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EFFECTS OF A GENERAL PRACTITIONER AT SCENES OF SERIOUS INJURY: A SYSTEMATIC REVIEW

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Aim In Norway, each municipality is responsible for first line emergency healthcare, and has to have a general practitioner (GP) on call continuously. GPs are expected to assist patients and ambulance personnel at the site of severe injuries or illnesses. The Norwegian society invests substantial resources into emergency care, and it is desirable to find evidence to inform this practice. This systematic review aimed to examine how survival, time spent at the scene, the choice of transport destination, assessment of urgency, the number of admissions, and the number of cancellations of specialised prehospital resources were affected by the presence of a GP at the scene of a suspected severe injury.

Method This systematic review utilised systematic, transparent methods.¹ We searched published and planned systematic reviews and primary studies in Cochrane Library, Medline, Embase, OpenGrey, GreyLit and trial registries in June 2016. Two authors independently screened the references and assessed the eligibility of all potentially relevant studies. The inclusion criteria for study design was based on the Cochrane Effective Practice and Organisation of Care Group (EPOC).²

Results The search for systematic reviews and primary studies identified 5415 articles. However, no studies met the predefined inclusion criteria. Most studies were excluded because they did not investigate either the target population (severely injured) or the intervention in question (presence of a general practitioner).

Conclusion It remains uncertain how the presence of a general practitioner at the injury scene might affect the selected outcomes.

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GLOBAL RESUSCITATION ALLIANCE UTSTEIN RECOMMENDATIONS FOR DEVELOPING EMERGENCY MEDICAL SERVICES SYSTEMS TO IMPROVE CARDIAC ARREST SURVIVAL

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Aim The Global Resuscitation Alliance (GRA) 10 steps were established in 2015 to improve survival for Out-of-Hospital Cardiac Arrest (OHCA). However, these 10 steps were recommended mainly for developed Emergency Medical Services (EMS) systems and implementing these steps can be challenging for developing EMS systems. We aimed to explore barriers faced by developing EMS systems and to establish pre-requisites needed to improve survival. We also developed a framework for developing EMS systems to build their emergency response capability.

Method A consensus meeting was called in Singapore on 1 st and 2nd August 2017. There were 74 participants who were key stakeholders from 26 countries including EMS directors, physicians and academics. The group was subdivided into 4 groups to represent the chain of survival- community, dispatch, ambulance and hospital, with a separate group on perinatal resuscitation. Pertinent questions were given to the group for discussion, following which their answers were presented and voted upon to reach a consensus.

Results Each group's discussion points were used to construct the modified survival framework and create 11 key statements to describe the pre-requisites for achieving the GRA 10 steps. The participants then voted on the importance and feasibility of these 11 statements as well as the GRA 10 steps.

Conclusion In this paper, we propose a modified framework of survival for developing EMS systems. There are barriers for developing EMS systems to improve OHCA survival rates. These barriers may be overcome by systematic prioritisation and cost effective innovative solutions.

Conflict of interest None

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