Cardiopulmonary resuscitation (CPR) quality improvement programme

Submission date	Recruitment status No longer recruiting	Prospectively registered		
30/11/2010		[X] Protocol		
Registration date 05/07/2011	Overall study status Completed	Statistical analysis plan		
		[X] Results		
Last Edited	Condition category	[] Individual participant data		
04/02/2016	Circulatory System			

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

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Contact details

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

PB-PG-1207-14246

Study information

Scientific Title

Cardiopulmonary resuscitation (CPR) quality improvement programme: a multicentre, prospective, cohort study

Study objectives

Implementing a CPR quality improvement initiative will improve the rate of return of spontaneous circulation and other outcomes in patients sustaining cardiac arrest

Ethics approval required

Old ethics approval format

Ethics approval(s)

Coventry Research Ethics Committee, 26/06/2009, REC ref: 09/H1210/65

Study design

Multicentre prospective cohort study

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Hospital

Study type(s)

Treatment

Participant information sheet

Not available in web format, please use the contact details below to request a patient information sheet.

Health condition(s) or problem(s) studied

In-hospital cardiac arrests

Interventions

- 1. Control
- 2. CPR feedback through Q-CPR® (Laerdal medical, UK)
- 3. CPR feedback through Q-CPR® (Laerdal medical, UK) plus team briefing / debriefing

Intervention Type

Other

Phase

Not Applicable

Primary outcome measure

Survived event [defined as sustained (> 20 minutes) return of spontaneous circulation]

Secondary outcome measures

- 1. Patient outcomes
- 1.1. Any return of spontaneous circulation
- 1.2. Survival to hospital discharge
- 1.3. Cerebral performance category of patients at discharge
- 2. Process outcomes
- 2.1. Quality of emergency calls
- 2.2. Chest compression depth, rate
- 2.3. No flow time
- 2.4. Duration of pre and post-shock pauses
- 2.5. Ventilation rate
- 2.6. time to first shock
- 2.7.Appropriate decision to shock
- 3. Team factors
- 3.1. CPR knowledge
- 3.2. Confidence / preparedness

Overall study start date

01/11/2009

Completion date

31/01/2013

Eligibility

Key inclusion criteria

Patients have to be either 18 or older and suffer an in-hospital cardiac arrest where resuscitation is attempted (defined as loss of a pulse requiring the delivery of chest compressions).

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Sex

Both

Target number of participants

912

Key exclusion criteria

- 1. Patient has a Do-not-attempt resuscitation order written and documented in their medical records
- 2. Cardiac arrest not attended by a resuscitation team

- 3. Out of hospital cardiac arrest
- 4. Previous participation in this study

Date of first enrolment

01/11/2009

Date of final enrolment

31/01/2013

Locations

Countries of recruitment

England

United Kingdom

Study participating centre Warwick Medical School Clinical Trials Unit

Coventry United Kingdom CV4 7AL

Sponsor information

Organisation

Heart of England NHS Foundation Trust (UK)

Sponsor details

c/o Elizabeth Adey R+D Manager MIDRU Bordesley Green East Birmingham England United Kingdom B9 5SS

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Elizabeth.Adey@heartofengland.nhs.uk

Sponsor type

Hospital/treatment centre

Funder(s)

Funder type

Government

Funder Name

National Institute for Health Research (NIHR) (UK) - Research for Patient Benefit (RfPB) programme (PB-PG-1207-14246)

Results and Publications

Publication and dissemination plan

Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<u>Protocol article</u>	protocol	18/10/2011		Yes	No
Results article	results	01/11/2015		Yes	No