The French initiated FESUM - historical development, experience and perspectives

T. Dubert, M.C. Obdeijn


Historical background

Following the development of vascular microsurgery techniques in the 1960’s, it became necessary to build a network of specialized centers able to perform replantations 24/7. In this spirit a group of pioneer including Prof. Michon, Dr. Merle, Dr. Foucher, Prof. Vilain, Prof Lemerle, Dr. Saffar, Prof. Bureau, Dr. Magalon, Prof. Allieu, Prof. Alnot and Prof. Lejeune (Liège) created the CESUM [European Confederation of Emergency Services of the Hand] in December 7th 1979. In 1989, the CESUM became FESUM. [1]

The bylaws of the FESUM have remained unchanged since 1989. Initially, the FESUM organization included most of the European countries. Unfortunately, despite the fact that it was very efficient in France, Belgium and Switzerland, it proved very difficult for non-French speaking countries to continue cooperating with in the FESUM for several reasons. The FESUM therefore remains active only in French-speaking countries (France, Belgium, Switzerland and Luxembourg) but has been cooperating closely with the newly created Hand Trauma Committee of the FESSH since 2005. [2]

In 2003, Philippe Bellemère and Yves Allieu added internal regulations to the bylaws because many university hospitals could not fulfill the accreditation guidelines. These internal regulations distinguished 3 categories of centers:
- The accredited centers
- The associated centers
- The centers working as a network without any accredited center

In 2013, the FESUM includes 54 centers, which is less than 1 center for a population of 1 million. The public to private ratio is 4/6. In several cities, public and private centers cooperate as a network. The National Academy of Medicine pleaded that the Ministry of Health includes the concept of FESUM centers in the emergency network. [3]

Current organization

A national board and 6 regional coordinators chair FESUM. The 6 members of the board and the 6 regional coordinators are renewed every 3 years, according to the FESUM bylaws. Every year, the General Assembly gathers all the FESUM members during the annual meeting of the French Society for Surgery of the Hand (GEM-SFCM) and votes on all new matters including new centers applications.

The minimum requirements for center accreditation are:
- Three senior surgeons specialized in hand surgery and microsurgery,
- Availability of the center 24/7,
- At least 2 emergency cases operated in the theatre per day during the year before application.

If the organization of the center meets the FESUM guidelines, two FESUM surgeons are nominated to visit and report on the center. The accreditation commission analyzes the report and the final decision is voted by the general assembly. Every new center receives an accreditation diploma for a 3-year period.

For centers with only two senior surgeons, it is possible to be accredited as an associated center affiliated to a fully accredited center. Another possibility is that several centers with only two surgeons in each center cooperate forming a network.

Renewal of the accreditation

Every 3 years, all the data of the centers are checked. If a center does not meet the guidelines anymore, the center may be excluded from the FESUM or be subjected to a new evaluation visit.

Relations between FESUM and FESSH

The accreditation guidelines of the FESUM and the FESSH are based on the same values of quality and availability requirements. [2]

The main differences are that 2 FESUM surgeons visit FESUM centers physically so that the local processes, and surgical activity are verified more closely than through the HTC process that is exclusively an online application. On the other hand, HTC accreditation requires all the senior surgeons to be members of their national societies, and that at least one of the members to have passed the FESSH/UEMS board examination.

T. Dubert, President of the FESUM, Orthopedic Surgeon, Urgences Mains de l’Est Parisien, Pontault Combault, France
M.C. Obdeijn, President of the Netherlands Society of Surgery of the Hand, Plastic, Reconstructive and Hand surgeon, University of Amsterdam

In 2013, 54 centers
Only 23 FESUM centers are currently members of the FESSH HTC. An increased interest in European standards may develop in 2015 when the FESSH/UEMS board diploma becomes a due requirement.

DATA COLLECTION
In 2000 and 2002, two surveys [4,5] reported data collected at a national scale through the FESUM network. These data revealed that hand trauma in France is the first cause of work leave following a work accident representing 20% of all work accident absences. The incidence of hand trauma was evaluated at 2,300 per 100,000 inhabitants, which makes 1.4 million cases per year, 620,000 of which result in work absence and/or sequel compensation. The financial burden is colossal, mainly because of compensation, which represents 80% of the total costs (paid leave off work and indemnity for sequel).

Epidemiological studies in Anglo-Saxon and Scandinavian countries often report an accident rate of 700–4,000 for 100,000 population per year. These figures are lower than those we observed in the FESUM network. The reasons could be because these studies recorded only very severe cases. In fact, many seemingly less serious cases are often treated in non-specialized peripheral hospitals. It has been shown that these seemingly benign lacerations may end up in heavy compensation when poorly treated. [06] The strategy of the FESUM, from the beginning, is to consider that every deep palmar laceration should be treated in a specialized hand trauma center. The reason is that clinical examination has been shown to be inadequate for deep lacerations in 30% of the cases and only a surgical exploration of the wound can give a complete diagnosis. [7]

COMMUNICATION OF FESUM
FESUM is well known by the patients and the national and regional health administrations. Every year, the newspapers give a ranking of hand surgery centers where the FESUM label is promoted. Many newspapers and radio stations have reported on the FESUM. The FESUM web site fesum.fr gives access to patients and professionals to consult the bylaws, the updated map of the centers and data regarding hand trauma including prevention. The website allows the patients to find the nearest hand trauma center.

CONCLUSION
FESUM is an original organization devised and organized by hand trauma surgeons. Because of continuous care to maintain self-discipline in the application of the rules, the FESUM is now respected by the national health administration in France. Cooperation with the Hand Trauma Committee of the FESSH is an important step in hand trauma organization.

REFERENCES

ABSTRACT
FESUM is an association dedicated to management, research and education of hand trauma. Created by surgeons in 1979, it is now accepted by the national and regional health administrations. The first goal of FESUM is to apply strict guidelines for specialized hand trauma centers. These guidelines are verified on site by two FESUM surgeons, and re-checked every three years. Patients are selected to be directed to the FESUM centers following very simple recommendations:
Every severe trauma must be addressed to and accepted by FESUM centers, 24/7.
Seemingly less severe lesions such as deep palmar lacerations must also be systematically explored in FESUM centers to ensure patients have the best opportunity for treatment.
Prevention is also a very important part of FESUM activities. The FESUM prevention campaigns are currently focused more specifically on daily life trauma that represents 2/3 of the total injuries and is very poorly managed by authorities.

CORRESPONDENTIEADRES
Dr. Miryam C. Obdeijn
m.c.obdeijn@amc.uva.nl