

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 <u>patricia.tay@scri.cris.sg</u> 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-

<u>network-crn/paros-publications/</u> to avoid duplications of proposals. Abstract and manuscript must be sent to PAROS chairs for approval before submission for presentation/publication.

1. B/	ASIC INFORMATION											
Name	e: Gayathri Devi Nadarajan	Designation: EM Consultant, Medical Director, UPEC										
Email	: gayathri.devi.nadarajan@singhealt	Country: Singapore										
2. TYPE OF REQUEST (Please select one)												
🔀 Ne	ew Study Proposal (initial)	ses	Explanatory Analyses									
3. STUDY TITLE												
Universal Termination of Resuscitation (TOR) rules and health economic outcomes if TOR is applied to the Out- of-Hospital Cardiac Arrest (OHCA) patients in Asia												
4. ABSTRACT OF STUDY PROPOSAL												
In no more than 350 words, describe the study under the given headings below.												
Objectives/Hypotheses												
 TOR is not standard practice for the OHCA patients in Asia. As the ageing population increases in these countries and the rate of deaths from non-communicable diseases in the form of OHCA increases, there is a need to consider the suitability of TOR protocols in these pre-hospital systems. Such protocols can help reduce the burden of futile resuscitation attempts and burden of OHCA survivors with poor neurological outcomes on an already stretched health system. However, it is important to implement TOR protocols safely following validation in the local context. 												
tr th 4. T	 Hence the primary objective is to determine the changes in the number of ambulance transports, hospital admissions and people with poor neurological outcomes that will occur if the TOR is implemented on Asian OHCA cases. The secondary objective is to conduct a health economic assessment and estimate the potential economic evaluation of implementing TOR in Asian EMS systems. 											
Methodology (To include sample size, settings, inclusion & exclusion criteria, etc. For secondary &												
explanatory analyses: include statistical plan, type of analyses, measurement, etc.)												
1.	1. Settings: Use of PAROS dataset to look at the OHCA within countries in Asia											
2.	Inclusion criteria: All non-traumatic OHCA cases above the age of 16.											
3.	Exclusion criteria: Age 16 or below/ Non-cardiac cause of the arrest/ Trauma as cause of arrest/ Patient											
	was visibly dead onsite from rigor mor	•	omposition or d	ecapitation/ Paramedics were								
л	presented with a 'Do Not Resuscitate'		thor with POC	Curves will be used to validate								
4.	 Sensitivity, specificity and predictive models, together with ROC curves will be used to validat the Universal TOR rules on the data set. 											
5.												
Secretariat Singapore Clinical Research Institute Pte Ltd (Reg No: 200812355Z)												



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

admission, length of stay and number of deaths in the hypothetical situation, should the TOR be implemented in the setting. Cost estimates will be obtained from local EMS systems for modelling the cost benefit, in collaboration with a health economist

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

- 1. This hypothetical implementation will help with the economic evaluation and evaluate the potential benefit of the Universal TOR protocol in the Asian setting. This can help guide its implementation.
- 2. This will help prioritize the utilization of Emergency Care resources in the Asian setting, where a proportion of the countries fall in the low or upper middle-income settings and a large proportion of the Emergency Services are still in a developing stage.

For Off	For Official Use (Assessor only)										
(A) Score (please highlight the appropriate score):											
1	2	3	4	5	6	7	8	9	10		
Unfavo	urable								Favourable		
(B) Con	nments (fi	ree text):									
• • • •	(

GUIDELINES FOR PREPARING NEW PROPOSAL PRESENTATION

If your study proposal has been accepted for presentation, you will be notified by the Secretariat. Please prepare your presentation slides in accordance to the following instructions. Each presenter is given 10 minutes to present (8min presentation + 2min Q&A).

General Instructions

- 1. Presentation must include the following sections:
 - a. Introduction
 - b. Objectives/Hypotheses
 - c. Methodology
 - d. Significance

2. Limit total number of slides to not more than 12. The following are the recommended number of slides for each section.

- a. Introduction maximum of 2 slides
- b. Objectives/Hypotheses maximum of 2 slides



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

- c. Methodology maximum of 6 slides
- d. Significance maximum of 2 slides
- 3. Try to use big fonts and contrasting colours to increase readability e.g.
 - a. Black/dark blue font against white background
 - b. White/yellow font against black background
 - c. Black font against blue background

For any enquiries, please contact PAROS secretariat at paros.secretariat@yahoo.com