



Resuscitation Academy (RA) 10-Step Implementations in the PAROS Group

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Project Title:

Resuscitation Academy (RA) 10-Step Implementations in the Pan-Asian Resuscitation Outcomes Study (PAROS) group

Hypothesis:

We hypothesize that the implementation of RA's 10-step recommendations for OHCA will increase survival rate in PAROS participating countries.

RA's 10-step recommendations for OHCA

Step	Implementation
1	Establish a cardiac arrest registry
2	Begin Telephone-CPR with ongoing training and QI
3	Begin high-performance EMS CPR with ongoing training and QI
4	Begin rapid dispatch
5	Measure professional resuscitation using the defibrillator recording (and voice if possible)
6	Begin an AED program for first responders, including police officers, guards, and other security personnel
7	Use smart technologies to extend CPR and public access defibrillation programs to notify volunteer bystanders who can respond to nearby arrest to provide early CPR and defibrillation
8	Make CPR and AED training mandatory in schools and the community
9	Work toward accountability – submit annual reports to the community
10	Work toward a culture of excellence

Countries awarded the grant and their choice of RA 10-steps implementation.

Country	Choice of RA 10-Steps Implementation									
	1	2	3	4	5	6	7	8	9	10
China	√	√	√	√		√			√	
Malaysia	√	√	√	√				√		
India		√	√		√		√		√	√
Pakistan	√	√	√				√			
Vietnam	√	√								
Philippines		√	√	√	√					

6-monthly Project Status Report Form_1



Country:	Host Institution:	Name of PI:
Reporting period	DDMMYYYY - DDMMYYYY	

A. Resuscitation Academy (RA) 10-Step Implementations

Step	Implementation	Progress made during the reporting period	Evaluation
1	Establish a cardiac arrest registry	i) Has the registry/ database been set up? If yes, please proceed to 1 (ii). If not, please describe the current status, progress in plan and share the estimated go-live date. <i>Elaborate:</i> Click here to enter text.	<input type="checkbox"/> Acceptable <input type="checkbox"/> Need to improve <input type="checkbox"/> NA
		ii) For data entry in ePAROS, please refer to reporting metric in Section B. For data entry in local registry, please specify the coverage: No. of hospitals and/or EMS centres contributing data in the registry: _____	
2	Begin telephone-CPR with ongoing training & quality improvement	i) Has the telephone-CPR system been set up? If not, please describe your plans to set up over the next reporting period. <i>Elaborate:</i> Click here to enter text.	<input type="checkbox"/> Acceptable <input type="checkbox"/> Need to improve <input type="checkbox"/> NA
		ii) No. of dispatcher workshops/ courses conducted over the reporting period? <i>Elaborate:</i> Click here to enter text.	
		iii) No. of dispatchers trained to deliver DA-CPR over the reporting period? <i>Elaborate:</i> Click here to enter text.	

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		<p>iv) Any system in place to review and feedback on the calls received daily? Please describe the system, the frequency of review, who does the review etc. If absence of such a feedback system, please describe your plans to set up over the next reporting period.</p> <p><i>Elaborate:</i> Click here to enter text.</p>	
3	Begin high-performance EMS CPR (correct speed, depth, hand position, minimal interruptions) with ongoing training & quality improvement (download CPR data from defibrillator for review)	<p>i) No. of high performance CPR training conducted over the reporting period?</p> <p><i>Elaborate:</i> Click here to enter text.</p>	<input type="checkbox"/> Acceptable <input type="checkbox"/> Need to Improve <input type="checkbox"/> NA
		<p>ii) No. of EMTs trained in high performance CPR over the reporting period?</p> <p><i>Elaborate:</i> Click here to enter text.</p>	
		<p>iii) Any system in place to review and evaluate the HP EMS CPR? Please describe the system, the frequency of review, who does the review etc. If absence of such a feedback system, please describe your plans to set up over the next reporting period.</p> <p><i>Elaborate:</i> Click here to enter text.</p>	
4	Rapid dispatch (dispatch within 1 min upon receipt of call for critical events)	<p>i) Please state previous dispatch time: _____ (min)</p> <p>ii) Please state current dispatch time: _____ (min)</p> <p><i>Elaborate:</i> Click here to enter text.</p>	<input type="checkbox"/> Acceptable <input type="checkbox"/> Need to Improve <input type="checkbox"/> NA
		<p>iii) Please state plans to improve the timing if any.</p> <p><i>Elaborate:</i> Click here to enter text.</p>	
5	Measure professional resuscitation using the defibrillator recording (download of CPR data from defibrillator including voice recording to evaluate resuscitation processes)	<p>i) Has this system been in place? Please describe the system, the frequency of evaluation, who does the evaluation etc. If absence of such a feedback system, please describe your plans to set up over the next reporting period.</p> <p><i>Elaborate:</i> Click here to enter text.</p>	<input type="checkbox"/> Acceptable <input type="checkbox"/> Need to Improve <input type="checkbox"/> NA

