

Hospital User Guide

Cardiac Arrest Registry to Enhance Survival (CARES)



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CARES WEBSITE:



CARES can make a difference. CARES helps communities measure performance and identify how to improve cardiac arrest survival rates. By joining CARES, communities gain more than just access to information that will help them improve performance and save lives. They also contribute to one of the largest EMS registries in the world, and one of the few that also includes patient outcome information from hospitals. Those features enable CARES data to be used to conduct vital research that furthers our knowledge of cardiac arrest treatment and saves countless lives for years to come.

[Learn more about CARES](#)

Benefits of joining CARES:

- Join a network of communities working together to increase survival from sudden cardiac arrest
- Compare your community to local, state, and national performance and discover ways to improve your emergency medical system's response to cardiac arrest
- Use simple, HIPAA-compliant, web-based software to link EMS and hospital data, creating a single record for each OHCA event
- Access multiple real-time reporting features, including charts, graphs, and tables for use in reports, presentations, and more
- Receive training and ongoing support from CARES staff to get the most out of participation, including one-on-one consultation to review your community's annual report and comparison to national benchmarks

The CARES website hosts a number of useful documents for program stakeholders. A summary of the resources available under each tab is found below:

- **CARES Overview** – history of program, map of current participants, governance, letters of support.
- **States** – state model FAQs, state funding examples, state participation in action.
- **EMS Agencies** – EMS FAQs, sample reports, agency participation in action, data element PDFs, data dictionary, EMS User Guide.
- **Hospitals** – hospital FAQs, sample reports, data element PDFs, data dictionary, Hospital User Guide.
- **Data** – annual reports, Reports User Guide, legacy national reports, data sharing policy, publications.
- **Contact Us** – contact information for CARES staff and state coordinators.

If you've forgotten your CARES password, please click on the "**Forgot password**" link below the log-in box. You'll be prompted to answer your unique password question, and a new password will be e-mailed to you.

CARES CASE DEFINITION:

A CARES case is a non-traumatic out-of-hospital cardiac arrest event where resuscitation is attempted by a 911 responder (CPR and/or defibrillation). This includes patients that received an AED shock by a bystander prior to the arrival of 911 responders. Please note: CARES collected only arrests of presumed cardiac etiology from 2005-2012. In 2013, CARES expanded to include all non-traumatic arrests.

This User Guide includes a number of data definitions. For additional examples, please refer to the CARES Data Dictionary, available at <https://mycares.net/sitepages/hospitals.jsp>.

CHANGING YOUR PASSWORD:

You can change your CARES password by clicking the "Change Password" option on the "**Setup**" tab.

PATIENT OUTCOME DATA ENTRY:

CARES sends an automated e-mail when a patient is transported to your hospital and requires outcome entry. Depending on your facility's call volume, please log in biweekly or monthly to complete data entry. Go to the CARES homepage (<https://mycares.net>) and log in with the username and *case-sensitive* password that were provided to you by CARES staff.

Once you have logged in, your Dashboard will appear. Patients that have outstanding hospital outcomes will be listed under the blue header bar. To enter data, click on the Pen & Paper icon on the right side of the screen.

Home Setup ▾ eCares ▾ Reports ▾ Log Out						
Click column headers to sort.						
Date	Patient Name	Date of Birth	Agency	Transferred?	Status	Edit Form
2017-11-06	Smith, Joyce		Cares Demo	No	Not Started	
2017-11-06	Smith, Howard	1983-05-11	Cares Demo	No	Not Started	
2017-11-06	Doe, Joe	1925-11-20	Cares Demo	No	Not Started	
2017-11-06	Brown, James	1960-06-21	Cares Demo	No	Not Started	
2017-11-06	Smith, Janey	1952-04-18	Cares Demo	No	Not Started	
2017-11-06	Smith, Joey	1980-07-22	Cares Demo	No	Not Started	
2017-11-06	Smith, Michael		Cares Demo	No	Not Started	
2017-11-06	Doe, Ashley		Cares Demo	No	Not Started	
2017-11-06	Doe, Jon	1971-09-06	Cares Demo	No	Not Started	
2017-11-06	Smith, Leslie		Cares Demo	No	Not Started	
2017-11-06	Smith, Lisa		Cares Demo	No	Started/Incomplete	

The five required hospital questions are: ER Outcome, Hospital Hypothermia, Hospital Outcome, Discharge From The Hospital, and Neurological Outcome At Discharge. Please select the appropriate answers for these questions. Coding examples can be found in the CARES Data Dictionary. Questions #52-59 are optional and should be entered if you are interested in collecting this additional data. Please enter the Hospital Medical Record Number, if available, in order to help locate the record once de-identified. Feel free to enter notes in the Hospital Comments section. After all questions have been answered, click Save.

