

# Out-of-hospital cardiac arrest and outcome – a panorama in transformation

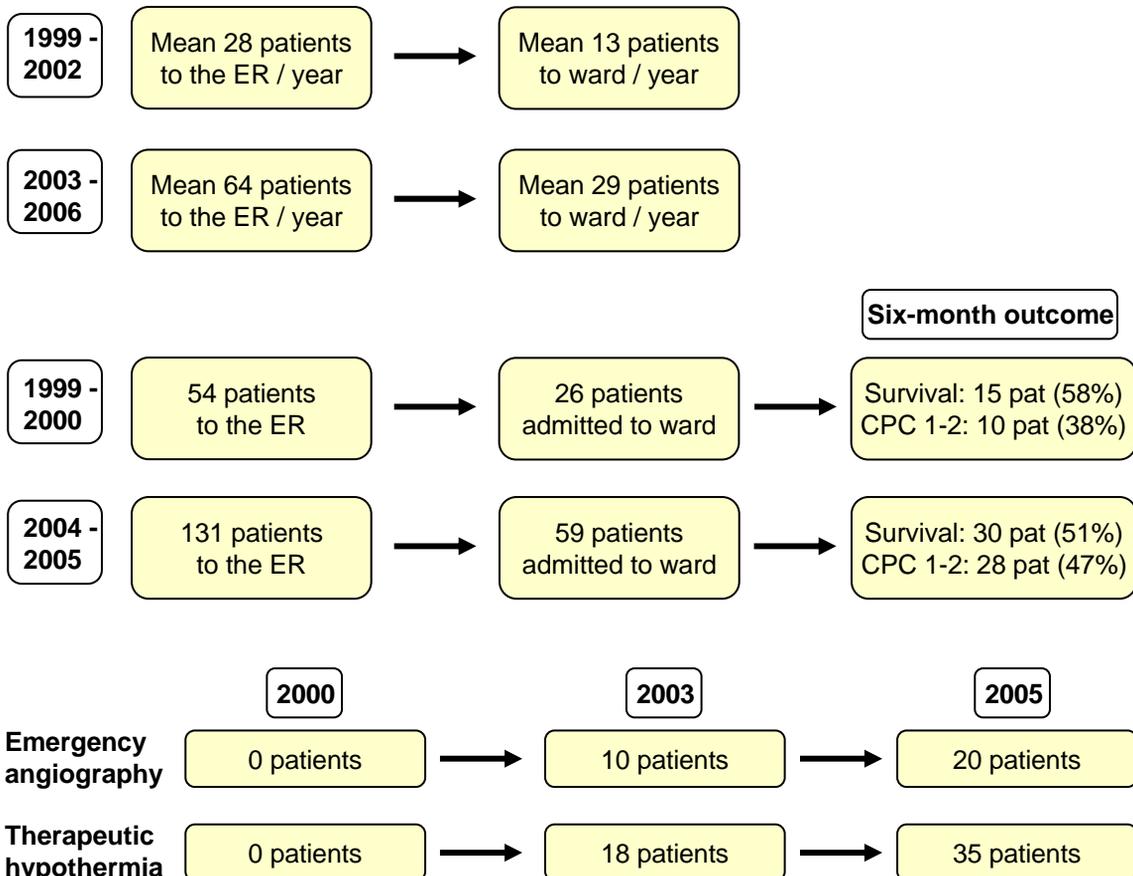
## Purpose of the study:

The quality of prehospital and hospital care is decisive for survival and neurological outcome after cardiac arrest. In 2003, a novel prehospital treatment algorithm, including improved chest compressions, was introduced in our catchment area. That same year, therapeutic hypothermia after cardiac arrest was introduced. We investigated how these novel treatments affected the flow of patients to the hospital, survival and 6-month outcome.

## Materials and methods:

All data were prospectively collected and retrospectively analysed. Our catchment area covers 270.000 people but our university hospital is also a regional center for emergency angiography and PCI. The prehospital data were collected from Kamber Skanes database and the hospital data from a hospital database and from the medical records. All patients brought to the emergency room (ER) after out-of-hospital cardiac arrest and all patients admitted to a ward were registered during two four year time periods, 1999-2002 vs 2003-2006. Detailed patient information, including survival and neurological outcome at 6 months, was collected during two years, 1999-2000, and compared to 2004-2005. A CPC of 1-2 was considered a good outcome.

## Results:



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## Conclusion:

Improved prehospital and hospital care resulted in an improved six-month outcome in 2004-05 vs 1999-2000.

The number of survivors doubled and the proportion of patients with a good outcome increased.