

Out of Hospital Cardiac Arrest Organisational Questionnaire

A. Introduction

Please complete one organisational questionnaire for each hospital in your Trust/Health Board that treats patients that have suffered an Out of Hospital Cardiac Arrest.

What is this study about:

The aim of the study is to investigate variation and remediable factors in the processes of care of patients admitted to hospital following an Out of Hospital Cardiac Arrest (OHCA).

Who should complete this questionnaire:

This questionnaire has been designed to collect data on the organisational structures surrounding the care provided to patients that have suffered an Out of Hospital Cardiac Arrest.

It should be completed by or with input from, clinicians(s) that provide care to this group of patients. This is likely to include, but not limited to, Emergency medicine, Cardiology, and Intensive care medicine

Questions or help:

Further information regarding the study can be found here: <https://www.ncepod.org.uk/ohca.html>

If you have any queries about the study or this questionnaire, please contact: ohca@ncepod.org.uk or telephone 020 7251 9060.

This study was commissioned by The Healthcare Quality Improvement Partnership (HQIP) as part of the Clinical Outcome Review Programme into Medical & Surgical care.

B. The hospital

1. How many inpatient beds does this hospital have?

beds

Unknown

2a. Does this hospital have an emergency department?

Yes

No

**2b. If answered "Yes" to [2a] then:
Is the Emergency Department open 24/7?**

Yes

No

Unknown

3a. Does this hospital take admissions via air ambulance?

Yes

No

Unknown

**3b. If answered "Yes" to [3a] then:
How are air ambulance transfers received?**

On-site helipad no land ambulance transfer required

Land ambulance transfer required

Unknown

If not listed above, please specify here...

4a. Is this hospital part of a formal cardiac clinical network?

Yes

No

Unknown

**4b. If answered "Yes" to [4a] then:
Which network?**

C. Services

1. Does this hospital have a cardiology ward?

- Yes No Unknown

2a. Is there a 7 day onsite cardiologist?

- Yes No Unknown

**2b. If answered "No" to [2a] then:
How many days/week is a cardiologist onsite?**

Unknown

Value should be no more than 7

3a. Does this hospital have a coronary care unit?

- Yes No Unknown

**3b. If answered "Yes" to [3a] then:
What level care does this provide?**

- Level 2 Level 3 Level 2 and 3 Unknown

If not listed above, please specify here...

4a. Does this hospital have a Percutaneous Coronary Intervention (PCI) service onsite?

- Yes No Unknown

**4b. If answered "Yes" to [4a] then:
Is the PCI service a 24/7 service**

- Yes No Unknown

**4c. If answered "Yes" to [4a] and "No" to [4b] then:
How is PCI provided out of hours?**

- Via a formal network Via an informal network Unavailable
 Unknown

If not listed above, please specify here...

**4d. If answered "No" to [4a] then:
How is PCI provided?**

- Via a formal network Via an informal network Unavailable
 Unknown

If not listed above, please specify here...

**4e. If answered "Yes" to [4a] then:
Can PCI be performed in unconscious (ventilated) patients?**

- Yes No Unknown

5a. Which of the following are available in your hospital

Please mark all that apply

- | | |
|---|--|
| <input type="checkbox"/> Point of care echocardiography | <input type="checkbox"/> Formal Echocardiography |
| <input type="checkbox"/> On-site neurologist | <input type="checkbox"/> EEG |
| <input type="checkbox"/> CT Head | <input type="checkbox"/> CT chest |
| <input type="checkbox"/> CT abdomen | <input type="checkbox"/> CT coronary angiogram |
| <input type="checkbox"/> Cardiac MRI | <input type="checkbox"/> Brain MRI |

**5b. If answered "Point of care echocardiography" to [5a] then:
Is point of care echo available in the Emergency department?**

- Yes No Not applicable (No ED)
 Unknown

**5c. If answered "Brain MRI" to [5a] then:
Can an MRI of the brain be undertaken in ventilated patients?**

- Yes No Unknown

6. Which of the following can be provided on-site at this hospital?

- Mechanical CPR in the emergency department Mechanical CPR in cardiology
 Mechanical cardiac support - LVAD
 Mechanical cardiac support - Aortic balloon pump
 None of the above

What arrangements are in place for the following procedures?

7a. Implantable pacemakers

- On-site Off-site via a formal network
 Off-site via an informal network Not available
 Unknown

If not listed above, please specify here...

7b. Implantable defibrillators

- On-site Off-site via a formal network
 Off-site via an informal network Not available
 Unknown

If not listed above, please specify here...

7c. Electrophysiological studies (EPS)/ ablation therapy

- On-site Off-site via a formal network
 Off-site via an informal network Not available
 Unknown

If not listed above, please specify here...

1a. Does this hospital have an electronic system for advanced care directives that includes DNACPR orders?

