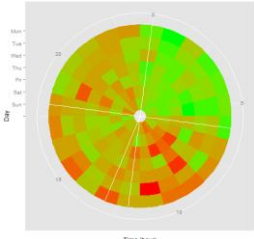


## Out of Hospital Cardiac Arrest Outcomes

### Trial Steering Committee (TSC)



The OHCAO TSC met on 6<sup>th</sup> February 2014 and had the opportunity to review the preliminary charts using historical OHCA data collected so far. The TSC are required to define what preliminary reports are to be produced for demonstrating individual Trust performance against national trends.

Above you can see a ‘heat map’ of the number of 999 calls for out-of-hospital cardiac arrest by time of day and day of the week. Even at this early stage we can see trends in activity, and as more cases are added, we will soon be able to look at even more detailed variables such as seasonal conditions, age and gender, eventually looking further into the epidemiology. We are also able to demonstrate the variations in data collection, and are looking into ways of improving the way services record information relating to out-of-hospital cardiac arrest to create a more representative way of identifying ‘best practice’ for future recommendations.

### What are ‘Core’, ‘Supplemental’ and ‘additional’ variables?

The OHCAO project is very keen to collect ‘Core’ variables which include all the ‘Utstein’ recommended variables. These are the key data we can use to assist in researching the most significant elements of a patient’s pre-hospital experience when in cardiac arrest.

‘Supplemental’ data fields are non-essential variables which the project will use in sub group analyses to develop new questions and research of best practice.

‘Additional’ data that you include within your imported file is ignored by our system. We don’t copy, transform or store any data that is not listed on your service’s Mapping and Transformation summary document (provided with authorisation letter).

We don’t expect at this stage for any service to have all the data variables listed at the back of this newsletter available, however we would be grateful that you keep them in mind as your Trust’s systems for collecting data change. As you commence accumulating new data fields, please let us know using the project email [ohcao@warwick.ac.uk](mailto:ohcao@warwick.ac.uk) so that we update mapping rules accordingly.

**Project progress** We are now adding more sites to the Live server for data upload.

Progress Plan											
Ambulance Service	PI's CV returned	Data Flow diagram	2012 Figures received	Sample data received	Site agreement signed	Login Request	PRIMARY DATA UPLOAD	Mapping done	Validation done	Historical data received	Authorised live
East of England	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
East Midlands		✓			✓						
Isle of Wight	✓				✓						
London	✓	✓		✓	✓	✓		✓	✓	✓	✓
North East	✓	✓		✓	✓			✓	✓	✓	✓
North West		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Scotland											
South East Coast	✓	✓		✓	✓	✓					
South Central	✓	✓		✓	✓						
South West	✓	✓	✓	✓	✓	✓			✓	✓	✓
West Midlands	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Yorkshire	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wales					✓						

## 15<sup>th</sup> International Trauma Care Conference

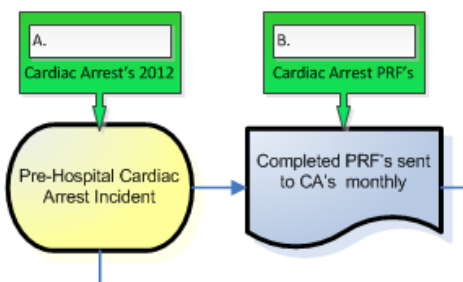
OHCAO have been invited to talk at the National Trauma Care Conference 2014 in March.

The project has been asked to provide several talks to each of the groups, including the honour of presenting the plenary talk 'Research and First aid'; explaining how recent research has influenced modern practice, and how projects such as ours can change future practice.



**EuReCa Project** The OHCAO project has been invited to a conference of the European Registry of Cardiac Arrests (Gräsner *et al.*, 2011).

In 2008 the European Resuscitation Council set up a working group of 5 countries which have shown marked differences in terms of structure and complexity in their own registries, with variation noted between numbers of CPR attempts, ROSC at hospital and bystander attempts, which currently cannot be adequately explained. The UK OHCAO project is exploring the possibility of establishing closer links with EuReCa.



