

Oral presentation

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## Presence of the local general practitioner on-call in medical emergencies – a 10 year analysis of data from the Dombås HEMS base

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### Introduction

The air ambulance system in Norway was established in 1988 and its main purpose was to provide rapid advanced medical care, assist health-care providers in the municipalities in cases of emergency, and provide expedient patient transport to definite care.

During the last decade, local emergency infrastructure has changed, often resulting in centralisation of GP (general practitioner) on-call services.

The aim of the present survey is to describe the involvement of the GP on-call in emergency medical situations attended by the air ambulance in a rural part of Norway.

### Methods

We did a retrospective analysis of prospectively collected data from the air ambulance base at Dombås, Norway from 1999 to 2008. Missions to trackless locations, search-and-rescue missions and inter-hospital transfers were excluded. The remaining missions were analysed for the presence of the GP on-scene, type of emergency and the severity of the present medical condition. The air ambulance response-intervals were assessed.

Finally, we examined whether the presence of the GP has changed during the study period.

### Results

Of 5.356 missions, 2.468 fulfilled the inclusion criteria. The GP was on-scene on 1.318 (53, 4%) occasions. Further, the GP attended in 63% of the cardiac arrest incidents, in 48% of the trauma cases and in 55% of cases involving pediatric patients (<16 yrs). GPs presence increased by increasing NACA-score being most on-scene at value 5. Mean response interval for the air ambulance was 27 minutes (95% CI 26–28).

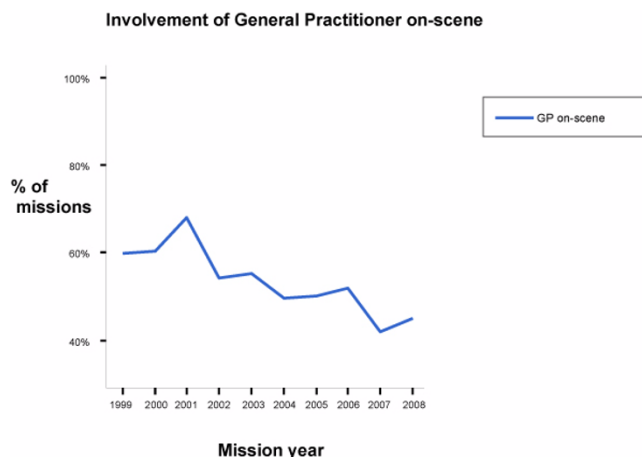


Figure 1

As shown in Figure 1 below the proportion of GP involvement on-scene decreased significantly during the study period (Chi-square test for trend,  $p < 0,001$ ).

### Discussion

The GP on-call attends approx. a half of the emergency missions carried out by our air ambulance service. Decreasing presence by GPs at scene during the last decade is worrisome and contradictory to goals declared by national health authorities. A valuable source for gaining experience in acute care is bypassed and thereby diminishes learning opportunities within the field of emergency medicine in field. The current study was not designed to investigate the reason for this trend and further studies are needed.

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