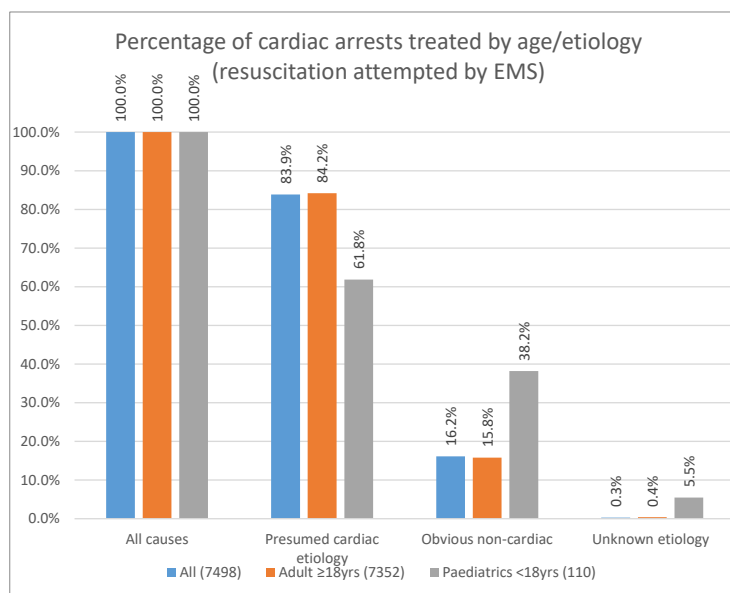
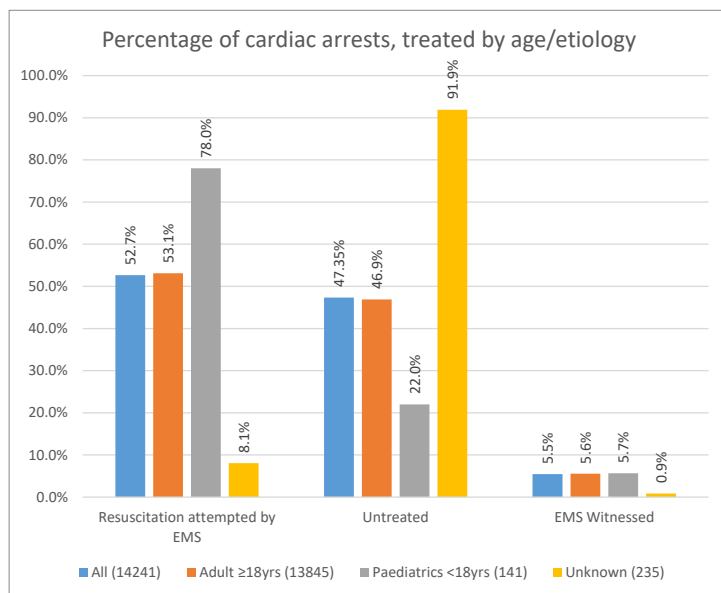


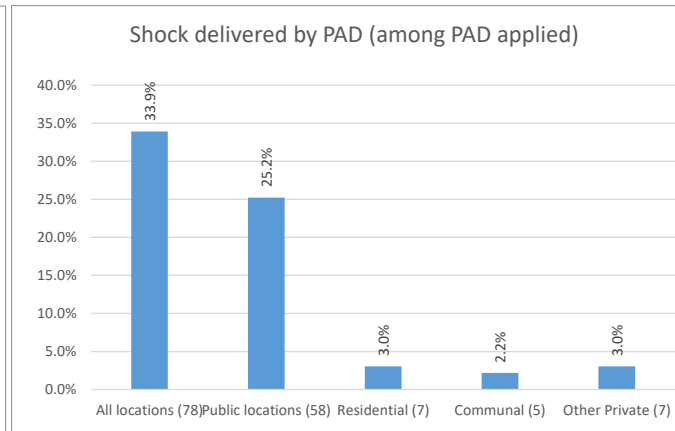
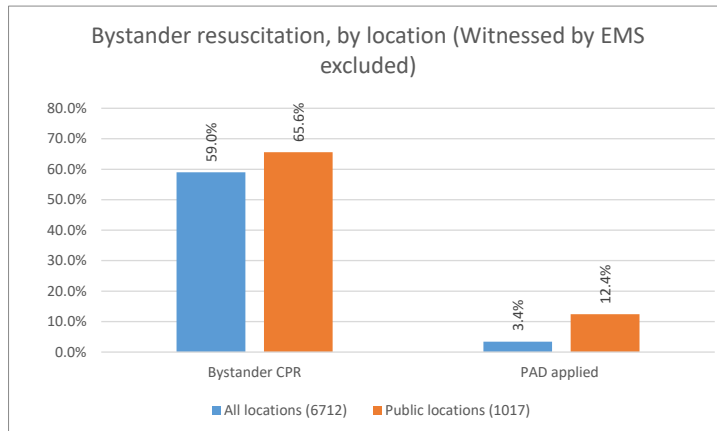
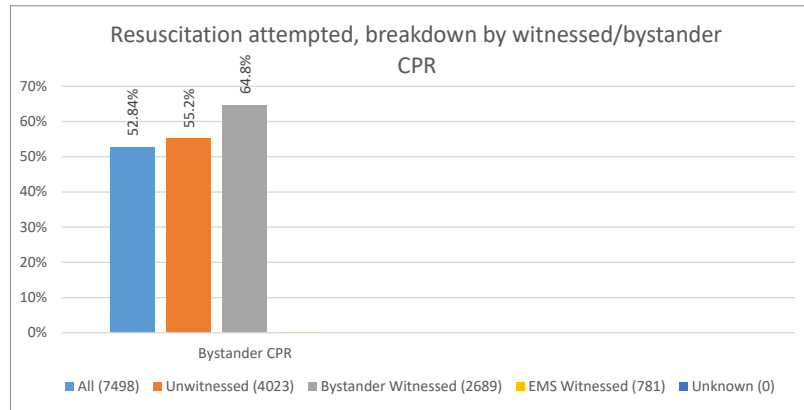
Region: ALL REGIONS

