

Andalusia's 061 ambulance services: 30 years' commitment to bringing caring, quality service to citizens

Emergencias Sanitarias 061 Andalucía: 30 años apostando por la calidad en la atención a los ciudadanos

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Introduction

Since its foundation 30 years ago, the Andalusian Emergency Medical Center 061 (CES-061 Andalucía)—formerly known as the Public Company of Emergency Health Services (EPES-061)—has become an essential institution within Andalusia's emergency health care system. Throughout these three decades, CES-061 has managed more than 66 million calls, and its teams have cared for nearly 2 million patients, focusing on critical situations requiring immediate and highly complex care. This article aims to examine the evolution, challenges, and achievements of CES-061 Andalucía, highlighting its leading role in the development of emergency and urgent care services in the region and its impact on public health in Andalusia.

The history of CES-061 is defined by an unwavering commitment to quality care, innovation, and continuous improvement. From its inception, it faced the challenge of integrating fragmented emergency services into a cohesive and efficient network, successfully establishing a model of care that not only addressed the immediate needs of the Andalusian population but also laid the groundwork for future advancements and adaptations.

The importance of CES-061 has grown over time, adapting to changing public health dynamics and emerging challenges, including the recent COVID-19 pandemic. Its ability to integrate advanced technologies—such as the mobile electronic health record (MEHR), networked emergency coordination centers (EMC), portable analyzers, and portable ultrasound devices—along with mandatory, high-quality continuous training and the implementation of innovative practices, has been fundamental in improving response times and quality of care in critical situations. Furthermore, CES-061 has played a key role in professional training and research in the field of emergency medicine, contributing significantly to the development of health

policies and practices both nationally and internationally.

This detailed analysis of CES-061 not only presents its achievements and impact on Andalusian public health but also explores its evolution as a benchmark in the field of emergency health care.

To address the trajectory of CES-061 Andalucía, this article is divided into three main sections. The first provides a historical overview—from the creation of EPES-061 during the health care reform of Andalusia in the 1990s to its transformation into CES-061 and its role during the COVID-19 pandemic.

The second section examines the relevance of CES-061 within the Andalusian Public Health System (SSPA).

Finally, the article reflects on the future challenges of CES-061 Andalucía, based on demographic and epidemiological trends in the region, and its potential to continue actively strengthening the Andalusian public health system.

History and evolution: origins and development over three decades

The history of EPES/CES-061 spans three decades, marked by significant milestones that reflect its evolution and adaptation to emerging needs in the field of emergency health care.^{1,2}

a. Origins and first decade (1994–2003)

The first decade of EPES/CES-061 was a crucial period of establishment and expansion. From the outset, it was characterized by innovation and adaptability, with clear objectives to extend emergency services throughout Andalusia, promote an integrated emergency care system across the region, and increase public awareness of the 061 emergency number (Figure 1).

The origins date back to April 15th, 1992, just five days before the opening of Expo'92,

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when, under the coordination of the Andalusian Health Service (SAS), the 061 emergency service was created in Seville. In 1994, it was restructured as a public company directly under the Regional Ministry of Health, thereby separating 061 from the SAS.

At that time, Spain had only one similar public service, in Navarre. The objective was to treat the patient at the accident site with the same resources available in a hospital intensive care unit (ICU) and, once stabilized, transfer them. This philosophy contrasted with the existing approach, where rapid evacuation was the primary goal.

On March 24th, 1994, through Law 2/1994,³ the service was officially transformed into the Public Company of Emergency Health Services (EPES), beginning operations with a team of 228 employees. Initially, EPES managed emergency medical services in the provinces of Seville, Córdoba, Huelva, and Málaga. By December of the same year, Granada was added. In 1995, the service expanded to Almería, and aerial emergency units were established. By 1996, the system covered Cádiz and Jaén, bringing 061 emergency medical services to all Andalusian provinces, with a total of 461 professionals (Figure 2).

During these early years, the main goal was to promote public recognition and use of the 061 number. To achieve this, an extensive public awareness campaign was launched through radio, newspapers, and television, accompanied by educational and promotional materials.^{4,5} In this first stage, more than 80% of the Andalusian population was aware of the 061 service (Figure 3).

In 1997, the EPES Advisory Committee was established as an instrument for the active participation of all stakeholders in the organization. It included consumer associations, trade unions, the Confederation of Employers, the Federation of Municipalities and Provinces, and the Andalusian Health Service. That same year, EPES obtained ISO 9001 certification, becoming the first Spanish health care institution and the first European organization in emergency medicine to achieve this recognition.

In 1998, EPES launched the Open House Program, which fostered meetings between professionals and various community groups—citizens, educators, associations, and health science students. These sessions included diverse activities such as discussions, simulations, visits to coordination centers, and targeted health education programs (e.g., road safety, “Safety in Motion”).



Figure 1. Early emergency medical service 061 units.



Figure 2. Provincial 061 health care team, Granada (1995).

In 1999, the Corazón Program was launched,⁶ aiming to improve care for cardiovascular patients through the creation of a registry of medical history and treatments, easily accessible from coordination centers (Figure 4).

