

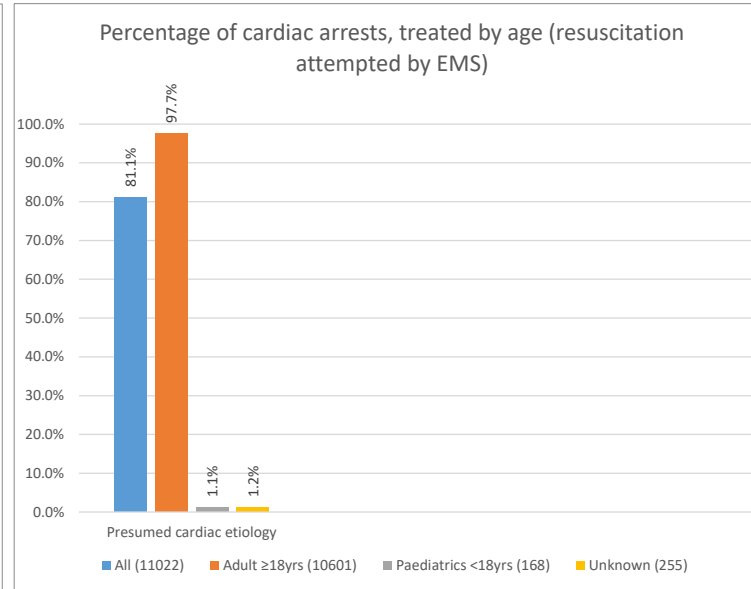
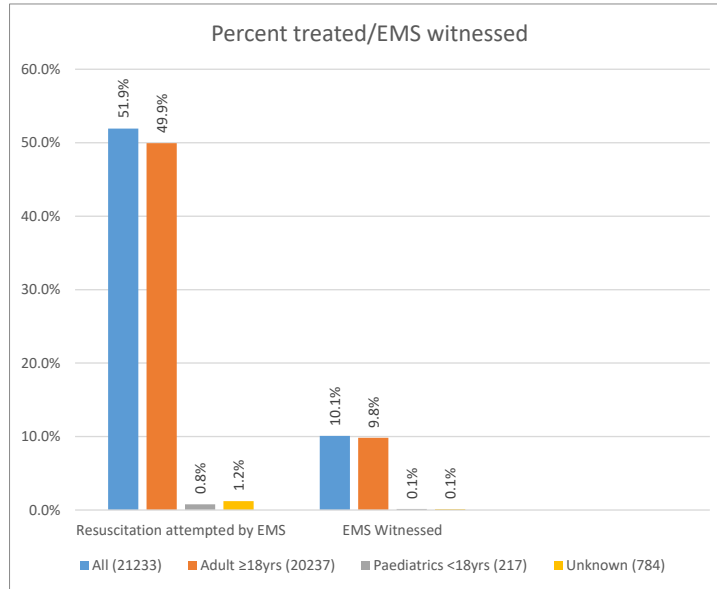
CanROC OHCA Registry Report

Region: ALL REGIONS



Generated: April 05, 2023 02:37 PM
Date Range: January 01, 2021 to December 31, 2021

Contributing cases by site (treated and untreated): AL- 4,226; BC- 8,303; SK- 497; TO- 3,297; OTT- 4,669; PEI- 241



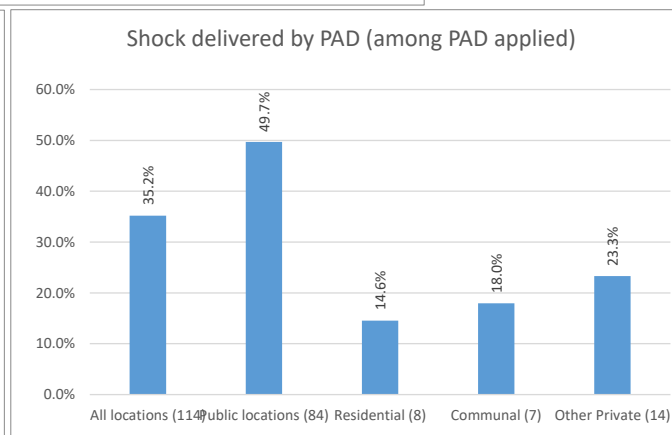
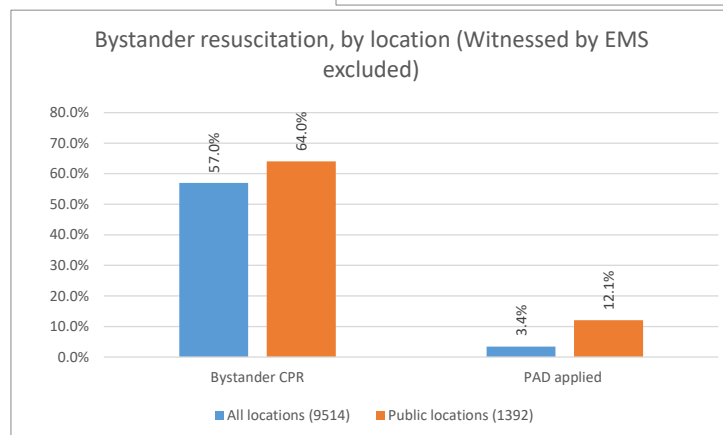
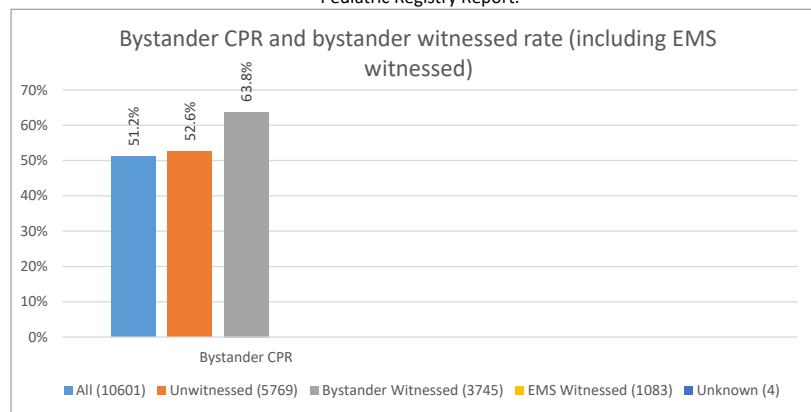
1. PERCENT TREATED/EMS WITNESSED

