# PAROS
# Updates & Demo

**A/Prof Marcus Ong Eng Hock**
*Consultant, Director of Research and Senior Medical Scientist*
*Dept of Emergency Medicine, Singapore General Hospital*
*Assoc Professor, Office of Clinical Sciences*
*Duke-NUS Graduate Medical School, Singapore*
*Consultant, Ministry of Health, Hospital Services Division*

# Overview

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# **Program Database**

❖Sansio
  ➲Server and software provider

❖SCRI
  ➲House the server
  ➲Provide maintenance and technical expertise

❖Internet database system:
  www.eparos.org (operational by June)

❖Integrates EMS and Hospital data

# Methods for EMS Data Collection

**Direct Entry Online**

Data can be entered directly into the registry wherever there is internet connection by PAROS EMS contact or EMS field providers/supervisors

**Export Field Entry**

Data can be exported from existing participating site databases which then auto-populates into the PAROS registry

# Methods for Hospital Data Collection

## For EMS cases:

PAROS coordinator will generate an email when a PAROS patient was transported to the receiving hospital

## For non-EMS cases:

**Direct Entry Online**

Data can be entered directly into the registry wherever there is internet connection by hospital contacts

# Data Dictionary

Sample of condensed taxonomy

The complete PAROS Taxonomy and Case Record Form are available at the following website:

http://www.scri.edu.sg/ PAROS_SOURCE.html

| | |
|---|---|
| Site Number | 3-digit code |
| Patient's name# (Optional) | Provide patient's name as recorded in ID. It acts as an identifier for tracing the prehospital and ED data. |
| | If the patient's name is unknown, indicate unidentified male patient as 'Unknown Male' or unidentified female patient as 'Unknown Female'. |
| ID / Site Survey Number# | Provide patient's ID or site survey number. It also acts as an identifier for tracing the prehospital and ED data. |
| | If ID is not available, use the medical record number which was issued during registration at the ED. |
| Date of arrival at ED | Provide the date when the patient arrived at the ED. There will be a possibility that patients may have had previous incidents in the database. This is essential to prevent wrong data entries or mismatch of data. |
| | Enter date as dd/mm/yyyy. |

*Case number* will be auto-generated when the above 6 fields are entered into the system. It will subsequently appear as an unique case number for each individual record.

# All patients' identifiers will be subsequently removed from the database after outcome information from hospital has been traced and data entry is completed.

**EMS and Hospital Data**

*(*The preferred source of data is the EMS patient case record and ED and/or hospital patient case record.)*

**Mode of Transportation:**

| | |
|---|---|
| #1. Patient brought in by | Indicate "EMS" or "Non-EMS" |
| | Brought in by 'EMS' refers to case that was conveyed by ambulance which was dispatched via EMS dispatch center. |
| | Brought in by 'non-EMS' refers to case that was conveyed by private ambulance which was NOT dispatched via EMS dispatch center, own transport or public transport. |
| | If patient was brought in by 'non-EMS', indicate the mode of transportation: private ambulance, own transport or public transport. |

**Incident Information:**

| | |
|---|---|
| #2. Date of Incident | Provide the date when the cardiac arrest occurred. Enter date as dd/mm/yyyy. |
| #3. Location of incident | Record the zip or postal code of the location where patient was found. |
| | Indicate "Unknown" if unable to obtain any information. |

# ePAROS

**EMS/hospital user log in**

Username: [          ]

Password: [          ]

[ Log In ]

Did you forget your password?

