



South East Ambulance Clinical Audit Group

- Who we are
- How we communicate
- Terms of reference
- Our definitions
- Work programme
- Next plans



SEACAG communications

- Face to face meetings bi monthly
- seacag@egroups.com egroup general communications / dissemination open membership
- seacagex@egroups.com egroup member services only
- Web site - www.seacag.org.uk
- Publications / Conferences

SEACAG – Terms of reference

To: -

- Foster collaboration between Ambulance Trusts in clinical audit
- Share info on audit methodology & results
- Collect comparative data
- Improve the quality of care delivered in each service through audit of current practice and changes to practice resulting from recommendations of any joint findings

SEACAG Clinical Audit definition

- The systematic and critical analysis of the quality of healthcare, including the procedures used for diagnosis and treatment, the use of resources and the resulting outcome and quality of life for the patient
- Measures standards against current practice

**Emergency Pre
Hospital Care**

of

**Hypoglycaemic
Patients**

1996/97



South East Ambulance Clinical Audit Group

Aims

To measure the accuracy of diagnosis and appropriateness of treatment for hypoglycaemic patients

To measure adherence to protocols

To examine regional patterns and variations in care

To develop recommendations from the findings on a local and regional level

Results

1155 patients were included in the audit

Each service contributed between 71-352 patients to the sample

Only one Trust was able to produce outcome data

Results

Protocol compliance was variable

Highest compliance achieved by trust who previously audited the topic

Observations showed improvements in blood glucose levels and conscious levels despite wide variations in treatment protocols

Results

Improvements in health outcomes were impressive

Wide disparity existed when patients declined transportation to hospital

Only one trust made efforts to alert primary healthcare teams

Conclusions

Analysis was difficult due to incomplete data sets however the audit concluded that:

The location of the patient rather than the clinical need of the patient determined the treatment received

Recommendations

Revised guidance for the initiation of treatment – British Diabetic Associations '4 is the floor' for blood sugar levels and stepwise patient management

Education & training to underpin knowledge

Further audit



South East Ambulance Clinical Audit Group

Clinical audit: A collaborative methodology for the South East Ambulance Clinical Audit Group (SEACAG) that worked!

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SEACAG out-of-hospital cardiac arrest audit

SEACAG OUT-OF-HOSPITAL CARDIAC ARREST REGISTRAR
DATA COLLECTION USING THE UTSSTEIN TEMPLATE

INCIDENT IDENTIFICATION

EMS identification Patient/ incident ID: Date:

Station/ depot Crew mix

Incident address 1:

Incident address 2:

Incident postcode:

Map reference

Call details passed to ambulance crew

Preambival instructions given for CPR

ARRIVAL ON SCENE

Patient diagnosis on arrival at scene

Precipitating event

Results

Trusts (1-5 = 12 months data)	Total Arrests	Trusts (6-10=1 months data)	Total Arrests
1	1756	6	171
2	2066	7	34
3	1805	8	385
4	1425	9	34
5	1540	10	33
Total	8592	Total	657
Combined Cardiac Arrests Total n = 9249			

Results

Population N = 20,781,500
Confirmed cardiac arrests for resuscitation N = 9249
Resuscitation attempted N = 5870
Cardiac Etiology N = 4779
Arrests witnessed (bystander) N = 2185
Initial rhythm – VF/VT N = 1063
Bystander CPR N = 566
Any return of spontaneous circulation (ROSC) N = 117
Discharged alive N=39

Results

All Arrests Utstein	Cardiac Arrest	Resus	Cardiac	Byst. Witn	VF/VT	Byst. CPR	ROSC	Dis'd Alive	No Hosp Data	Utstein Outcome
1	1756	1064	838	525	220	112	36	6	2	2.7 %
2	2066	1033	910	604	348	143	19	8	3	2.3 %
3	1805	1018	699	297	172	147	26	10	2	5.8 %
4	1425	1425	1269	345	145	78	8	4	2	2.7 %
5	1540	783	641	223	106	69	24	9	9	8.5 %

All Arrests Utstein	Cardiac Arrest	Resus	Cardiac	Byst. Witn	VF/VT	Byst. CPR	ROSC	Dis'd Alive	No Hosp Data	Utstein Outcome
6	171	114	19*	5	2	1	0	-	-	-
7	34	31	27	10	9	8	1	1	0	50%
8	385	364	343	156	50	0	0	0	2	0%
9	34	17	15	7	1	0	0	0	0	0%
10	33	21	18	13	10	8	3	1	2	10%