Part E: Hospital Section - Please complete the following questions						
47 - ER Outcome	48 - Was hypothermia care/TTM initiated or continued in the hospital	49 - Hospital Outcome	50 - Discharge From The Hospital	51 - Neurological Outcome At Discharge From Hospital Definitions		
<input type="checkbox"/> Died in the ED	<input type="radio"/> Yes	<input type="radio"/> Died in the hospital	<input type="radio"/> Home/Residence	<input type="radio"/> Good Cerebral Performance (CPC 1)		
<input type="checkbox"/> Admitted to hospital	<input type="radio"/> No	<input type="radio"/> Discharged alive	<input type="radio"/> Rehabilitation facility	<input type="radio"/> Moderate Cerebral Disability (CPC 2)		
<input type="checkbox"/> Transferred to another acute care facility from the ED		<input type="radio"/> Patient made DNR	<input type="radio"/> Skilled Nursing Facility/Hospice	<input type="radio"/> Severe Cerebral Disability (CPC 3)		
		If yes, choose one of the following:		<input type="radio"/> Coma, Vegetative State (CPC 4)		
		<input type="radio"/> Transferred to another acute care hospital				
		<input type="radio"/> Not yet determined				
Transferred To: <input type="text"/>						
Hospital procedures						
52 - Why was hypothermia care/TTM not initiated?						
<input type="radio"/> Awake/Following commands <input type="radio"/> No TH program in place <input type="radio"/> DNR/Family Request <input type="radio"/> Other <input type="radio"/> Unwitnessed Cardiac Arrest <input type="radio"/> Unknown <input type="radio"/> Unshockable Rhythm						
53 - Date and time of Discharge/Death: <input type="text"/> : hh : mm						
54 - Was the final diagnosis acute myocardial infarction: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown						
55 - Coronary Angiography Performed: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown						
If yes, provide date and time: <input type="text"/> - hh : mm						
56 - Was a cardiac stent placed: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown						
57 - CABG performed: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown						
58 - Was an ICD placed and/or scheduled: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown						
59 - Hospital Medical Record Number: <input type="text"/>						
Hospital Comments						

If notes were entered in the Hospital Comments box, the pop-up box below will generate.

Part E: Hospital Section - Please complete the following questions					
47 - ER Outcome <input type="radio"/> Died in the ED <input checked="" type="radio"/> Admitted to hospital <input type="radio"/> Transferred to another acute care facility from the ED	48 - Was hypothermia care/TTM initiated or continued in the hospital <input type="radio"/> Yes <input checked="" type="radio"/> No	49 - Hospital Outcome <input type="radio"/> Died in the hospital <input checked="" type="radio"/> Discharged alive <input type="radio"/> Patient made DNR	50 - Discharge From The Hospital For Hospital Death/Discharge <input checked="" type="radio"/> Home/Residence <input type="radio"/> Rehabilitation facility <input type="radio"/> Skilled Nursing Facility/Hospice	51 - Neurological Outcome At Discharge From Hospital For Hospital Death/Discharge <input type="radio"/> Good Cerebral Performance (CPC 1) <input checked="" type="radio"/> Moderate Cerebral Disability (CPC 2) <input type="radio"/> Severe Cerebral Disability (CPC 3) <input type="radio"/> Coma, Vegetative State (CPC 4)	
If yes, choose one of the following: <input type="radio"/> Transferred to another acute care hospital <input type="radio"/> Not yet determined					
Hospital procedures					
52 - Why was hypothermia care/TTM not initiated? <div style="border: 1px solid #ccc; padding: 5px; min-height: 100px;"> You have entered notes in the Hospital Comments box. Please click "Needs EMS Review" if the EMS portion of this record needs to be reviewed by a CARES Coordinator. Please click "No Review Needed" if this record does not require further review. If you are unable to locate the patient in your records system and need additional information, please select the checkbox above the Save button. </div>					
<input type="button" value="Needs EMS Review"/> <input type="button" value="No Review Needed"/>					
53 - Date and time of Discharge/Death: 54 - Was the final diagnosis acute myocardial infarct 55 - Coronary Angiography Performed: <small>If yes, provide details:</small> 56 - Was a cardiac stent placed: 57 - CABG performed: 58 - Was an ICD placed and/or scheduled: <small>Yes <input type="radio"/> No <input type="radio"/> Unknown</small>					
59 - Hospital Medical Record Number: <small>Comments</small>					
Hospital Comments <small>Comments</small>					

Please click “**Needs EMS Review**” if the comments require review by CARES staff or EMS personnel (i.e. the EMS portion of the record needs possible correction) and “**No Review Needed**” if the comments were entered for internal purposes only and do not require review by CARES or EMS. If you are unable to locate a patient in your records system and need additional information, please select the “**Unable to locate patient**” checkbox above the Save button.

After you click Save, the hospital section will be audited by the CARES software. Any blank fields and/or potentially conflicting information will be flagged on the Save page. Please click the “**Return to the CARES Form**” link to correct the data or enter comments. Do NOT use your browser’s Back button to return to the form. The fields that require attention are listed at the top of the page and highlighted in red. Click “Save” when updates are completed in the form.

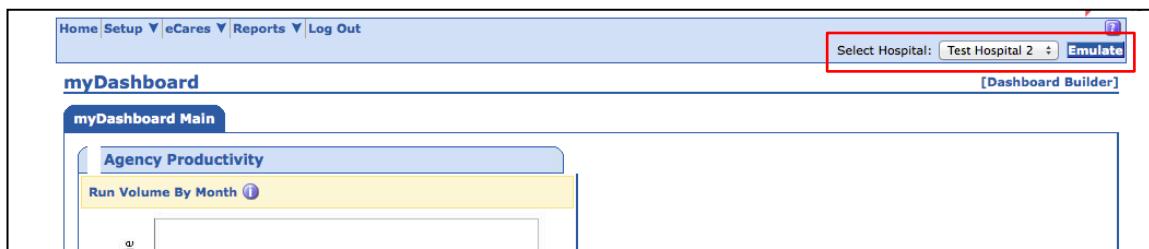
Home	Setup	eCares	Reports	Log Out
Please wait while saving Cares data...				
The form was saved successfully.				
Warning messages:				
 <ul style="list-style-type: none"> • #49/50 - Please confirm discharge location and neurological outcome in the Hospital Comments box, as the information seems to conflict. 				
Date/Time of processing: 11/08/2017 03:14:08PM				
Please Return to the CARES Form immediately and correct the data entry errors listed above. DO NOT use your browser's BACK button.				

If there are no errors, click the “**Return to Dashboard**” link on the Save page.