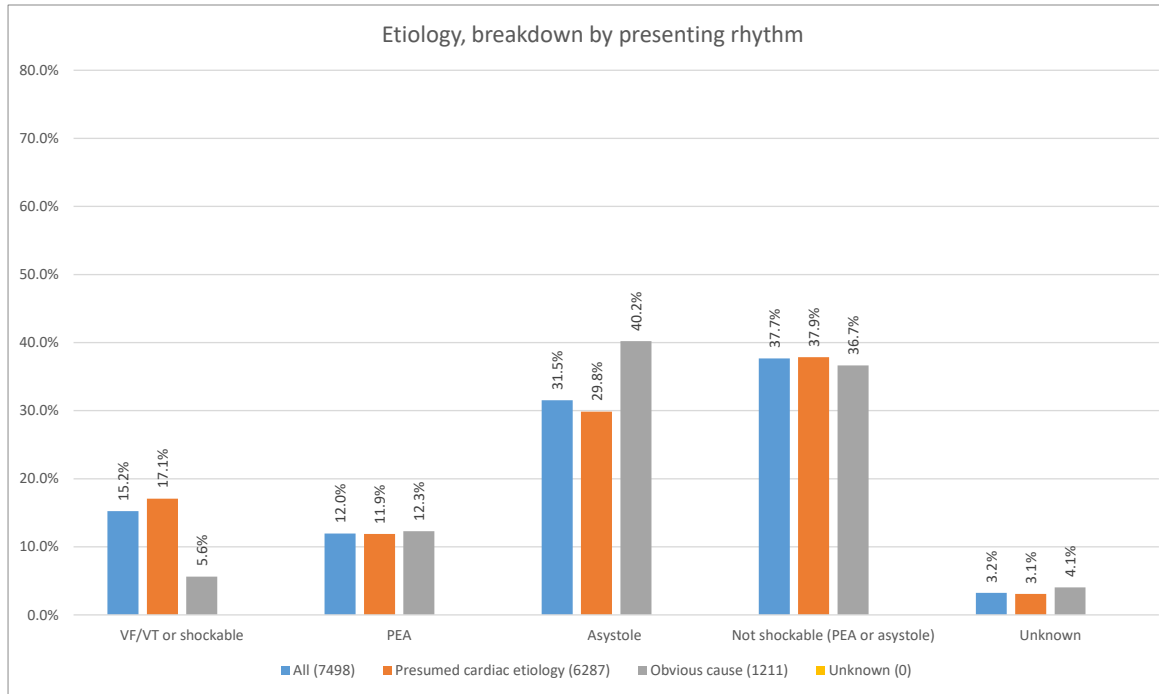
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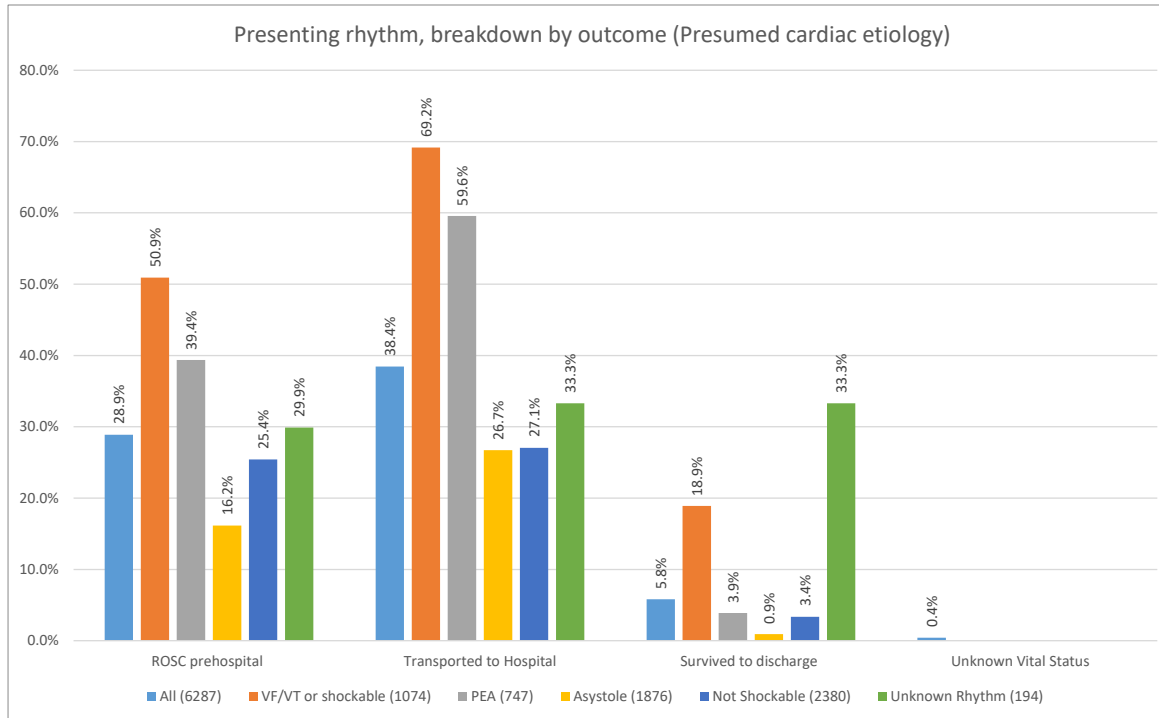