Total number (All) includes treated non-traumatic arrests and those not treated due to DNR status or obvious death criteria, as well as the proportion of EMS witnessed arrests, and a breakdown of adult vs. paediatric patients.

2. PERCENTAGE OF CARDIAC ARRESTS, TREATED BY AGE (RESUSCITATION ATTEMPTED BY EMS)

Compares etiologies of presumed cardiac etiologies with obvious non-cardiac causes, and unknown etiologies, with a breakdown of adult vs. paediatric patients.

The following sections refer only to patients that are: 1) treated (including treatment by firefighters), 2) adult, and 3) non-traumatic etiologies. For pediatric patients, see the CanROC OHCA Pediatric Registry Report.



3. BYSTANDER CPR AND BYSTANDER WITNESSED RATE (INCLUDING EMS WITNESSED)

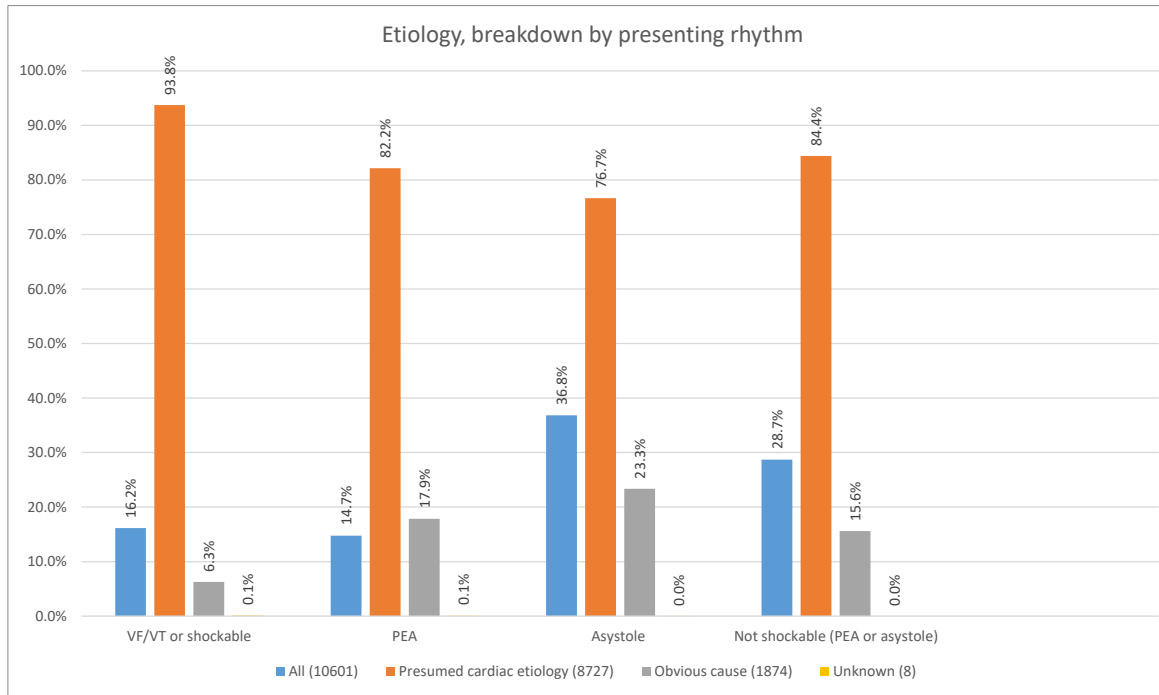
Breakdown of treated arrests based on witnessed status and bystander CPR. For the definitions of this report, a bystander includes anyone not part of an organized 911 response (including, but not limited to, lay responders, internal medical response teams, physicians, nursing home staff, and off-duty EMS/fire providers).

4. BYSTANDER RESUSCITATION, BY LOCATION (WITNESSED BY EMS EXCLUDED)

Breakdown of treated arrests based on bystander CPR and public access defibrillator (PAD) use.

