, to be awarded the academic position of "Associate Professor" in the field of higher education 7. Health and Sports, professional field 7.1 Medicine and scientific specialty "Emergency Medicine" for the needs of the Multidisciplinary Emergency Department of "Acibadem City Clinic UMBAL Tokuda" EAD.

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ICU/ Prof. N. Mladenov DSc .....