Multicenter Drowning registry on epidemiological, prevention, rescue and life-support data

Dr (PhD) Ana Catarina Queiroga[1,4], Dr (MD) Justin Sempsrott[1,3], Dr David Szpilman[1,2], Dr (MD, PhD) Joost Bierens[1,5], Dr (PhD) Mike Tipton[1,6], Mr Jonathon Webber[1,7], Dr (PhD) Roberto Barcala-Furelos[1,8,9]

[1]DRA - International Drowning Research Alliance, Portugal, [2]SOBRASA - Brazilian Lifesaving Society, Brazil, [3]Lifeguards Without Borders, USA, [4]Lusófona University of Porto, Portugal, [5]Maatschappij tot Redding van Drenkelingen, , Netherlands, [6] Extreme Environments Laboratory, Department of Sport & Exercise Science, University of Portsmouth, UK, [7]Department of Anaesthesiology, University of Auckland, New Zealand, [8]Faculty of Education and Sport Sciences, University of Vigo, Spain, [9]Nursery Scholl, University of Santiago de Compostela, Spain

Data 2, Ballroom 2, November 4, 2015, 3:30 PM - 5:30 PM

International data severely underestimates the actual drowning figures. Even for high-income countries, epidemiologic data accounts for only 6% of the problem because death and statistics exclude many nonfatal drowning patients and drowning deaths due to disasters; and many death certificates register the consequence of drowning as the cause of death. Prevention, rescue and life-support activities services are typically provided by distinct agencies, which report their own data with no follow-up or data crosschecking among agencies. Also, definitions and terminology used by most institutions are still not the same and comparison leads to many biases and to an unproductive attempt to compare data. The first steps in addressing the underreporting of drowning have recently been taken; however, better and standardized data collection is needed.

An innovative concept on drowning arena has been taking shape since 2011 – the "Web-based multicenter agency Bulletin report on drowning" Project. Initiated then and presented at the 2013 ILS Medical Commission Meeting (Potsdam), aims to centralize, in an online platform, updated information from different agencies involved in all areas of drowning data collection, providing the possibility to compare data among agencies from across the globe.

Methods
A literature search for report systems used worldwide in similar fields and on drowning was conducted. Then a live and electronic debate was promoted among IDRA network to create a draft of the strategic development plan.

Results
There are many systems in medicine including pre-hospital or hospital attendance but few include both. We found a good reporting system for trauma used as good practice for this project. We've identified the relevant questions to be answered in order to create the proposed overarching reporting system for drowning.

What purposes should the project serve, in order of importance?// Who are the primary target audiences?// What are the strengths and gaps of presented systems?// Why do we need a registry drowning system?// What are the strengths and gaps of these systems?// Balance between dataset "essential to know" vs. "good to know".

A second round of debate is aiming to determine:
- Definitions and terminology of all relevant data to collect; In which and how many topics data will be collected (epidemiological, prevention, rescue, life-support)?
- Who and how data will be collected?
- How to interconnect different timeline data on attendance in the same patient among different services?
- Different restriction levels of accessing the data on-line?
- How and which data will be of free access for the public and media?

A third round is being conducted involving an extended group of drowning experts, from practitioners to academics, (Delphi process) in order to set a core group of leaders, as well as to gather key areas of consensus around project's strategic goals, operational plan, feasibility, performance indicators, and sustainability.

A fourth round will be to build a beta-version of the web-based drowning report and validate it by applying it to 3 different drowning services systems, preferentially in different countries.

A fifth round will be reevaluation of what's being collected to improve the relevance of information provided to all interested.

Conclusion
During the WCDP2015, results of the first 3 rounds will be presented and a beta-version of the web-based platform discussed. We're aiming to bring together a broader group of experts and stakeholders to discuss and establish the need and the format of such an online tool, available for use by all lifeguarding and medical emergency agencies towards mitigation of the burden of drowning by a uniform registry of drowning patients from across the globe.