

3rd Asian EMS Conference, 2014 Goa, India

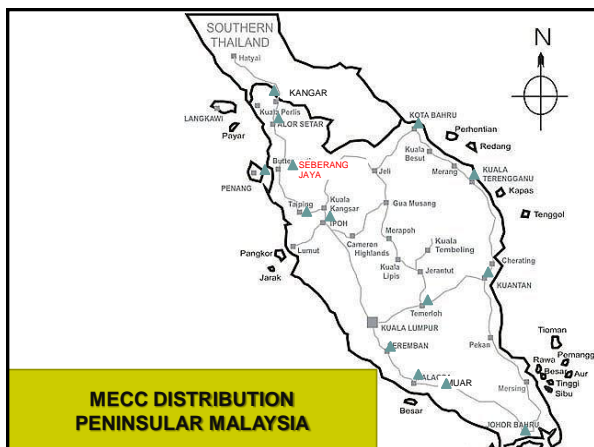
PROGRESS OF PAROS MALAYSIA

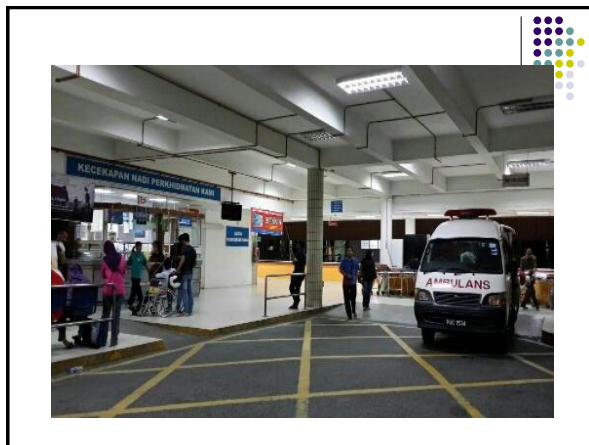


PAN ASIAN RESUSCITATION OUTCOME STUDY (PAROS)

REPORT BY
ANJELAI DEVI MUNIANDEE

RESEARCH ASSISTANT
NORTHERN REGION OF WEST MALAYSIA

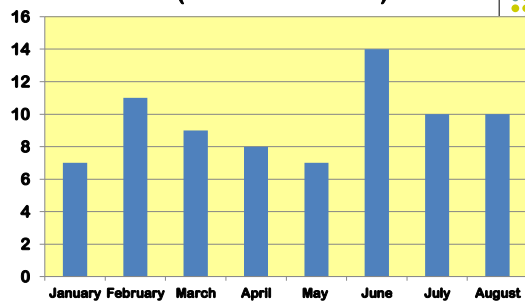




INTRODUCTION

- PAROS 2 – DESPATCH AIDED CPR
- TEAM STARTED 1st APRIL 2014
- ATTENDED PAROS TRAINING
- 2/7/14-3/7/14
(2 days in Kuala Lumpur)
- CONFIDENTIALITY IS MAINTAINED
THROUGHOUT DATA ENTRY.

PAROS I (2014) (Number of Cases)



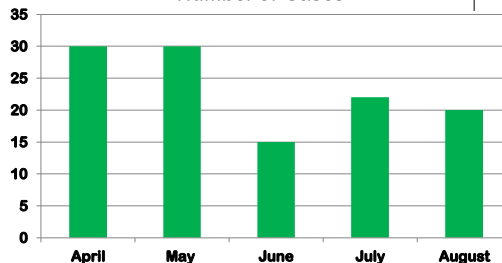
TOTAL NO OF CASES: 76

LIMITATIONS ENCOUNTERED

- PHC form incomplete
- Difficulty in follow up of survivors

ACTION TAKEN TO RESOLVE ISSUES

- Inform Primary investigator
- ED staff were briefed to ensure data entry in PHC form is complete.
- Follow up on admitted cases is done within the month.

**PAROS II (2014)
Number of Cases****TOTAL CASES: 117****LIMITATIONS ENCOUNTERED**

- Voice recording retrieval takes time and can only be done by specific authorized personnel, hence there is a delay.
- data entry disturbances experienced in ePAROS website.
- time taken for CPR advice often delayed by dispatchers
- often calls recorded are "called to confirm death"

ACTION TAKEN TO RESOLVE ISSUES

- a briefing to dispatchers was done on 8 Sept, 2014 to improve their services as well as their advice for Dispatch Aided CPR
- SCRI was informed on the problems that arise during data entry and managed to enter data on time.