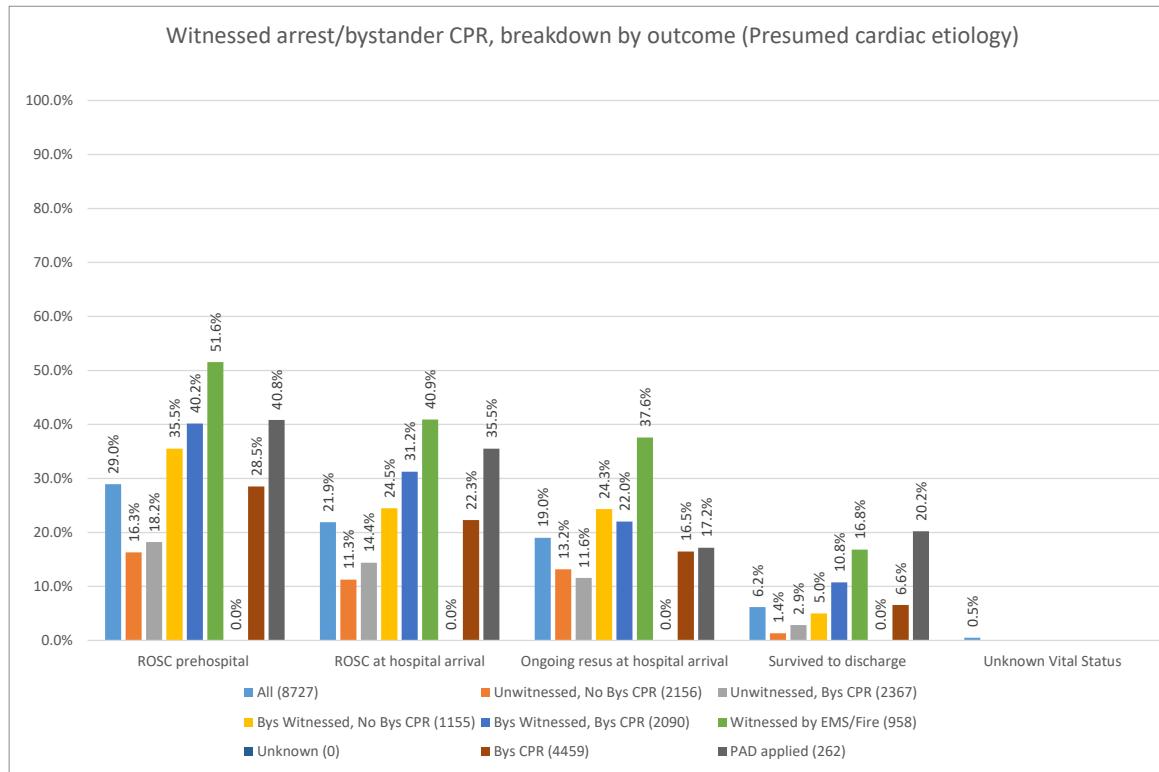
5. SHOCK DELIVERED BY PAD (AMONG PAD APPLIED)

Breakdown of locations where PAD was applied by bystander and at least one shock was delivered.



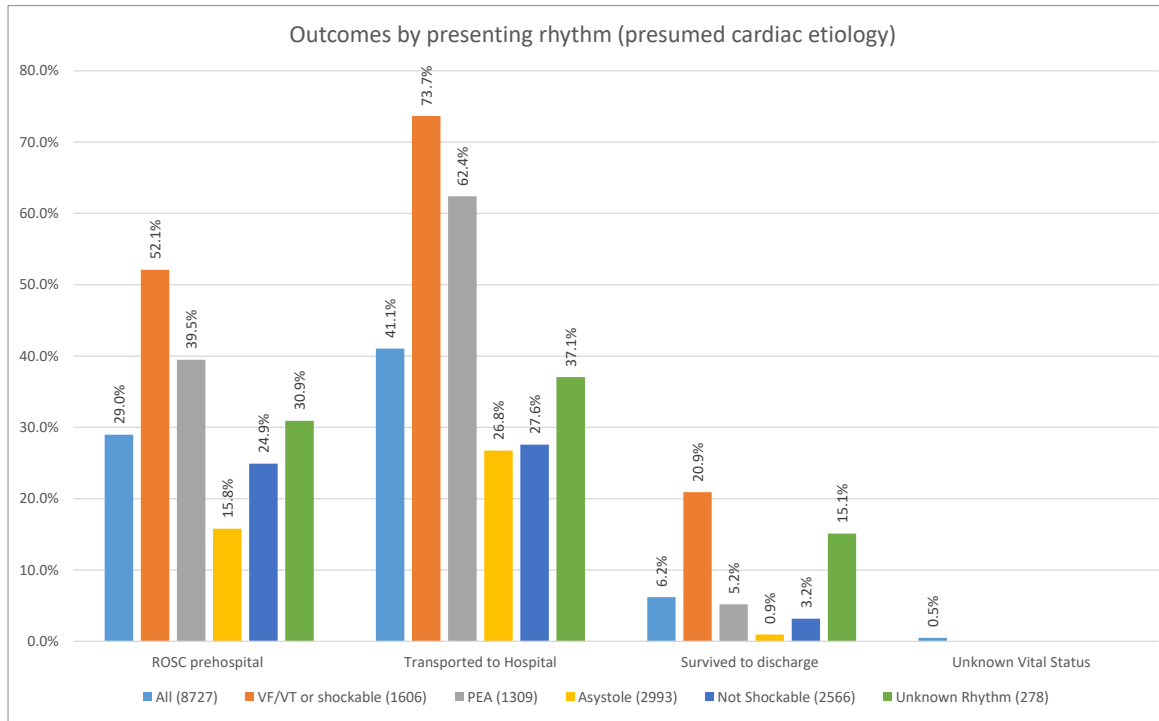
6. ETIOLOGY, BREAKDOWN BY PRESENTING RHYTHM

Breakdown by presenting rhythm of cardiac arrests. This refers to the earliest rhythm determined from an EMS or Fire defibrillator. 'Not shockable' is a group that includes both asystole and PEA where insufficient documentation exists to differentiate between the two (for example, a paramedic documents that an analysis yielded a 'no shock advised', but the electronic ECG file is not available to determine the actual rhythm).