Home	Setup	eCares	Reports	Log Out
Please wait while saving Cares data...				
The form was saved successfully.				
Warning messages:				
<ul style="list-style-type: none"> • No errors occurred. 				
Date/Time of processing: 11/08/2017 03:15:33PM				
Return to Cares Form Return to Dashboard				

MULTI-HOSPITAL USERS:

If a hospital user enters outcomes for multiple facilities, they can log in to CARES with a single username and password. Upon login, multi-hospital users will see a blank Dashboard. To enter data, select a hospital from the pull-down menu in the upper right-hand corner, click “Emulate”, and you’ll be taken to the respective hospital’s dashboard. When you click “Log Out” while emulating, you’ll be taken back to the main Dashboard.



HOSPITAL GROUPS:

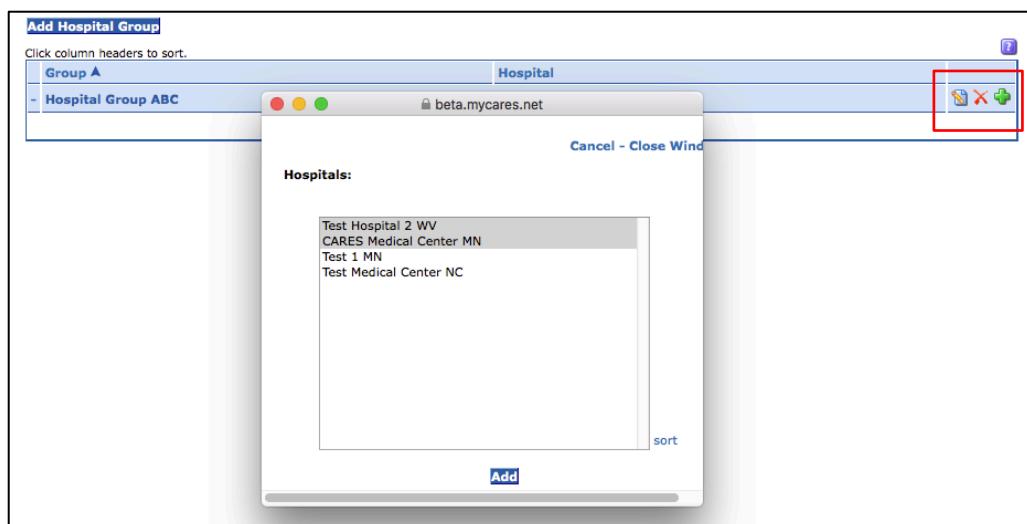
Multi-Hospital Users have the capability to create “Hospital Groups”, which allow for the generation of system-level reports. To create a new group, click the “Hospital Groups” option on the “Setup” tab. Name the Hospital Group in the **Description** free text field and click “**Add Hospital Group**”.



Hospital Group	
* Description:	Hospital Group ABC

Add Hospital Group

Next, add Hospitals to the group by clicking on the green plus sign on the right-hand side of the page. A pop-up box will appear with a list of accessible hospitals. Multi-select the hospitals you want to add to the new group and click **Add**.



Group A	Hospital
- Hospital Group ABC	

Add Hospital Group

Hospitals:

- Test Hospital 2 WV
- CARES Medical Center MN
- Test 1 MN
- Test Medical Center NC

Add

DIFFICULTY LOCATING PATIENTS IN RECORD SYSTEM:

If you are having difficulty locating a CARES patient in your hospital's medical records system, below are some steps to try:

- Search by a similar name spelling, or the first few letters of the patient's name only.
- Search without Date of Birth, as this could be miscoded by EMS personnel.
- Search by last name only.
- Search the Emergency Department log book by date and time of arrival at ED.
- Search by date of arrest and ICD code I46 (cardiac arrest).

If you are still unable to locate the patient, please select the "Unable to locate patient/Need additional info" checkbox and Save the record. This will route the record back to EMS for additional review.

CARES SEARCH AND DATA EXPORT:

Home	Setup ▾	eCares ▾	Reports ▾	Log
Cares Search				
Click column head		Cares Advanced Search		
Date ▲	Patient Name			

The **CARES Search** page is limited to the required elements, while the **CARES Advanced Search** page includes the supplemental elements as well. You can search by any EMS or Hospital data element(s) on the CARES form.

Home	Setup ▾	eCares ▾	Reports ▾	Log Out
Cares Search				
Filter: Default [Add to myReports] 				
Search				
Service Date: Custom From: <input type="text"/> Through: <input type="text"/>		Date of Birth: All From: <input type="text"/> Through: <input type="text"/>		
Booklet ID: <input type="text"/>		Incident Address: <input type="text"/>		Incident City: <input type="text"/>
Patient First Name: <input type="text"/>		Patient Last Name: <input type="text"/>		Incident Zip Code: <input type="text"/>
Patient's Age (in years): <input type="text"/>		Patient's Gender: All		

The search results can be exported into Microsoft Excel for further review and analysis. On the search results page, in the upper right-hand corner is a "Send results to" drop down menu. Click the drop down arrow and select "**Excel export of data**" or "**Excel export of data with optional elements**". Click "Go". Please be sure your browser's pop-up blocker is turned off or hold down the "Ctrl" key while going through the above steps until the Excel window opens.

Home	Setup ▾	eCares ▾	Reports ▾	Log Out
Search Results				
Send results to <input checked="" type="checkbox"/> Printable version of the results below Image Viewer				
Excel export of results below Excel export of data Go Excel export of data with optional elements				
[Search Again] Records found: 14 Click column headers to sort.				
Incident Number Booklet ID Date of Arrest ▲ Patient				
197	1465269	2006-01-01	,	
355	1464807	2006-01-01	,	
1073	1469354	2006-01-04	,	
2816	1522695	2006-01-10	,	

HOSPITAL BENCHMARKING REPORT:

The **CARES Hospital Benchmarking Report** includes both pre-hospital and in-hospital characteristics of a hospital's respective OHCA patient population. The report allows hospital users to track their internal performance and compare against state, hospital group, and national data, where applicable. State data will be provided upon request through your CARES State Coordinator.