**PAN ASIAN RESUSCITATION
OUTCOME STUDY
(PAROS)**

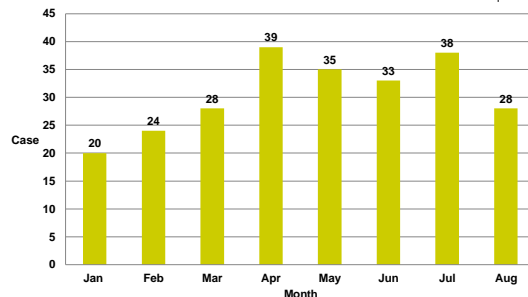
BY
KEE GAIK HOON
RESEARCH ASSISTANT
SOUTHERN REGION OF WEST MALAYSIA



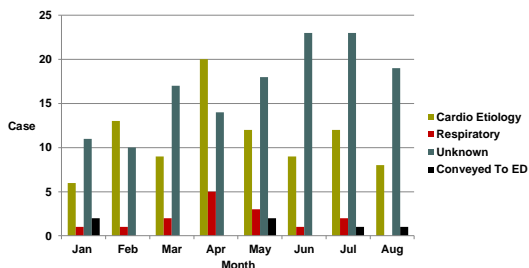
INTRODUCTION

- JOINED THIS TEAM IN APRIL 2014
- ATTENDED 2 DAYS PAROS TRAINING IN KUALA LUMPUR (2/7/14-3/7/14)
- PATIENT'S CONFIDENTIALITY IS MAINTAINED THROUGHOUT DATA ENTRY

Paros I (2014) Number Of Cases



Paros I (2014) Suspected Cause Of Death/Conveyed To ED

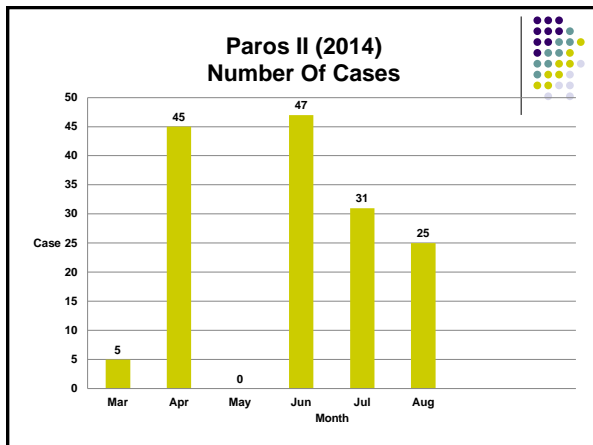


ISSUES ENCOUNTERED

- PHC PAROS I FORM INCOMPLETE
 - No call card number
 - No date
 - No patient's name
 - Unable to follow up patient

ACTION TAKEN TO SOLVE PROBLEMS

- Informed EP in-charge and all PHC staffs the importance of completing in filling the PHC form



ISSUES ENCOUNTERED

- Only specific personnel allow to retrieve voice recording
- Facing problems in ePAROS website when saving the data
- Caller refused to do CPR
- time taken for CPR advice often delayed by dispatchers

ACTION TAKEN TO SOLVE PROBLEMS

- SCRI was informed on the problems that arises during data entry
- Training of call takers/despatchers need to be intensified as to provide quality intervention

PAN ASIAN RESUSCITATION OUTCOME STUDY (PAROS)

BY
CHIA KAN OOI
RESEARCH ASSISTANT
EAST MALAYSIA

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PAROS 2
Miri General Hospital
2014

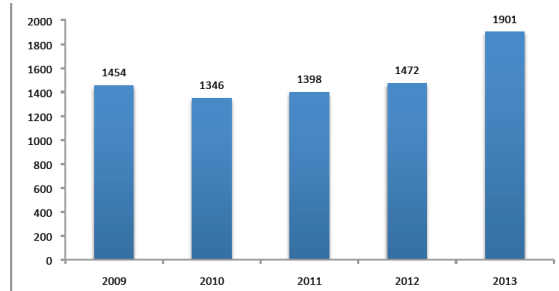


Introduction

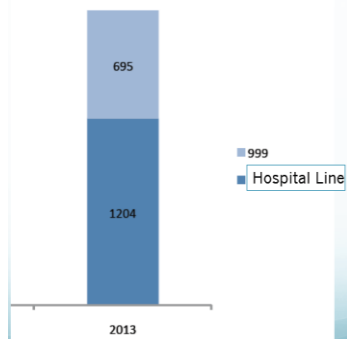
- MECC Miri was established since 2009
- Managed emergency calls for Sarawak
- MERS999 system was installed and functioning Since May 2013



