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ANALYSIS OF PUBLISHING TRENDS WITHIN THE NHS AMBULANCE SERVICES IN THE UNITED KINGDOM USING THE AMBER REPOSITORY

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10.1136/emered-2023-999.59

Background The amber repository is a database archive of primary research published by ambulance staff in the British Isles. The archive holds over 1,400 records and is organised by Communities covering the regional ambulance trusts in England as well as Northern Ireland, Scotland, and Wales. We analysed the research output over a 5-year period (2017 to 2021) to look for trends and impact using a variety of metrics.

Methods We extracted 556 records published between 2017 and 2021. The records were collated into Microsoft Excel and the data were normalised to include publication date, subject categories, author affiliations, and the journal of publication. An analysis was conducted looking at trends including subject coverage, journal impact factors, and alternative metrics such as article level citations.

Results Articles have been published across a diverse range of journals, including high-impact medical journals to journals indexed in the nursing and allied health literature. Some journals were not assigned Impact Factors because of not being covered by the Journal Citation Reports. Articles were also analysed using alternative metrics such as citation counts and Altmetrics where available. Analysis was possible at community level allowing the comparison of trends between ambulance trusts and national collections.

The top two publications by number of articles were *Journal of Paramedic Practice* (117), and *British Paramedic Journal* (79). The *Emergency medicine Journal* (66) publishes a high number of conference abstracts, and other top titles included *Resuscitation* (47) and *BMJ Open* (38).

There were 289 records published in journals with Impact Factors. Of these, 109 records were published in the Top quartile rankings of the Journal Citation Reports (2021). The journal with the highest Impact factor was the *The Lancet* (JIF=202.731)

The total number of citations recorded on Google Scholar for the whole cohort of 556 records was 5,891 citations. The record with the number highest number of citations had 571.

The top cited article was published by Perkins *et al.* *A Randomized Trial of Epinephrine in Out-of-Hospital Cardiac Arrest, New England Journal of Medicine* (2018) Vol 379(8) pp. 711-721. The median number of citations was 2, and the number of uncited records was 172.

We also looked at Altmetric scores to triangulate the citation data. Altmetrics used were an overall Altmetric score (range 2,784 – 0, median 3), number of Tweets (range 4,480 to 0, median 4), number of Mendeley Readers (range 1,114 - 0, median 1), and Dimensions Citation scores (range 448 -0, median 1).

The top article as measured by Altmetrics was the RCT on Epinephrine published in the *New England Journal of Medicine*.

Conclusion As the amber repository grows over time, the data will provide an overview of the research outputs of paramedics and emergency health workers. We will be able to track trends over time to show how collaboration and academic study is disseminated to the wider community working in the field. Amber will highlight the research and make it more accessible to anyone studying the subject providing a rich source of data for future researchers.

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WOULD OPPORTUNISTIC IDENTIFICATION OF NEW ATRIAL FIBRILLATION BY AMBULANCE CLINICIANS AMONGST NON-CONVEYED PATIENTS BE ACCEPTABLE? A QUALITATIVE EXPLORATION OF PROFESSIONAL AND PUBLIC VIEWS

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10.1136/emered-2023-999.60

Background Atrial fibrillation (AF) is a common arrhythmia and a significant risk factor for stroke. Oral anticoagulants (OACs) substantially reduce the risk of stroke in people with AF. Many people have undiagnosed and untreated AF and remain at elevated risk of stroke. Sometimes AF is incidentally detected during routine assessment and non-conveyed patients may be referred for further investigation. Formalising this response to opportunistic identification of AF should lead to more timely prescription of OACs and a reduction in avoidable strokes. This study explored the acceptability and feasibility of opportunistic health screening for incidental AF in non-conveyed patients by ambulance clinicians.

Methods Online one-to-one interviews with healthcare and service providers, and focus groups involving members of the public. Purposive sampling aimed to maximise the diversity of perspective and experience. Data were audio-recorded, transcribed anonymously, and analysed thematically.

Results We conducted 11 interviews with paramedics and other healthcare and service providers and four focus groups involving 18 members of the public. All participant groups were in favour of formalising a pathway for actioning the opportunistic detection of new AF, but each had concerns and caveats. Members of the public were concerned about how the diagnosis would be communicated. Concerns for paramedics focussed on safety-netting non-conveyed patients and ensuring that AF was followed up. Field experts favoured identifying failures in current processes to determine what intervention or change is required. All participant groups expressed concern that any change in practice mustn't create delays in the emergency response system since AF is usually non-urgent.

Conclusion Opportunistic identification of AF by ambulance clinicians was supported by participants but concerns were expressed around communicating the identification of AF to patients, the need for evidence on the effectiveness of current referral pathways and how this public health screening fitted with the role of the ambulance service.