International Multi-Center Controlled Interventional
Trial to Increase Out-of- Hospital Cardiac Arrest Survival by
Implementation of a Dispatcher-Assisted Cardio-Pulmonary
Resuscitation Package (Pan-Asian Resuscitation Outcomes
Study Phase 2)

July 2017- September 2017 SPMC PARTIAL DATA





DISPATCHER-ASSISTED CPR TRAINING

LAST July 28, 2017 conducted training course for EMTs of Central Davao 911 and Bureau of Fire Protection

There were 70 participants.



OHCA-DISPATCHER'S COURSE







PLANS (based on feedback from participants)

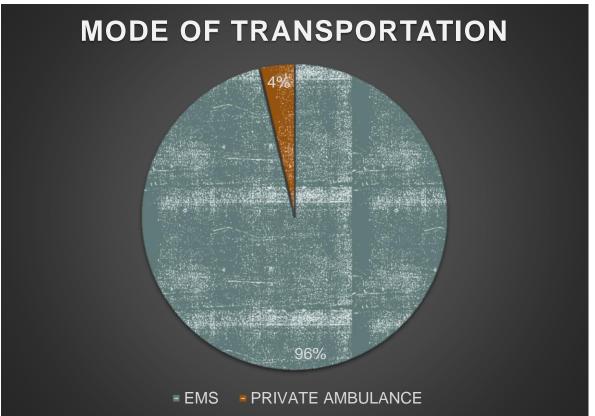
- > To conduct another simulated training for call takers
- To conduct an audit of a call which involved an arrested patient
- To conduct regular monthly audit with 911
- To develop a CPR video for the community
- To partner with communities to increase awareness on OHCA; to make them more receptive to receive CPR instructions from call taker

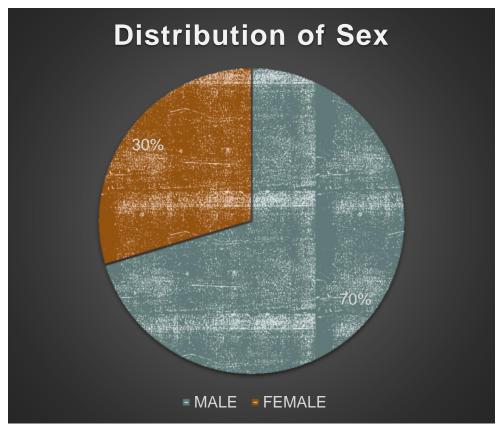


LOCATION OF INCIDENT

All OHCA (N=27, 100%) occurred within Davao
City
MODE OF TRANSPORTATION

PATIENT INFORMATION	DESCRIPTIVE STATISTICS
Age (Mean)	51.22



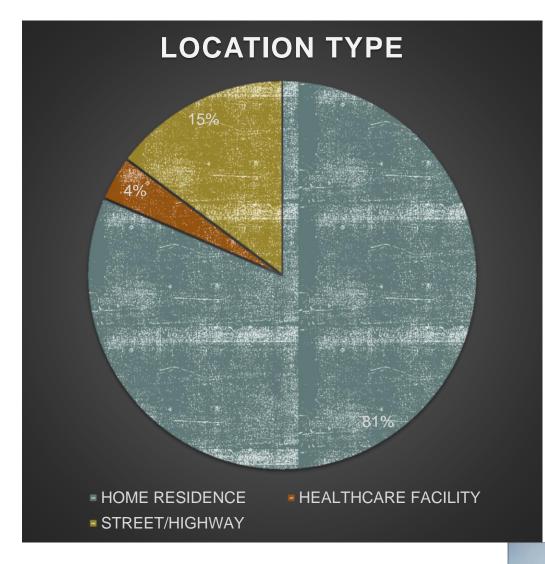


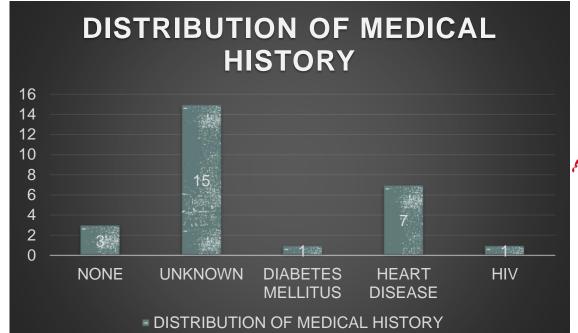












Call-to-arrival at scene, min	
Mean	0:14:33
Median	0:14:00
Call-to-arrival at hospital, min	
Mean	0:24:18
Median	0:24:00