Total	9249	5870	4779	2185	1063	566	117	39	9	3.7 %
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Results

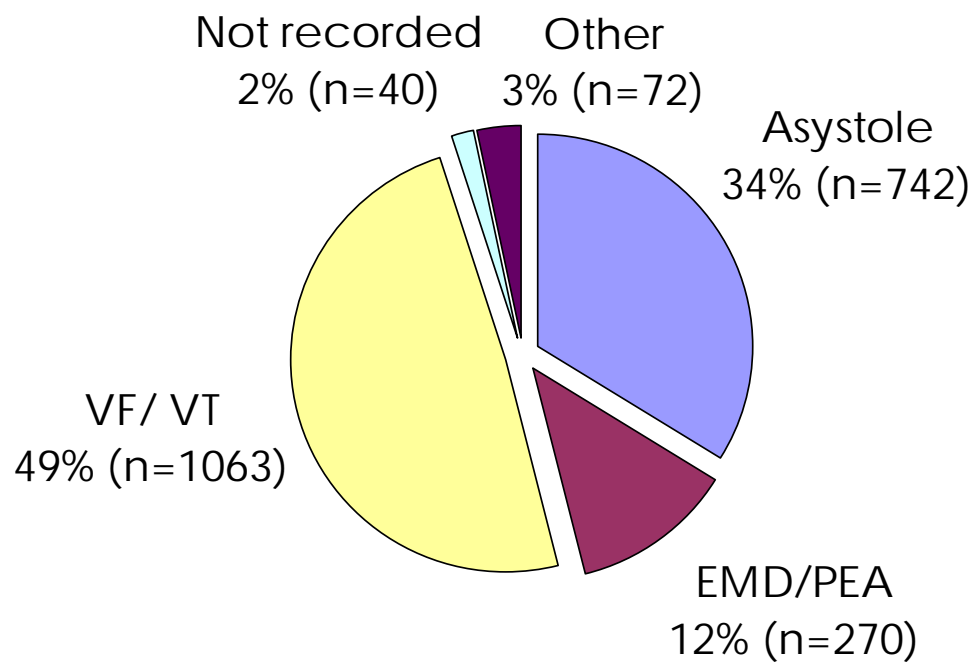
Total Cardiac Arrests	Total Arrests (n=)	Total Resus (n=)	Discharged Alive (n=)	No hosp Data (n=)	% Survival
1	1756	1064	30	0	2.8
2	2066	1033	27	9	2.6
3	1805	1018	24	0	2.4
4	1425	1425	20	167	1.4
5	1540	783	22	416	2.8
6	171	114	0	114	No Hosp. data avail
7	34	31	3	1	9.7
8	385	364	4	109	1.1
9	34	17	1	3	5.9
10	33	21	1	5	4.8
Total	9249	5870	132	824	2.2%

Results

All Survivors (includes n=39 utstein pts)	Profile	Utstein Survivors
Male n = 92(70 %)	Gender	Male n = 32(82%)
62 Years	Age	60 Years
7:55 Minutes (mean)	Response Time	7:53 Minutes (mean)
n = 9249 (100%)	Total Confirmed Cardiac arrests	n = 9249 (100%)
n = 5870 (100%)	Total Resuscitations attempted	n = 5870 (100%)
n = 114 (86%)	Cardiac etiology	n = 4779 (100%)
n = 62 (47 %)	Witnessed – Bystander	n = 2185 (100%)
n= 51 (38 %)	Witnessed – EMS	N/A
n= 80 (61%)	Initial Rhythm VF/VT	n = 1063 (100%)
10:43 Minutes (mean)	Call to 1 st Shock (does not include EMS Witnessed)	10.47 Minutes (mean)
n = 96 (72 %)	Bystander CPR	n = 566 (100%)
n = 108 (82%)	ROSC	N= 117 (100%)
132	Discharged alive	39

