



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 paros.secretariat@yahoo.com by the stipulated date. You will be notified in due time on whether your study has been accepted for presentation.

1. BASIC INFORMATION

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2. TYPE OF REQUEST (Please select one)

<input checked="" type="checkbox"/> New Study Proposal (initial)	<input type="checkbox"/> Secondary Analyses	<input type="checkbox"/> Explanatory Analyses
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3. STUDY TITLE

EPIDEMIOLOGY OF OHCA BETWEEN DEVELOPING AND DEVELOPED COUNTRIES

4. ABSTRACT OF STUDY PROPOSAL

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

Objectives/Hypotheses

It has been shown that there are wide variations in survival outcomes between communities, and it has been suggested that these differences are mainly due to differences in how pre-hospital emergency care is delivered. The Asia-Pacific has relatively undeveloped and diverse emergency medical services systems, especially between countries that have vastly different socio-economic and cultural environments. In the last 3 years, the PAROS network has grown the number of participating countries from seven to thirteen. The new participating countries which have already started contributing data include Pakistan, China, Philippines, India, UAE-Abu Dhabi, and Vietnam. With the addition of these new sites, we aimed to compare system factors and OHCA outcomes between a more diversified portfolio of Asian countries.

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

Data will be extracted from the e-paros platform. Data from countries with existing national cardiac arrest registries will be extracted via an export field entry process, which will auto-populate the PAROS registry. Countries will be grouped into developed and developing countries (based on GDP).

All OHCA cases (including both children and adults) of presumed cardiac and non-cardiac etiology conveyed by EMS or presenting at EDs will be included in the study.

Patients for whom resuscitation was not attempted and were immediately pronounced dead (due to decapitation, rigor mortis, dependent lividity and “do not attempt resuscitation” orders) will be excluded from the study.

The primary outcome of this study is survival to hospital discharge. Secondary outcomes include return of spontaneous circulation, survival to hospital admission, and neurological status on hospital.

Patient demographics and OHCA characteristics for all cases will be summarized by country and also for overall. For age and EMS timings, both mean (SD) and median (IQR) age will be summarised. For

Secretariat

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Website: <http://www.scri.edu.sg/index.php/paros-clinical-research-network>

categorical variables, frequencies and percentages will be described. For cases that were brought in by EMS or private ambulance, incidence rates and outcomes of OHCA will be reported as frequencies and percentages stratified by country and economic status.

Significance of the study (e.g. provide brief description on how the study can improve current systems, its benefit to patients and how it can be implemented)

Having baseline and benchmarking can help identify gaps in EMS and for service and quality improvement purposes, which can aid in increasing the survival rate for OHCA. Countries identified with the best practices and outcomes can be used as a model for other countries to emulate.

For Official Use (Assessor only)

(A) Score (please highlight the appropriate score):

1	2	3	4	5	6	7	8	9	10
<i>Unfavourable</i>								<i>Favourable</i>	

(B) Comments (free 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
 - c. Methodology – maximum of 6 slides
 - d. Significance – maximum of 2 slides

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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

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