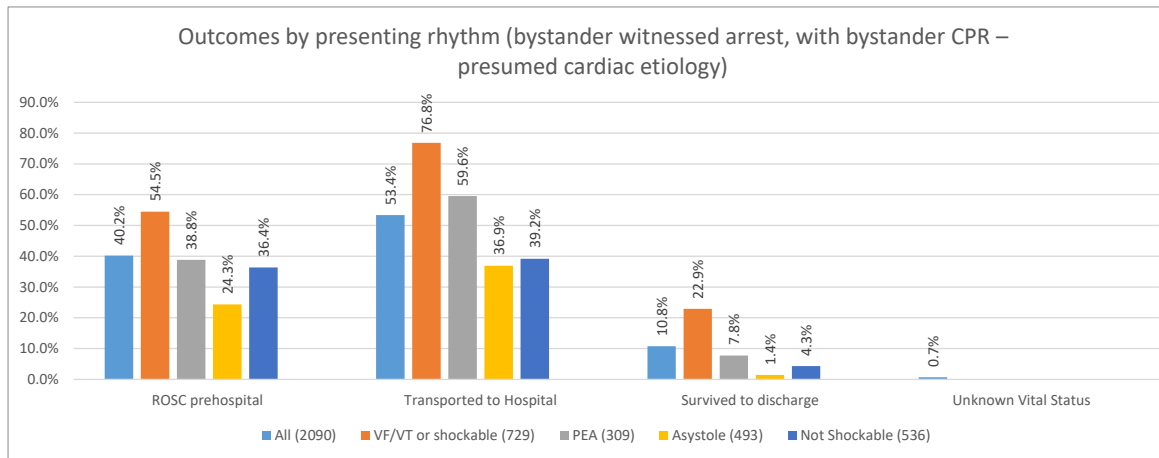
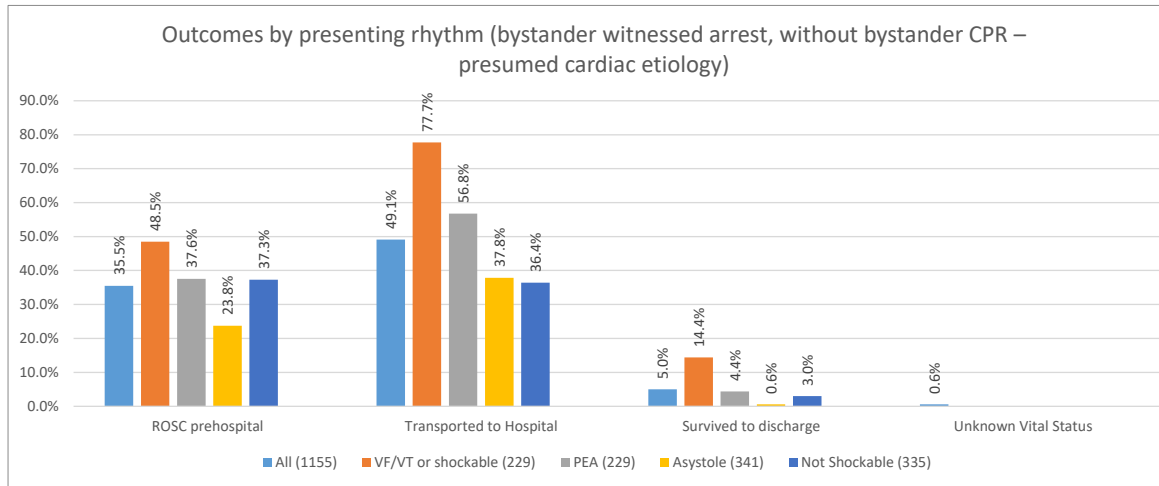
7. WITNESSED ARREST/BYSTANDER CPR, BREAKDOWN BY OUTCOME (PRESUMED CARDIAC ETIOLOGY)

Breakdown of outcome by arrest category as relates to the presence or absence of the arrest being witnessed or receiving bystander CPR.



8. OUTCOMES BY PRESENTING RHYTHM (PRESUMED CARDIAC ETIOLOGY)

Breakdown of outcome based on initial cardiac arrest rhythm for all adult cardiac arrests with no obvious etiology (aka presumed cardiac).