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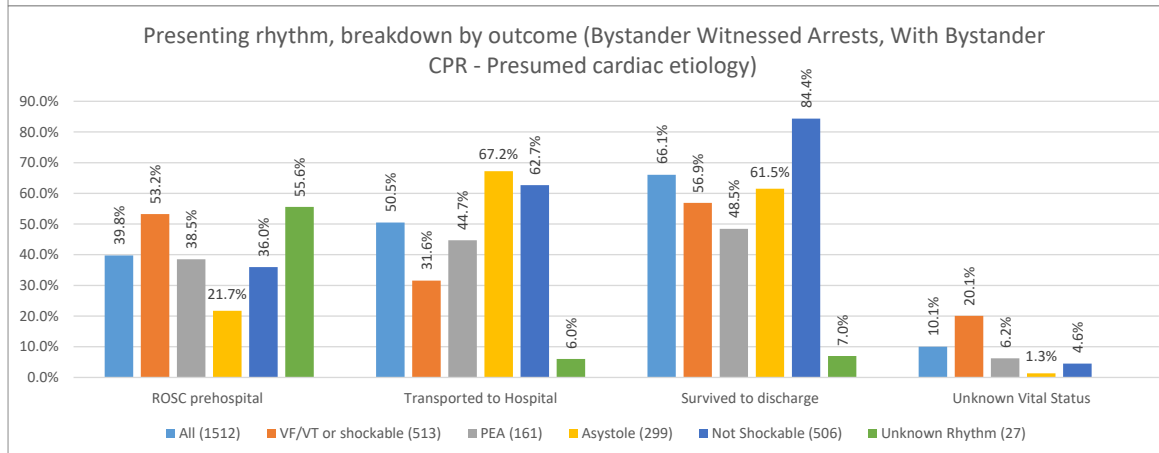
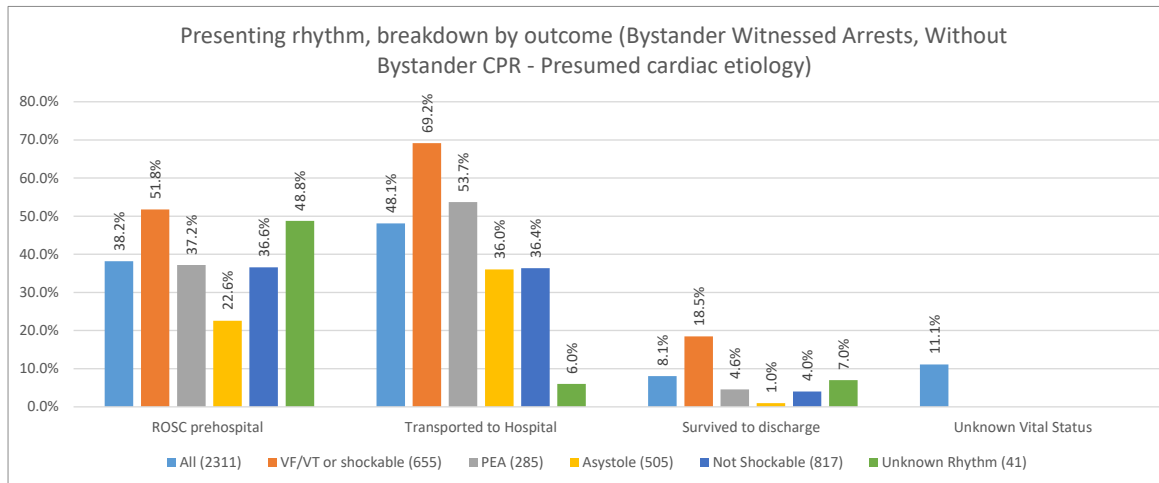