Also in 1999, initially in Málaga and Seville, the Advanced Coordination Teams (ACT) of 061 began operations. These are mobile units that support the coordination of emergency medical services, consisting of an emergency medical technician (EMT) and one nurse, with their own service portfolio supported by clinical protocols. They resolve urgent and emergency situations collaboratively,

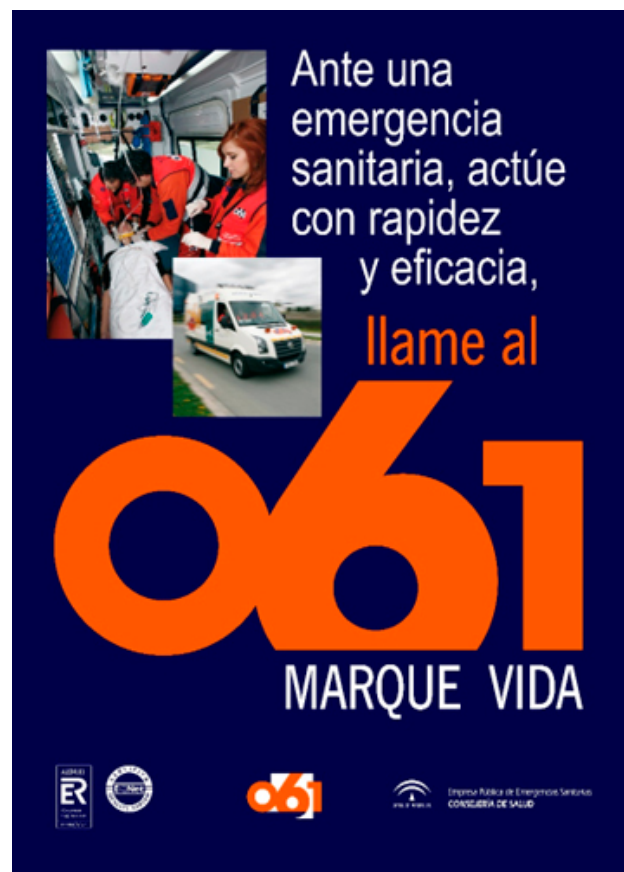


Figure 3. “Save Lives” campaign poster.

Programa Corazón

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902 20 20 61

www.epes.es

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JUNTA DE ANDALUCÍA
CONSEJERÍA DE SALUD

061

- Dirigido a pacientes con infarto agudo de miocardio o angina de pecho en Andalucía.
- Es un programa gratuito y voluntario.
- Ante la aparición de dolor en el pecho llame al 061

Figure 4. Corazón Program.

maintaining constant communication with the coordination center physician, while also acting autonomously to meet the patient's needs. These teams, a key component of the emergency medical response system, operate in coordination with other units, such as Ground Emergency Teams (GET) and Air Emergency Teams (AET), and were later expanded to all other provinces.

In 2000, a traffic accident prevention campaign was launched in cinemas and on television.

In 2001, the EPES website was redesigned to make it a more interactive communication tool, and a Charter of Rights and Duties was created. That same year, the Out-of-Hospital Fibrinolysis Evaluation Project (PEFEX) was launched, and the Integrated Quality, Environmental, and Occupational Risk Prevention System was established. The Regional Ministry of Health introduced a single telephone line (902 505 061) for medical emergencies in Andalusia, operated through the EPES coordination centers. EPES received the National Award for Health Informatics, granted by the Spanish Society of Health Informatics (SEIS), recognizing it as a leading institution in the implementation and use of information and communication technologies in health care.

In 2002, the Natural Disaster Support Unit was created to provide EPES professionals with the necessary tools to carry out humanitarian relief efforts effectively. The organization also began evaluating the implementation of the Charter of Rights and Duties and conducted the first satisfaction surveys among public health professionals. That same year, the Regional Ministry of Health established the IAVANTE Foundation, born from the merger of the EPES Training Center and the EPES Foundation. Together, EPES and IAVANTE began construction of the CMAT (Advanced Multifunctional Center for Simulation and Technological Innovation)—the first international facility to combine all existing methodologies for emergency health care training. The CMAT was designed as an intelligent building, powered by clean energy (Figure 5).

In 2003, EPES developed the Citizen Information and Service Center (CEIS), Salud Responde,⁷ a joint project with the Andalusian Health Service, conceived as a multi-

channel access point to the Andalusian Public Health System (SSPA) to facilitate citizen interaction. EPES also carried out an internal work climate, satisfaction, and knowledge survey among its employees (Figure 6).

In summary, during its first decade, the Andalusian Emergency Medical Service 061 established itself as a high-quality, efficient emergency service that saved countless lives and improved health care across the region. It laid the foundation for an innovative public health care management model, characterized by care quality (receiving the Arthur Andersen Award for Innovation in Management as early as 1995), gradual service expansion across Andalusia, and a consistent focus on improvement and technological innovation. The guiding principles of EPES during this early phase were: placing the citizen at the center of the health care system, ensuring real professional participation, promoting management by objectives, maintaining a coherent incentive policy, and fostering innovation as a standard practice. Through innovative initiatives and a citizen-centered approach, the service succeeded in increasing public awareness of the 061 emergency number and improving emergency medical care throughout the region.

b. The second decade (2004–2013)

The second decade of CES-061 Andalucía was a period of transformation and consolidation, marked by notable progress in the implementation of advanced technologies



Figure 5. CMAT Building (Advanced Multifunctional Center for Simulation and Technological Innovation).



Figure 6. Salud Responde headquarters.



Figure 7. 061 Emergency Coordination Center, Cádiz.

and a strong commitment to research and innovation, both essential for the continuous improvement of emergency medical care. Infrastructure was also strengthened to address growing challenges in emergency response, further reinforcing CES-061's leadership in emergency management.

– Technological and Organizational Innovations: During this decade, EPES experienced significant growth, increasing from managing 400 calls daily and coordinating six mobile intensive care units (MICUs) in the 1990s to handling 11,000 daily calls and deploying over 400 ambulances and 200 advanced life support teams by 2013. This growth was supported by an integrated quality management system and organizational as well as technological innovations, including the network integration of Coordination Centers (EMC) and information system interoperability with 112 Andalucía (Figure 7).