6-monthly Project Status Report Form_3



6	Use smart technologies, such as smartphone applications, to notify volunteer bystanders who can respond to nearby arrest to provide early CPR and defibrillation	i) Any smart technologies developed/ deployed over the reporting period? <i>Elaborate:</i> Click here to enter text.	<input type="checkbox"/> Acceptable <input type="checkbox"/> Need to Improve <input type="checkbox"/> NA
		ii) No. of cases where bystander are being activated by the smart technologies over the reporting period? <i>Elaborate:</i> Click here to enter text.	
		iii) Plans to develop the smart technologies if it has not been in place? <i>Elaborate:</i> Click here to enter text.	
7	AED program for first responders, including police officers, security personnel, etc.	i) No. of CPR and AED trainings conducted for the first responder over the reporting period? <i>Elaborate:</i> Click here to enter text.	<input type="checkbox"/> Acceptable <input type="checkbox"/> Need to Improve <input type="checkbox"/> NA
		ii) No. of first responders trained over the reporting period? <i>Elaborate:</i> Click here to enter text.	
8	Make CPR & AED training mandatory in schools and the community	i) No. of CPR & AED trainings conducted in schools or public over the reporting period? <i>Elaborate:</i> Click here to enter text.	<input type="checkbox"/> Acceptable <input type="checkbox"/> Need to Improve <input type="checkbox"/> NA
		ii) No. of schools conducting the CPR & AED training? <i>Elaborate:</i> Click here to enter text.	
		iii) No. of community conducting the CPR & AED training? <i>Elaborate:</i> Click here to enter text.	
9	Work towards accountability-submit annual reports to the community	i) Has the publication of annual report been implemented in your organization (internal) and disseminated to public (external)? <i>Elaborate:</i> Click here to enter text.	<input type="checkbox"/> Acceptable <input type="checkbox"/> Need to Improve <input type="checkbox"/> NA



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		ii) Please describe the key elements (major metrics for cardiac arrest patients/ response factors/ program features) included in the report <i>Elaborate:</i> Click here to enter text.	
10	Work towards culture of excellence	i) State the protocol(s) that has/ have been established in the medical system over the reporting period (for EMTs, dispatchers, and paramedics, medical supervision, evidence-based practice, on-going education and training, on-going quality improvement, etc.). <i>Elaborate:</i> Click here to enter text.	<input type="checkbox"/> Acceptable <input type="checkbox"/> Need to Improve <input type="checkbox"/> NA
Any other RA 10-Steps which has been implemented but not stated in the grant application		RA 10-Steps no.: Click here to enter text. <i>Elaborate:</i> Click here to enter text.	
Comments by Reviewer:			
Reviewed by:	_____	_____	
	Name & Organization	Reviewer's signature	

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B. Data contribution in ePAROS

Domain	Items	Evaluation
Missing data - Core variables	Proportion of missing data from core variables _____	<input type="checkbox"/> Acceptable <input type="checkbox"/> Need to Improve
Compliance	1. Total no. of OHCA calls received and cardiac arrest witnessed: _____ 2. No. of DACPR calls offered: _____ 3. No. of DACPR calls accepted: _____ 4. Total no. of dispatchers on site: _____ 5. No. of DACPR-trained dispatchers on site: _____	<input type="checkbox"/> Acceptable <input type="checkbox"/> Need to Improve <input type="checkbox"/> NA
Out-of-range - Core variables	Proportion of out-of-range data from core variables _____	<input type="checkbox"/> Acceptable <input type="checkbox"/> Need to Improve
Inconsistence - Core variables	% of cases with inconsistent time sequence (across core time variables where applicable) (Core time variables: PAROS #2, #5, #9, #13 - #16, #31, #38, #46) _____	<input type="checkbox"/> Acceptable <input type="checkbox"/> Need to Improve
Remarks (if any)	Click here to enter text.	
Comments by Reviewer:		
Reviewed by:	_____	_____
	Name & Organization	Reviewer's signature