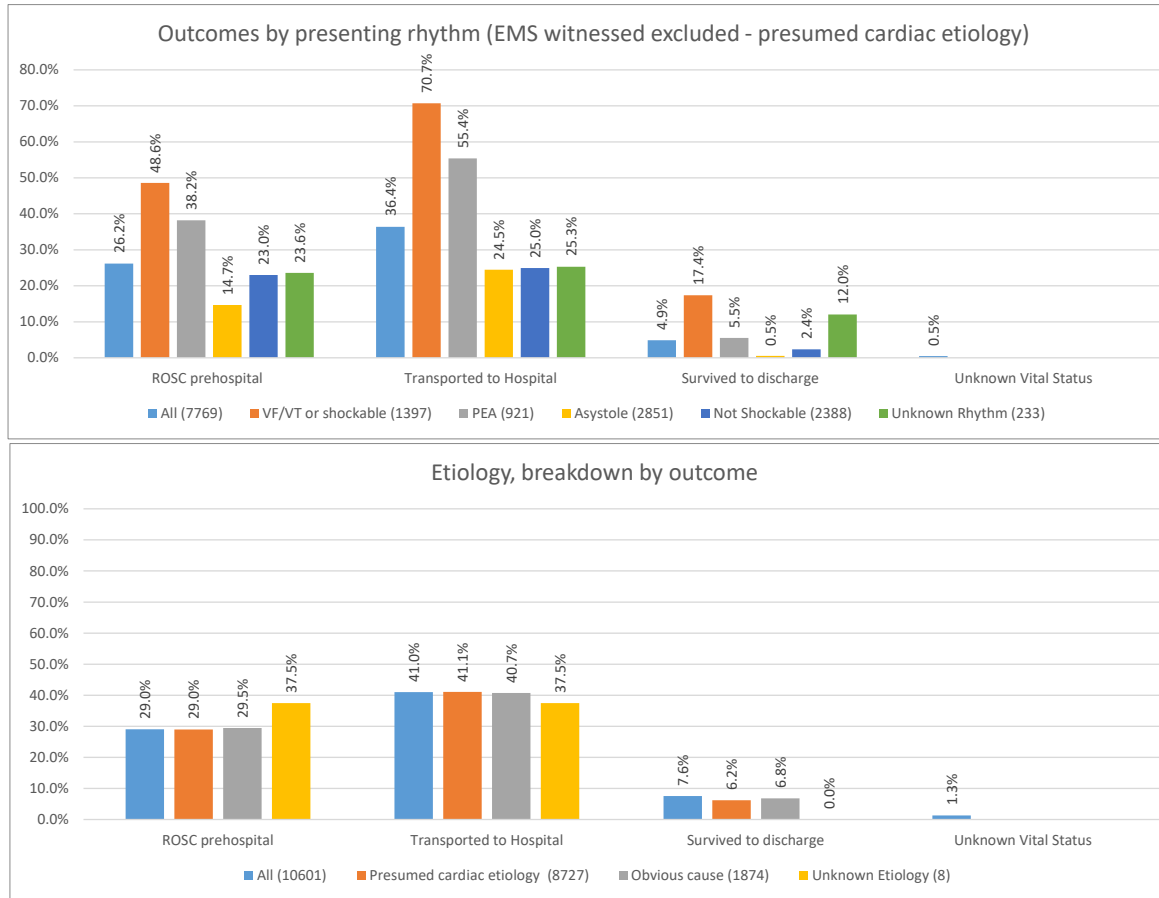
9. OUTCOMES BY PRESENTING RHYTHM (BYSTANDER WITNESSED ARRESTS, WITHOUT BYSTANDER CPR - PRESUMED CARDIAC ETIOLOGY)

Breakdown of outcome based on initial cardiac arrest rhythm for all adult bystander witnessed cardiac arrests with no obvious etiology, and no bystander CPR.

10. OUTCOMES BY PRESENTING RHYTHM (BYSTANDER WITNESSED ARRESTS, WITH BYSTANDER CPR - PRESUMED CARDIAC ETIOLOGY)

Breakdown of outcome based on initial cardiac arrest rhythm for all adult bystander witnessed cardiac arrests with no obvious etiology, and bystander CPR performed.

NB: Utstein survival percentage is the average of the orange bars of Chart 9 and 10