– Aire Program: In 2007, the Aire Program was launched to improve urgent care for patients with severe asthma or anaphylactic shock.⁸

– Mobile Electronic Health Record (MEHR): One of the most important advances of this period was the development of the Mobile Electronic Health Record (MEHR),⁹⁻¹¹ which for the first time in Spain allowed health care professionals to access a patient's health record at the point of care. This strategic communication system for out-of-hospital emergency services was implemented both in 061 units and critical care devices, providing an integrated health information platform, for which it received international recognition.¹²

– Quality and Safety Certifications: The organization achieved certifications such as ISO 14001 and OHSAS 18001:2007 across all provincial services, reflecting its commitment to quality and workplace safety.

– Professional Development and Human Resources: EPES implemented advanced human resources strategies, including competency-based management and the creation of a People Development Division, focusing on continuous training and staff well-being.

– Emergency Medical Technicians (EMTs): In 2007, with the publication of Royal Decree 1397/2007,¹³ the academic recognition of Emergency Medical Technicians (EMT) was

formalized, marking the professional evolution of former ambulance drivers. This regulation officially incorporated EMTs as a recognized professional category within the structure of the former EPES.

– Communication and Citizen Engagement: The organization launched a YouTube channel¹⁴ to educate and engage the public and regularly conducted satisfaction surveys to evaluate and enhance its services.

– Patient Safety: Emphasis was placed on patient safety, monitoring adherence to safe interventions and ensuring adequate pain assessment in critical care processes.

– Incident Management and Continuous Improvement: A structured incident reporting system was developed to foster a culture of safety and continuous learning.

– Infrastructure and Equipment: The organization advanced the implementation of key infrastructure and equipment, including helipads, logistical support vehicles, and fleet management systems (Figure 8).

In conclusion, the second decade of EPES was characterized by sustained growth, technological and procedural innovation, a strong commitment to quality and patient safety, and the continuous development of professionals, consolidating its status as a leader in emergency medical management in Andalusia.

c. The third decade (2014–Present)

The third decade of CES-061 has been defined by continuous adaptation and service improvement to meet the evolving needs of the Andalusian population. In 2014, the Ebola crisis tested the system's responsiveness; EPES played a crucial role in managing the Ebola virus emergency, coordinating epidemiological alerts and out-of-hospital responses to suspected cases, ensuring their safe transfer to designated hospitals in Andalusia.

The COVID-19 pandemic presented an even greater challenge, resulting in a massive increase in emergency calls and service requests (Figure 9). In 2020 alone, EPES received 3.6 million calls and 1.6 million assistance requests, overwhelming available lines. The response required enormous adaptation efforts across all levels,¹⁵ strengthening capabilities, integrating external resources, and prioritizing technological innovation—such as interac-



Figure 8. 061 Helipad in Osuna (Seville).

tive voice response triage systems and AI-based virtual assistants—to help manage the unprecedented strain on Andalusia’s public health system (Figure 10).

In 2022, following the publication of Decree 291/2021 of December 28, the Junta de Andalucía officially dissolved EPES¹⁶ and reorganized it as the Andalusian Emergency Medical Center 061 (CES-061). This structural reform was aimed at consolidating its leadership in prehospital emergency care. In recent years, care coordination between prehospital and hospital services has been strengthened, ensuring continuity of patient care.

Another key development area has been ongoing professional training, with expanded educational offerings and new high-complexity training programs, including advanced life support, severe trauma management (as an accredited NAEMT center—National Association of Emergency Medical Technicians), and practical skills in emergency care (Figure 11).

Similarly, CES-061 has also maintained a strong commitment to technological innovation, developing mobile applications for emergency teams,¹⁷ new telemedicine systems, and even a drone task force for collective emergencies.¹⁸ A clear example is the progressive implementation

of portable analyzers and ultrasound devices^{19,20} in mobile emergency units, which have shown great value as diagnostic support tools in out-of-hospital environments, guiding clinical decisions in time-dependent conditions.

Research activity has also been reinforced, with active participation in national and international studies addressing various aspects of out-of-hospital emergency medicine (Table 1).

CES-061 has also remained firmly committed to incorporating technological innovations to optimize its services—from mobile applications for emergency teams¹⁷ to new telemedicine systems and the creation of a drone working group to apply these tools in mass-casualty emergencies.¹⁸ A clear example is the progressive implementation of portable analyzers and ultrasound devices in mobile emergency units,^{19,20} which are demonstrating high value as diagnostic support tools in out-of-hospital settings, guiding decision-making in time-dependent conditions.

Research activity has also been strengthened, with active participation in national and international studies on various aspects of out-of-hospital emergency medicine (Table 1).

Finally, specific programs have been developed to improve the care provided by 061 for vulnerable population groups, such as Espacio Alzheimer Andalucía,²¹ women who are victims of gender-based violence,^{22,23} vulnerable patients with chronic conditions,²⁴ patients receiving palliative care,²⁵ patients with hearing impairments,²⁶ and patients with mental health problems.²⁷

Impact and synergies of CES-061 on Public Health in Andalusia

The Andalusian Emergency Medical Center 061 plays an important role in the ongoing transformation of the Andalusian Public Health System (SSPA), being responsible for organizing, administering, and managing non-face-to-face access to health care services—both through the Emergen-

