Spanish registry of patients suffering an out-ofhospital cardiac arrest treated by emergency services

Submission date	Recruitment status Recruiting	[X] Prospectively registered		
19/02/2023		☐ Protocol		
Registration date	Overall study status Ongoing Condition category Circulatory System	Statistical analysis plan		
22/02/2023		☐ Results		
Last Edited		Individual participant data		
21/03/2025		[X] Record updated in last year		

Plain English summary of protocol

Background and study aims

Out-of-hospital cardiac arrest (OHCA) is a major public health problem. Patient survival depends on a series of precise and coordinated actions that must be established from the moment of patient collapse. Society, the citizens themselves, are a fundamental part of the chain of survival. All EMS are committed to improving care and outcomes in OHCA. Participation in a common registry, with homogeneous definitions, methods and quality controls, will allow to know and adapt best clinical practices, reduce variability and promote lines of research.

The Out-of-Hospital Spanish Cardiac arrest Registry (OHSCAR) started in 2013. Since its creation has collected data in defined periods. From 2023 it changes its recruitment periods and becomes a continuous OHCA registry. (Proyecto OHSCAR - CERCP)

Who can participate?

Spanish public EMSs caring for patients with cardiac arrest.

The Research group on Bioengineering and Resuscitation (BioRes). Its main research line is the application of Digital Signal Processing and Machine Learning to biomedical signals. BIORES - Escuela de Ingeniería de Bilbao - UPV/EHU

The EASP is a strategic and instrumental company of the SSPA and SNS for the innovation of health systems, the improvement of population's health, and the promotion of scientific and technical collaboration and exchange, at national and international level Escuela Andaluza de Salud Pública (easp.es)

What does the study involve?

Incidence of resuscitation attempts, general patient and event characteristics, treatment received and survival to discharge of patients treated by Spanish EMS.

What are the possible benefits and risks of participating?

The registry will allow the implementation of a quality circle in each participating EMS and, as a whole, to know the clinical practice and health outcomes of OHCA care in Spain. It will facilitate comparison and benchmarking between EMSs and integration with different national and international research projects.

Where is the study run from?

Emergency Services in 13 Spanish regions and in two major capitals (Madrid y Zaragoza). Population served over 40 million inhabitants.

When is the study starting and how long is it expected to run for? January 2023 to December 2043

Who is funding the study? Spanish Resuscitation Council (Spain) RiojaSalud Foundation (Spain)

Who is the main contact?

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Additional identifiers

Clinical Trials Information System (CTIS)

Nil known

ClinicalTrials.gov (NCT)

Nil known

Protocol serial number

Nil known

Study information

Scientific Title

Survival of patients suffering an out-of-hospital cardiac arrest treated by emergency services in Spain. Out-of-Hospital Spanish Cardiac arrest Registry

Acronym

OHSCAR

Study objectives

To know the epidemiology, treatment, survival and changes in the clinical practice for the out-of-hospital cardiac arrest management in Spain will improve the survival of these patients.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Approved 31/01/2023, Ethical Committee of La Rioja (Edificio CIBIR – 3 planta, C/ Piqueras 98, 26006, Logroño – La Rioja, Spain; +34 941 278 855. Ext. 84780; secretaria.ceic@riojasalud.es), ref: CEImLAR PI 647

Study design

Observational retrospective multicentre study

Primary study design

Observational

Study type(s)

Other

Health condition(s) or problem(s) studied

Survival in Out-of-hospital cardiac arrest (OHCA)

Interventions

Continuous registry of OHCA patients attended by Spanish emergency services EMS. The registry follows the Utstein template guidelines to report OHCA variables. The researchers are SEM professionals participating in the OHSCAR registry. They use the pre-hospital medical records and the in-hospital ones, in cases with successful resuscitation, to assess the treatment, evolution and status at discharge.