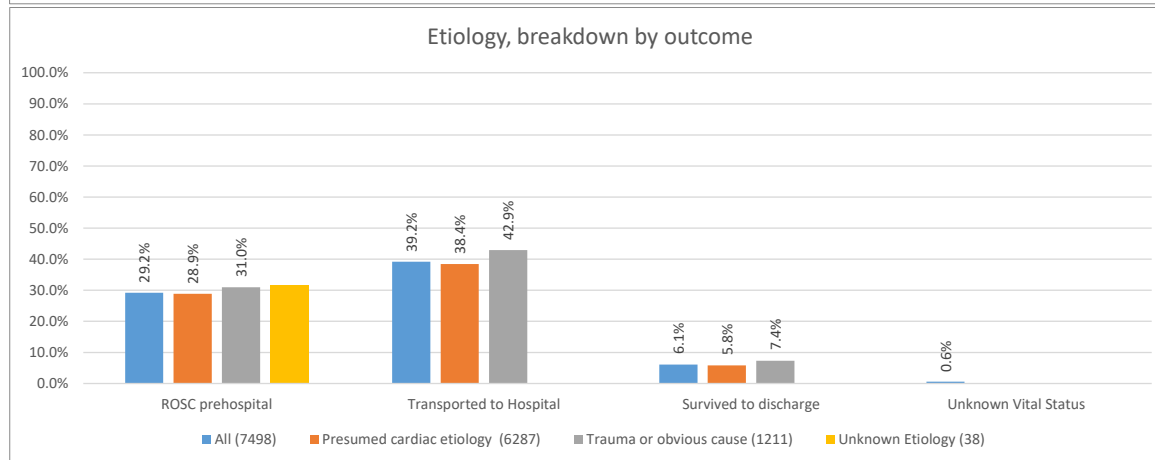
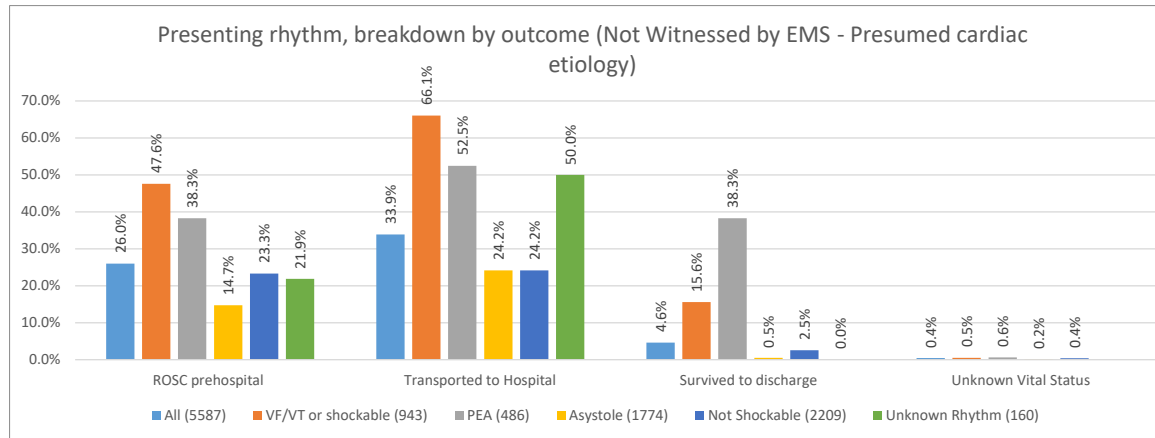
-----The following sections are for resuscitation attempts only-----