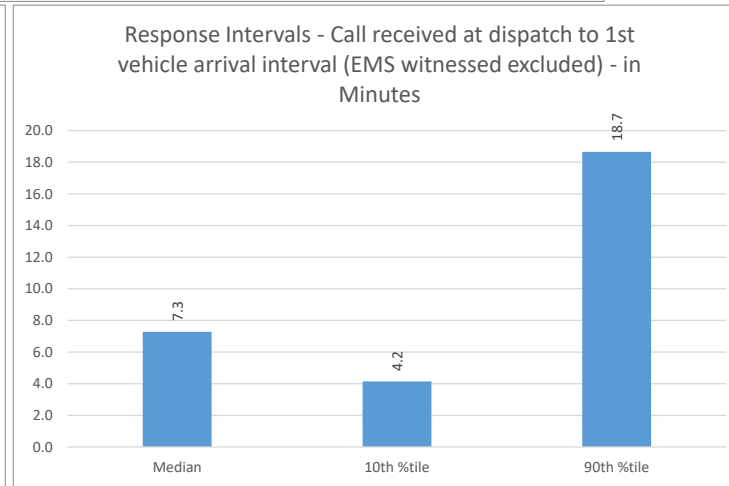
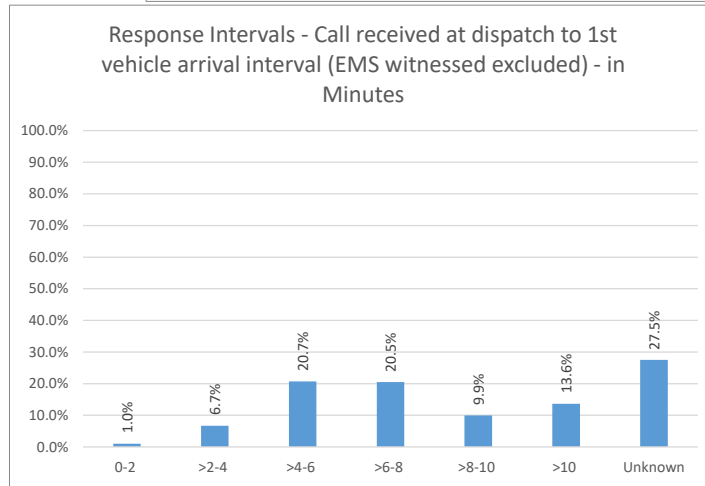
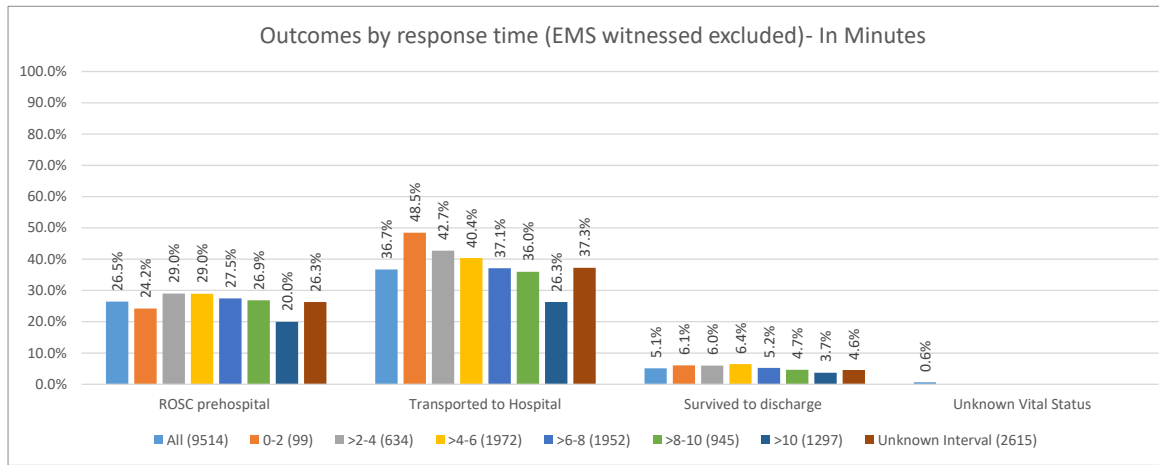
11. OUTCOMES BY PRESENTING RHYTHM (EMS WITNESSED EXCLUDED - PRESUMED CARDIAC ETIOLOGY)

Breakdown of outcome based on initial cardiac arrest rhythm for all adult cardiac arrests with no obvious etiology, excluding EMS witnessed arrests.

12. ETIOLOGY, BREAKDOWN BY OUTCOME

Breakdown of outcome comparing presumed cardiac causes versus other known etiologies. Excludes traumatic etiologies.

NB: Survived to discharge includes Toronto outcomes in the All category but not in the subsequent etiologies



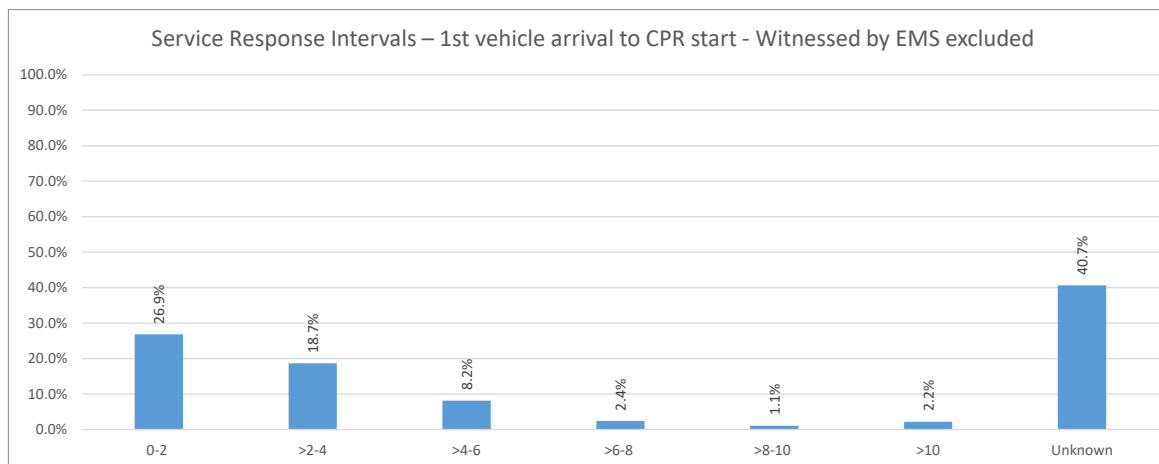
13. OUTCOMES BY RESPONSE TIME (EMS WITNESSED EXCLUDED)

Breakdown of outcome based on the time interval from call received at dispatch to wheels stopped at scene for the first arriving vehicle. First vehicle arrival will be the earliest arriving vehicle from any service. This is a measure of the total time required to process a call and have responders arrive on scene.

