

## Correction

### Involvement in emergency situations by primary care doctors on-call in Norway – a prospective population-based observational study (Study III)

The regression analyses presented in table 5 and 6 in Study III are not correct. The dependent variables were coded opposite of what intended. Below we present correct tables 5 and 6. When comparing the original printed tables with the new ones, the reader will see that almost all odds ratios are inverted. For the interpretation of the results this means that some statements in the original paper should be changed to:

1. There is a negative statistically significant association between alerts in not life-threatening situations and alerts to primary care doctors in remote municipalities.
2. High severity score on NACA were associated with a higher possibility of call-out as response among the primary care doctors. There was a statistically significant negative association between call-out and remote municipalities.
3. Air ambulance mission was associated with a statistically significant increase in odds ratio for primary care doctors being on call-out to the same patients.
4. Increasing population in the primary care district is associated with less call-out as the response among the primary care doctors in all three areas

Table 5. Odds ratio (95 % CI) for primary care doctors being alerted

	Doctors alerted †
Dispatch centrals and area	
Haugesund	1
Stavanger	1.10 (0.81-1.51)
Innlandet	0.12 (0.10-0.14)
Not life-threatening condition (NACA) ⌘	0.78 (0.66-0.92)
Remote municipalities ⌘	0.39 (0.30-0.50)
No use of radio among doctors on-call ⌘	0.76 (0.61-0.94)
Population in the primary care districts	0.77 (0.72-0.82)

† Selected cases; Doctors as caller to the EMCCs are excluded

⌘ Dichotomised variables, reference value = 1

Table 6. Odds ratios for (95 % CI) type of response when primary care doctors were alerted for total area and in the three EMCC districts

<b>Doctors responses*</b>	<b>Call-out</b>	<b>Await</b>	<b>Confer</b>
Total area			
Not life-threatening condition (NACA) †	0.51 (0.41-0.63)	1.78 (1.41-2.25)	1.02 (0.76-1.39)
Air ambulances on call-out †	1.53 (1.12-2.10)	0.78 (0.54-1.12)	4.02 (1.93-8.41)
Population in the primary care districts	0.74 (0.68-0.80)	1.34 (1.23-1.45)	1.01 (0.90-1.13)
Remote municipalities †	0.47 (0.36-0.62)	0.97 (0.73-1.29)	0.36 (0.24-0.53)
Area of Innlandet			
Not life-threatening condition (NACA) †	0.39 (0.25-0.61)	2.23 (1.25-3.97)	1.03 (0.60-1.78)
Air ambulances on call-out †	2.16 (1.10-4.24)	0.73 (0.29-1.85)	0.10 (0.01-0.71)
Population in the primary care districts	0.82 (0.69-0.97)	0.98 (0.80-1.19)	1.21 (1.00-1.47)
Remote municipalities †	1.51 (0.78-2.93)	0.43 (0.22-0.83)	1.24 (0.62-2.48)
Area of Stavanger			
Not life-threatening condition (NACA) †	0.58 (0.42-0.80)	1.60 (1.15-2.20)	1.17 (0.59-2.33)
Air ambulances on call-out †	1.05 (0.68-1.62)	0.85 (0.54-1.34)	0.40 (0.12-1.36)
Population in the primary care districts	0.62 (0.55-0.70)	1.71 (1.45-2.01)	0.94 (0.75-1.18)
Remote municipalities †	0.32 (0.16-0.62)	1.98 (0.80-4.88)	2.72 (0.92-8.03)
Area of Haugesund			
Not life-threatening condition (NACA) †	0.46 (0.32-0.71)	1.74 (1.11-2.73)	1.02 (0.63-1.64)
Air ambulances on call-out †	2.26 (1.01-4.81)	0.58 (0.23-1.48)	0.48 (0.16-1.46)
Population in the primary care districts	0.76 (0.64-0.92)	1.06 (0.88-1.29)	1.32 (1.07-1.64)
Remote municipalities †	0.96 (0.52-1.79)	1.89 (0.91-3.90)	0.41 (0.22-0.76)

\* Selected cases; doctors not alerted in the primary care system are excluded

† Dichotomised variables, reference value = 1