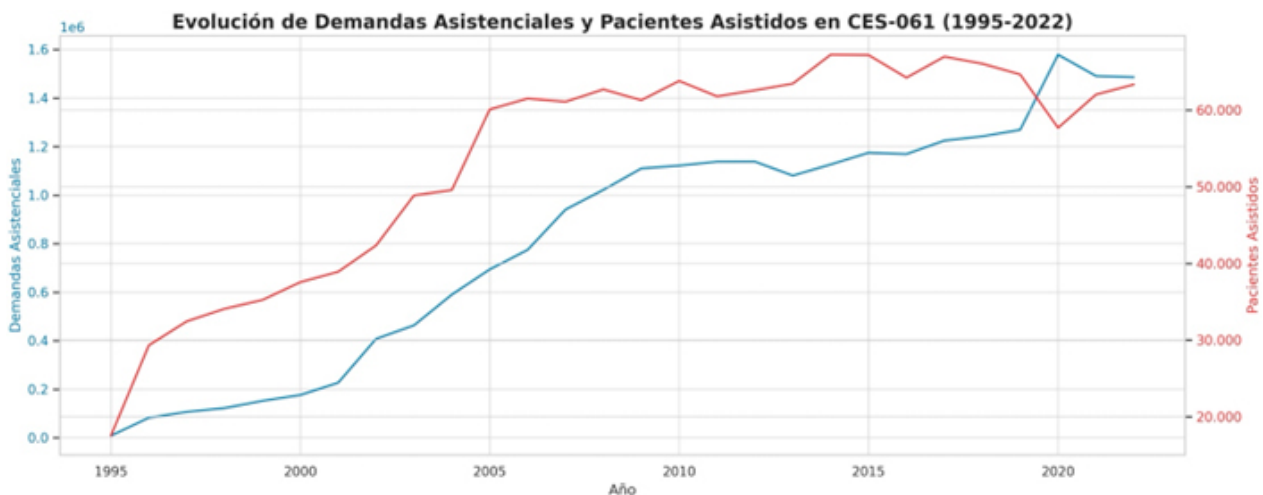


Figure 9. Evolution of service demands and patients assisted by CES-061 Andalucía (1995–2022). The graph shows annual trends in the number of service requests (blue line) and patients assisted (red line), indicating a progressive increase in both metrics, reflecting growing demand and a corresponding care response.

PRINCIPALES MEDIDAS ADOPTADAS PARA DAR RESPUESTA A LA DEMANDA

| | + RECURSOS [SALUD RESPONDE] | + RECURSOS [EPES - 061] |
|----------|---|---|
| 13 MARZO | <p>Teleoperadores 262</p> <p>Enfermeros/as 3</p> <p>900 400 061 Nueva línea de asistencia para la COVID-19</p> | <p>Médicos 24</p> <p>Enfermeros/as 27</p> <p>TES 24</p> <p>Enfermeros/as 24</p> <p>Teleoperadores 95</p> <p>Empresas transporte urgente programado 24</p> |
| 14 MARZO | <p>TEST COVID-19</p> <p>App Salud Responde</p> | <p>SISTEMA INTELIGENTE DE LLAMADAS</p> <p>Triaje telefónico con sistema de voz interactiva en las líneas 900 400 061 y 955 545 060</p> |
| 17 MARZO | <p>CITA MÉDICA Y RECETAS TELEFÓNICAS</p> <p>App Salud Responde</p> | <p>INTEGRACIÓN DE LA GESTIÓN DE AMBULANCIAS PRIVADAS Y CRUZ ROJA</p> <p>Aplicación informática para comunicación inmediata de solicitud de EPIS o material electromédico</p> |
| 25 MARZO | <p>ASISTENTE VIRTUAL</p> <p>App Salud Responde Web EPES/Telegram</p> | <p>CONVENIOS UNIVERSIDAD DE MÁLAGA</p> <p>Apoyo psicológico a profesionales EPES</p> <p>Geolocalización de profesionales EPES a través de app para evitar contagios</p> |
| 27 ABRIL | <p>SISTEMA VIDEOCONFERENCIAS</p> <p>App Salud Responde</p> | <p>CONVENIOS COACHING GRUPO IMPULSA IEDAD</p> <p>Servicios de coaching orientados al afrontamiento de la gestión y asistencia sanitaria</p> |

Figure 10. Main measures adopted during 2020 by EPES-061 and Salud Responde to address demand related to the COVID-19 pandemic.¹⁹

cy and Urgent Care Coordination Centers (CCUE) and Salud Responde, the SSPA's information and services center located in Jaén—as well as for coordinating health care resources, both its own and those of the rest of the Autonomous Community, in cases of health emergencies and disasters (Figure 12).

In this regard, CES-061 is carrying out important work through Salud Responde and its 061 coordination centers to improve 24/7 accessibility to services, adapting them to patients' needs with a focus on the humanization of care in urgent situations. Special attention this year has been paid to people with Alzheimer's disease, with the launch of the telephone line 953 00 30 30.²⁸

A special mention is due to Salud Responde, launched in September 2003 in Andalusia and celebrating its 20th anniversary in October 2023, which has been well received for its effectiveness. Over these 20 years, Andalusians have completed more than 580 million transactions through Salud Responde—via telephone and app—mostly for medical and administrative appointments. Its evolution includes an app launched in 2013, used by 65% of the Andalusian population. During the pandemic, the app's functions enabled users to perform triage and request a consultation



Figure 11. PHTLS (Prehospital Trauma Life Support, NAEMT) training in Málaga.

with volunteer physicians who provided guidance about COVID-19, as well as report a positive test and download documentation to request medical leave without travel (Figure 13).

This highly rated service includes health advice and second medical opinions, with a focus on quality and continuous improvement, and was certified under ISO 9001, 14001, and 45001 in 2022. That year, Salud Responde released a new app version improving usability, performance, security, and accessibility, facilitating use by blind and visually impaired people.

Within this comprehensive approach—where prevention and health promotion are key—CES-061 works actively to improve public knowledge about how to act in health emergencies and focuses on training younger people to act as first responders in life-threatening situations such as cardiac arrest.

In this sense, CES-061 has trained more than 100,000 young people in Andalusia through initiatives such as so-called “cardiomarathons” (large-scale CPR training sessions carried out voluntarily and in cooperation with more than a hundred public and private institutions, training thousands of youths each year in Andalusia) and open-house days, where, from an early age, they learn to save lives and to manage their own health proactively (Figure 14).

It also carries out other programs aimed at prevention and health promotion in the field of emergency care, such as the Cardio-Protected Zones Program,²⁹ which seeks to ensure that Andalusia has an increasing number of defibrillators each year and more people trained to respond to cardiac arrest.

