

## On research in emergency medicine: good intentions vs reality

### *Investigación en emergencias: el deseo y la realidad*

#### To the editor:

Out-of-hospital Emergency Medical Services (EMS) have been part of the National Health System for almost three decades. They are services with great social acceptance, embedded in the care chain, but with a timid incorporation in research networks in Spain.<sup>1</sup> There are objective causes, intrinsic to their characteristics, that may justify this limitation, the out-of-hospital environment, the short assistance times, or the fact that they are not finalist services. There are, however, other obstacles that could be addressed if there were a determined desire for change on the part of the responsible health administrations.<sup>2</sup>

The Spanish Out-of-Hospital Cardiac Arrest Registry (OHSCAR) began its work in 2012. This project responded to the need to know the incidence, the process of care and the final results in order to improve the survival of out-of-hospital cardiorespiratory arrest (OHCA) in Spain. A challenge widely demanded by the scientific community and by the European Parliament itself.<sup>3,4</sup> Since then there have been several analyses and the knowledge contributed by OHSCAR (<https://www.cercp.org/proyecto-ohscar/>). To improve the quality of the registry, a survey of the EMSs involved in the project was proposed. The objective was to

analyze the means and internal processes of each EMS to learn about their own results in the care of OHCA.

A total of 16 regional and 2 municipal EMS were involved, providing population coverage of more than 43 million inhabitants. In summary: 8 services (44.5%) recorded their clinical history on paper, 5 (28%) do not have reports on a regular basis, and in 4 (22%) the OHCA working group is not recognized by the management. In 6 services (33%) the investigators have difficulty in accessing their own medical records, in 4 (22%) in accessing data from the coordinating center, and in 6 (33%) cases, there is a barrier to accessing hospital data on their patients.

This is disappointing data for the year 2022, especially when these are known and easily solvable problems. In 2011, the EMS white paper<sup>5</sup> was published. Eighteen public EMSs participated. In this document, the need to equip themselves with information systems capable of optimizing care and evaluating its health outcomes was included. This would make it possible to address two other important shortcomings detected at that time: the possibility of benchmarking among them and the possibility of promoting research through the establishment of multicenter networks. It also pointed out the need to establish quality audits in the key processes for an EMS, the time-dependent processes. Eleven years later, our survey shows that important gaps remain. Known problems to which no solution has been found.

In March 2022, the Interterritorial Health Council approved the Cardiovascular Health Strategy of the National Health System.<sup>6</sup> In the section dedicated to sudden death, it establishes as a specific objective "To know the health outcomes of our health system: survival and neurological sequelae of PCR in our country". If this objective is to be met, it is essential that the health administrations support EMS. Wishful thinking is not enough. Facing reality will contribute to improving the qua-

lity of care for OHCA and all the critical processes attended by these services.

José Ignacio Ruiz Azpiazu,  
Fernando Rosell-Ortiz

*Servicio de Emergencias Sanitarias 061 de La Rioja, Logroño, Spain.*

*(On behalf of The Spanish Out-of-Hospital Cardiac Arrest Registry, OHSCAR)*

*fernandorosell@gmail.com*

**Conflict of interests Disclosure:** None reported.

**Author contributions, financing/support, and ethical responsibilities:** The author has confirmed her authorship, the non-existence of external funding and the maintenance of confidentiality and respect for patient rights in the document of author responsibilities, publication agreement and assignment of rights to EMERGENCIAS.

**Editor in charge:** Xavier Jiménez Fàbrega.

**Article not commissioned by the Editorial Committee and with external peer review.**

## References

- 1 Castro Delgado R, Arcos González P. Dificultades y retos de la investigación en asistencia sanitaria urgente extrahospitalaria. *Emergencias*. 2022;34:314-6.
- 2 Rosell Ortiz F. Investigación en emergencias, una tarea común. *Rev Esp Urg Emerg*. 2022;1:57-8.
- 3 Graham R, McCoy MA, Schultz AM. Committee on the Treatment of Cardiac Arrest: Current Status and Future Directions; Board on Health Sciences Policy; Institute of Medicine IOM (Institute of Medicine) 2015. Strategies to improve cardiac arrest survival: A time to act. Washington (DC): National Academies Press (US); 2015 Sep 29. The National Academies Collection: Reports funded by National Institutes of Health. DOI: 10.17226/21723.
- 4 Declaración del Parlamento Europeo, de 14 de junio de 2012, sobre la creación de una Semana Europea del Paro Cardíaco. (Consultado 5 Octubre 2022). Disponible en: [https://www.europarl.europa.eu/doceo/document/TA-7-2012-0266\\_ES.html](https://www.europarl.europa.eu/doceo/document/TA-7-2012-0266_ES.html)
- 5 Los servicios de emergencia y urgencias médicas extrahospitalarias en España. (Consultado 5 Octubre 2022). Disponible en: <http://www.epes.es/?publicacion=los-servicios-de-emergencias-y-urgencias-extrahospitalarias-en-espana>.
- 6 Estrategia en Salud Cardiovascular del Sistema Nacional de Salud. Ministerio de Sanidad. (Consultado 14 Octubre 2022). Disponible en: [https://www.sanidad.gob.es/organizacion/sns/planCalidadSNS/pdf/ESCAV\\_Pendiente\\_de\\_NIPO.pdf](https://www.sanidad.gob.es/organizacion/sns/planCalidadSNS/pdf/ESCAV_Pendiente_de_NIPO.pdf)