To generate this report, access the “**Reports**” tab in your CARES account and click on “**Hospital Benchmarking Report**” in the drop-down menu. To customize your report:

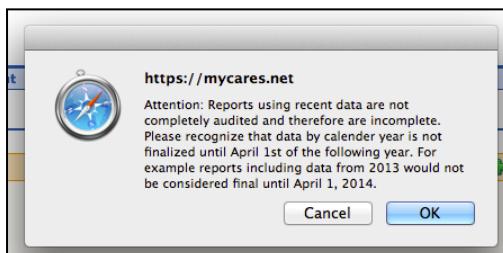
1. Select “Hospital Data” = Yes to view your hospital-specific data. Multi-Hospital Users have the option to select “Hospital Group Data” to run system-level reports for multiple facilities. Select “National Data” = Yes to add a national benchmarking column to the report.
2. Enter the Service Date range of interest. Reports using recent data are not completely audited and therefore may be incomplete. Data by calendar year is not finalized until mid-April of the following year. For example, reports including data from 2021 would not be considered final until mid-April 2022.
3. Select origin of patient (Direct from EMS, Transferred from Another Facility, or All).
4. Select Data Type (Non-Traumatic CARES Cases OR Presumed Cardiac CARES Cases).
5. Indicate whether you want an optional 2nd page included in the report, with a section for Supplemental Hospital Elements (# 52-58).

Inclusion criteria are listed at the top of the report. Patients are included in the report of the *final* facility of care. Patients transferred out of your facility (from the ED or after hospital admission) and incomplete records are *not included* in this report.

Report: CARES Hospital Benchmarking Report

Filter: Default			[Add to myReports]	[Delete this Filter]
Hospital Data: <input type="radio"/> Yes <input checked="" type="radio"/> No	Hospital Group Data: <input type="radio"/> Yes <input checked="" type="radio"/> No	National Data: <input type="radio"/> Yes <input checked="" type="radio"/> No		
Final Destination Hospital: Please select one		Final Destination Hospital Group: Please select one		
Service Date: Custom		From:	Through:	
Direct/Transferred: <input checked="" type="radio"/> All <input type="radio"/> Direct from EMS <input type="radio"/> Transferred from Another Facility				
Presumed Arrest Etiology: <input checked="" type="radio"/> Non-Traumatic CARES Cases <input type="radio"/> Presumed Cardiac CARES Cases				
Include Supplemental Elements: <input type="radio"/> No <input checked="" type="radio"/> Yes				
Format: <input type="radio"/> PDF - 8.5 x 11				
Saved Filter Name: <input type="text"/>				
PLEASE NOTE: <ul style="list-style-type: none"> Patients are included in the report of the final facility of care. Patients transferred out of your facility (from the ED or after hospital admission) are not included in this report. This report includes only those calls with completed hospital data. From 2005-2012, CARES collected arrests of presumed cardiac etiology. In 2013, CARES expanded to include all non-traumatic arrests. CARES Case: A non-traumatic out-of-hospital cardiac arrest event where resuscitation is attempted by a 911 responder (CPR and/or defibrillation). This would also include patients that received an AED shock by a bystander prior to the arrival of 911 responders. 				
Generate Report				

After clicking “Generate Report”, the pop-up box below will appear. This box reminds you that recent data may not be completely audited; data by calendar year is not finalized until mid-April of the following year. Click OK to acknowledge your understanding of this message.



The top of the Hospital Benchmarking Report lists the total number of CARES patients received by your hospital during the date range of interest. The total is broken down by the number who were transported directly by EMS and those who were transferred from another facility. Please note: the Hospital Benchmarking Report can be filtered by these criteria on the report setup page.

Total # of CARES Patients - Hospital	40
Direct from EMS	29
Transferred from another facility	11

The Hospital Benchmarking Report summarizes the number and percentage of patients who survived to hospital admission and discharge, for each pre-hospital characteristic. “Survived to Admission” includes patients for whom ER Outcome = admitted to ICU/CCU, admitted to floor, or admitted to hospital. “Survived to Discharge” includes patients for whom Hospital Outcome = discharged alive or patient made DNR → discharged alive. The denominator for both survival rates is the N in the left-most column (Total).

CARES Medical Center		
Total (%)	Survived to Admission (%)	Survived to Discharge (%)
40	27 (67.5)	25 (62.5)

Pre-Hospital Characteristic Definitions:

Initial Rhythm – First cardiac rhythm present when a manual monitor/defibrillator or AED is attached to a patient.
 Shockable: includes Ventricular Fibrillation, Ventricular Tachycardia, and Unknown Shockable rhythms
 Unshockable: includes Asystole, Idioventricular/PEA, and Unknown Unshockable rhythms

Witnessed Status – A witnessed arrest is one that is seen or heard by another person.

Sustained ROSC in field – Return of Spontaneous Circulation (ROSC) is defined as the restoration of a palpable pulse or a measurable blood pressure. Sustained ROSC is deemed to have occurred when chest compressions are not required for 20 consecutive minutes and signs of circulation persist.

Utstein arrest – Cardiac arrest was witnessed by a bystander and patient was found in a shockable rhythm.

In-Hospital Characteristic Definitions:

Hypothermia care initiated/continued in hospital - Hypothermia care is provided in the hospital if measures were taken to reduce the patient's body temperature by either non-invasive means (administration of cold intravenous saline, external cold pack application to armpits and groin, use of a cooling blanket, torso vest or leg wrap devices) or by invasive means (use of a cooling catheter inserted in the femoral vein).