In the field of research—a fundamental driver of innovation and progress in health care—CES-061 has demonstrated a distinctly innovative profile since its founding. The organization has not only developed research projects aimed at improving clinical practice, such as the TRES project (awarded by the Spanish Society of Blood Transfusion) analyzing the effectiveness of using blood components in air medical teams,^{30,31} but has also been a pioneer in developing advanced technologies. A prominent example is the EQUILIN project,³² which aims to develop equipment



Figure 12. Schematic representation of the resources and services of CES-061 Andalucía.

capable of measuring vital signs in health emergencies without physical contact with the patient (Figure 15).

The Andalusian Emergency Medical Service is an international benchmark and, as such, participates alongside six other European countries in projects aimed at improving the comprehensive emergency care system, including the iProcureSecurity PCP project,^{33,34} which seeks to enhance the response capacity of European emergency medical services in situations involving multiple casualties or disasters.

In addition to these and other specific projects (Table 1), over the past three decades, CES-061 has consolidated its role as a leader in medical emergency research. More than one hundred articles have been published in both national and international scientific journals, reflecting the relevance and global impact of its research.¹ These articles not only contribute to scientific knowledge but also serve as references for clinical practice in emergency situations.

CES-061's commitment to training and academic development is equally remarkable. Numerous Master's Theses and Doctoral Dissertations have been conducted under its auspices, evidencing the integration of research with

advanced education in Health Sciences.³ These works not only strengthen the competencies of emergency professionals but also foster the creation of new knowledge in the field of Emergency Medicine.

In the area of scientific dissemination and community engagement, CES-061 professionals have been prominent figures at national and international congresses, presenting oral communications and posters that have been recognized and, in some cases, awarded.

The continuous pursuit of improvement—driven by a systematic culture of performance evaluation (historically, semiannual audits have been conducted with more than thirty general and specific objectives linked to each professional category)—is part of the organization's essence. Together with the dedication of its internal and external professionals, this has allowed CES-061, throughout its 30-year history, to grow and maintain high-quality management of the comprehensive emergency medical care system (Figure 16).

Communication is essential for keeping citizens and other professionals in the sector informed about the activities carried out by CES-061. During 2022, CES-061 recorded 471,000 visits to its continuously updated website,



Figure 13. Salud Responde Coordination Center.



Figure 14. 061 Cardiomarathon, Almería (2023).



Figure 15. HEMS (Helicopter Emergency Medical Service) team.

900,000 views on its YouTube channel, and issued 128 press releases.

Within the essential role that the Andalusian Emergency Medical Services Center 061 plays in public health, it is important to highlight the exemplary synergy and collaboration it maintains with all professionals in the field of Urgent and Emergency Care—both in hospital environments and in out-of-hospital emergency services (OOES). The effectiveness and efficiency of responses to critical situations depend largely on this interconnection and mutual understanding. The Andalusian Emergency Medical Services Center 061 has historically maintained excellent coordination and interaction with these services, facilitating an integrated and cohesive response to emergencies.

This collaboration also extends to coordination with other key institutions involved in crisis management, such as the 112 emergency service, law enforcement agencies, the Military Emergency Unit (UME), Civil Protection, the Red Cross, and the Urgent Transport Network. Coordination among these bodies is vital to ensure a rapid and effective response in emergency situations, where every second counts.

A key component in strengthening this coordination is the regular performance of emergency drills. These exercises not only test and improve existing protocols and procedures but also promote communication and teamwork among the various entities involved. Drills are an indispensable tool for fine-tuning inter-institutional coordination, ensuring that all actors involved in emergency management can act in a synchronized and efficient manner in real-life situations. Investment in this type of training is essential to save lives and minimize the impact of emergencies on the community.

In summary, the success of CES-061 in emergency care would not be possible without the close and ongoing collaboration of all professionals in Urgent and Emergency Care and the various participating institutions. This multidisciplinary integration and coordination form a fundamental pillar of effective emergency medical management and underscore the importance of a collaborative and proactive approach to promoting the health and safety of the Andalusian population.



Figure 16. 30th Anniversary presentation of 061, Málaga.

Looking toward the future: New Horizons for CES-061 Andalucía

After three decades of evolution and consolidation as a prominent benchmark in emergency medical management, CES-061 Andalucía is in a privileged position to face the future, capitalizing on significant opportunities that will enable its continued growth and the strengthening of its contribution to the public health care system. What began with a founding team of 228 professionals and four ground emergency units in the provinces of Seville, Córdoba, Huelva, and Málaga has undergone remarkable development. Today, CES-061 comprises a staff of 821 professionals distributed across all eight Andalusian provinces. This expansion has not only meant an increase in personnel but also a significant growth in available emergency resources, encompassing both ground and air units (Figure 17).

It is essential to analyze the demographic and epidemiological trends that will shape the demand for emergency services in the coming years. The progressive aging of the Andalusian population,³⁵ together with the consequent higher prevalence of chronic diseases, will increase the need for complex urgent medical care. Likewise, the growing incidence of mental health disorders poses a major challenge for emergency services.

In this context, CES-061 has the potential to lead organizational and technological innovations to adapt to the changing clinical landscape and improve resource coordination efficiency.

Artificial intelligence (AI) offers new possibilities for streamlining and optimizing critical processes, such as automatic telephone triage or resource allocation based on availability and estimated transfer times. Machine learning will allow for the training of predictive algorithms to assist in decision-making regarding resource activation for specific medical emergencies.

Telemedicine and remote monitoring of complex chronic patients—combined with data analytics and AI techniques—will make it possible to optimize responses to decompensations requiring immediate attention. Predictive analytics will also guide the planning of emergency resources according to seasonal variations or expected peaks in demand.

