
Best Practices in Emergency Services

EMS, FIRE RESCUE, DISASTER MANAGEMENT INFORMATION SINCE 1998
<http://www.emergencybestpractices.com>

On EMS Research

July 2003

By Mike Taigman

Should dispatchers take the time to tutor callers through opening the airway, giving mouth-to-mouth and checking a pulse on cardiac arrests? Maybe we should just have them start compressions. New information from our wizards of resuscitation research suggests that we might fire up a few more slothful hearts by not doing rescue breathing in the first few minutes after the heart quits pumping.

I recently discussed these new findings with Joseph Ornato, MD, medical director of the Richmond Ambulance Authority and chair of the American Heart Association's ACLS Committee. Dr. Ornato has a magical ability to describe the complex physiology behind the new discoveries in ways that even I can understand.

As we were talking about these standard-shifting findings, he said, "When we looked at the pre-arrival instructions given to callers in our dispatch center, less than 20 percent of them got to compressions before our paramedics arrived. If that holds true in other EMS systems, it may be time to change our whole approach."

A group of high performance EMS systems from the US and Canada have decided to answer the question, "What percentage of cardiac arrest cases in which bystanders receive pre-arrival instructions start chest compressions before paramedics arrive?" Getting a good answer to this question requires a carefully designed research project. Research is a methodological investigation into a subject in order to discover facts, establish or revise a theory, and/or change actions based on the facts discovered.

There are many things that add vigor to the answers produced by research studies. If the findings are replicable in more than one system, for example, it's more likely that the answer is true. In order to see if the low percentage of bystanders who start compressions before paramedic arrival is true across several EMS systems, researchers must use the same pre-arrival instructions, collect the same data, use the same data definitions, and then compare what they find. Good quality clinical research is vital to our ability to take good care of sick and hurt people.

There is a chance that some of you are thinking back to my column [May 2003] in which I wrote about the problems with comparative benchmarking. It's important that EMS leaders make a clear distinction between research and benchmarking. The purpose of benchmarking is to generate improvements in systems or processes. The purpose of research is to answer questions. Certainly they are related processes; however, keeping the difference in mind will prevent lots of expensive, useless projects and aggravation.

Mike can be found at www.emsleader.com.

Copyright © 2008 EMS Best Practices, Inc. All rights reserved.