



Improving Outcomes from Pre-hospital and Emergency Care across the Asia-Pacific

STUDY PROPOSAL REQUEST FORM

Please complete the form and email to PAROS secretariat at patricia.tay@scri.edu.sg by the stipulated date. You will be notified in due time on whether your study has been accepted for presentation.

Reminder: Please check the list of existing proposals and publications from <https://www.scri.edu.sg/crn/pan-asian-resuscitation-outcomes-study-paros-clinical-research-network-crn/paros-publications/> to avoid duplications of proposals. Abstract and manuscript must be sent to PAROS chairs for approval before submission for presentation/publication.

1. BASIC INFORMATION

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2. TYPE OF REQUEST (Please select one)

New Study Proposal (initial) Secondary Analyses Explanatory Analyses

3. STUDY TITLE

Outcomes of OHCA patients stratified by mode of transport to the ED in Asia

4. ABSTRACT OF STUDY PROPOSAL

In no more than 350 words, describe the study under the given headings below.

Objectives/Hypotheses

To examine the effect of mode of transportation to the ED on the outcomes of OHCA patients in different PAROS countries - whether there is a difference in terms of witnessed arrest, bystander CPR & AED rates across the different modes of transport to the ED on the survival outcome of OHCA patients

We hypothesise that OHCA patients brought in by Emergency Medical Services (EMS) will have a higher rate of ROSC, survival to discharge and better neurological outcome compared to other modes of transport e.g. own or public transport.

Methodology (To include sample size, settings, inclusion & exclusion criteria, etc. For secondary & explanatory analyses: include statistical plan, type of analyses, measurement, etc.)

Setting: all PAROS countries with different mode of transportation to the ED

Inclusion: All OHCA patients

Exclusion: Missing survival data

Basic descriptive baseline characteristics: age, gender, race, past medical history, location, country, witnessed status, bystander CPR & AED rates, prehospital defibrillation, first arrest rhythm

Outcomes: Primary: Survival to discharge

Secondary: ROSC, good neurological status (Cerebral performance category 1 or 2)

Statistics: Multivariable logistic regression.

Significance of the study (e.g. provide brief description on how the study can improve current

The EMS is an important and early link in the chain of survival, as trained paramedics and emergency medical technicians perform cardiopulmonary resuscitation and defibrillation as well as provide standby alerts to receiving hospitals, and these various measures have been shown to improve survival outcomes in OHCA patients. Countries with developed EMS systems are expected to have a

Secretariat

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