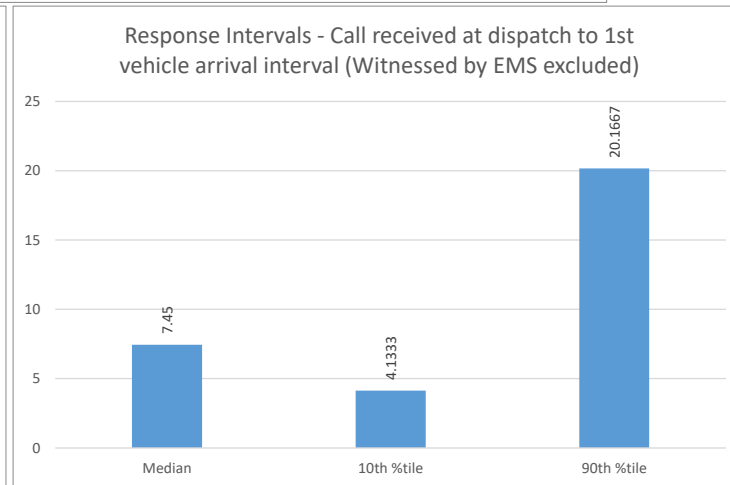
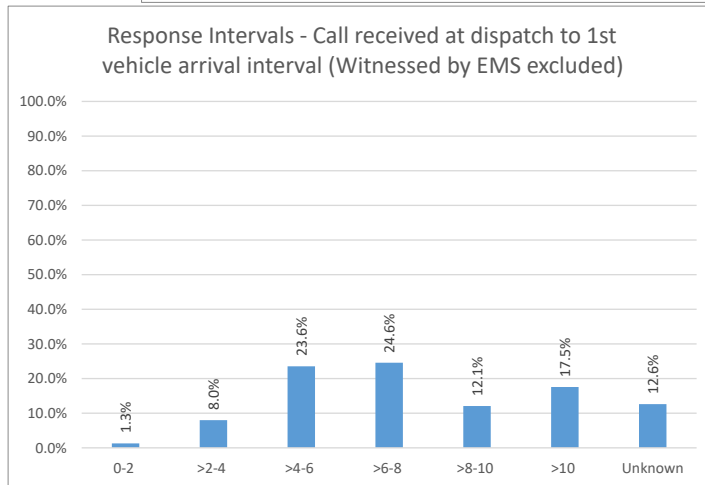
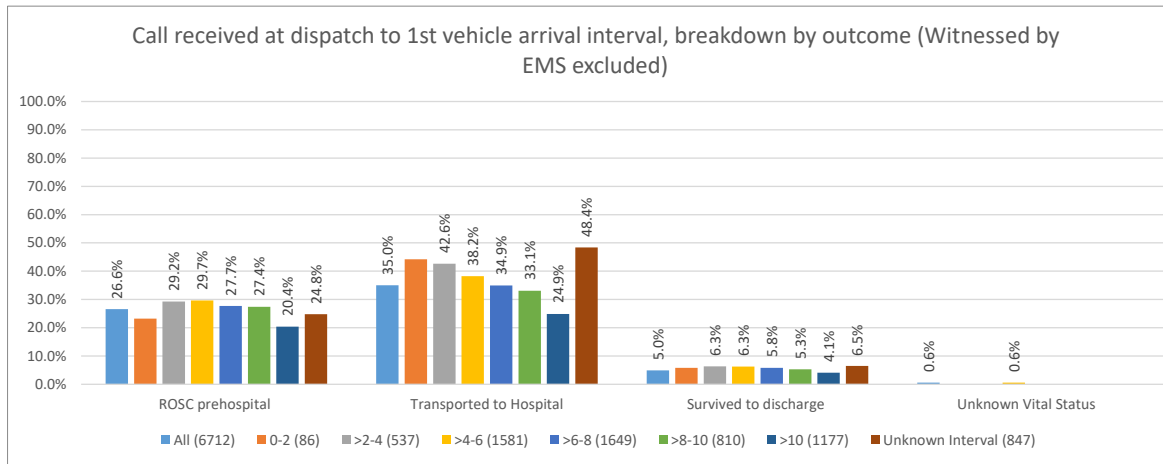