Good Cerebral Performance – Conscious, alert, able to work and lead a normal life.

Moderate Cerebral Disability – Conscious and able to function independently (dress, travel, prepare food), but may have hemiplegia, seizures, or permanent memory or mental changes.

Supplemental Hospital Elements – These data elements are *optional* and found on a 2nd page if this is selected upon report setup. The denominator for these metrics is the number of cases for whom these questions were answered. Blank fields and “unknown” responses are not included in the analysis.

CARES Hospital Benchmarking Report (Non-Traumatic Etiology)

Sample Report

Total # of CARES Patients - Hospital	<u>311</u>	Total # of CARES Patients - State	<u>2981</u>	Total # of CARES Patients - National	<u>49779</u>
Direct from EMS	<u>310</u>	Direct from EMS	<u>2911</u>	Direct from EMS	<u>47421</u>
Transferred from another facility	<u>1</u>	Transferred from another facility	<u>70</u>	Transferred from another facility	<u>2358</u>

In-Hospital Characteristics	Hospital		State		National	
	Total (%)	Survived to Discharge (%)	Total (%)	Survived to Discharge (%)	Total (%)	Survived to Discharge (%)
Died in ED	227 (73.0)	--	2238 (75.1)	--	28016 (56.3)	--
Admitted to hospital	84 (27.0)	36 (42.9)	743 (24.9)	250 (33.6)	21764 (43.7)	8091 (37.2)
In-hospital hypothermia*	16 (19.0)	9 (56.2)	285 (38.4)	86 (30.2)	9835 (45.2)	3234 (32.9)
Patient made DNR*	23 (27.4)	4 (17.4)	166 (22.3)	22 (13.3)	5166 (23.7)	297 (5.7)
In-hospital mortality*	48 (57.1)	--	493 (66.4)	--	13673 (62.8)	--
Discharged alive	36 (11.6)	--	250 (8.4)	--	8091 (16.3)	--
Discharged with good/moderate CPC	18 (5.8)	--	167 (5.6)	--	6510 (13.1)	--

Pre-Hospital Characteristics	Hospital			State			National		
	Total (%)	Survived to Admission (%)	Survived to Discharge (%)	Total (%)	Survived to Admission (%)	Survived to Discharge (%)	Total (%)	Survived to Admission (%)	Survived to Discharge (%)
Gender	311	84 (27.0)	36 (11.6)	2981	743 (24.9)	250 (8.4)	49779	21764 (43.7)	8091 (16.3)
Male	189 (60.8)	46 (24.3)	19 (10.1)	1706 (57.2)	391 (22.9)	139 (8.1)	30899 (62.1)	13357 (43.2)	5335 (17.3)
Female	122 (39.2)	38 (31.1)	17 (13.9)	1275 (42.8)	352 (27.6)	111 (8.7)	18874 (37.9)	8403 (44.5)	2756 (14.6)
Mean Age	60.8	--	--	61.3	--	--	60.9	--	--
Initial Rhythm									
Shockable	60 (19.3)	23 (38.3)	13 (21.7)	552 (18.5)	198 (35.9)	108 (19.6)	12155 (24.4)	6918 (56.9)	4157 (34.2)
Unshockable	251 (80.7)	61 (24.3)	23 (9.2)	2429 (81.5)	545 (22.4)	142 (5.8)	37611 (75.6)	14835 (39.4)	3924 (10.4)
Witnessed Status									
Unwitnessed	108 (34.7)	18 (16.7)	7 (6.5)	1496 (50.2)	273 (18.2)	63 (4.2)	19882 (39.9)	7198 (36.2)	1801 (9.1)
Bystander Witnessed	152 (48.9)	48 (31.6)	20 (13.2)	1111 (37.3)	333 (30.0)	134 (12.1)	21351 (42.9)	10648 (49.9)	4561 (21.4)
Witnessed by 911 Responder	51 (16.4)	18 (35.3)	9 (17.6)	374 (12.5)	137 (36.6)	53 (14.2)	8546 (17.2)	3918 (45.8)	1729 (20.2)
Sustained ROSC in field	116 (37.3)	71 (61.2)	32 (27.6)	832 (27.9)	554 (66.6)	214 (25.7)	24368 (49.0)	18147 (74.5)	7453 (30.6)
Hypothermia care initiated in the field	6 (1.9)	3 (50.0)	2 (33.3)	50 (1.7)	22 (44.0)	11 (22.0)	3050 (6.1)	1971 (64.6)	690 (22.6)
Utstein† Arrest	40 (12.9)	18 (45.0)	10 (25.0)	305 (10.2)	115 (37.7)	68 (22.3)	7385 (14.8)	4456 (60.3)	2780 (37.6)

Patients are included in the report of the final facility of care. Patients transferred out of your facility (from the ED or after hospital admission) are not included in this report. This report includes only those calls with completed hospital data.

CARES case: An out-of-hospital cardiac arrest where resuscitation is attempted by a 911 responder (CPR and/or defibrillation). This would also include patients that received an AED shock by a bystander prior to the arrival of 911 responders.

*Among admitted patients.

†Utstein patient: witnessed by bystander and found in a shockable rhythm.