Intervention Type

Other

Primary outcome(s)

Survival at hospital discharge with good neurological status (Cerebral Performance Category scale ≤ 2) measured using patient records

Key secondary outcome(s))

The registry incorporates variables of the event (place, witnessed, time), the patient (sex, age), the treatment received (basic life support, advanced life support, times intervals), the outcome after resuscitation (dead, recovery of spontaneous pulse, transfer to hospital), hospital treatment (coronary intervention, active temperature control), neurological status at discharge (cerebral performance categories scale). Follow-up at one month. The sources of data are; the medical records of the emergency services, the call data and schedules from the dispatching centers and the follow-up from the patients' digital health records (hospital data and revisions after discharge)

Completion date

31/12/2048

Eligibility

Key inclusion criteria

Cases of OHCA in which an EMS performed resuscitation or post-resuscitation care after cardiopulmonary resuscitation (CPR) attempts by a first responder

Participant type(s)

All

Healthy volunteers allowed

No

Age group

All

Sex

All

Key exclusion criteria

Cases in which the EMS suspended resuscitation on the grounds that it was not indicated due to futility criteria confirmed during resuscitation. An attempt at CPR was considered futile when new data during resuscitation showed that it was not indicated (terminal disease, prolonged arrest time prior to EMS arrival, "Do not resuscitate" orders)

Date of first enrolment

01/01/2024

Date of final enrolment

31/12/2048

Locations

Countries of recruitment

Spain

Study participating centre Servicio de Emergencias Sanitarias 061 La Rioja

Piqueras 96 Logroño Spain 26006

Study participating centre

Servicio de Urgencia Médica de la Comunidad de Madrid, SUMMA 112

Antracita 2 bis Madrid Spain 28045

Study participating centre

Subdirección de urgencias y atención a la urgencia vital de Navarra

Plaza de la paz SN Pamplona Spain 31002

Study participating centre Emergentziak Osakidetza

Maria Diaz De Haro 53 Bilbao Spain 48010

Study participating centre 061 Aragon

Avda navarra 78 Zaragoza Spain 50011

Study participating centre Gerencia de Emergencias Sanitarias de Castilla y León

Hospital Militar 24 - 2 Valladolid Spain 47007

Study participating centre Servei Emergencies Mediques

Pablo Iglesias 101 L'Hospitalet de Llobregat Spain 08908

Study participating centre SAMUR Protección Civil

Ronde las Provincias 7 Madrid Spain 28011

Study participating centre Urxencias sanitarias 061

Rua da Cultura SN A Estrada (Pontevedra) Spain 36680

Study participating centre

Gerencia de urgencias y emergencias 061 del Servicio Murciano de Salud

Jose Sancez lozano 7 Muercia Spain 30005

Study participating centre Servicio de Emergencias 061 Cantabria

Rosalia de Castro SN

Santander Spain 39011

Study participating centre Servicio de Atención Médica Urgent 061 de las Islas Baleares

Carrer Illes balears 1B Palma de mallorca Spain 07014

Study participating centre Emergencias Sanitarias de Extremadura 112

Av America 2 Merida Spain 06800

Study participating centre Servicio de Emergencias Sanitarias, Comunidad Valenciana

Avenida Campanar 21 - 5 A Planta Escola Enf la Fe Valencia Spain 46009

Sponsor information

Organisation

Spanish Resuscitation Council

Organisation

Riojasud Foundation

Organisation

Fundacion Asisa

Funder(s)

Funder type

Research council

Funder Name

Spanish Resuscitation Council

Funder Name

Riojasalud Foundation

Results and Publications

Individual participant data (IPD) sharing plan

Spanish EMS are public services. Each of them depends on the corresponding health administration. The custody of the data corresponds to these administrations. The monitoring and traceability of the data is the responsibility of each EMS. The database centralized in the RiojaSalud Foundation includes anonymized alphanumeric data. Each EMS can access its own data and reports and its IP can access the general reports of the country. Access is allowed to the Spanish Ministry of Health and, upon request, with the consent of the EMS, raw case data could be accessed. Under these assumptions, access to anonymized data to verify an analysis, a report, or a publication would be feasible after the approval of the EMS that has provided the data for its realization. In this sense, the registry has a steering committee composed of the PI of each participating institution.

IPD sharing plan summary

Stored in publicly available repository, Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes
Study website	Study website	11/11/2025	11/11/2025	No	Yes