



# Approved New Study Proposals

# Proposal 1 (Group A\_Dr Marcus)

## New Study Proposal (initial)



| Proposer                           | Title  | Objectives/Hypothesis   |
|------------------------------------|--|---|
| Dr Andrew Fu Wah Ho<br>(Singapore) | Association of outcomes and resuscitative efforts amongst out-of-hospital cardiac arrest occurring at night in the Asia-Pacific – a prospective, observational study | <ol style="list-style-type: none"><li>1. Out-of-hospital cardiac arrest (OHCA) occurring at night-time are associated with poorer outcomes (survival to hospital admission, survival to discharge, favorable neurologic outcome, 1-month survival).</li><li>2. If poorer outcomes are found, they are due to effect modifiers such as provision of bystander cardiopulmonary resuscitation (CPR), defibrillation and process-of-care timings.</li></ol> |

# Proposal 2 (Group A\_Dr Marcus)

## New Study Proposal (initial)



| Proposer                     | Title  | Objectives/Hypothesis   |
|------------------------------|--|---|
| Dr Marcus Ong<br>(Singapore) | Barriers to dispatcher-assisted cardiopulmonary resuscitation (DA-CPR) | <ul style="list-style-type: none"><li>• Dispatcher-assisted CPR (DA-CPR) has emerged as an effective intervention to increase bystander CPR and hence OHCA outcomes.</li><li>• Aim to assess the impact of a DA-CPR package that has been implemented by several PAROS participating countries on bystander CPR rates and on survival for OHCA.</li><li>• Aim to describe the barriers to DA-CPR.</li><li>• Hypothesized that DA-CPR would be associated with a high rate of CPR performance by overcoming some of the barriers encountered by emergency callers.</li><li>• This study allows us to show the effectiveness of a low-cost DA-CPR package on OHCA outcomes and identify system-dependent or cultural-based barriers to DA-CPR in the PAROS participating countries.</li></ul> |

# Proposal 3 (Group A\_Dr Marcus)

## New Study Proposal (initial)



| Proposer                     | Title  | Hypothesis  |
|------------------------------|--|---|
| Dr Marcus Ong<br>(Singapore) | Resuscitation Academy (RA)<br>10-Step Implementations in<br>the Pan-Asian Resuscitation<br>Outcomes Study (PAROS)<br>group | <ul style="list-style-type: none"><li data-bbox="967 511 1702 811">• The 2015 Consensus on Science and Treatment Recommendations, the International Liaison Committee (ILCOR) and the Resuscitation Academy (RA) promoted the 10-Steps for better OHCA outcomes.</li><li data-bbox="967 848 1765 1202">• This study will survey the PAROS participating sites on the steps that had already been implemented in their countries, to what extent the steps had been implemented, barriers that prevent the steps from being implemented. The results will be compared between the countries.</li></ul> |

# Proposal 4 (Group B\_Dr Shin)

## Secondary Analyses



| Proposer                 | Title  | Hypothesis   |
|--------------------------|--|--|
| Dr Yu Jin Lee<br>(Korea) | Arrest to first compression time and survival outcome in witness OHCA. | <ul style="list-style-type: none"><li>- Out of hospital cardiac arrest is a serious health condition that can lead to detrimental outcomes and requires immediate treatment including early chest compression and defibrillation.</li><li>- The effect of EMS response time on patient survival has been evaluated in many studies; however, not much is known about the impact of bystander CPR on critical time intervals for patient outcomes.</li><li>- This study aims to investigate whether bystander CPR influences the time from arrest to first chest compression.</li></ul> |

# Proposal 5

## New Study Proposal (initial)



| Proposer   | Title   | Objectives/Hypothesis  |
|--|---|--|
| Takahiro Hara (Japan),<br>Marcus Ong (Singapore) | Epidemiology of OHCA between developing and developed countries | <ul style="list-style-type: none"><li>• There are wide variations in survival outcomes between communities, and it has been suggested that these differences are mainly due to differences in how pre-hospital emergency care is delivered.</li><li>• The Asia-Pacific has relatively undeveloped and diverse emergency medical services systems, especially between countries that have vastly different socio-economic and cultural environments.</li><li>• Aim to compare system factors and OHCA outcomes between a more diversified portfolio of Asian countries.</li></ul> |

# Proposal 6

## New Study Proposal (initial)



| Proposer  | Title  | Objectives/Hypothesis  |
|---|--|--|
| Dr Yen-Pin Chen,<br>Dr Sot Shih-Hung Liu<br>Dr Patrick Chow-In Ko | The Outcomes of Traumatic or Injured Out-of-hospital Cardiac Arrest and Ventricular Fibrillation | <ul style="list-style-type: none"><li>• Ventricular fibrillation (VF) may not be often for traumatic or injured OHCA, the outcomes of traumatic or injured OHCA presenting with VF and the role of automated external defibrillator (AED) has not been clearly defined.</li><li>• Traumatic OHCA presenting with VF may still have fair chance to reach discharge survival or good neurological outcome compared with the non-VF, which may imply the proper use of AED on this occasion</li></ul> |