CARES Hospital Benchmarking Report (Non-Traumatic Etiology)

Sample Report

Supplemental Hospital elements (analysis limited to questions with Yes or No response only)

Supplemental Characteristics	Hospital		State		National	
	Total (%)	Survived to Discharge (%)	Total (%)	Survived to Discharge (%)	Total (%)	Survived to Discharge (%)
Why was hypothermia care not initiated or continued in the hospital?						
Awake/Following commands	1 (16.7)	1 (100.0)	10 (7.1)	10 (100.0)	920 (24.9)	855 (92.9)
DNR/Family request	1 (16.7)	0 (0.0)	22 (15.6)	0 (0.0)	434 (11.7)	38 (8.8)
Unwitnessed Cardiac Arrest	1 (16.7)	0 (0.0)	14 (9.9)	0 (0.0)	296 (8.0)	46 (15.5)
Unshockable Rhythm	2 (33.3)	0 (0.0)	8 (5.7)	3 (37.5)	374 (10.1)	94 (25.1)
No TH program in place	0 (0.0)	0 (NaN)	1 (0.7)	0 (0.0)	65 (1.8)	22 (33.8)
Other	1 (16.7)	1 (100.0)	86 (61.0)	32 (37.2)	1611 (43.5)	503 (31.2)
Unknown	0 (0.0)	0 (NaN)	0 (0.0)	0 (NaN)	0 (0.0)	0 (NaN)
Myocardial infarction diagnosis	20 (11.0)	5 (25.0)	114 (8.5)	51 (44.7)	4344 (18.2)	1934 (44.5)
Coronary angiography performed	15 (8.2)	10 (66.7)	127 (8.7)	83 (65.4)	4620 (16.7)	3093 (66.9)
Cardiac stent placed	6 (3.3)	4 (66.7)	64 (4.4)	41 (64.1)	2225 (8.0)	1510 (67.9)
CABG performed	1 (0.5)	1 (100.0)	5 (0.3)	5 (100.0)	275 (1.0)	254 (92.4)
ICD placed/scheduled	1 (0.6)	1 (100.0)	35 (2.4)	35 (100.0)	1495 (5.4)	1453 (97.2)

Patients are included in the report of the final facility of care. Patients transferred out of your facility (from the ED or after hospital admission) are not included in this report. This report includes only those calls with completed hospital data.

CARES case: An out-of-hospital cardiac arrest where resuscitation is attempted by a 911 responder (CPR and/or defibrillation). This would also include patients that received an AED shock by a bystander prior to the arrival of 911 responders.

*Among admitted patients.

†Utstein patient: witnessed by bystander and found in a shockable rhythm.

HOSPITAL SURVIVAL REPORT:

The **CARES Hospital Survival Report** follows a flow diagram format, categorizing arrests by sustained ROSC in the field, initial rhythm, and patient outcome.

To generate this report, access the “**Reports**” tab in your CARES account and click on “**Hospital Survival Report**” in the drop-down menu. To customize your report:

1. Select “Hospital Data” = Yes to view your hospital-specific data. Multi-Hospital Users have the option to select “Hospital Group Data” to run system-level reports for multiple facilities. Select “National Data” = Yes to view aggregate, National data for benchmarking purposes. Please note, only one Data filter may be selected at a time.
2. Enter the Service Date range of interest. Reports using recent data are not completely audited and therefore may be incomplete. Data by calendar year is not finalized until mid-April of the following year. For example, reports including data from 2021 would not be considered final until mid-April 2022.
3. Select origin of patient (Direct from EMS, Transferred from Another Facility, or All).
4. Select Data Type (Non-Traumatic CARES Cases OR Presumed Cardiac CARES Cases).
5. Click “**Generate Report**”.

Inclusion criteria are listed at the top of the report. Patients are included in the report of the *final* facility of care. Patients transferred out of your facility (from the ED or after hospital admission) and are *not included* in this report.

Report: CARES Hospital Survival Report

Filter: Default 

Please set only ONE Data filter (Hospital, National) to Yes

Hospital Data:	<input type="radio"/> Yes <input checked="" type="radio"/> No	National Data:	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Service Date:
 From:  Through:  

Direct/Transferred:
 All Direct from EMS Transferred from Another Facility

Presumed Arrest Etiology:
 Non-Traumatic CARES Cases Presumed Cardiac CARES Cases

Format:

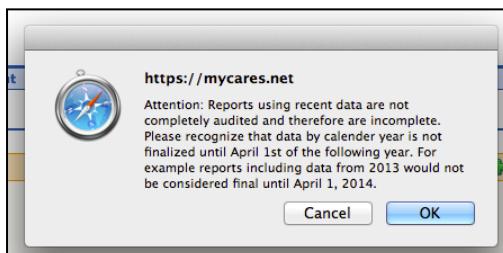
Saved Filter Name: 

PLEASE NOTE:

- Patients are included in the report of the final facility of care. Patients transferred out of your facility (from the ED or after hospital admission) are not included in this report.
- From 2005-2012, CARES collected arrests of presumed cardiac etiology. In 2013, CARES expanded to include all non-traumatic arrests.
- CARES case: A non-traumatic out-of-hospital cardiac arrest event where resuscitation is attempted by a 911 responder (CPR and/or defibrillation). This would also include patients that received an AED shock by a bystander prior to the arrival of 911 responders.



After clicking “Generate Report”, the pop-up box below will appear. This box reminds you that recent data may not be completely audited; data by calendar year is not finalized until mid-April of the following year. Click OK to acknowledge your understanding of this message.



In the upper right-hand corner of the Hospital Survival Report, you will see a box listing a number of survival rates.

- **Survival to Admission:** Patients who survived to hospital admission (ER Outcome is Admitted to ICU/CCU, floor, or hospital).
- **Survival to Discharge:** Patients who survived to hospital discharge (Hospital Outcome or Patient made DNR Outcome is Discharged Alive).
- **Sustained ROSC Survival:** Survival to hospital discharge among the subset of patients who achieved sustained ROSC in the field.
- **Shockable/Cooled Survival:** Survival to hospital discharge among the subset of patients who presented in a shockable rhythm and received hypothermia care at the hospital.
- **Nonshockable/Cooled Survival:** Survival to hospital discharge among the subset of patients who presented in a nonshockable rhythm and received hypothermia care at the hospital.