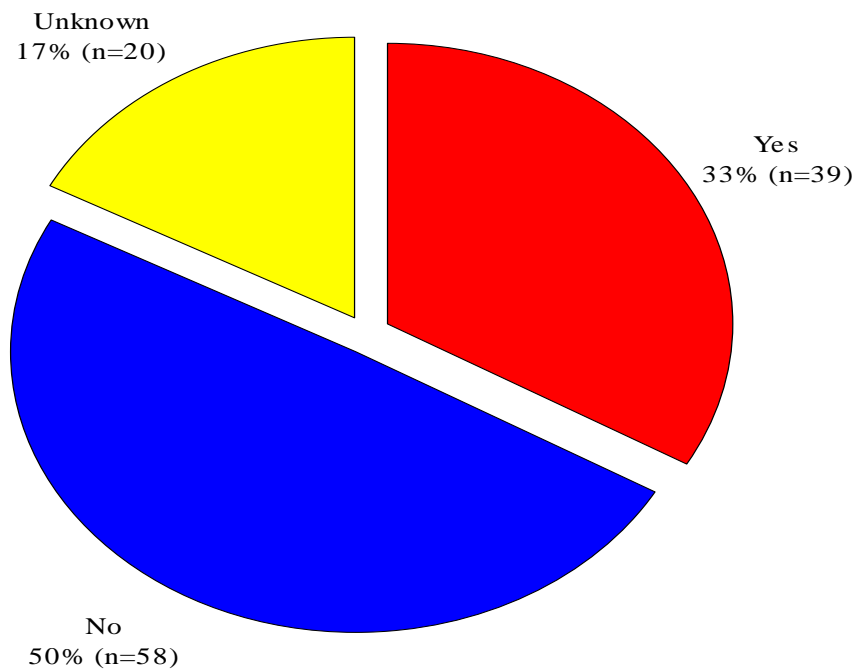
Results

Cardiac Etiology & Bystander Witnessed by Initial Rhythm



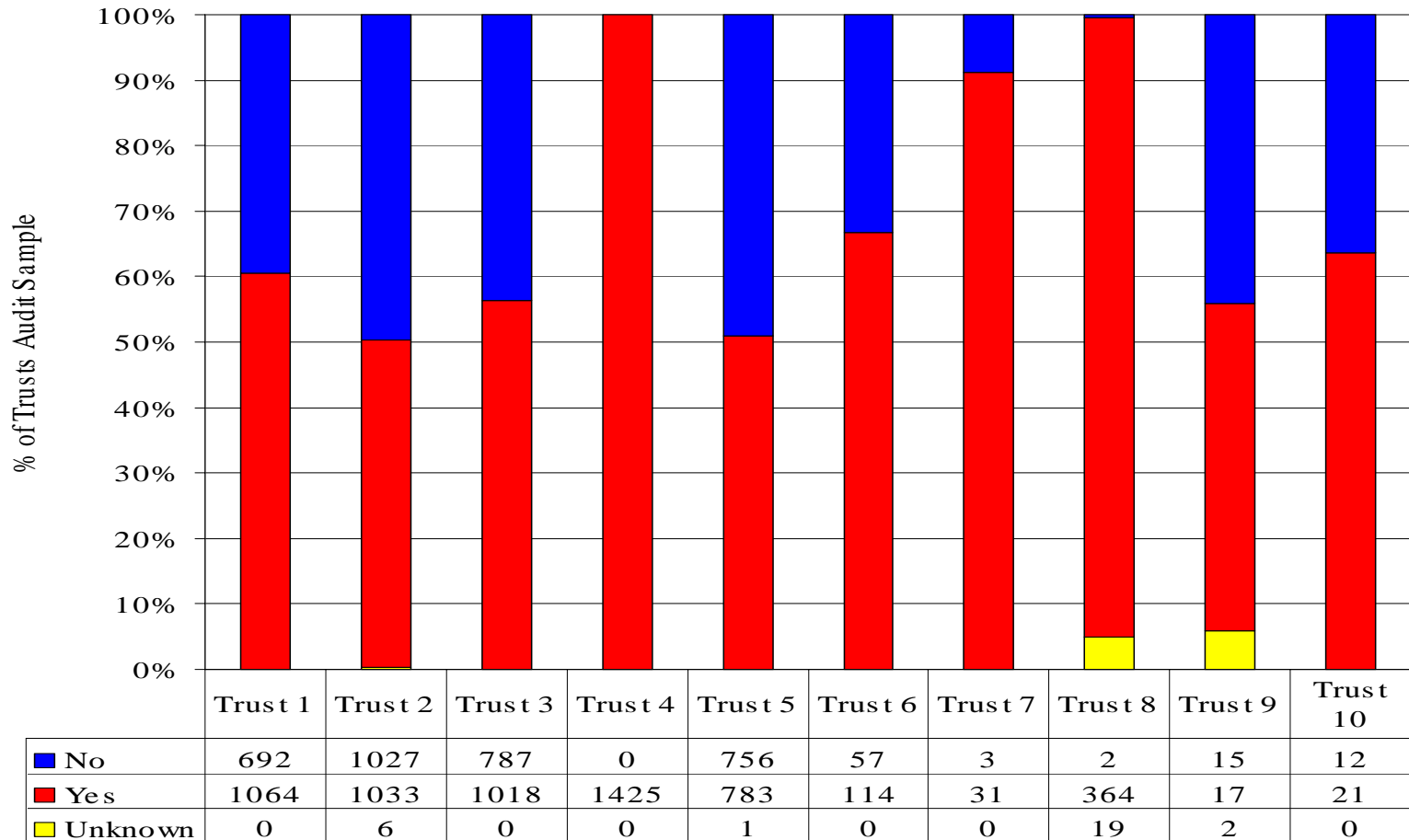
Results

Cardiac Etiology, Bystander Witnessed, VF/VT Initial Rhythm, Bystander CPR with a Return of Spontaneous Circulation being Discharged Alive



