

Pan-Asian Resuscitation Outcomes Study in Pakistan



An Update for PAROS Meeting, Taipei 2015
by Mohammad Ahraz Hussain, MD

Objectives of this presentation

- Update the committee of the events since the last approval
- Describe the Structure of PAROS in Pakistan
- A brief report on the initial data collection
- Discuss future goals and challenges

Events Since Last PAROS Meeting

December- January 2015

IRB approvals from Tabba Heart Insitute and Civil Hospital

February to July 2015

Internal review process of grant at AKU by the Research Office

MOU signing and execution between Singapore Clinical Research Institute and Aga Khan University involved the legal, finance, HR and research offices

August -September 2015

Hiring and training of Personnel

Meeting with Dr. Marcus (Principal Investigator of the main study in Singapore) at the Annual Emergency Medicine Conference of the Aga Khan University Hospital

Pilot Data Collection drives

October 2015

- Data Collection started at all 3 sites

STRUCTURE OF PAROS in PAKISTAN

Three tertiary care hospitals

1. Aga Khan University Hospital
2. Tabba Heart Institute
3. Civil Hospital Karachi

EMS Organization

Aman Health Care Services

Data Collection Process

Mechanism:

Data collector tracks all blue codes in the ER daily from 8am to 6 pm

Obtains contact phone numbers of attendants

Reviews the patient's history to assess the status as "out of hospital cardiac arrest" vs 'dead on site' vs 'arrest in the ER'

Reviews the patient's management

Calls the attendant within 2-3 days to inquire about the pre-hospital details

For EMS cases, Aman Health Care Services are contacted within 24 hours to inquire about dispatch information and EMS related data

Patients that present overnight are traced via the respective hospital's CPR data next morning

Staff

Principal Investigators- Dr. Munawar Khursheed, Dr. Uzma
Rahim Khan, Dr. Bashir Hanif(PI at TABBA)



