

# Out of hospital cardiac arrest outcomes

<b>Submission date</b> 01/12/2014	<b>Recruitment status</b> Recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 03/02/2015	<b>Overall study status</b> Ongoing	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 20/01/2026	<b>Condition category</b> Circulatory System	<input type="checkbox"/> Individual participant data <input checked="" type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

Cardiac arrest occurs when the heart suddenly stops pumping blood around the body. It can be caused by, for example, a heart attack, choking or trauma caused by serious injury. During a cardiac arrest, blood is no longer being circulated to vital organs and consciousness is lost within seconds. Unless steps are taken to get the heart pumping again very quickly (resuscitation), anyone suffering a cardiac arrest will die within a few minutes. In the UK, about thirty thousand people receive resuscitation treatment for a cardiac arrest that occurs outside of a hospital every year (Out of Hospital Cardiac Arrest, or OHCA). Only one in every twenty people that have a cardiac arrest survive to go home from hospital. Information collected by the Department of Health has shown there to be wide geographical variation in the number of people that survive an OHCA. In simple terms people in some parts of the country are twice or three times more likely to survive than in other areas. We want to find out the reasons why this is the case. We will develop a standardised approach to collecting information about OHCA and for finding out if a resuscitation attempt was successful. We will then use statistics to explain the reasons why survival rates vary between regions. It will provide feedback to ambulance services to allow ambulance services to learn from one another and help more patients survive a OHCA.

### Who can participate?

Anyone who has had a OHCA for which resuscitation has been attempted by the ambulance service.

### What does the study involve?

The study uses existing information collected by ambulance services during the course of their routine duties. Information about patients that receive resuscitation for cardiac arrest are securely transferred to researchers at the University of Warwick. The information is then used to obtain a better understanding of why survival rates vary so widely. It will work out which are the most successful treatments and it will help ambulance services improve the quality of care for victims of cardiac arrest.

### What are the possible benefits and risks of participating?

Not applicable as participants are not approached directly. The project proposes to collect data already held by NHS ambulance services. Data will be extracted from existing information sources (e.g. ambulance 999 call records, ambulance clinical records, ambulance vehicle tracking systems).

Where is the study run from?  
Warwick Medical School (UK)

When is the study starting and how long is it expected to run for?  
October 2012 to October 2028

Who is funding the study?  
1. British Heart Foundation (UK)  
2. Resuscitation Council (UK)

Who is the main contact?  
Adam de Paeztron  
ohcao@warwick.ac.uk

## Contact information

### Type(s)

Public

### Contact name

Mr Adam de Paeztron

### Contact details

Warwick Clinical Trials Unit  
Warwick Medical School  
University of Warwick  
Coventry  
United Kingdom  
CV4 7AL  
02476 572725  
ohcao@warwick.ac.uk

## Additional identifiers

### Protocol serial number

OHCAO

## Study information

### Scientific Title

Epidemiology and Outcome from Out of Hospital Cardiac Arrest

### Acronym

OHCAO

### Study objectives

Cardiac arrest is the term used to describe sudden cessation of heart function. After cardiac arrest occurs, bloodstops being circulated to the vital organs and consciousness is lost within seconds. Unless resuscitation is started promptly death will occur within a few minutes.

Each year about 30,000 people receive resuscitation for an Out of Hospital Cardiac Arrest (OHCA) in the United Kingdom (UK). Only one in every twenty people that have a cardiac arrest survive to go home from hospital. Information collected by the Department of Health has shown there to be wide geographical variation in the number of people that survive an OHCA. In simple terms people in some parts of the country are twice or three times more likely to survive than in other areas.

The main aim of the research study is to determine the key characteristics and outcome of out of hospital cardiac arrest and explore sources of variation in outcome in the UK as a strategy to improve overall health outcomes from out of hospital cardiac arrest in the UK.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

NRES South Central - Oxford Committee, 21/06/2013, ref: 13/SC/0361; 22CAG0072 (Research); 22CAG0087 (Non-Research)

### **Study design**

Prospective observational study

### **Primary study design**

Observational

### **Study type(s)**

Diagnostic

### **Health condition(s) or problem(s) studied**

Out of hospital cardiac arrest

### **Interventions**

Current interventions as of 10/11/2023:

The aim is to provide data-driven insights to improve outcomes from cardiac arrest.

The objectives are:

1. Provide insights into cardiac arrest
2. Reduce health inequalities
3. Support high-quality research
4. Maximum collaboration
5. Facilitate data linkage

The registry will serve as a platform to establish a UK cardiac arrest research collaboration – Resuscitation Outcomes Consortium – UK.

Previous interventions as of 22/01/2019:

The aim is to collect and summarise high-quality data to support UK initiatives to improve outcomes from out of hospital cardiac arrest.