Table 1. Projects. Over the course of its 30 years of activity, Emergencias 061 de Andalucía has participated in multiple technological innovation projects (gray cells), research projects (orange cells), consultancy projects (white cells), and other types of projects (orange cell)

| Project Title | Funding | Period |
|---|--|-----------|
| PACIAM. Joint Action Plan for Acute Myocardial Infarction | Own funding | 1995-1997 |
| HECTOR. Telematic Management and Coordination System for Health Emergencies | 4 th European R&D Framework Programme | 1996 |
| THEIP. Turkish Health Emergency Improvement Programme | WHO | 1996 |
| OHEMS. Out-of-Hospital Emergency Medical Services | WHO European Centre for Integrated Health Care Services | 1998-2002 |
| WETS. Worldwide Emergency Telemedicine Services | 5 th European Framework Programme, Information Society Technologies | 1998-1999 |
| ALBATROS. Applications of a Biosignal Acquisition System and Virtual Reality Techniques to Health Sciences | FEDER Call, Spanish National R&D Plan (IFD 97/E116) | 1999-2001 |
| FIVE. Photovoltaic Integration in Emergency Vehicles | FEDER Funds (1FD 97-1601) | 999-2001 |
| JUST. JUST-in-time Health Emergency Interventions — Training of Non-Professionals via Virtual Reality and Advanced IT Tools | 5 th EU Framework Programme, Information Society Programme, Key Action I: Systems and Services for the Citizen (HC 1.020) | 2000-2002 |
| Implementation of New Methodologies for Executive Development in the Andalusian Public Health System | Regional Ministry of Health, Junta de Andalucía (52/2001) | 2000-2003 |
| Telemedicine Systems | FEDER Funds | 2000-2006 |
| Information and Knowledge Fusion in Hospital and Medical Emergency Settings | Ministry of Science and Technology, National Program for Information and Communication Technologies (FIT-070000-2001-792); part of EU EUREKA Project #2235 (IKF: Intelligent Knowledge Fusion) | 2001 |
| Evaluation of a Teleconsultation System for Isolated Areas in Andalusia | Andalusian Health Service (252/00) | 2001-2002 |
| Telephone Access for Hearing-Impaired Populations to the 061 Health Emergency Service: Proposal and Validation of a Telemedicine-Adapted Method | Instituto de Salud Carlos III, FIS (01/01199) | 2001-2002 |
| Telemedicine: A Systematic Review on Safety, Efficacy, Effectiveness, Efficiency, and Satisfaction | Instituto de Salud Carlos III, FIS (01/1064); Regional Ministry of Health, Junta de Andalucía (51/2001) | 2001-2002 |
| Physicochemical and Sterility Characteristics of Purged Serum in Mobile Emergency Units | Instituto de Salud Carlos III, FIS (00/0165); Andalusian Health Service (102/99) | 1999-2002 |
| Implementation and Validation of Nursing Diagnoses in the Andalusian Public Emergency Health Enterprise | Andalusian Health Service (75/99) | 2000-2001 |
| PARCA. Cardiopulmonary Resuscitation Analysis Project | Own funding | 2000-2002 |
| Development and Validation of a Diagnostic Kit for Alpha-Actin in Cardiac Ischemia | Own funding | 2000-2002 |
| Role of a Portable Clinical Analyzer in Prehospital Medicine | Instituto de Salud Carlos III, FIS (01/1279) | 2001-2002 |
| PEFEX. Project for the Evaluation of Out-of-Hospital Fibrinolysis | Instituto de Salud Carlos III, FIS (01/0239); EU Funds under the Integrated Operational Program for Research, Development and Innovation (FEDER-FSE); Sponsored by Boehringer Ingelheim Spain | 2001-2003 |
| Out-of-Hospital Cardiac Arrest in Andalusia | Andalusian Health Service (181/00) | 2001-2003 |
| Validation of a Telephone Questionnaire for the Differential Diagnosis of Dyspnea in Emergency Calls | Instituto de Salud Carlos III, FIS (01/1623); Andalusian Health Service (87/00) | 2001-2003 |
| Hidden Mortality in the Health Emergency Services of Andalusia | General Secretariat for Quality and Efficiency, Regional Ministry of Andalusia (84/2002) | 2002-2004 |
| Research in Health Services Based on Telemedicine | Instituto de Salud Carlos III, Cooperative Research Network Grants (G03/117) | 2003-2006 |
| HESCUAEP. Health Emergency National and Regional Programmes for Improved Coordination in Prehospital Settings | 6 th EU Framework Programme, ERA-NET | 2003-2008 |
| I SEE. Interactive Simulation Exercises for Emergencies | EU Leonardo da Vinci Programme for Cultural and Educational Development (2004-B/04/B/F/PP-144.355) | 2004-2006 |
| Factors Determining Access to the Andalusian Public Health System Among Patients with Acute Myocardial Infarction | Regional Ministry of Health, Junta de Andalucía | 2004 |
| Safety, Effectiveness, Cost, and Satisfaction in the Use of Telematics for Health: A Systematic Review of the Last 14 Years | Instituto de Salud Carlos III (PI 04/90022); Regional Ministry of Health, Junta de Andalucía (127/04) | 2005 |
| Burden on Informal Caregivers in Urgent Health Care: Relationship Between Liaison Nurses and Emergency Nurses During the Care Process | Instituto de Salud Carlos III (PI 04/0913); Regional Ministry of Health, Junta de Andalucía (62/04) | 2005-2006 |
| New Models for Healthcare Delivery Using Telemedicine | Instituto de Salud Carlos III (PI051664) | |
| Out-of-Hospital Management of ST-Elevation Acute Coronary Syndrome | Regional Ministry of Health, Junta de Andalucía (PI051664) | 2005-2008 |
| Impact on Health Organizations and Professionals of the Integrated Telemedicine System of Andalusia | Instituto de Salud Carlos III (PI051838) | 2005-2008 |