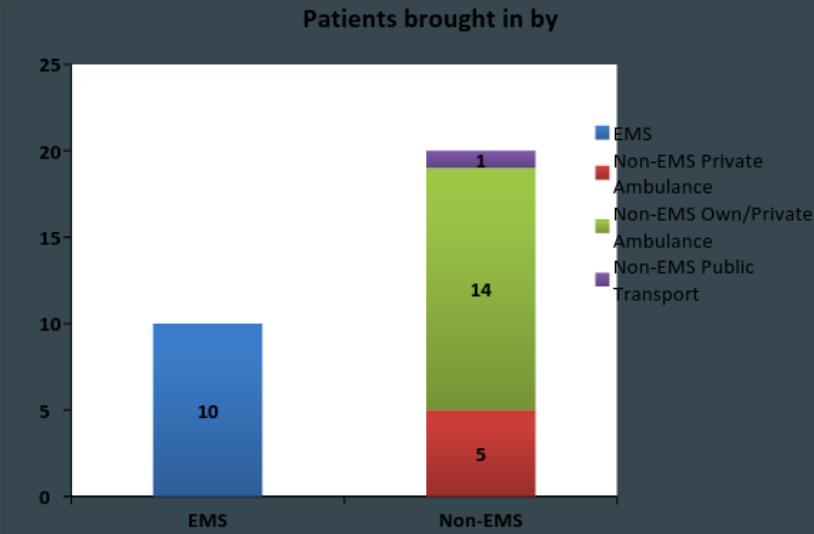
Project Coordinator

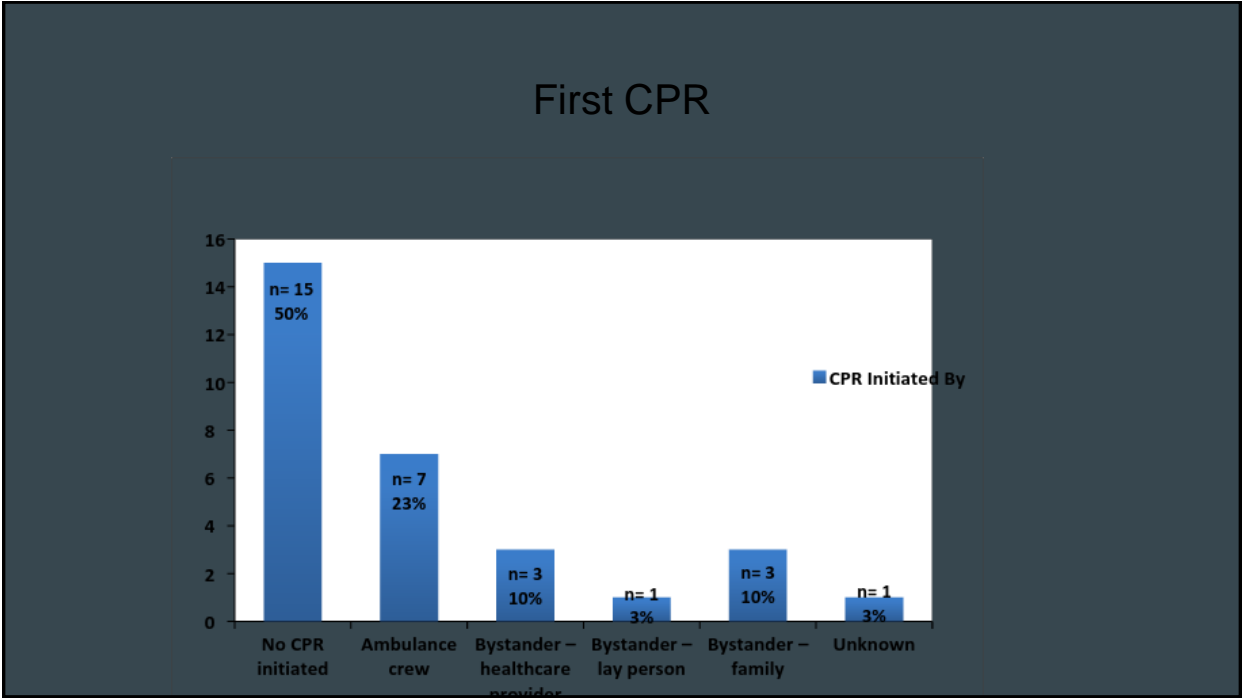
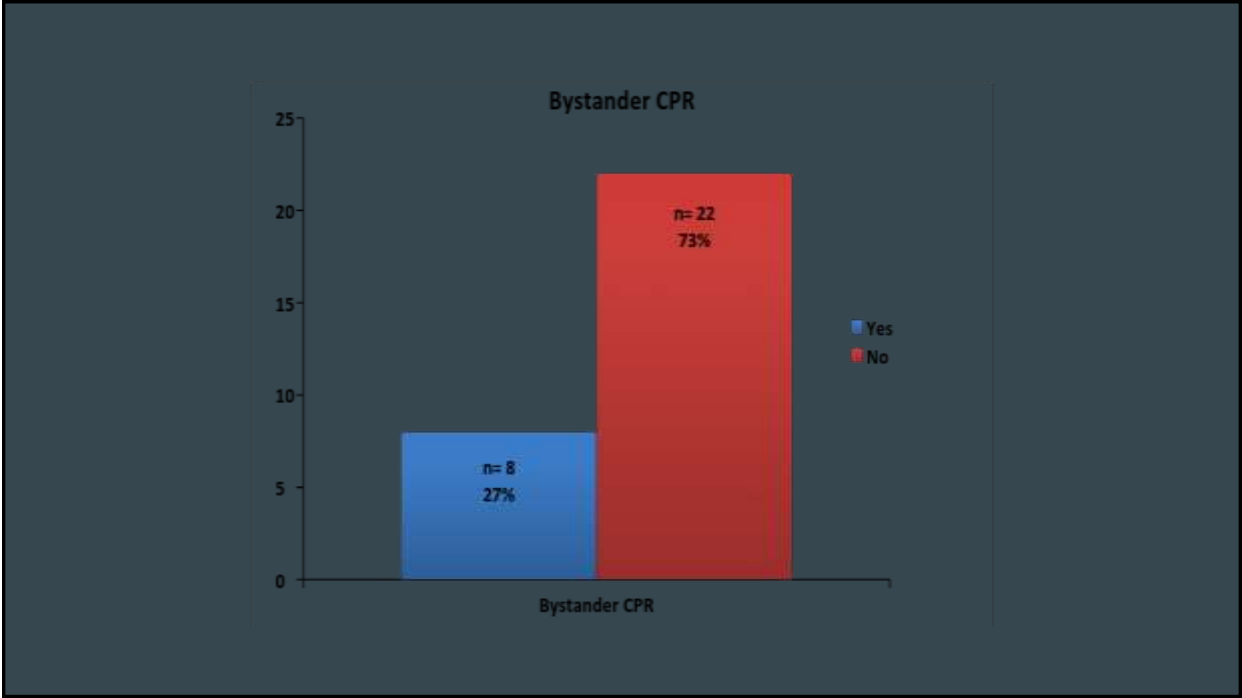