Arrest Characteristic & Treatment Definitions:

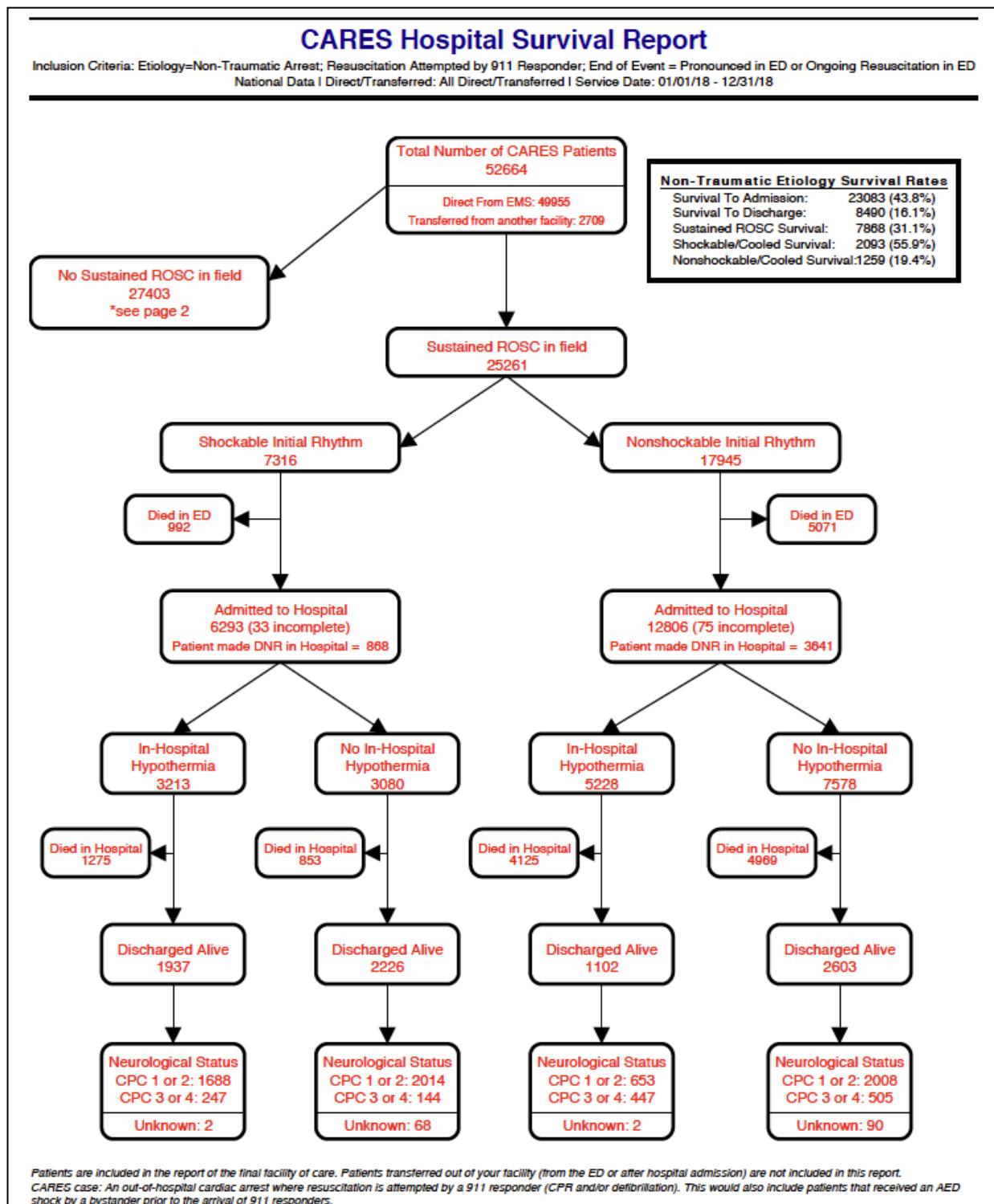
Sustained ROSC in field – Return of Spontaneous Circulation (ROSC) is defined as the restoration of a palpable pulse or a measurable blood pressure. Sustained ROSC is deemed to have occurred when chest compressions are not required for 20 consecutive minutes and signs of circulation persist.

Initial Rhythm – First cardiac rhythm present when a manual monitor/defibrillator or AED is attached to a patient.
Shockable: includes Ventricular Fibrillation, Ventricular Tachycardia, and Unknown Shockable rhythms
Unshockable: includes Asystole, Idioventricular/PEA, and Unknown Unshockable rhythms

In-hospital hypothermia: Measures were taken in the hospital to reduce the patient's body temperature by either non-invasive means (administration of cold intravenous saline, external cold pack application to armpits and groin, use of a cooling blanket, torso vest or leg wrap devices) or by invasive means (use of a cooling catheter inserted in the femoral vein).

*Please note: In-hospital hypothermia rate is limited to patients who were admitted to the hospital.