(Continued)

Table 1. Projects. Over the course of its 30 years of activity, Emergencias 061 de Andalucía has participated in multiple technological innovation projects (gray cells), research projects (orange cells), consultancy projects (white cells), and other types of projects (orange cell) (continued)

| Project Title | Funding | Period |
|--|--|-----------------|
| Coordination Between Levels of Care in the Management of Nursing Diagnoses to Reduce the Overuse of Emergency Health Services | Regional Ministry of Health, Junta de Andalucía (PI052342) | 2005-2008 |
| Usefulness of Out-of-Hospital Emergency Teams in Ischemic Heart Disease: Analysis of Mortality and Quality of Life | Regional Ministry of Health, Junta de Andalucía (PI052778) | 2005-2008 |
| Validation and Management of Telephone Triage in Health Emergencies as the Entry Point to the Care Process | Instituto de Salud Carlos III (PI052831) | 2005-2008 |
| Use of Noninvasive Mechanical Ventilation (BiPAP) in Exacerbated COPD Patients Attended by 061 Out-of-Hospital Emergency Services | Own funding | 2006 |
| Management of Out-of-Hospital Cardiac Arrest Attended by Emergency Medical Teams | Regional Ministry of Health, Junta de Andalucía (35/2005) | 2006-2008 |
| The Coordinating Physician: Legal Nature, Liability Regime, and Bioethical Aspects | Regional Ministry of Health, Junta de Andalucía | 2006-2009 |
| Perceived Barriers Among Public Health Professionals to the Use of eHealth | Ministry of Health; Fundación Progreso y Salud | 2007-2008 |
| Survival of Out-of-Hospital Cardiac Arrest Attended by Emergency Medical Teams | Instituto de Salud Carlos III (PI070680) | 2007-2010 |
| Digital Health Record in the Out-of-Hospital Environment | FEDER Funds | 2007-2013 |
| Ambulance Fleet Management System | FEDER Funds | 2007-2015 |
| Comprehensive Network of Heliports in Andalusia | FEDER Funds | 2007-2015 |
| Networked Coordination Centers for Emergencies and Urgent Care | FEDER Funds | 2007-2017 |
| COMMONWELL. Common Services Platform for Active Aging in Europe | 7th Framework Programme of the European Commission – Information and Communication Technologies | 2008-2011 |
| STREAM. Strategic Reperfusion Early After Myocardial Infarction (International Multicenter Clinical Trial) | Sponsor: Boehringer Ingelheim Spain S.A. | 2008-2010 |
| Design and Validation of a Scale to Measure Perceived Safety Among Patients Transferred to the Hospital After Requesting Urgent Assistance | Instituto de Salud Carlos III (PI070842) | 2008-2010 |
| Citizen Perception in the Validation of a Patient Safety Scale in Out-of-Hospital Urgent Care | General Secretariat for Quality and Modernization, Regional Ministry of Health, Junta de Andalucía (PI0210/2008) | 2009-2010 |
| INDEPENDENT. ICT-Enabled Service Integration for Independent Living | 7th Framework Programme of the European Commission – Information and Communication Technologies (CIP-ICT-PSP.2009.1.3) | 2010-2013 |
| New Channels for Accessing Health Emergencies | FEDER Funds | 2010-2015 |
| Digital Health Record in Mobility (HCD-M) | FEDER Funds | 2010-2017 |
| Validation of Explicit Criteria for Hospital Transfer Indication in COPD Exacerbation | General Secretariat for Quality and Modernization, Regional Ministry of Health (PI0557/2010; PI0559/2010) | 2010-2013 |
| Referral Criteria from Emergency Nurse to Community Liaison Nurse; | General Secretariat for Quality and Modernization, Regional Ministry of Health (PI0557/2010; PI0559/2010) | 2010-2013 |
| Evaluation of Out-of-Hospital Cardiac Arrest Management Quality According to ILCOR 2010 Recommendations and Its Impact on Survival | General Secretariat for Quality and Modernization, Regional Ministry of Health (PI0557/2010; PI0559/2010) | 2011-2013 |
| Mobile Teleassistance in the Acute Phase of Stroke: Development and Validation of New Tools and Procedures from Prehospital Care | Instituto de Salud Carlos III | 2011-2015 |
| Consulting for the Implementation of the Emergency Medical Service in El Salvador | Ministry of Health of El Salvador (MINSAL) | 2012-2013 |
| Epidemiological Aspects, Variability, and Survival in Out-of-Hospital Cardiac Arrest Care in Spain (OHSCAR Registry) | Instituto de Salud Carlos III | 2012-2016 |
| ATLANTIC. Administration of Ticagrelor in the Cath Lab or in the Ambulance for ST-Elevation Myocardial Infarction (International Multicenter Clinical Trial) | Sponsor: Astrazeneca | 2012 (30 days) |
| GERITRANS A+. Cross-Border Risk Management: Alentejo, Algarve, and Andalusia | FEDER Cross-Border Cooperation Call III | 2013-2016 |
| ECHEMNET. European Chemical Emergency Network | SANCO Second Health Programme | 2013-2016 |
| LUCAS. Evaluation of the Quality and Applicability of the LUCAS External Mechanical Chest Compression Device in Out-of-Hospital Cardiac Arrest | Instituto de Salud Carlos III | 2013-2017 |
| Evaluation and Management of Pain in Patients Attended in Out-of-Hospital Settings | Own funding | 2014 |
| Evaluation of an Early Warning System for Screening Critical Patients by Basic Life Support Teams in Andalusia (NEWS) | Own funding | 2014 |
| PRINCESS. Prehospital Resuscitation Intra-Nasal Cooling Effectiveness Survival Study (Multicenter Clinical Trial) | Directed by the Center for Resuscitation Science, Karolinska Institute (Sweden) | 2014-2016 |
| AID-Stroke. Integrated Platform for Acute-Phase Stroke Management | Instituto de Salud Carlos III (Health Technology Development Projects) | 2014-2017 |
| SAEEP. Smart Ambulance European Procurers Platform | Horizon 2020 Framework Programme (622329 EG) | 2015 (8 months) |