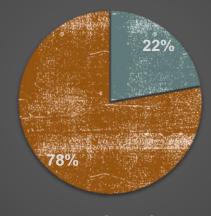






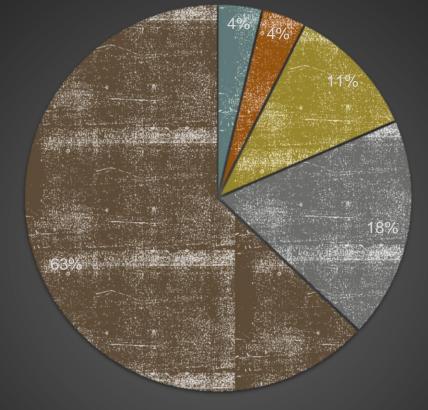
PRE-HOSPITAL EVENT AND RESUSCITATION INFORMATION	Frequency	%
Estimated time of arrest		
Unknown	22	81.48 %
Known	5	18.52 %
Arrest Witnesses		
EMS/Private ambulance	1	3.70 %
Bystander-healthcare provider	1	3.70 %
Bystander-lay person	3	11.11 %
Bystander-family	5	18.52 %
Not witnessed	17	62.96 %

BYSTANDER CPR



YES NO

ARREST WITNESSES



- EMS/PRIVATE AMBULANCE
- BYSTANDER- HEALTHCARE PROVIDER
- **BYSTANDER-LAYPERSON**
- BYSTANDER-FAMILY
- NOT WITNESSED

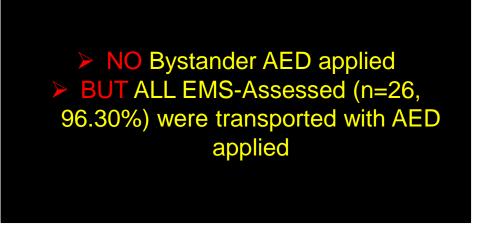








First CPR initiated by	Frequency	%
Ambulance crew	21	77.78 %
Bystander-healthcare provider	1	3.70 %
Bystander-lay person	2	7.41 %
Bystander-family	3	11.11 %



FIRST CPR INITIATED **■ AMBULANCE CREW BYSTANDER- HEALTHCARE PROVIDER BYSTANDER-LAYPERSON BYSTANDER-FAMILY**









EMS CASES	Descri	ptive Statistics
Resuscitation attempted	FREQUENCY	%
Yes	26	100.0 %
No	0	0.0 %
First Arrest Rhythm		
Asystole	4	15.38 %
Unknown Shockable Rhythm	3	11.54 %
Unknown Unshockable Rhythm	19	73.08 %
Pre-Hospital Defibrillation		
Yes	3	11. 54 %
No	23	88.46 %
Defibrillation performed by		
Ambulance crew	3	100.0 %

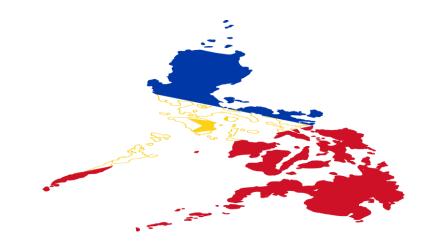
Use of Advance airways	FREQUENCY	%
Yes	1	4 %
No	25	96 %
Pre-hospital Drug Administration		
Dextrose	13	50 %
CPR discontinued at scene/ en-route		
No	26	100.0 %
ROSC	11	40.74 %







DISPOSITION	FREQUENCY	%
Final Status At Scene		
Conveyed To ED	27	100 %
Pronounce Dead At Scene	0	0 %
Cause Of Arrest		
Trauma	1	3.73 %
Non-trauma	26	96.30 %
Presumed Cardiac Etiology	17	65.38 %
Respiratory	5	19.23 %
Electrocution	0	0 %
Drowning	4	15.38 %



Level Of Destination Hospital		
Tertiary	27	100 %
Community	0	0 %
Patient Status At ED Arrival		
ROSC	0	0 %
On-going Resuscitation	27	100 %
Transported without Resuscitation	0	0 %









PREVIOUS DATA (2016)	N	Bystander CPR	Dispatcher- Recognized OHCA	SUSTAINED ROSC
EMS	10	n= 4 (40 %)	NO DATA	n= 10 (100 %)
NON-EMS	55	n= 2 (3.63 %)	NA	n= 1 (1.82 %)
TOTAL CASES	65	n= 6 (9.23 %)	NO DATA	n= 11 (16.92 %)

ROSC RATE: 16.92 %

CURRENT DATA (2017)	N	Bystander CPR	Dispatcher- Recognized OHCA	SUSTAINED ROSC
EMS	26	n= 5 (19.23 %)	n= 6 (23.07 %)	n= 10 (37.03 %)
NON-EMS (<i>Private Ambulance</i>)	1	n= 1 (100 %)	NA	n= 1 (100 %)
TOTAL CASES	27	n= 6 (22.22 %)	n= 6 (22.22 %)	n= 11 (40.74 %)

ROSC RATE: 40.74 %