- Yes No Unknown

**1b. If answered "Yes" to [1a] then:
Who is this shared with?**

- Emergency department GPs Ambulance service
 Unknown

Please specify any additional options here...

2a. Is there an Emergency Department pre-alert system for OHCA?

- Yes No Unknown

**2b. If answered "Yes" to [2a] then:
Does this differ for patients with ROSC vs those without ROSC**

- Yes No Unknown

**2c. If answered "Yes" to [2a] and "Yes" to [2b] then:
Please provide details of the differences**

3a. How is the ambulance service to emergency department handover made?

please mark all that apply

- Paper Electronic Verbal Unknown

Please specify any additional options here...

3b. What is included?

- Time of incident
- Witnessed cardiac arrest or found in cardiac arrest
- Arrival at patient time
- Who performed CPR
- Use of defibrillator
- Interventions by paramedics
- ECG findings
- Changes in patients condition
- Transported in cardiac arrest or with ROSC
- Total time from collapse to CPR or if unknown
- Total time from CPR to ROSC (low-flow time)
- ED arrival time

Please specify any additional options here...

3c. Is this visible to those managing the patient beyond the emergency department?

- Yes No Unknown

4a. Is there an ED protocol for the assessment of patients with OHCA and pre-hospital or in hospital ROSC.

- Yes No Unknown

**4b. If answered "Yes" to [4a] then:
What does it include?**

- Speciality leading assessment
- Seniority leading assessment
- ECG
- Point of care echocardiography
- Formal Echocardiography
- CT head
- CT pulmonary angiography/chest
- CT abdomen/pelvis
- Protocols for admission/withdrawing treatment/ donor consideration whilst in ED
- Family involvement
- Patient directives/desires

Please specify any additional options here...

5. Which of the following are reasons that patients with ROSC who require advanced organ support are not admitted to ITU?

- Poor cardiac prognosis
- Poor neurological prognosis
- Poor background functional status
- Co-morbidities e.g. advanced cancer
- None of the above
- Unknown

Please specify any additional options here...

6a. Does this hospital have a policy for targeted temperature management (TTM)?

- Yes No Unknown

6b. Is a TTM device with a feedback loop system available?

- Yes No Unknown

Where are patients that have suffered an OHCA first admitted

Please consider each presentation and indicate where such a patient would usually be admitted

7a. Conscious patient with ST elevation

please mark all that apply

- Emergency Department
- Cardiac Cath Lab
- Coronary Care Unit
- Cardiology ITU
- Cardiac Surgical ITU
- General ITU
- Unknown

Please specify any additional options here...

7b. Unconscious patient (defined as GCS<8 or requiring airway support) with ST elevation

please mark all that apply

- | | | |
|---|---|---|
| <input type="checkbox"/> Emergency Department | <input type="checkbox"/> Cardiac Cath Lab | <input type="checkbox"/> Coronary Care Unit |
| <input type="checkbox"/> Cardiology ITU | <input type="checkbox"/> Cardiac Surgical ITU | <input type="checkbox"/> General ITU |
| <input type="checkbox"/> Unknown | | |

Please specify any additional options here...

7c. Conscious patient with suspected cardiac cause

please mark all that apply

- | | | |
|---|---|---|
| <input type="checkbox"/> Emergency Department | <input type="checkbox"/> Cardiac Cath Lab | <input type="checkbox"/> Coronary Care Unit |
| <input type="checkbox"/> Cardiology ITU | <input type="checkbox"/> Cardiac Surgical ITU | <input type="checkbox"/> General ITU |
| <input type="checkbox"/> Unknown | | |

Please specify any additional options here...

7d. Unconscious patient (defined as GCS<8 or requiring airway support) with suspected cardiac cause

please mark all that apply

- | | | |
|---|---|---|
| <input type="checkbox"/> Emergency Department | <input type="checkbox"/> Cardiac Cath Lab | <input type="checkbox"/> Coronary Care Unit |
| <input type="checkbox"/> Cardiology ITU | <input type="checkbox"/> Cardiac Surgical ITU | <input type="checkbox"/> General ITU |
| <input type="checkbox"/> Unknown | | |

Please specify any additional options here...

7e. Conscious patient with suspected non-cardiac cause

please mark all that apply

- | | | |
|---|---|---|
| <input type="checkbox"/> Emergency Department | <input type="checkbox"/> Cardiac Cath Lab | <input type="checkbox"/> Coronary Care Unit |
| <input type="checkbox"/> Cardiology ITU | <input type="checkbox"/> Cardiac Surgical ITU | <input type="checkbox"/> General ITU |
| <input type="checkbox"/> Unknown | | |

Please specify any additional options here...

7f. Unconscious patient (defined as GCS<8 or requiring airway support) with suspected non-cardiac cause

please mark all that apply

- | | | |
|---|---|---|
| <input type="checkbox"/> Emergency Department | <input type="checkbox"/> Cardiac Cath Lab | <input type="checkbox"/> Coronary Care Unit |
| <input type="checkbox"/> Cardiology ITU | <input type="checkbox"/> Cardiac Surgical ITU | <input type="checkbox"/> General ITU |
| <input type="checkbox"/> Unknown | | |

Please specify any additional options here...