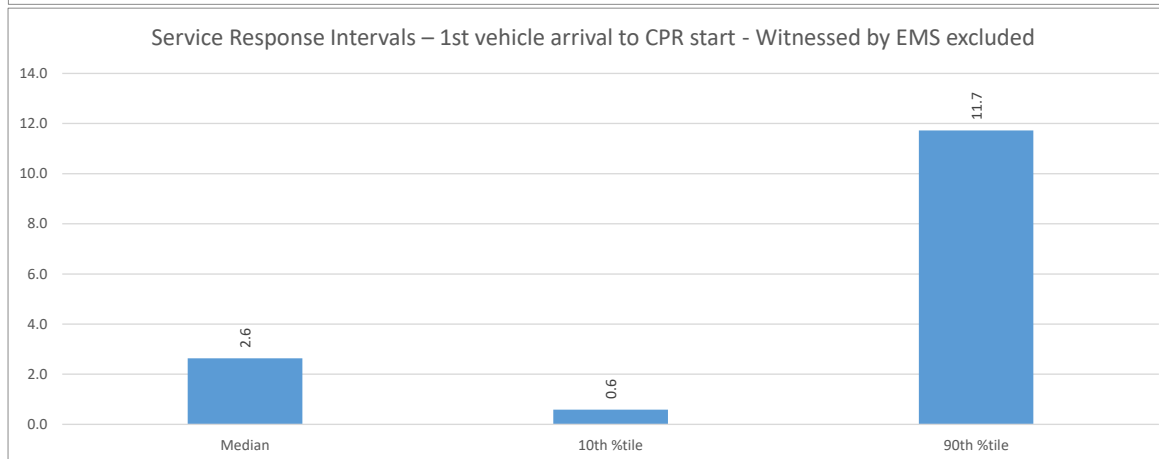
14 & 15. RESPONSE INTERVALS - CALL RECEIVED AT DISPATCH TO 1ST VEHICLE ARRIVAL INTERVAL (EMS WITNESSED EXCLUDED)

Breakdown of response interval as measured from call received by EMS dispatch to the time wheels stopped at scene for the first arriving vehicle. First vehicle arrival will be the earliest time from any service. This is a measure of the total time required to process a call and have responders arrive on scene.

N =9514



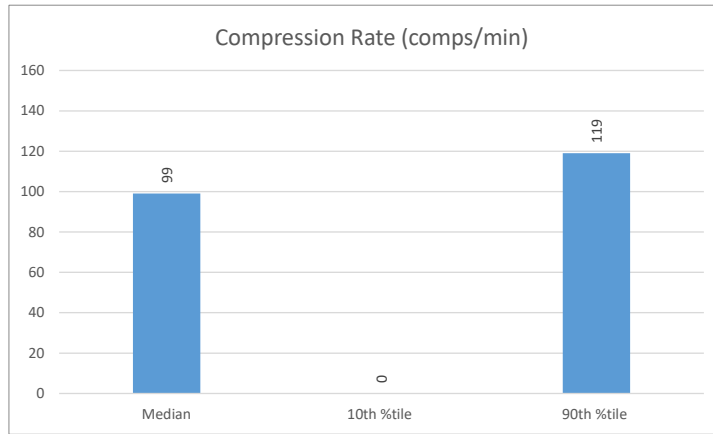
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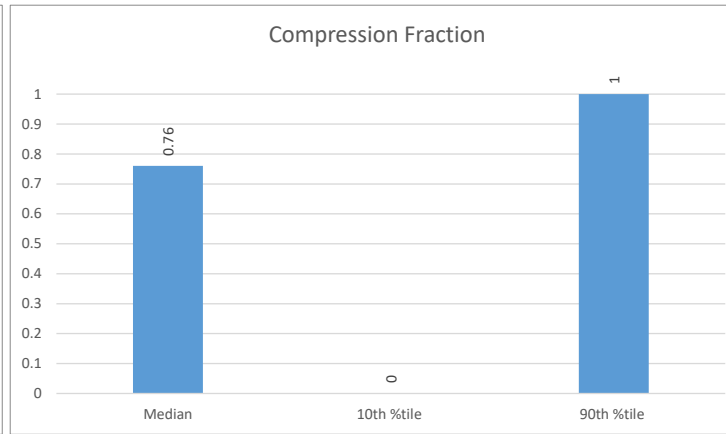
16 & 17. SERVICE RESPONSE INTERVALS - 1ST VEHICLE ARRIVAL TO CPR START

Breakdown of response interval as measured from first vehicle with wheels stopped at scene to the first time CPR is documented as initiated. First vehicle arrival will be the earliest times from any service.

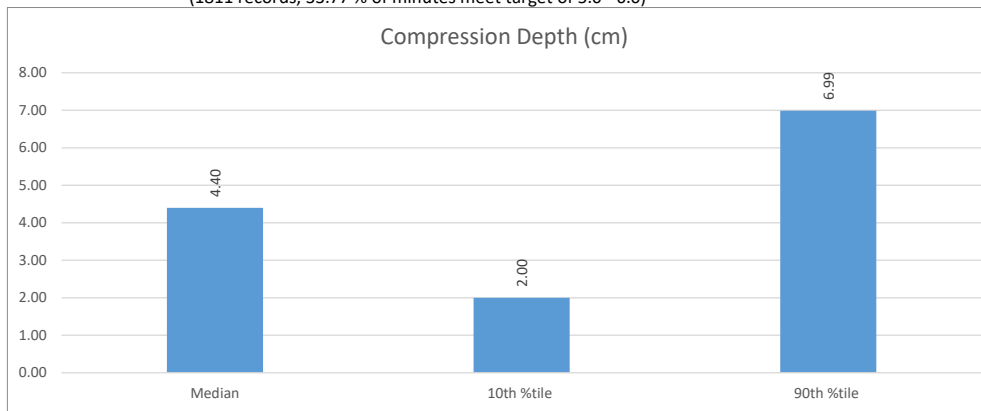
(6787 records, 72.2 % of minutes meet target of 100 - 120)