EMS log in
Username: paros
Password:  paros12

Hospital log in
Username: parosHosp
Password:  paros12

**http://eparos.org/**

# ePAROS

**EMS form**

PAROS

## Incident Information

| | |
|---|---|
| **Date of Incident** | [ ] 📅 |
| **Location of Incident** | (enter Zip/Postal code) [ ] ☐ Unknown |
| **Location Type** | [ ▼ ] [ ] |

## Patient Information

| | |
|---|---|
| **Date of Birth** | [ ] 📅 **Age** [ ] ○ Days ○ Months ○ Years |
| **Gender** | [ ▼ ] |
| **Race (optional)** | [ ▼ ] |

**Medical History**

☐ No ☐ Unknown ☐ Heart disease ☐ Diabetes
☐ Cancer ☐ Hypertension ☐ Renal Disease ☐ Respiratory Disease
☐ Hyperlipidemia ☐ Stroke ☐ HIV ☐ Other

## Dispatch Information

| | | |
|---|---|---|
| **Time call received at dispatch center** | [ ]:[ ]:[ ] | ☐ _No_ First Responder dispatched |
| **Time First responder dispatched** | [ ]:[ ]:[ ] | |
| **Time Ambulance dispatched** | [ ]:[ ]:[ ] | |
| **Time First responder arrived at scene** | [ ]:[ ]:[ ] | |
| **Time Ambulance arrived at scene** | [ ]:[ ]:[ ] | |
| **Time EMS arrived at patient side** | [ ]:[ ]:[ ] | |
| **Time Ambulance left scene** | [ ]:[ ]:[ ] | |
| **Time Ambulance arrived at ED** | [ ]:[ ]:[ ] | |

# ePAROS

## Prehospital Event and Resuscitation Information

| | |
|---|---|
| **Estimated time of arrest** | [ __ ] : [ __ ] : [ __ ]  ☐ Unknown |
| **Arrest witnessed by** | [ ▼ ] |
| **Bystander CPR** | [ ▼ ] |
| | ◯ No CPR Initiated |
| | ◯ First Responder |
| | ◯ Ambulance Crew |
| **First CPR initiated by** | ◯ Bystander - Healthcare provider |
| | ◯ Bystander - Lay Person |
| | ◯ Bystander - Family |
| | ◯ Unknown |
| **Bystander AED applied** | [ ▼ ] |
| **Resuscitation attempted by EMS/Private ambulance** | [ ▼ ] |
| **First arrest rhythm** | [ ▼ ] |
| **Time CPR started by EMS/Private ambulance** | [ __ ] : [ __ ] : [ __ ] |
| **Time AED applied by EMS/Private ambulance** | [ __ ] : [ __ ] : [ __ ] |
| **Prehospital defibrillation** | [ ▼ ] |
| If 'Yes', time of first shock given | [ __ ] : [ __ ] : [ __ ]  ☐ Unknown |
| **Defibrillation performed by** | ☐ First Responder |
| | ☐ Ambulance Crew |
| | ☐ Bystander - Healthcare provider |
| | ☐ Bystander - Lay Person |
| | ☐ Bystander - Family |
| **Mechanical CPR device used by EMS/Private ambulance** | [ ▼ ] |
| If 'Yes', please specify | [ ▼ ] |
| **Advanced airway used by EMS/Private ambulance** | [ ▼ ] |
| If 'Yes', please specify | [ ▼ ] |

# ePAROS

**Save record**

| Drug administered by EMS/Private ambulance | [ ▾ ] |
| If 'Yes', select drugs given | ☐ Epinephrine ☐ Lidocaine |
| | ☐ Atropine ☐ Dextrose |
| | ☐ Amiodarone ☐ Other |
| | ☐ Bicarbonate |
| **Return of spontaneous circulation at scene/en-route** | [ ▾ ] |
| If 'Yes', specify time | [ ]:[ ]:[ ] ☐ Unknown |
| **CPR discontinued at scene/en-route** | [ ▾ ] |
| If 'Yes', please specify | [ ▾ ] |

## Disposition

| **Final status at scene** | [ ▾ ] |
| **Cause of arrest** | [ ▾ ] |
| If 'Non-Trauma', please specify | [ ▾ ] |
| **Level of destination hospital** | [ ▾ ] |
| **Destination hospital** | [ ▾ ] sort |
| **Patient's status at ED arrival** | [ ▾ ] |

