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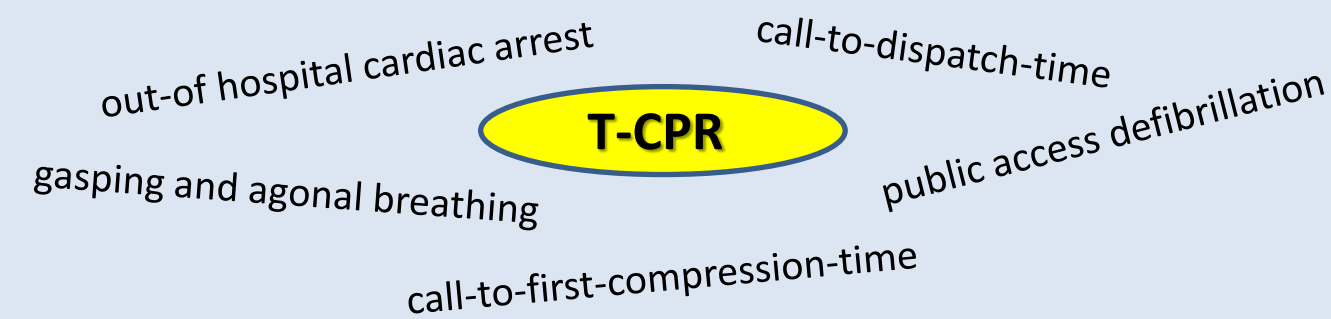
background

Telephone-assisted CPR (T-CPR) provides assistance to the emergency caller. The 2010 ILCOR recommendations advocated the implementation of T-CPR to improve CPR quality.
Little is known about T-CPR implementation and its practice across Europe. Quality and implementation of T-CPR might vary among EMD organisations and dispatch centres (DC).

EDICES was initiated to record data from many European DC via an online survey.

main objective

The main objective was to evaluate whether and how T-CPR is processed in various European countries especially focusing on agonal breathing and AED in the community.



aims

- to gather information how
 - emergency calls for out-of hospital cardiac arrest (OHCA) are being processed** within DC throughout Europe,
 - DC identify gasping / agonal breathing,**
 - DC handle information concerning AED in the community** and
 - they implement the use of AED in OHCA
- to evaluate
 - the call-to-dispatch-time and the call-to-first-compression-time for T-CPR**

material & methods

During autumn 2014, the online survey tool was open for 80 days to all DC in the participating European countries, concerning the 2013 situation. The survey **included 30 questions concerning 15 subject areas**. Multiple national coordinators were involved recruiting one contact person for every emergency DC.
20 European countries participated with 91 dispatch centres.

Online Data acquisition: www.edices.eu, concerning 01.01.to 31.12.2013

results

Participating countries (proportion of provided population): Austria (69%), Belgium (55%), Croatia (41%), Cyprus (100%), Czech Republic (94%), Finland (100%), France (2%), Germany (9%), Italy (3%), Latvia (39%), Norway (62%), Poland (31%), Romania (8%), Serbia (15%), Slovakia (100%), Slovenia (46%), Spain (39%), Sweden (100%), Switzerland (12%), United Kingdom (8%).

83% of the DC used T-CPR involving 19% of the countries population. 42% applied a gasping tool, 76% gave AED instructions.

participating countries



conclusion

EDICES

supports the understanding of different Europe-wide approaches regarding telephone-assisted CPR,
examines the impact of different emergency call interrogations and evaluates the implementation of telephone-assisted CPR,
strengthens the cooperation between dispatch centres and EMS.



improves the quality of dispatch life support measures.

Telephone-assisted cardiopulmonary resuscitation (T-CPR) provides assistance to the emergency caller. The 2010 ILCOR recommendations advocated the implementation of T-CPR to improve CPR quality. Little is known about the T-CPR implementation and its practice across Europe. Quality and implementation of T-CPR might vary among EMD organisations and dispatch centres. EDiCeS was initiated with the aim to record data from many European dispatch centres via an online survey. The main objective was to evaluate how T-CPR is processed in various European countries, with a special focus on agonal breathing and AED in the community.

During autumn 2014, the online survey tool was open for 80 days to all dispatch centres in the participating European countries, concerning the 2013 situation. This questionnaire consisted of 30 questions and concerned 15 subject areas. We involved multiple national coordinators with the aim to recruit one contact person for every emergency dispatch centre. In all, 20 European countries participated with 91 centres.

The following countries took part, including their proportion of provided population: Austria 69%, Belgium 55%, Croatia 41%, Cyprus 100%, Czech Republic 94%, Finland 100%, France 2%, Germany 9%, Italy 3%, Latvia 39%, Norway 62%, Poland 31%, Romania 8%, Serbia 15%, Slovakia 100%, Slovenia 46%, Spain 39%, Sweden 100%, Switzerland 12%, and United Kingdom 8%. In 83% of the centres T-CPR were used involving 19% of the population. Of the centres, 42% applied a gasping tool and 76% gave AED instructions.

This study will help to better understand the different Europe-wide approaches regarding T-CPR. It may be possible to examine the varying impact of different dispatch strategies as well as to evaluate the quality of T-CPR. It will strengthen the cooperation between dispatch centres and EMS and improve the quality of dispatch strategies for life support measures.

RESULTS EDICES

- The survey included 30 questions concerning 15 subject areas. The questions concerned the 2013 situation.
- 20 European countries participated with 91 dispatch centres.

[Finland, Sweden, Slovakia have one system for all DC's = one countrywide organisation]=*counts as one DC in data output*

- 74 DC's out of 91 use T-cpr. (instructions for basic life support (=telephone CPR))
- 83% of the DC used T-CPR involving 19% of the countries population.
- T-CPR includes ventilations: always=6 (8%), no=30(41%), compression only=13(18%), preference 6(8%), special patients 18(25%) (missing 18/91)
- Participating countries (proportion of provided population): Austria (69%), Belgium (55%), Croatia (41%), Cyprus (100%), Czech Republic (94%), Finland (100%), France (2%), Germany (9%), Italy (3%), Latvia (39%), Norway (62%), Poland (31%), Romania (8%), Serbia (15%), Slovakia (100%), Slovenia (46%), Spain (39%), Sweden (100%), Switzerland (12%), United Kingdom (8%).
- 37 (=42%) DC's use an tool to identify gasping (agonal breathing) in emergency calls (missing 2/91)
- In cases of a cardiac arrest DC instruct callers to go and get a nearby defibrillator 55 (76%) (missing 19/91)
- AED location appears automatically on the map on the computer after the site of OHCA is localised: 27 (38%) (missing 19/91)
- Information available to DC's about the location of public access defibrillators: yes=16 (18%) No=26(30%) yes, some=45(52%) (missing 4/91)
- Number of emergency calls 2013 (estimated and measured): 20533735 (missing 3/91)
- Number of cardiac arrests 2013 (estimated and measured) : 90557 (missing 13/91)
- Call - alarm first rescue unit: Average 141 median: 100 (missin 9/91)
- Call - alarm first rescue unit in case of cardiac arrest: Average 109 median 88 (missing 8/91)
- Call - first compression: (measured) Average 171, median 106 & (estimated) 153, median 95
- DC's which use any kind of predetermined interrogation process for emergency calls: 70 (79%) (missing 2/91); Which is used: criteria based 14(24%), in-house 32(54%), medical priority11(19%), national health2(3%), (missing(32/91)