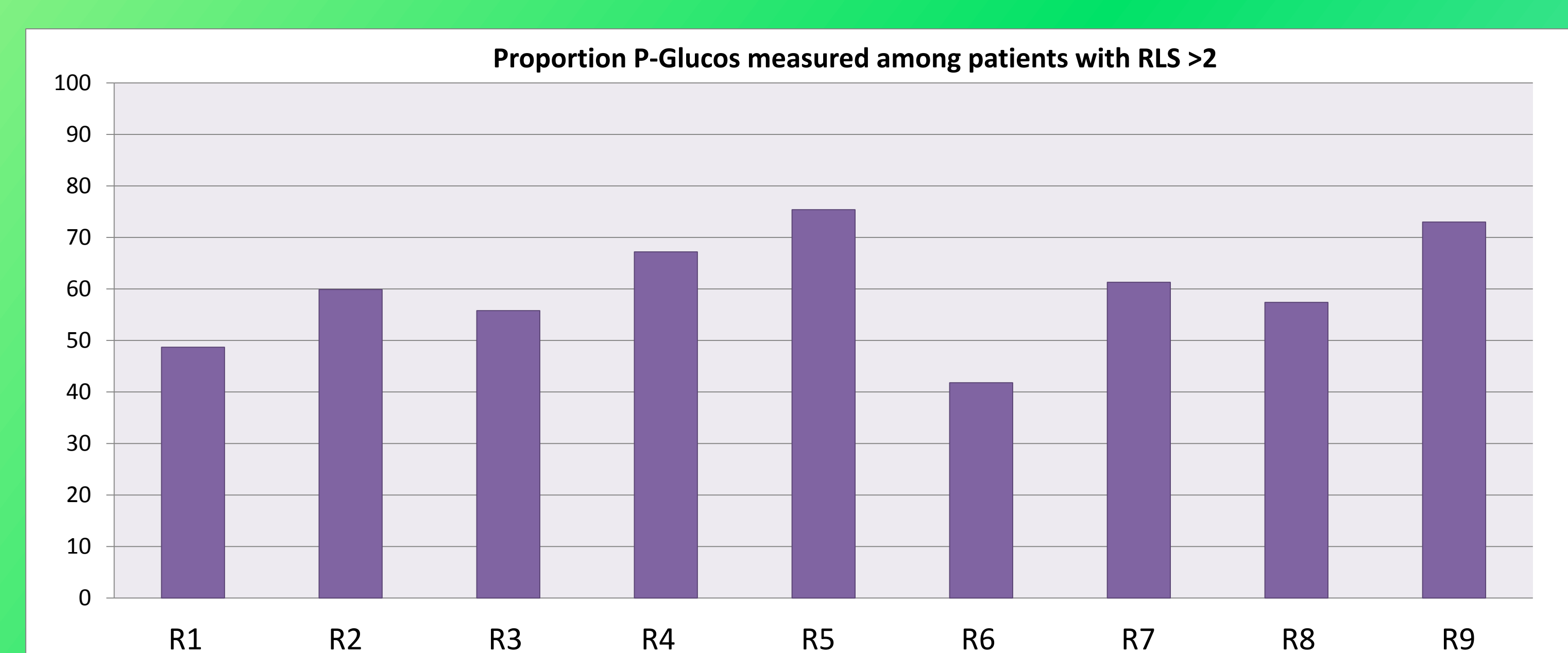
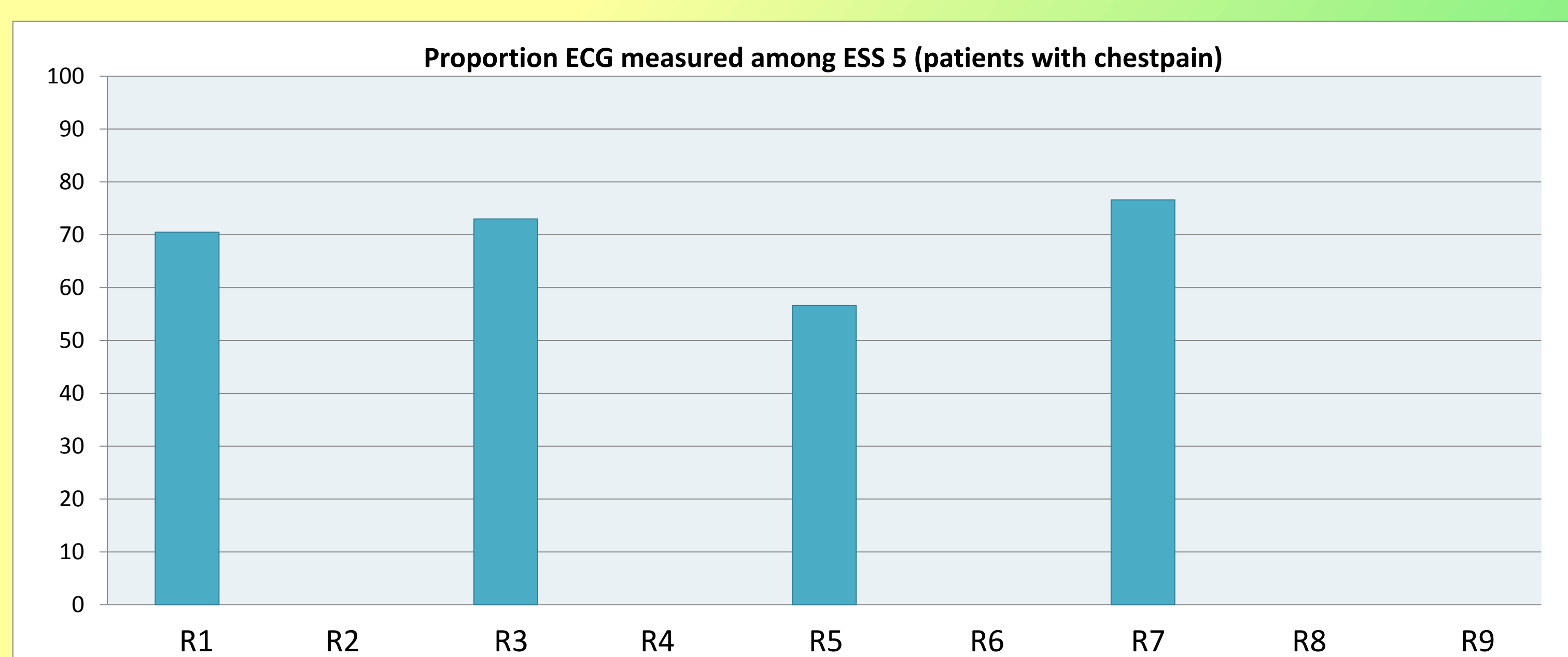
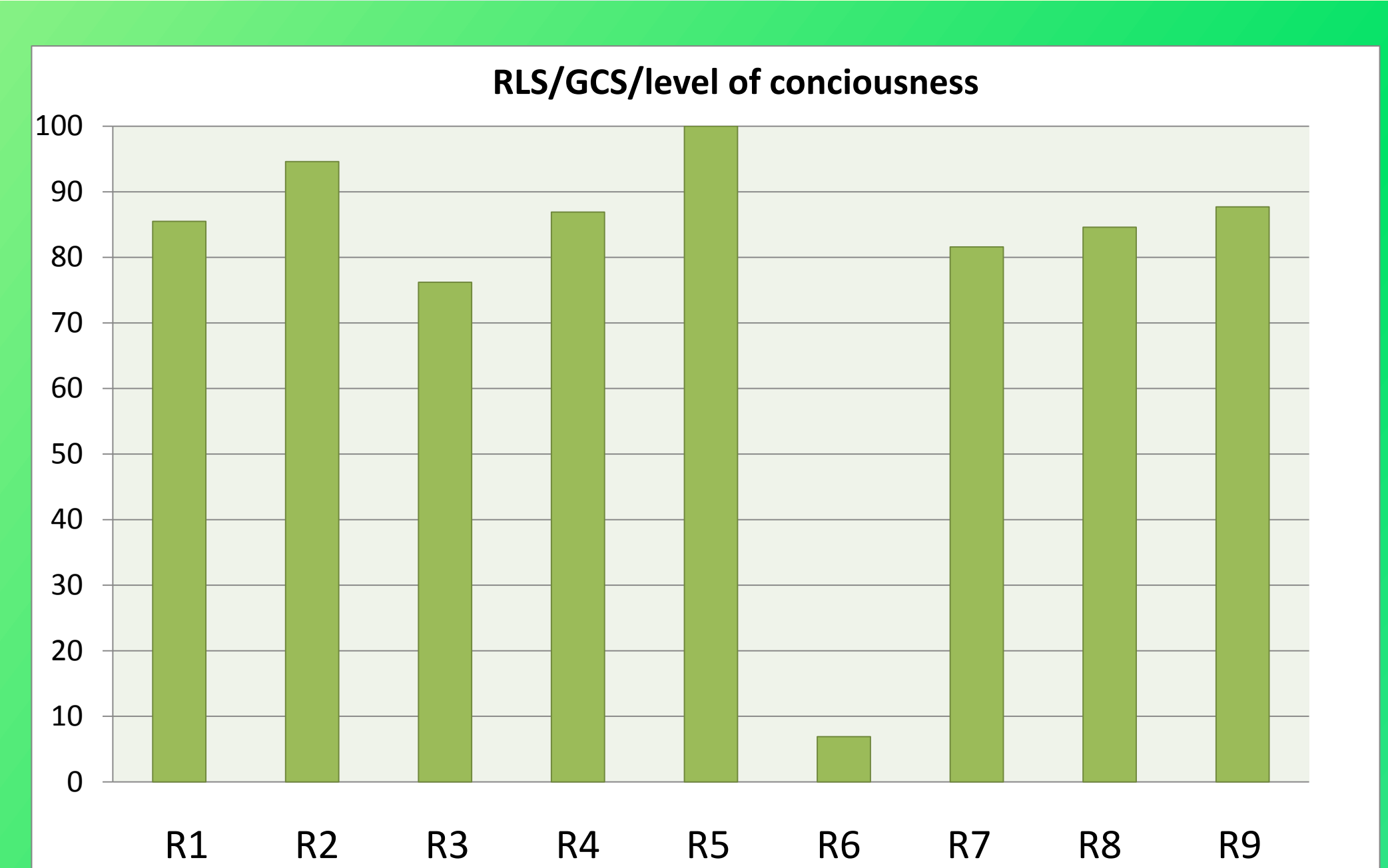
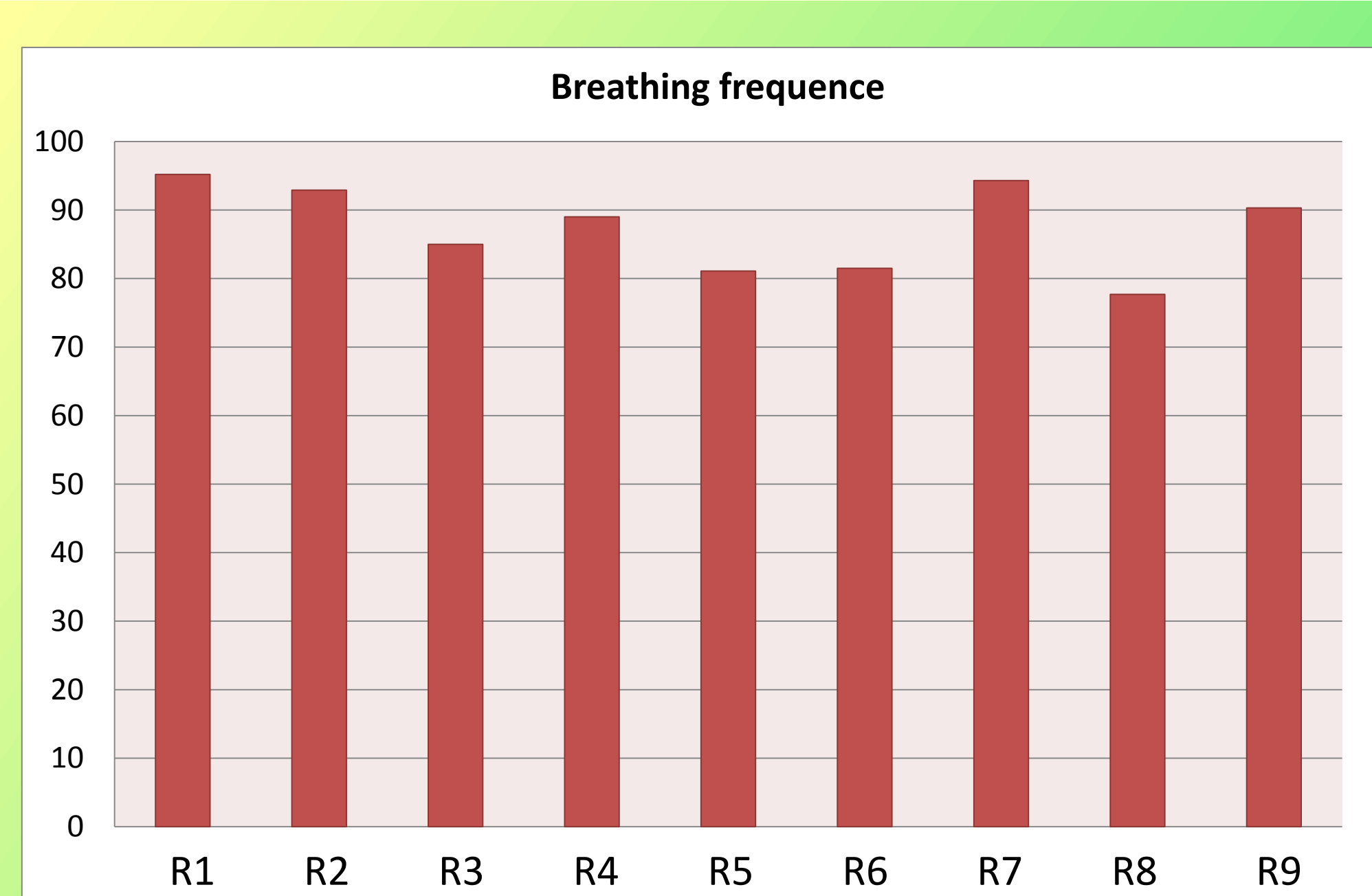
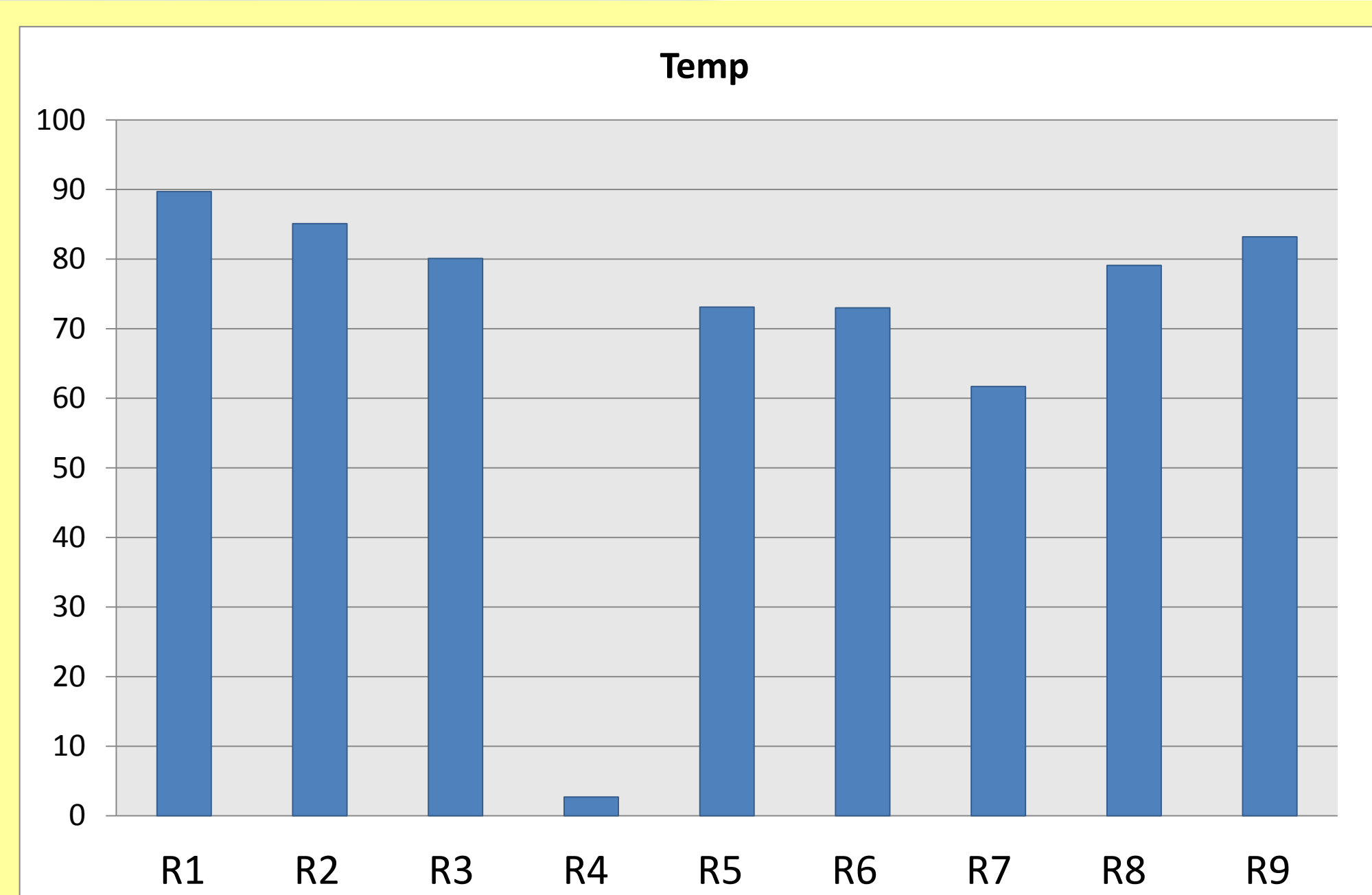


Introduction: Sweden consists of 21 regions, all having their own EMS system and during 2015 they all responded to one million missions to a cost of four billion Skr. However, there is a lack of national control regarding uniformity and quality within the EMS sector.

Aim: To create a national EMS registry with comparable quality indicators.

Method: A first data collection was carried out in nine regions (2015). We included “Primary missions” defined as: Patients (>18 years old) dispatched as priority 1-3 and thereafter assessed by the EMS nurse. Secondary transfers between hospitals were excluded.

Result: Nine regions participated in the analysis and among 375000 missions, 274000 (73%) fulfilled inclusion criteria and were not excluded. Fifteen quality indicators were selected, below we report five. The bars in the charts show the proportion of completed quality indicators according to RETTS triage (e.g. temp, breathing frequency and RLS/GCS) among the nine regions.



Conclusion: The primary EMS missions/100000 person-years in Sweden is estimated to be about 80-100. Our first and preliminary analyses indicate a huge variability between different regions in Sweden in terms of reporting of various quality indicators that reflect the quality of ambulance care. The mechanisms behind these findings need to be further explored.