



CTSA Engagement Packet

RIC POC Bethany Drury: Bethany.Drury@vumc.org 10/21/2019 Principal Investigator Dr. Sam Parnia Therapeutic Area Cardiovascular Diseases Funding Status Post-Award Project Status Funded Anticipated Number of Sites 20-30 Population Size 4000 Does this packet include a request for Protocol Review? Does this packet include an EHR Based Cohort Assessment? Post that include a request to identify site investigators? What is the response due date? 11/08/2019	Study Title	Cardiac arrest awareness and long-term quality of life: a mixed methods study of the experiences and psychological consequences of adult cardiac arrest (Cardiac Arrest Survivorship)
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RIC: EHR-Based Cohort Assessment Request

General Information and Instruction Package CTSA Liaison Teams and Informatics Representatives

Cardiac arrest awareness and long-term quality of life: A mixed methods study of the experiences and psychological consequences of adult cardiac arrest (Cardiac Arrest Survivorship)

Protocol Summary	This is a mixed methods cross-sectional study. In Phase I, adult patients will be included if they experienced a cardiac arrest previously. These individuals will be screened and those who describe experiences specific psychological outcomes will be invited to an interview and to take part in Phase II-Group A. This will provide a more detailed interview relating to the psychological outcomes and their long-term impact. A control group of CA survivors who do not report any cognitive experience or psychological outcomes will comprise Phase II Group B. The comparison of results of these two groups will include an investigation of whether experiences during the period of cardiac arrest share characteristics consistent with real or imagined experiences. Participants under the age of 18 will be excluded from the Phase I analysis and will not be invited to take part in the subsequent study phases. Participants with known dementia will be excluded from participating in Phase II. The longer-term purpose of this study is to improve health and psychological care for cardiac arrest survivors, through greater understanding of the psychological sequelae. The study will investigate the psychological consequences of cardiac arrest, with specific focus on the prevalence of anxiety, depression and post-traumatic stress disorder. The study will also explore survivors' experiences of awareness or any other memories from a period during the time of cardiac arrest, e.g. memories, thoughts and how they believe such experiences have impacted their lives.
Investigator Team Information	Dr. Sam Parnia
Project Status	Funded
Funding Status	Post-Award
Expected Number of Sites	20-30
Timeline for EHR Cohort	10/21/2019-11/08/2019
General Contact Information for Study Related Questions	Analise Dickinson: analise.dickinson@nyulangone.org
Informatics Team Contact for EHR-based Cohort Assessment	Sarah Nelson: sarah.j.nelson@vumc.org
Instructions for EHR-based data interrogation	https://redcap.vanderbilt.edu/surveys/?s=N7DFEDNAX8



Was this phenotype run through TriNetX?	Yes- if you are a TriNetX site, please go to the TIN Dashboard under the EHR Cohort Assessment tab to request your pre-run counts
Was this phenotype run on ACT-SHRINE?	Yes- if you are on the ACT Network, please go to the TIN Dashboard under the EHR Cohort Assessment tab to view your pre-run counts

EHR-Based Cohort Assessment

Cardiac Arrest Survivorship

Phenotype Owner: Sarah Nelson

Case 1-ICD or CPT code for Cardiac Arrest in Record

EXCLUDE:

Vital Status: Known Deceased

INCLUDE:

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ICD Code (1 or more ICD any time in record 1/1/2016-6/30/2019):

ICD 9:	ICD 10:	Description
427.5	146.9	Cardiac arrest, case unspecified
	146.8	Cardiac arrest due to other underlying condition
99.60		Cardiopulmonary resuscitation, not otherwise specified

OR

CPT Code (1 or more CPT ever in record)

СРТ	Description
92950	Cardiac arrest, case unspecified
]	

Case 1 Count Total (unique patient count 1/1/16-6/30/19)=

Count 1a: Unique patient count 1/1/16-12/31/16= Count 1b: Unique patient count 1/1/17-12/31/17= Count 1c: Unique patient count 1/1/18-12/31/18= Count 1d: Unique patient count 1/1/19-6/30/19=