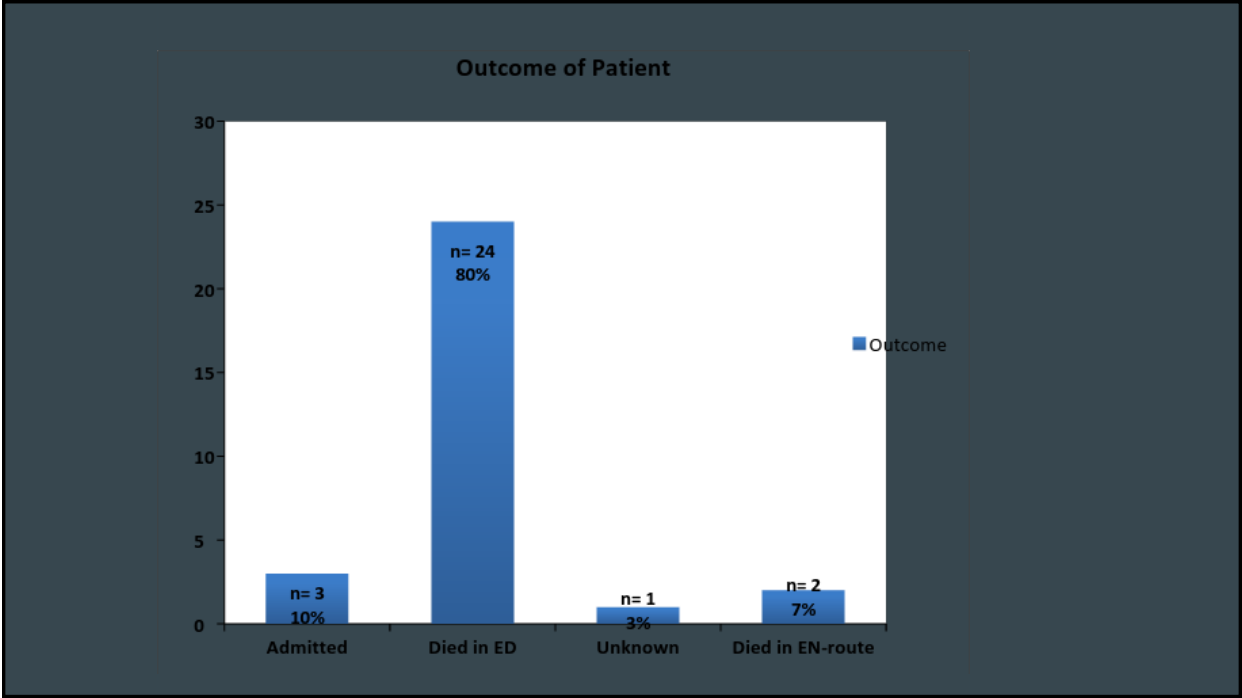
3 Data
Collectors

Initial Data Collection

Patients' mode of transport







Challenges

Ensuring quality of data from the public hospital (Civil Hospital) and Non-EMS cases

Incorporating the PAROS proforma into respective hospitals' resuscitation forms

Deciphering cases from patients categorized as 'dead on arrival'

Follow up of surviving patients

Neurological Status assessment

Thank you