Emergency calls managed by MECC Miri

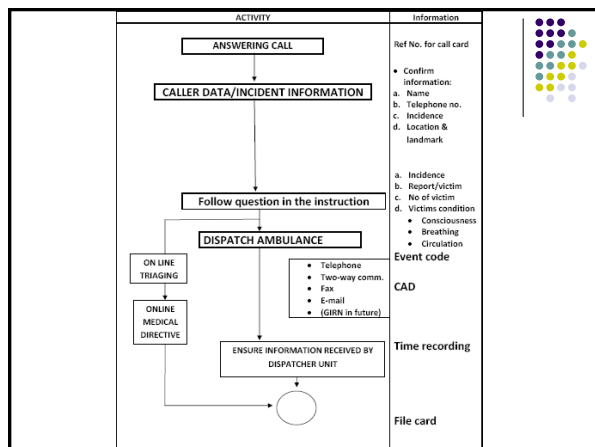


Source of Emergency Call in MECC Miri



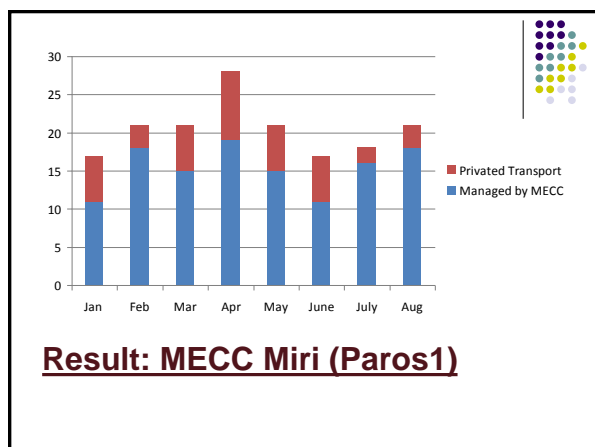
Work process

- Emergency call via 999 to MERS999 system
- Details of the caller was verified
- Type of emergency: found
 - unconscious/unresponsive ie cardiac
 - arrest/respiratory arrest
- On line medical directive
- Dispatch of the ambulance/EMT



Data collection

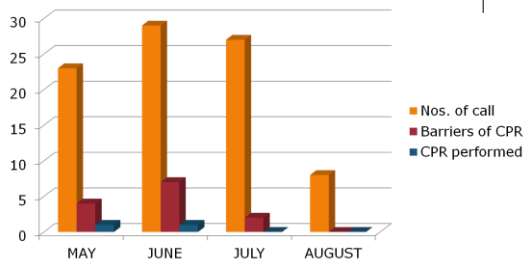
- All emergency call for out of hospital collapse from May 2014-Apr 2015 were included
- Data collected from the ambulance dispatch form
- Data from MERS999 voice recording
-



Result: MECC Miri / Kuching (PAROS 2)

- - Voice calls were extracted May – Aug 2014
- - 91 cases, means 23 cases per month
- - 45 cases are to confirm dead and 3rd party calls

Result : MECC Miri / Kuching (Paros 2)



Limitation/Issue

- 50% of the calls requested for confirmation of death by medical personnel as per local policy.
- Shortage of human resource in MECC
 - Only one staff as call taker and ambulance dispatch
 - Online medical directive was on hold when ambulance is dispatched
 - Using different phone line to instruct the caller for CPR, (recording of the conversation was not available for audit)

Limitation/Issue

- MERS999: extraction of the data required only can be done from Kuala Lumpur (resolved)
- Totally dependent on the research assistant
- Public perception of emergency call management and performing CPR as instructed
- Language Barrier
- Gender Difference

Conclusion

- **PAROS 1** is relatively new in MECC Miri
 - -157 cases of cardiac arrest was recorded from Jan-Aug 2014
- **PAROS 2:** more effort is required to extract data/voice recording for audit and analysis.
 - - 91 cases voice record from May to August.
 - - 70% callers using direct line ie: unable to audit.

Looking Forward

- Data and voice recording to be extracted for future audit
- Adherence of SOP by staff in MECC
- Coordination and team for PAROS
- Training of the staff for PAROS data collection