## 2012 data charts

We have a few sites that haven't sent us their 2012 Cardiac Arrest figures.

This valuable information is being used to write our second journal paper 'Variation in Reporting' and it would be good if we could represent all Ambulance Services to give a complete picture.

## Changing Your Templates?

As Trusts develop and adapt to ever changing needs, there will be occasions where you need to change a document's layout that you intend to upload into the OHCAO database. When we began to receive Trust's historical data, we noticed that several changes had occurred to column headings which means the column headings will not be imported successfully.

If this is the case, please advise the project and provide a copy of the new column headings, so that we can adjust our servers mapping and transformation rules to continue accepting your data.

We are working on developing an OHCAO data collection tool, designed to speed up your efficiency and quality of data inputted into Excel files. This template will be 'future proof' as you collect more variables for our research, so if you are interested in using this prototype, please let us know.



## WWW pages

Please feel free to distribute the public facing web site [www.warwick.ac.uk/ohcao](http://www.warwick.ac.uk/ohcao) to any interested parties that may be contacting you for information regarding the project. Here they will find background information, frequently asked questions and links to the relevant permissions and approvals, as well as contact details to ask us directly their questions or concerns.

**Don't forget, when contacting a member of the OHCAO project team at Warwick Clinical Trials Unit please use the email [OHCAO@warwick.ac.uk](mailto:OHCAO@warwick.ac.uk)**

***Thank you all for your patience as we develop the data transfer web site***

Gräsner, J. T., Herlitz, J., Koster, R. W., Rosell-Ortiz, F., Stamatakis, L. & Bossaert, L. (2011) Quality management in resuscitation – Towards a European Cardiac Arrest Registry (EuReCa). *Resuscitation*, 82 (8): 989-994.

Data field name	Utstein Core variable	AGREEMENT TO VARIABLE BY TSC 13 JUNE 2013	
		CORE	SUPL.
Type of PRF		✓*	
PRF serial Number		✓*	
Patient's Surname		✓*	
Patient's Forename		✓*	
Patient's NHS Number		✓*	
Patient's Sex		✓*	
Patient's Home Postcode		✓*	
Patient's Date of Birth		✓*	
Patient's Age		✓*	
Patient's General Practitioner or Surgery			✓
Patient's Ethnicity		✓*	
Regional Ambulance Incident Case Number		✓	
Date of Emergency Medical Services call		✓	
Time of Emergency Medical Services call		✓	
Computer Aided Dispatch classification			✓
Location of Emergency Medical Services occurrence		✓	
Occurrence witnessed by?	✓	✓	
Any treatment before EMS arrived?	✓	✓	
Bystander commenced CPR		✓	
Public Access Defibrillator available			✓
Public Access Defibrillator used by public		✓	
Was a ROSC noted on arrival of Emergency Medical Services staff?		✓	
Initial Aetiology of cardiac arrest	✓	✓	
Emergency Medical Services chest compressions			✓
Consistent ventilations given by EMS			✓
Initial cardiac arrest rhythm	✓	✓	
Attempted defibrillation of the patient			✓
Total number of shocks			✓
Do Not Attempt Resuscitation order in place?			✓
Intravenous access			✓
Intraosseous access			✓
Adrenaline administered			✓
Amiodarone administered			✓
Saline Bolus administered			✓
Oral pharyngeal airway used			✓
Nasal pharyngeal airway used			✓
Supraglottic airway used			✓
Endotracheal airway used			✓
ROSC at hospital handover	✓	✓	
Receiving Hospital Code/ name		✓	
Death confirmed by Emergency Medical Services			✓
Survival to discharge	✓	✓	
Reported time of collapse at location			✓
Time of witnessed cardiac arrest by bystander or EMS			✓
Time Emergency Medical Services mobile			✓
Time Emergency Medical Services vehicle stops		✓	
Time Emergency Medical Services at patient's side			✓
Time of ROSC		✓	
Date of Death (new variable)			✓
Date discharged (new variable)			✓

\* CORE VARIABLE - SENSITIVE DATA - WE COLLECT WHAT IS AVAILABLE PER CASE.