## General Comments

[                                          ]

**Save**

# ePAROS

## ED Form

To enter ED/Hospital data:

Step 1 - log off from EMS form

Step 2 - log in again using hospital ID

ED form has **3** additional sections:

*1.ED Resuscitation Information*

*2.Hospital Outcome*

*3.Patient Health and Quality of Life*



ED Resuscitation Information (Not Applicable for cases that were pronounced dead at scene)

Date of arrival at ED

Time of arrival at ED

Patient status on arrival at ED — Pulse / Breathing

Cardiac rhythm on arrival at ED

ED Defibrillation performed

Mechanical CPR device used at ED

    If 'Yes', please specify

Advanced airway used at ED

    If 'Yes', please specify

Drug administered at ED

    If 'Yes', select drugs given

☐ Epinephrine ☐ Lidocaine
☐ Atropine ☐ Dextrose
☐ Amiodarone ☐ Other
☐ Bicarbonate

Return of spontaneous circulation at ED

    If 'Yes', specify time — ☐ Unknown

Emergency PCI performed

Emergency CABG performed

Hypothermia therapy initiated

ECMO therapy initiated

Cause of arrest

    If 'Non-Trauma', please specify

Reason for discontinuing CPR at ED

Outcome of patient

# ED Form

# ePAROS

**PAROS**
~N ASIAN RESUSCITATION OUTCOMES STUDY

## Hospital Outcome (For Patient Who Survived To Admission)

**Patient status** [dropdown ▼]

**Date of Discharge or Death** [          ] 📅

**Patient neurological status on discharge or at 30th day post arrest**

Cerebral Performance Category [    ]

Overall Performance Category [    ]

☐ Unknown

## Patient Health and Quality of Life (For patient who is discharged alive or alive on 30th day post arrest)  ☐ Unknown

### EQ-5D Health Dimensions

| Dimension | Option 1 | Option 2 | Option 3 |
|---|---|---|---|
| **Mobility** | ○ No problem | ○ Some problems | ○ Confined to bed |
| **Self-care** | ○ No problem | ○ Some problems | ○ Unable to wash or dress |
| **Usual activities** | ○ No problem | ○ Some problems | ○ Unable to perform |
| **Pain/Discomfort** | ○ None | ○ Moderate | ○ Extreme |
| **Anxiety/Depression** | ○ None | ○ Moderate | ○ Extreme |

### EQ-5D Visual Analog Scale (VAS)

[    ]

*100 (best imaginable health state) and 0 (worst imaginable health state)