(6786 records, 89.58 % of minutes meet target of ≥ 0.60)

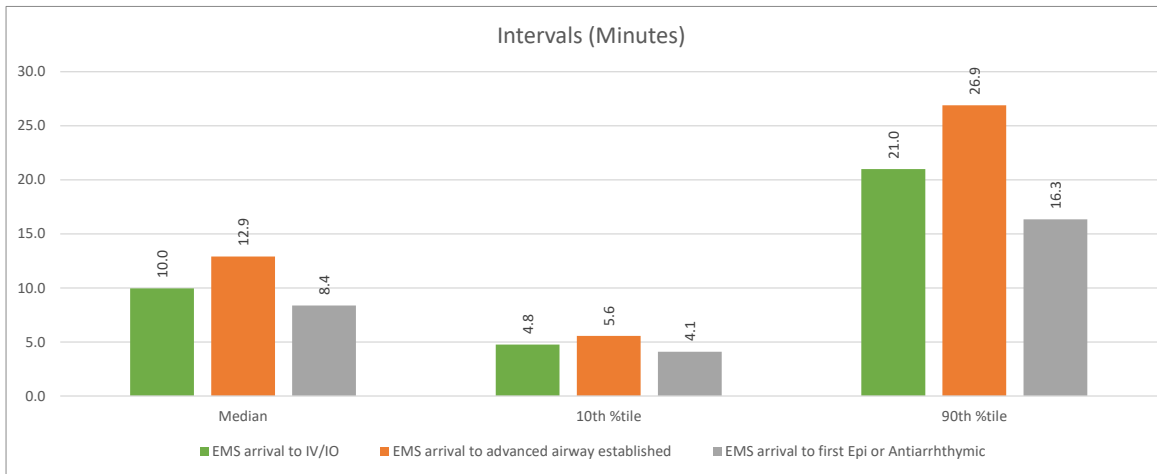
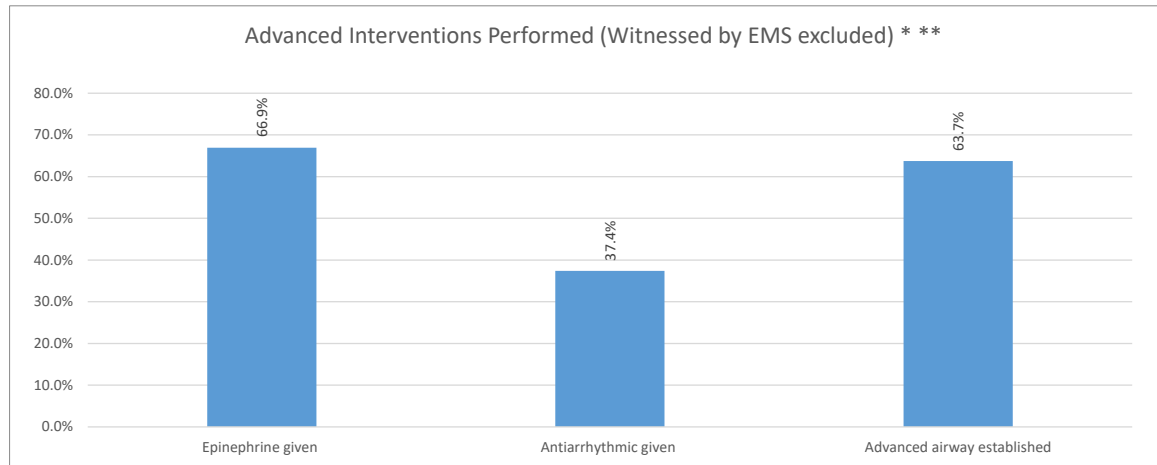


(1811 records, 33.77 % of minutes meet target of 5.0 - 6.0)



18 – 20 CPR PROCESS SUMMARY STATS (PRESUMED CARDIAC ETIOLOGY)

Breakdown of key CPR process measures. Please note that targets may vary depending on the CPR protocol in use during the time of report. In general, per Resuscitation Outcomes Consortium and American Heart Association targets, rate should be between 100 and 120 compressions per minute, compression fraction should be equal to or greater than 0.60 (or greater than 0.75 for continuous compressions), and depth should be greater than 5cm. Cases with means within these ranges are considered adequate. Please note that depth is not currently captured by services using Stryker devices.



21. ADVANCED INTERVENTIONS PERFORMED (WITNESSED BY EMS EXCLUDED)* **

This is a breakdown of cases where one or more advanced interventions were performed. There are three groups - Advanced airway, including supraglottic airway, Epinephrine, and Antiarrhythmics.

Please note that these charts does not apply to fire services and ALS/BLS practices may vary slightly by EMS agency.

A breakdown of time intervals, in minutes, is provided.