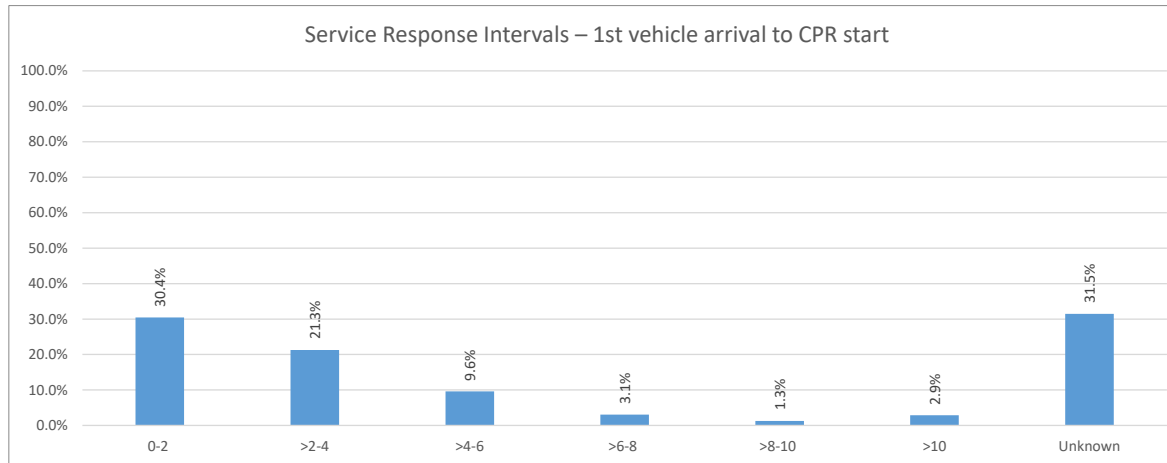




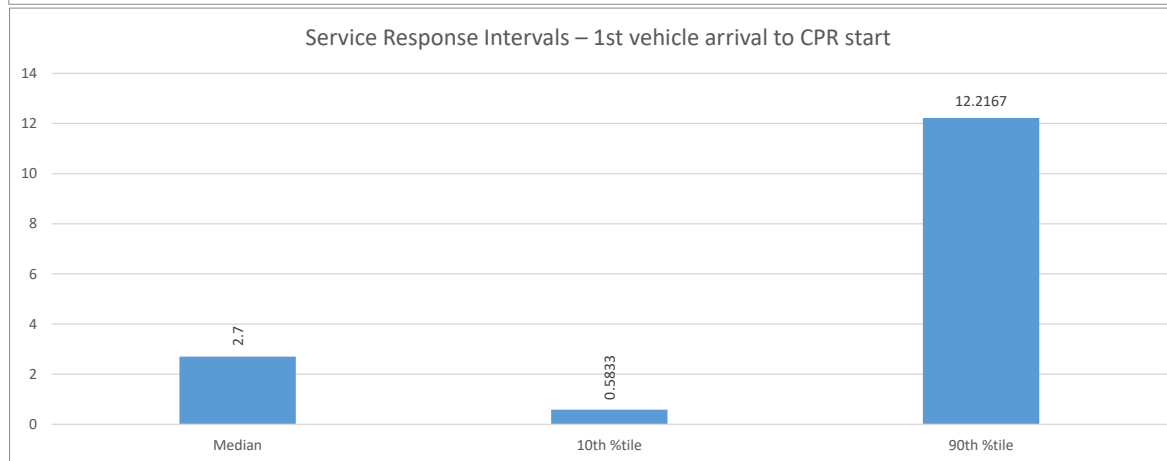




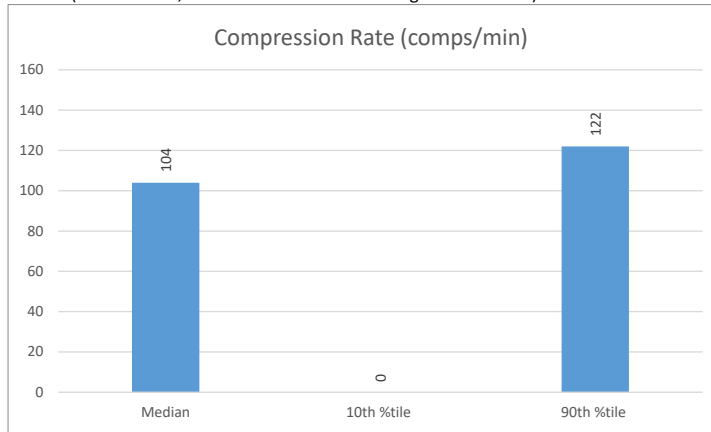
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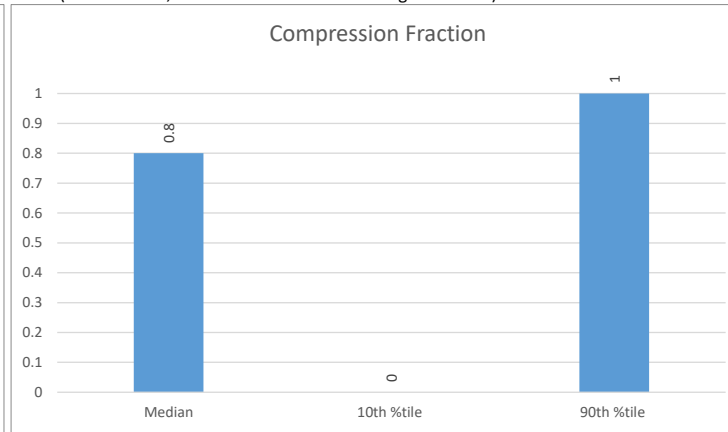
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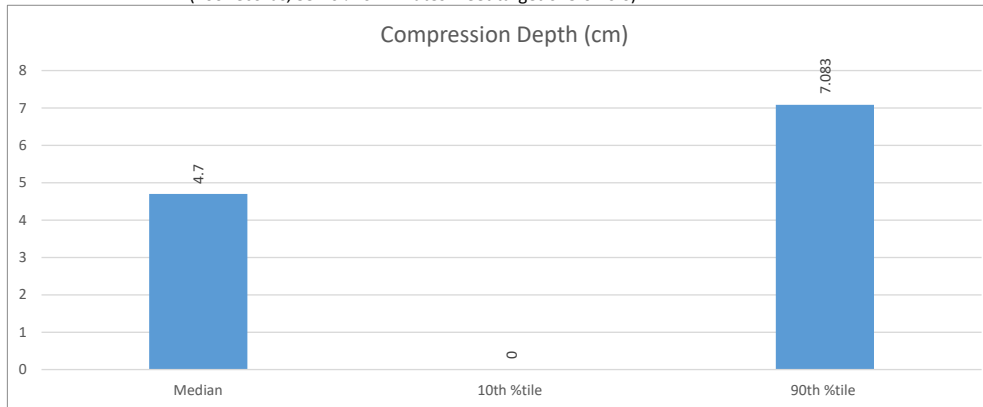
(5317 records, 73.75 % of minutes meet target of 100 - 120)