The objectives are:

1. Summarise the epidemiology, treatments and outcomes from OHCA across the UK
2. Produce reports to allow benchmarking and drive quality improvement

3. Support high-quality observational studies and randomised trials to strengthen the Chain of Survival
  4. Encourage collaboration to maximise benefits from use of data submitted to OHCAO
  5. Facilitate data linkage to support a better understanding of the full patient pathway for cardiac arrest (prevention, event, recovery, rehabilitation)
- The registry will serve as a platform to establish a UK cardiac arrest research collaboration – Resuscitation Outcomes Consortium – UK.

#### Previous intervention:

To establish the epidemiology and outcome of out of hospital cardiac arrest, we will explore sources of variation in outcome and establish the feasibility of setting up a national OHCA registry.

1. To identify the optimal process for case identification and outcome verification following OHCA
2. To measure the epidemiology and outcome of out of hospital cardiac arrest in the UK
3. To determine which factors influence survival from OHCA in the UK and explore the feasibility to include in risk prediction models
4. To assess the feasibility of establishing a national OHCA registry in the UK

#### Intervention Type

Procedure/Surgery

#### Primary outcome(s)

Summary data collection: For each case we will collect information from the ambulance clinical record about the time and location of the incident, information about the patient (age, sex, race) the time taken for the ambulance to arrive, the presumed cause of the cardiac arrest, the initial heart rhythm, treatments administered by bystanders and trained ambulance staff.

Main outcome measurements:

1. Initial survival (Return of spontaneous circulation i.e. restoring the heartbeat)
2. Medium – long term survival (30 days – 10 year survival). We will obtain this information from the ambulance service (initial survival) and the Medical Research Information Service (MRIS) (medium to long term survival)

#### Key secondary outcome(s)

1. The optimal process for case identification and outcome verification following OHCA
2. Factors which influence survival from OHCA in the UK and are feasible to include in risk prediction modelling
3. Feasibility of establishing a national OHCA registry in the UK

#### Completion date

31/10/2028

## Eligibility

#### Key inclusion criteria

Current inclusion criteria as of 22/01/2019:

1. Adults and children (all ages)
2. Out-of-hospital cardiac arrest
3. Attended by or on behalf of an NHS Ambulance Service
4. Resuscitation attempted

Previous inclusion criteria:

Patients will be enrolled if after initial screening they fulfil the following criteria:

1. Out of hospital cardiac arrest
2. Resuscitation is attempted (Advanced or Basic Life Support) commenced/ continued by ambulance service

**Participant type(s)**

All

**Healthy volunteers allowed**

No

**Age group**

All

**Sex**

All

**Total final enrolment**

0

**Key exclusion criteria**

Current participant exclusion criteria as of 10/11/2023:

1. Cardiac arrests during inter-hospital transfer or on acute NHS hospital trust premises
2. Where there is clear evidence of death defined by the Joint Royal College Ambulance Liaison Committee (JRCALC) Recognition of life extinct (ROLE) criteria

Previous participant exclusion criteria:

1. Arrest during inter-hospital transfer or on acute NHS hospital trust premises
2. Patients with clear evidence of death defined by the Joint Royal College Ambulance Liaison Committee (JRCALC)
3. Recognition of life extinct (ROLE) criteria

Criteria for ROLE:

- 3.1. Massive cranial and cerebral destruction
- 3.2. Hemicorporectomy
- 3.3. Massive truncal injury incompatible with life (including decapitation)
- 3.4. Decomposition/putrefaction
- 3.5. Incineration
- 3.6. Hypostasis
- 3.7. Rigor mortis
4. A valid do not attempt resuscitation (DNAR) order or an Advanced Directive (Living Will) that states the wish of the patient not to undergo attempted resuscitation
5. When the patient's death is expected due to terminal illness
6. Efforts would be futile, as defined by the combination of all three of the following being present:
  - 6.1. More than 15 minutes since the onset of collapse
  - 6.2. No bystander CPR prior to arrival of the ambulance
  - 6.3. Asystole (flat line) for >30 seconds on the ECG monitor screen. Exceptions are drowning, drug overdose/poisoning, trauma
7. Submersion of adults for longer than 1 hour

**Date of first enrolment**

04/12/2013

**Date of final enrolment**

31/10/2028

## Locations

**Countries of recruitment**

United Kingdom

England

**Study participating centre****Warwick Clinical Trials Unit**

Division of Health Sciences

Warwick Medical School

University of Warwick

Coventry

England

CV4 7AL

## Sponsor information

**Organisation**

University of Warwick

**ROR**

<https://ror.org/01a77tt86>

## Funder(s)

**Funder type**

Charity

**Funder Name**

British Heart Foundation

**Alternative Name(s)**

The British Heart Foundation, the\_bhf, BHF

**Funding Body Type**

Private sector organisation

### Funding Body Subtype

Trusts, charities, foundations (both public and private)

### Location

United Kingdom

### Funder Name

Resuscitation Council (UK)

## Results and Publications

### Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are available from the corresponding author on reasonable request

### IPD sharing plan summary

Available on request

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Protocol article</a>	protocol	01/10/2015	23/01/2019	Yes	No
<a href="#">HRA research summary</a>			28/06/2023	No	No
<a href="#">Study website</a>	Study website	11/11/2025	11/11/2025	No	Yes