(Continued)

Table 1. Projects. Over the course of its 30 years of activity, Emergencias 061 de Andalucía has participated in multiple technological innovation projects (gray cells), research projects (orange cells), consultancy projects (white cells), and other types of projects (orange cell) (continued)

| Project Title | Funding | Period |
|--|---|--------------|
| Functional technical consultancy in Mar del Plata (Argentina) for the design of coordination and healthcare resource management centers | OSDE (Argentine health insurance company) | 2015-2017 |
| Time-dependent pathologies and health outcomes in out-of-hospital emergencies | Consejería de Salud Junta de Andalucía | 2016-2019 |
| In Ambulance Trial (demonstration phase). | Zebra Institute, University of Brussels – Reina Sofía Hospital (Córdoba) | 2016 |
| Monitoring and supervision of patients with cognitive impairment diseases (e.g., Alzheimer's disease) living alone or with close family | FEDER Funds | 2016-2023 |
| Follow-up of oxygen-dependent patients with respiratory disease | FEDER Funds | 2016-2023 |
| Design of mobile applications aimed at health promotion | FEDER Funds | 2016-2023 |
| Follow-up of patients undergoing major outpatient surgery. Telemedicine and telecare center | FEDER Funds | 2016-2023 |
| Training and education of instructors in advanced cardiac life support and trauma care for the emergency medical system of the Republic of El Salvador | Ministry of Health of El Salvador (MINSAL) | 2016 |
| Use of drones in health emergencies in complex scenarios | Consejería de Salud Junta de Andalucía (PIN0241/2017) | 2017-2018 |
| Consultancy for the implementation of software for the regulatory center of medical emergencies in the Department of Potosí, Bolivia | Ministry of Health, Bolivia | 2018-2019 |
| EPECOEM. Prehospital Experience with Ultrasound in Emergencies | Consejería de Salud Junta de Andalucía, General Secretariat for Research, Development and Health Innovation (PIN-0278-2019) | 2019-2023 |
| EQUILIN. Light Intervention Teams in Health Emergencies | Ministry of Science and Innovation (FID Line 2, CPI-2019.13-1-EQU-04) | 2019-2023 |
| Factors related to the perception of safety during assistance and transfer by emergency teams in urgent and emergent cases | Instituto de Salud Carlos III (PI19/00385) | 2019-2022 |
| Direct Hemostasis Device | Consejería de Salud Junta de Andalucía (PIN-0537-2019) | 2020-2021 |
| Certainty in the Voice. Early detection of abuse from the 061 emergency coordination centers | State Pact Funds against Gender Violence | 2020-2024 |
| iProcureSecurity PCP. Pre-commercial procurement of innovative triage management systems to strengthen resilience and interoperability | European Union Horizon 2020 (ID: SU-GM02-2018-2020, Subtopic 2) | 2020-2024 |
| SIRENA. System of rotations in out-of-hospital emergencies in Andalusia (mentored shifts) | Own funding | present |
| Emotional management in emergency healthcare professionals | Ministry of Science and Innovation and Ministry of Universities (PDI2019-107304RB-100) | 2021-2022 |
| Drones 061 Andalucía | Own funding | 2021-present |
| TREX. Out-of-hospital transfusion | Own funding | 2021-present |
| Palliative Care 24x7 | Andalusian Palliative Care Plan | 2021-present |
| Care for chronic patients | Andalusian Integrated Care Plan for Patients with Chronic Diseases | 2021-present |
| Mental Health Project 24x7. Risk of suicidal behavior in emergencies | Andalusian Mental Health Plan | 2021-present |
| Emotional management and humanization | Andalusian Humanization Plan of the Andalusian Public Health System (SSPA) | 2021-present |
| CODINFA. Clinical registry of NSTEMI patients treated by CES-061 teams | Own funding | 2021-present |
| BIOFAST 2. Biomarkers for Initiating Onsite and Faster Ambulance Stroke Therapies | Instituto de Salud Carlos III | 2021-present |
| GENCAnd. Gender Inequalities in Coronary Heart Disease in Spain | Andalusian School of Public Health | 2021-present |
| EXTRAGE. Clinical registry of severe trauma | Own funding | 2022-present |
| IMPACTE. Registry of out-of-hospital stroke | Own funding | 2022-present |
| OHSCAR 3. Out-of-Hospital Spanish Cardiac Arrest Registry | MAPFRE Research Grants 2022 | 2022-present |
| UNION. Implementation of clinical pathway "Code Crisis" for first seizure | Sponsored by UCB Pharmaceuticals | 2022-present |



Figure 17. 061 Andalucía Emergency Resources, 2022.



Figure 18. Traffic accident simulation exercise.

Another strategic area is training. Since its creation, mandatory professional training has been included in CES-061's collective labor agreements, and after 3 decades, it has produced a generation of highly skilled professionals. The CES can and should consolidate itself as a center of advanced knowledge in out-of-hospital emergency care, offering specialized educational programs aimed not only at its own professionals but also at medical, nursing, and allied health students (Figure 18).

Lastly, there is scope to intensify research activity, positioning CES-061 as a reference center for prehospital re-

search in Spain and Europe, encompassing studies ranging from epidemiological research to multicenter clinical trials evaluating new drugs and medical devices in out-of-hospital environments.

In conclusion, by leveraging its leadership position and culture of continuous improvement and innovation, CES-061 Andalucía faces the challenge of continuing to evolve to consolidate and strengthen its contribution to the public health care system in the face of future challenges in the field of out-of-hospital emergency medicine.

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