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Editorial

EuReCa ONE – ONE month – ONE Europe – ONE goal



Cardiovascular disease is the leading cause of death in Europe, and accounts for approximately 40% of all deaths in patients younger than 75 years.¹ The incidence of out-of-hospital cardiac arrest (OHCA) treated by emergency medical service (EMS) systems for all rhythms varies between 38 and 86 per 100,000 inhabitants.^{2,3} It is estimated that there are 350,000 deaths per year in Europe following unsuccessful cardiopulmonary resuscitation (CPR) and this is about 1000 deaths per day. The incidence of OHCA, treated with CPR and not treated at all, may vary between European countries, regions and communities due to different lifestyle, nutrition and prevalence of coronary heart disease, as it does in the United States.⁴ Local policies on whether or not to start a resuscitation attempt also influence this incidence. Moreover, systems of care – and related aspects like bystander CPR, telephone CPR, training of paramedics and physicians, response time intervals, in-hospital treatment, and many other things – have a huge impact on patient outcome.^{5,6}

Little is known about the reality and the reasons for all these differences. It has been suggested that over the last few years' developments in pre-hospital as well as early in-hospital care might have increased the ratio of admission to hospital and patient survival.⁷

In 2007, the European Resuscitation Council (ERC) established a European registry on cardiac arrest, the EuReCa project. The objective is to create an overview of the incidence, the process and the outcome of cardiac arrest and resuscitation in Europe, to improve knowledge and to create a tool for quality management. Initially, the steering committee served as the operational lead in the EuReCa project and coordinated the activities of the consortium members. Ongoing registration throughout the whole year was work-intensive, participation was limited, and the feeling of co-ownership was limited. In 2012 it was decided to modify the structure and strategy so that the participating units (centres, regions, organisations) take the operational lead with logistic support from ERC, and the possibility of snapshot registrations seemed attractive to more participants. Also, it strengthened the important value of co-ownership and enhanced the group dynamics.

As a basis for further improvements, research and survival in Europe, the EuReCa Group together with the ERC launched the EuReCa ONE study.

From October 1 through October 31 2014, 27 national and regional European resuscitation registries – under the umbrella of the ERC – will undertake European-wide and standardised OHCA data collection. Each country will use the same variables to ask the same questions and – most probably – will find different results

and answers for different countries, as a basis to help increase the number of survivors after out-of-hospital cardiac arrest all over Europe.

Documenting differences in populations, incidences, organisation and clinical practice may result in improved care. Reliable and robust data will then be available to support changes in the current approach to cardiac arrest and shared learning will enable the quality of care to be improved. All detailed study information and the study protocol are available on the EuReCa ONE and on the ERC webpages: www.eureca-one.eu and www.erc.edu

In the participating 27 European nations, 27 experts will act as National Coordinators. They will collect data using existing registries, will encourage and support EMS systems and agencies without access to established registries to take part, and they will exchange and discuss the results within their countries, and within the ERC network and the EuReCa Group. A Study Management Team, supported by a Steering Committee with longstanding expertise in resuscitation research will support this unprecedented European project.

The EuReCa ONE National Coordinators (in alphabetical order by country) are:

Austria: Michael Baubin/Belgium: Pierre Mols/Croatia: Irzal Hadžidbegović/Cyprus: Marios Ioannides/Czech Republic: Roman Škulec/Denmark: Mads Wissenberg/Finland: Ari Salo/France: Hubert Hervé/Germany: Jan Wnent/Greece: Nikolaos Nikolaou/Hungary: Gerda Lóczi/Iceland: Hildgunnur Svavarsdóttir/Italy: Federico Semeraro/Ireland: Peter Wright/Luxembourg: Carlo Clarens/Netherlands: Ruud Pijls/Norway: Ingvild B. M. Tjelmeland/Poland: Grzegorz Cebula Portugal: Vitor Hugo/Romania: Diana Cimpoiesu/Serbia: Violetta Raffay/Slovenia: Stefan Trenkler/Slovakia: Andrej Markota/Spain: Fernando Rosell Ortiz/Sweden: Anneli Strømsøe/Switzerland: Roman Burkart/United Kingdom: Gavin Perkins.

All registries throughout Europe that are able to provide at least the core data are eligible to participate in this study. We encourage all European countries, regions or systems that have not yet joined to sign up and join the EuReCa study group. We also invite regional EMS centres that are not part of their national registry but interested in taking part in EuReCa studies to contact their National Coordinator or the Steering Committee for further information.

This work is in line with the Written Declaration (0011/2012) of the European Parliament that "... Calls on the Commission and the Council to encourage adjusting EU legislation facilitating CPR and defibrillation by non-medical persons, and systematic

data collection for feedback and quality management in every programme. . .".⁸

The benefit for the patient is that countries get to benchmark their results and compare with best practice in order to improve OHCA patient outcomes all over Europe.

This is the first time that a prospective multicentre, one-month survey of epidemiology, treatment and outcomes for patients suffering from out-of-hospital cardiac arrest in Europe will be carried out. Thanks to the billions invested in roads and vehicle safety, today traffic collisions cause far fewer deaths than OHCA in Europe. Now we must make similar investments to prevent deaths related to cardiac arrest. European-wide cardiac arrest registries and legislation that not only requires the registration of each death by traffic accident, but also compulsory registration of OHCA, are needed; EuReCa ONE is one step to reach this goal.

The EuReCa ONE Steering Committee and the Study Management Team are happy that it was possible to build up this unique network with the important goal of getting more information to preserve human life by making high quality resuscitation available to all.

Conflict of interest statement

None declared.

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