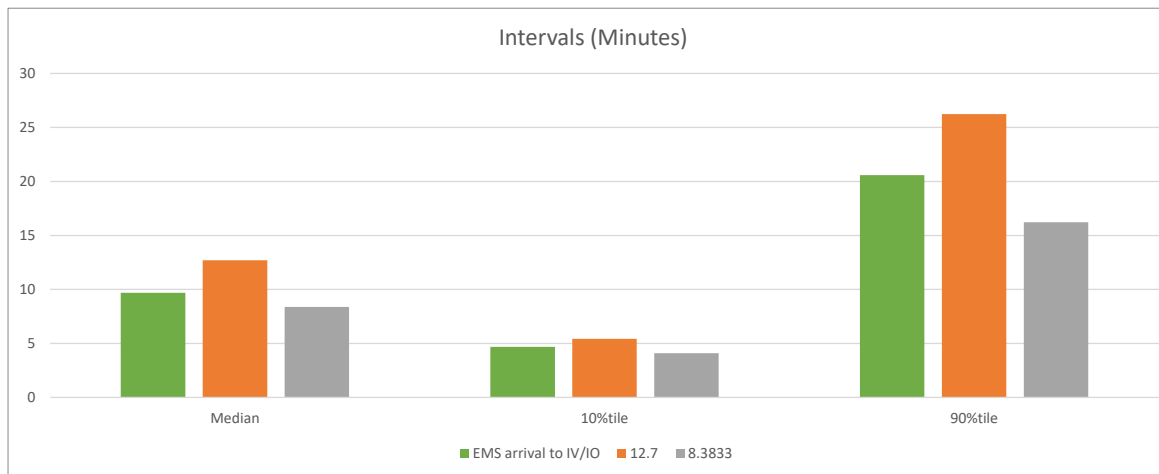
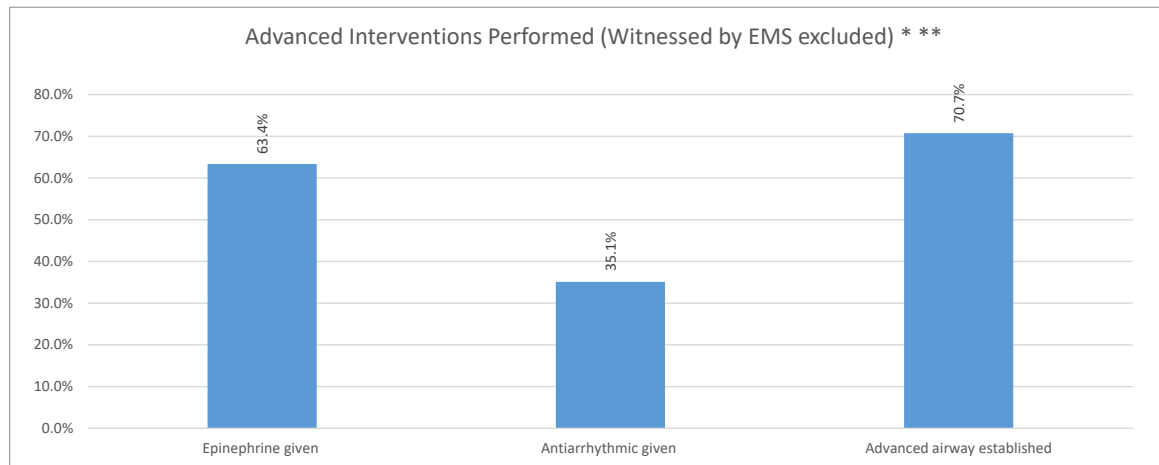


(2806 records, 97.85 % of minutes meet target of $\geq .60$)



(100 records, 55.26 % of minutes meet target of 5.0 - 6.0)





ABBREVIATIONS/DEFINITIONS

The term 'no obvious cause' refers to patients who have no obvious external cause for their cardiac arrest. These include most cardiac sudden deaths, and have a better chance of survival. The term 'trauma or obvious cause' includes cardiac arrests who died of obvious mechanisms of injury such as trauma, burns, drowning, or hanging. These are analyzed separately in most cases because of very different treatment approaches and likelihood of survival.

