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Wales, UK – Data Collection

OHCA Registry for Wales

BRIEF BACKGROUND

Reporting on the patient journey following an OHCA is a significant challenge in Wales, as data has not been routinely collected. A single OHCA registry would enable the reporting and capture of patient data, providing linkage capabilities from call for help to discharge or other outcomes. In doing so, areas needing improvement to better support patients could be identified.

Improving the outcomes of OHCA requires a whole-system approach, with the availability of high-quality, timely and comparable data. The establishment of an OHCA registry is a key action of the Welsh Government and the Welsh Ambulance Service NHS Trust's (WAST) OHCA plans for Wales. The goal continues to be the improvement of care and survival of people who experience a cardiac arrest in Wales, through collecting data throughout the entire patient journey.

STEPS TAKEN

There is currently a coordinated collaboration between WAST and the Wales Cardiac Network to provide data to the registry, which supports NHS Wales Health Boards and Trusts to measure the quality of care for patients following OHCA. Individual Health Boards and Trusts collect and hold a wealth of data, but they generally give little thought to how it might be linked in the future. This has resulted in a distributed network of databases across Wales, making it almost impossible to identify important relationships and trends between datasets. Working together, the data's true value is revealed, and it can be used for performance management, research and statistical analysis.

CHALLENGES

The challenge ahead is to extend coverage of the program and data linkage through the Save a Life Cymru campaign — established between NHS Wales, the Welsh government and Third Sector charities in Wales — to further improve bystander CPR, AED use and survival rates.

RESULTS

Due to system interoperability issues, ambulance service data was previously only visible up to the patient's arrival at the hospital. Now, a full patient journey can be mapped to inform OHCA patient care and best practices.

For example, in 2018 a 999 call was made in rural Wales to emergency services for a patient suffering an OHCA in a street location. A bystander performed compression-only CPR. An AED was available and deployed to the patient, where a shock was delivered (following instructions from emergency services) nine minutes after the initial collapse. In total, the patient received three shocks.

Following the interventions of the bystander and emergency services, the patient had a successful ROSC, which was sustained on arrival of the air ambulance crew and at the hospital where the patient was transferred to the emergency department. The patient survived their OHCA and is alive seven months after the event.

OUTLOOK

Stakeholders look to grow the program and its reach through the Save a Life Cymru campaign.

CONTACT

OHCA Program for Wales: <http://www.wcn.wales.nhs.uk/ohca>



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