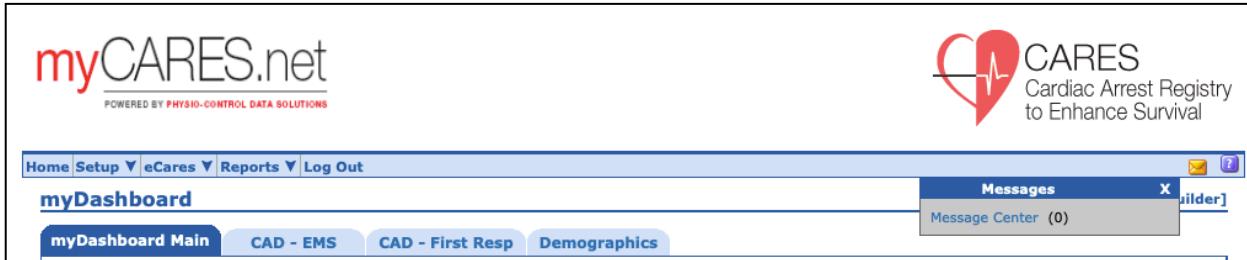
Patients with **Sustained ROSC in the field** are found on page 1. Patients **without sustained ROSC in the field** are found on page 2.



MASS COMMUNICATION:

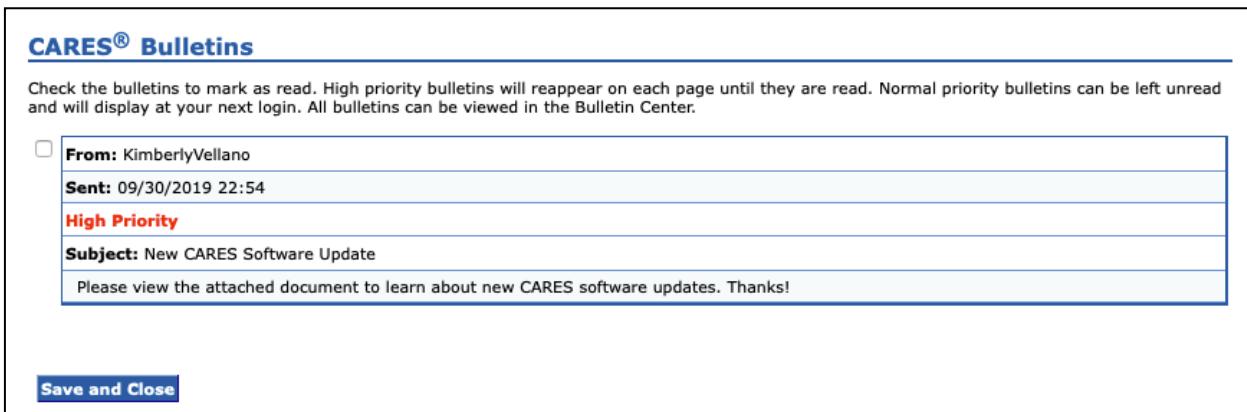
Occasionally, CARES will send updates to our end users and stakeholders. These messages may include information about software upgrades and changes, training and education opportunities, or data entry deadlines. You will receive these messages via e-mail, and they will also be accessible in your CARES Message Center upon log-in.

Once you enter the site, a blinking, yellow envelope will indicate a new message in your inbox. You may access your Message Center at the top right-hand corner of the page.



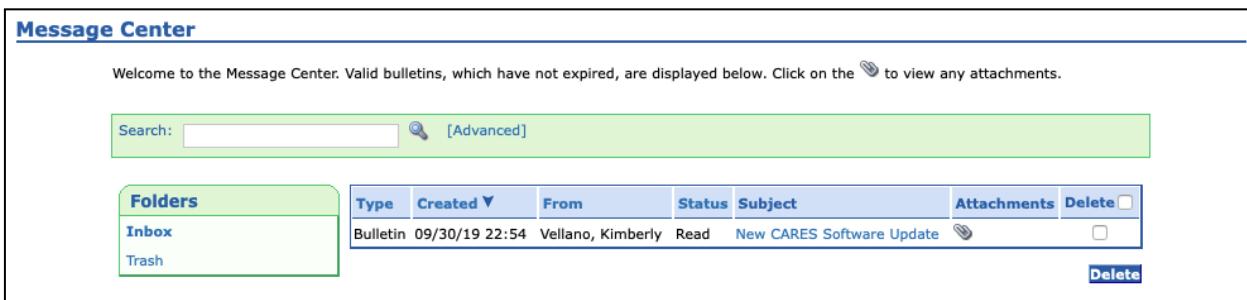
The screenshot shows the myCARES.net dashboard. At the top left is the logo "myCARES.net" with "POWERED BY PHYSIO-CONTROL DATA SOLUTIONS". At the top right is the CARES logo with the tagline "Cardiac Arrest Registry to Enhance Survival". The navigation bar includes "Home", "Setup", "eCares", "Reports", "Log Out", "myDashboard", and a "Messages" button with a yellow envelope icon. Below the navigation is a menu bar with "myDashboard Main", "CAD - EMS", "CAD - First Resp", and "Demographics". A sidebar on the right shows "Message Center (0)".

High Priority messages will require your acknowledgment before navigating away from the page by checking the box and choosing “Save and Close.”



The screenshot shows the "CARES® Bulletins" page. It displays a message from KimberlyVellano sent on 09/30/2019 22:54. The message is marked as "High Priority" and has the subject "New CARES Software Update". The message content is: "Please view the attached document to learn about new CARES software updates. Thanks!". Below the message is a "Save and Close" button.

You will be able to save any attachments that are included in the message for future reference by accessing your Message Center inbox and clicking on the paper clip icon under the “Attachments” column.



The screenshot shows the "Message Center". It displays a list of bulletins. The first bulletin is from KimberlyVellano on 09/30/19 22:54, titled "New CARES Software Update". The "Attachments" column shows a paper clip icon. The "Delete" column has a checkbox. Below the list is a "Delete" button.

Folders	Type	Created	From	Status	Subject	Attachments	Delete
Inbox	Bulletin	09/30/19 22:54	Vellano, Kimberly	Read	New CARES Software Update		<input type="checkbox"/>
Trash							