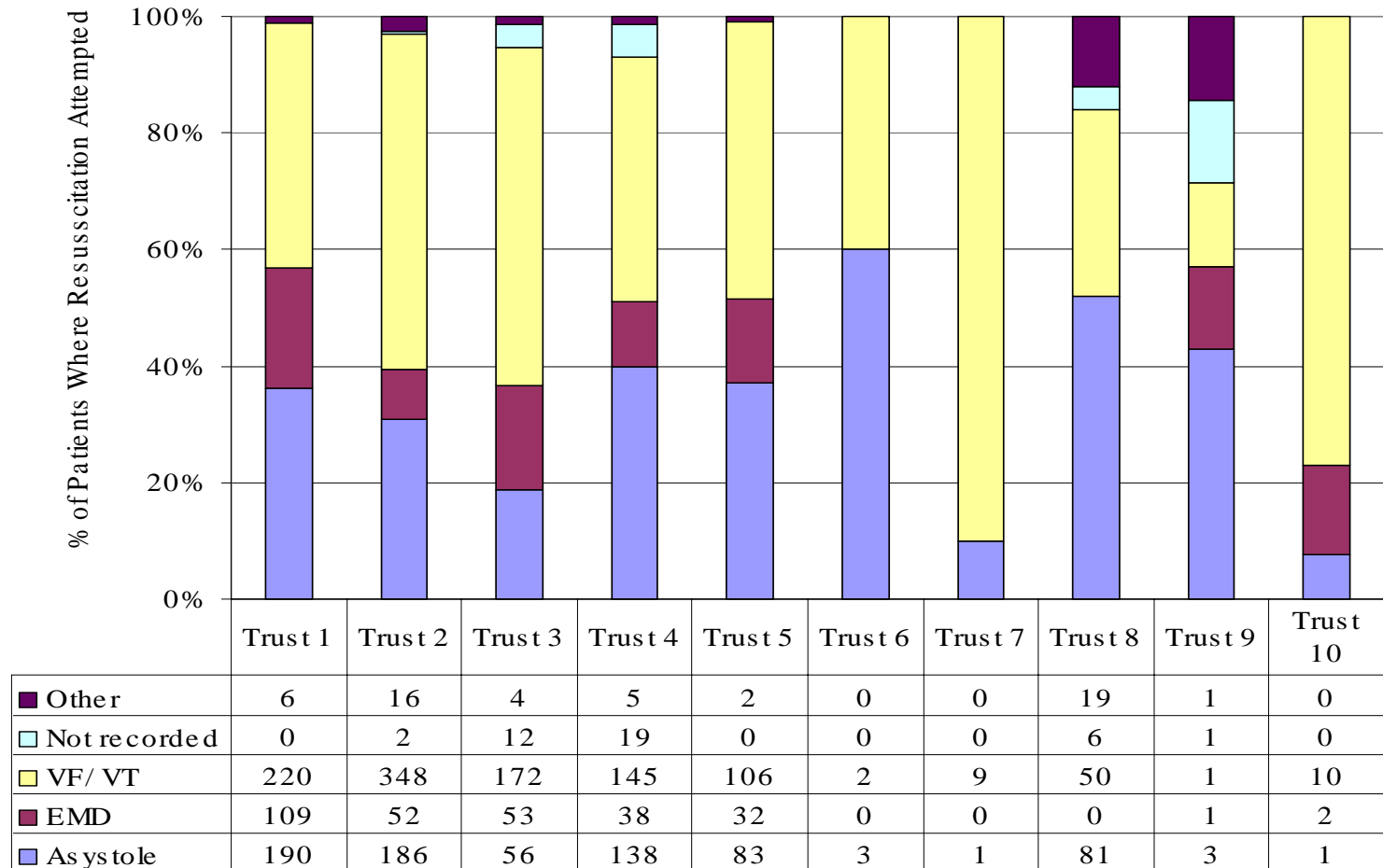
Results

Resuscitations Attempted by Trust



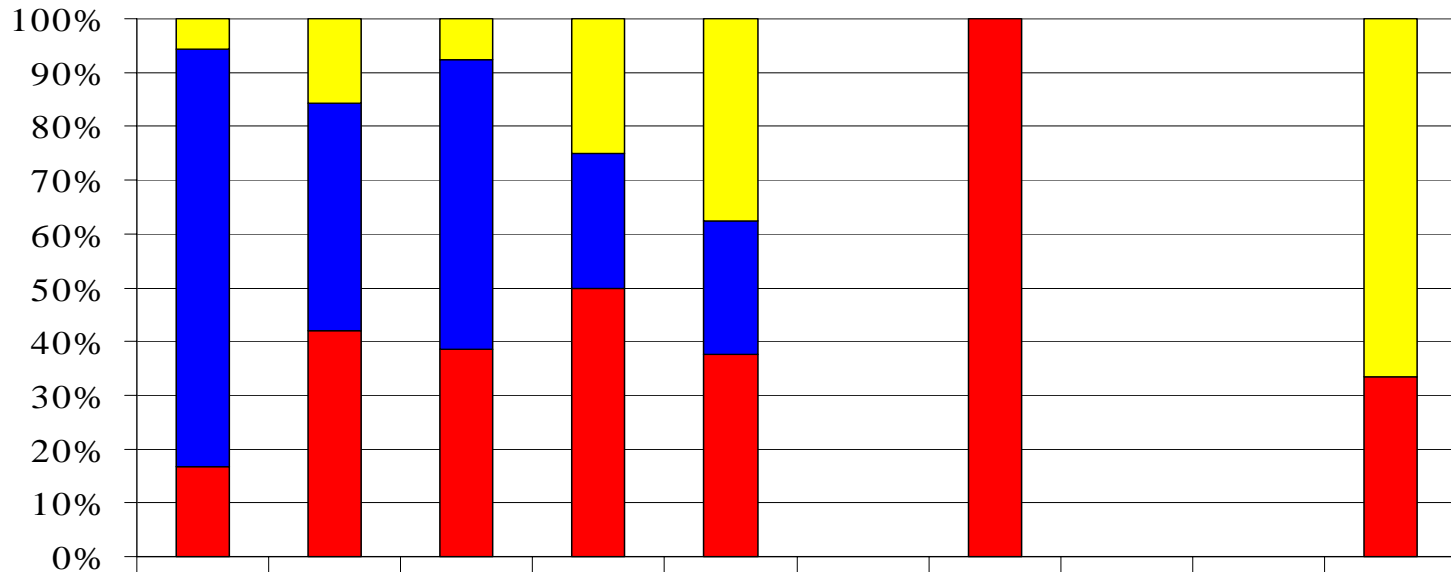
Results

Cardiac Etiology & Bystander Witnessed by Initial Rhythm, by Trust



Results

**Cardiac Etiology, Bystander Witnessed, VF/VT Initial Rhythm,
Bystander CPR with a Return of Spontaneous Circulation being
Discharged Alive**



	Trust 1	Trust 2	Trust 3	Trust 4	Trust 5	Trust 6	Trust 7	Trust 8	Trust 9	Trust 10
Unknown	2	3	2	2	9	0	0	0	0	2
No	28	8	14	2	6	0	0	0	0	0
Yes	6	8	10	4	9	0	1	0	0	1