## General Comments

[                                                        ]
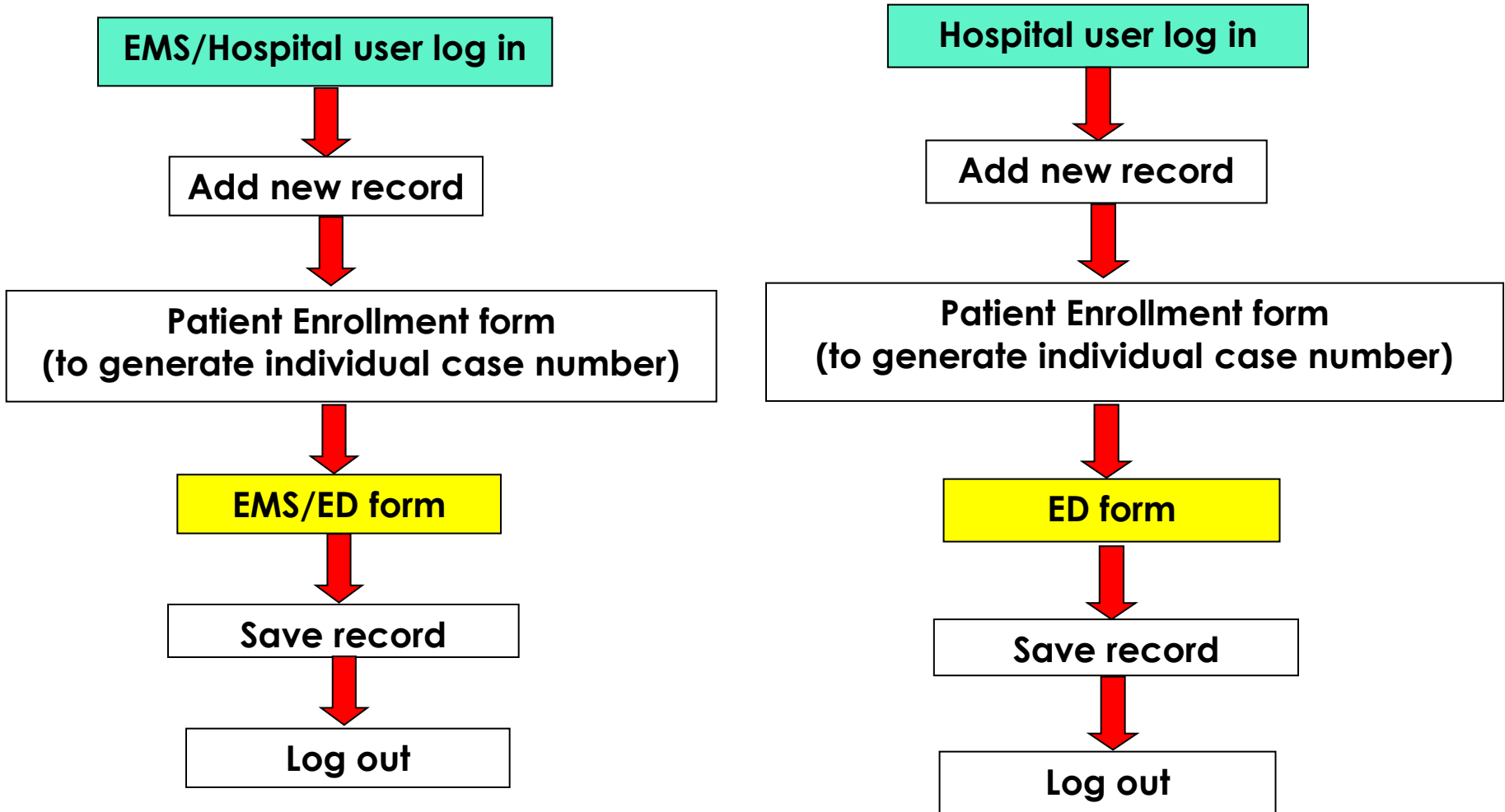
# Patient Health & Quality of Life (EQ-5D)

❖ EQ-5D is a standardised instrument for use as a measure of health outcome.

❖ Consist of five dimensions (mobility, self-care, usual activities, pain/discomfort, anxiety/depression)

❖ Applicable to a wide range of health conditions and treatments.

❖ Provides a single index score for health status.

(extracted from http://www.euroqol.org/)

# EMS vs Non-EMS

The differences are highlighted.

| EMS | Non-EMS |
|---|---|
| **EMS/Hospital user log in** | **Hospital user log in** |
| ↓ | ↓ |
| **Add new record** | **Add new record** |
| ↓ | ↓ |
| **Patient Enrollment form (to generate individual case number)** | **Patient Enrollment form (to generate individual case number)** |
| ↓ | ↓ |
| **EMS/ED form** | **ED form** |
| ↓ | ↓ |
| **Save record** | **Save record** |
| ↓ | ↓ |
| **Log out** | **Log out** |

# **Summary**

❖Give as complete and accurate information as you can at the time you are completing your PAROS data entry.

❖Contact your country/PAROS coordinator if you have any questions or technical problems regarding the online platform.

# THANK YOU