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. 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.

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 respiratory arrest (OHCA) in Spain. 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 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. In the section dedicated to sudden death, it establishes as a specific objective “To know the health outcomes of our health system: survival and neurologic 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 quality of care for OHCA and all the critical processes attended by these services.

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References