

**ESC-ERC Recommendations for the Use of
Automated External Defibrillators (AEDs)
in Europe**

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Supplement 3

Automated External Defibrillators programmes in Europe: SWOT analysis

The participants of the Policy Conference on ESC-ERC Recommendations for the Use of Automated External Defibrillators have systematically evaluated the current situation on the use of AEDs in Europe by applying the so called “SWOT Analysis”. This approach is based on the identification of the Strengths, the Weaknesses, the Opportunities and the Threats of a given issue. This exercise has provided the foundation for recommendations on early defibrillation programmes in Europe.

The results of the SWOT analysis are reported in **Table I** and are commented on below. The time is ripe for looking ahead in the area of AED programmes. Among **strengths**, the robust scientific data have demonstrated that there is need for community-based strategies for AEDs and the technology has made available products that can face the challenge. Interdisciplinary collaborations among the different professionals are being established and public awareness is rising in response to education on the issues of sudden cardiac death that is being disseminated by scientific societies in Europe. Few **weaknesses** are still present and should be targeted by specific actions. While there is a flourishing of AED programmes they are still often conducted by placing more emphasis on the assessment of the number of lives saved than on the development of methodological tools to allow comparisons of the different studies. Specifically there is an urgent need for the development of uniform schemes for data collection, event reporting and cost assessment. The lack of uniform European legislation and the difficulty in reducing the time between “loss of consciousness” to the call of Emergency Medical Service (EMS) as well as the still sub-optimal EMS response time are listed among perceived weaknesses of most programmes. Some of the **threats** are easier to spot than to overcome: the fund raising issue remains undefined as until now it has relied too much on private initiatives rather than on governmental plans. Not all the stake holders have yet been systematically involved in planning and supporting AED programmes and finally the competition of other health priorities may limit the success of widespread availability of early defibrillation. Luckily however the **opportunities** are numerous and should provide the foundation for setting more and better planned programmes. There is the clear perception of enthusiasm among healthcare providers, health authorities and citizens to make early defibrillation a successful addition to EMS. Fire-fighters and policemen that are being approached are usually willing to learn Basic Life Support (BLS) and defibrillation and to accept the responsibility of serving on AED programmes. Governmental support is progressively increasing and there are now more opportunity and less reluctance among politicians to discuss sudden cardiac death and its prevention.

Overall the SWOT analysis has conferred to the Panel a very encouraging message that calls for the identification of a basic set of general criteria that should be followed in order to initiate an early defibrillation program.

Table I. SWOT Analysis

<p><u>S</u>trengths</p> <ul style="list-style-type: none"> ➤ Robust scientific background ➤ Adequate technology ➤ Established collaboration between different professionals ➤ Public awareness in response to educational activities 	<p><u>W</u>eakness</p> <ul style="list-style-type: none"> ➤ Lack of uniform data collection ➤ Cost-effectiveness poorly defined ➤ Non homogeneous legislation ➤ Still sub-optimal EMS response times
<p><u>O</u>pportunities</p> <ul style="list-style-type: none"> ➤ Enthusiasm among healthcare providers ➤ Usual willingness to collaborations by non-conventional responders ➤ Increasing awareness of politicians towards SCD prevention 	<p><u>T</u>hreats</p> <ul style="list-style-type: none"> ➤ Heterogeneous fund raising undefined ➤ Not all stakeholders systematically involved in planning and supporting AED programmes ➤ Competition with other health priorities