VF/VT - ventricular fibrillation/ventricular tachycardia (rhythms that can sometimes be restored to normal cardiac rhythm with defibrillator shocks).

PEA - pulseless electrical activity; a rhythm is visible on the cardiac monitor but the patient remains in cardiac arrest. Often there is an underlying reason such as blood loss, hypoxia, poisoning, or life-threatening medical illness.

Asystole - no electrical activity on the monitor; often a sign of irreversible death.

ROSC - return of spontaneous circulation; usually refers to the restoration of a pulse in the field, but many of these patients still die because of brain death or severe underlying illness or injuries.

1. SERVICE NAME AND DATE OF REPORT

Reports can be run for all sites, a particular region, or a specific agency, and can be run for any time frame from 2016 to the present (depending on when data contribution began).

2. ALL ARRESTS ATTENDED BY SERVICE

Total number (N) includes treated 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.

3. RESUSCITATION ATTEMPTED BY EMS

This chart describes non-cardiac etiologies, and 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.

4. RESUSCITATION ATTEMPTED, BREAKDOWN BY WITNESSED/BYSTANDER CPR

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 providers).

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

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

CPR and AED instructions is not a consistently captured data point. Each episode where instructions were not noted is scored as no instructions given.

6. SHOCK DELIVERED BY PAD (AMONG PAD APPLIED)

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

7. 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

8. WITNESSED ARREST/BYSTANDER CPR, BREAKDOWN BY OUTCOME (NO OBV CAUSE)

Breakdown of outcome by arrest category as relates to the presence or absence of the arrest being witnessed or receiving bystander CPR. It is important to note that patient discharge data from hospitals takes time to obtain and add to the database, so survivor numbers may not be completely accurate for recent episodes; attention must be given to the

9. PRESENTING RHYTHM, BREAKDOWN BY OUTCOME (NO OBV CAUSE)

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

10. PRESENTING RHYTHM, BREAKDOWN BY OUTCOME (BYSTANDER WITNESSED ARRESTS - NO OBV CAUSE)

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

11. PRESENTING RHYTHM, BREAKDOWN BY OUTCOME (NOT WITNESSED BY EMS - NO OBV CAUSE)

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

12. PRESENTING RHYTHM, BREAKDOWN BY OUTCOME, BYSTANDER CPR (NOT WITNESSED BY EMS - NO OBV CAUSE)

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

13. ETIOLOGY, BREAKDOWN BY OUTCOME

Breakdown of outcome comparing no obvious cause versus trauma and other known etiologies.

14. CALL RECEIVED AT DISPATCH TO 1ST VEHICLE ARRIVAL INTERVAL, BREAKDOWN BY OUTCOME (WITNESSED BY EMS EXCLUDED)

Breakdown of outcome based on the time interval from call received at dispatch to wheels stopped at scene for the first arriving vehicle. When the report is run by region, first vehicle arrival will be the earliest arriving vehicle from any service. When the report is run by agency, first vehicle arrival will be the earliest arriving vehicle from that particular service. This is a measure of the total time required to process a call and have responders arrive on scene.

15. RESPONSE INTERVALS - CALL RECEIVED AT DISPATCH TO 1ST VEHICLE ARRIVAL INTERVAL (WITNESSED BY EMS 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. When the report is run by region, first vehicle arrival will be the earliest time from any service. When the report is run by agency, first vehicle arrival will be the earliest time from that particular service. This is a measure of the total time required to process a call and have responders arrive on scene.

16. SERVICES RESPONSE INTERVALS - 1ST CREW NOTIFIED TO 1ST VEHICLE ARRIVAL INTERVAL (WITNESSED BY EMS EXCLUDED)

Breakdown of response interval as measured from first vehicle notified to wheels stopped at scene for the first arriving vehicle. When the report is run by region, first vehicle notified and first vehicle arrival will be the earliest times from any service. When the report is run by agency, first vehicle notified and first vehicle arrival will be the earliest times from that particular service. This is a measure of drive time.

17. CPR PROCESS SUMMARY STATS (NO OBV CAUSE)

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 125 compressions per minute, compression fraction should be 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.

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

This is a breakdown of cases where one or more advanced interventions were performed. There are two groupings - BLS interventions (IV and advanced airway, including supraglottic airway), and ALS interventions (epinephrine and amiodarone).

Please note that this table does not apply to fire services.

BLS interventions can be performed in all EMS services and regions except Toronto, where ALS only can perform these interventions. ALS interventions apply to all EMS services and regions except Muskoka. A breakdown of time intervals, in minutes, is provided.