7g. If you wish to expand on any of your answers to question 7 please do so here:

1a. Is a validated prognostic score routinely used for OHCA ROSC patients?

- Yes
 No
 Unknown

**1b. If answered "Yes" to [1a] then:
Which prognostic score(s) are used?**

please mark all that apply

- Cardiac Arrest Hospital Prognosis score
 OHCA Score
 GO-FAR (Good Outcome Following Attempted Resuscitation) score
 RACA score
 C-GRaPH
 Unknown

Please specify any additional options here...

2. Which of the following prognostic assessments/tests are available and routinely used?

- Pupillary light reflexes
 Corneal reflexes
 Motor response to pain
 Seizure activity/myoclonus
 Biomarkers - NSE (neuron specific enolase , S-100B, other (free text)
 EEG intermittent
 EEG continuous
 EEG with Bispectral (BIS) monitoring
 SSEPs (short-latency somatosensory evoked potentials)
 CT Brain /cerebral CTA
 MRI Brain /Diffusion Weighted Imaging
 4 vessel cerebral catheter angiography
 Unknown

Please specify any additional options here...

What is usually the earliest time that a decision is made to withdraw life-sustaining treatment (WLST) based on

3a. Cardiovascular prognosis

- | | | |
|------------------------------------|--|-----------------------------------|
| <input type="radio"/> On admission | <input type="radio"/> Admission - 24 hours | <input type="radio"/> 24-48 hours |
| <input type="radio"/> 48-72 hours | <input type="radio"/> 3-4 days | <input type="radio"/> 4-5 days |
| <input type="radio"/> 5-6 days | <input type="radio"/> 6-7 days | <input type="radio"/> >7 days |
| <input type="radio"/> Unknown | | |

If not listed above, please specify here...

3b. Neurological prognosis

- | | | |
|------------------------------------|--|-----------------------------------|
| <input type="radio"/> On admission | <input type="radio"/> Admission - 24 hours | <input type="radio"/> 24-48 hours |
| <input type="radio"/> 48-72 hours | <input type="radio"/> 3-4 days | <input type="radio"/> 4-5 days |
| <input type="radio"/> 5-6 days | <input type="radio"/> 6-7 days | <input type="radio"/> >7 days |
| <input type="radio"/> Unknown | | |

If not listed above, please specify here...

F. Discharge and follow up

1. When indicated are OHCA patients routinely assessed by a heart rhythm specialist prior to discharge?

- Yes No Unknown

2a. For patients with a brain injury, is a Functional Outcome Assessment routinely performed pre-discharge or rehabilitation?

- Yes No Unknown

**2b. If answered "Yes" to [2a] then:
What is used (neuro outcome)**

- Cerebral Performance Category (CPC) modified Rankin Scale (mRS)
 Glasgow Outcome Scale Extended (GOSE) Cognitive function tests

Please specify any additional options here...

3. Is standard written discharge advice for OHCA patients and their families/carers provided?

- Yes No Unknown

4. Are patients with poor left ventricular function routinely reassessed at 8-12 weeks for ICD or cardiac resynchronisation therapy?

- Yes No Unknown

5. Is cardiac rehabilitation routinely provided where appropriate for OHCA survivors?

- Yes on-site Yes off-site No Unknown

If not listed above, please specify here...

6. Is neuro rehabilitation routinely provided where appropriate for OHCA survivors?

- Yes on-site Yes off-site Not available Unknown

If not listed above, please specify here...

7. Are Psychological Support/Counselling services routinely provided where appropriate for OHCA survivors?

- Yes on-site Yes off-site No Unknown

Organ donation

8. Is there a clinical lead for organ donation?

- Yes No Unknown

9a. Do you have a written protocol for consideration of organ donation for OHCA patients?

- Yes No Unknown

9b. If answered "Yes" to [9a] then:

When was it last updated?

Please put the year it was last updated

9c. Are patients who have had CPR excluded from organ donation?

Yes

No

Unknown

10a. Do you have a Specialist Nurse for Organ Donation (SNOD)?

Yes

No

Unknown

10b. If answered "No" to [10a] then:

Do you have a formal link with a SNOD at another hospital

Yes

No

Unknown

1a. Are outcomes from OHCA and ROSC audited locally at this hospital?

Yes

No

Unknown

**1b. If answered "Yes" to [1a] then:
How frequently?**

**1c. If answered "Yes" to [1a] then:
When was this last audited?**

year

Unknown

1. If you wish to make us aware of anything relating to the answers supplied please let us know below. Otherwise, you can leave this section empty

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE

By doing so you have contributed to the dataset that will form the report and recommendations due for release in July 2020