Issue 4, May 2018

The ARREST Newsletter

The importance of the ARREST trial

A message from Simon and Tiffany

Out-of-hospital cardiac arrest is a serious global health issue with around 60,000 cardiac arrests per year in the UK. The overall survival rate is very poor for these patients at approximately 10%. As such, this is an area where new strategies for clinical care are key to improve patient outcomes.

Recently published research have suggested that regionalisation of care into specialist cardiac arrest centres can be beneficial for patients in cardiac arrest with clear evidence of a heart attack.

However, there is no guidance on how best to manage patients who have had a cardiac arrest but do not show clear signs of a heart attack or trauma. This would be the first study to examine if we can save lives by taking these patients to receive specialist care at a Heart Attack Centre.

We are working closely with London Ambulance Service to deliver the trial.

Thank you for working on this important trial which help us to determine how best to care for patients who have had a cardiac arrest.

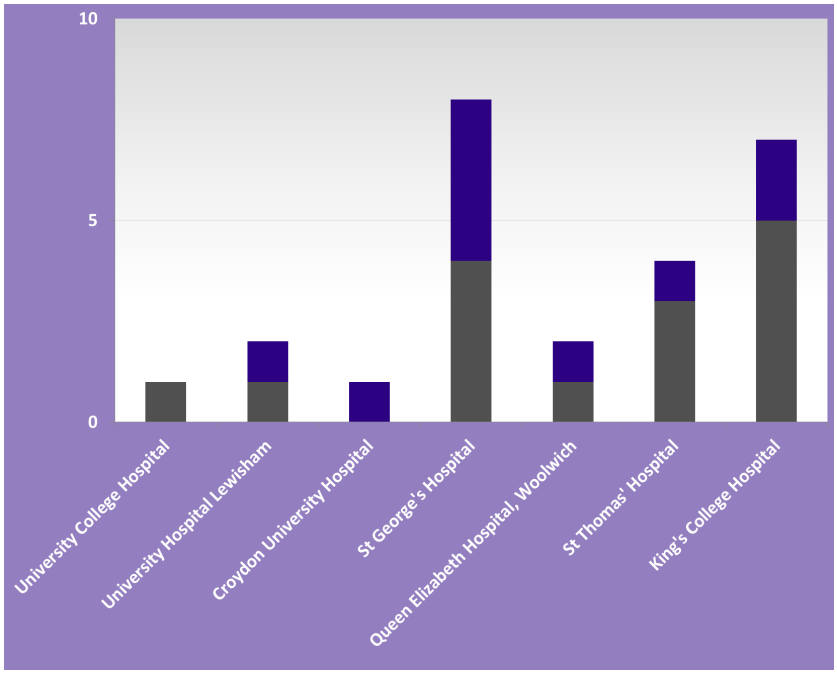
Prof Simon Redwood
Chief Investigator

Dr Tiffany Patterson,
Clinical Lead

As of the end of April, there were **25 patients enrolled in ARREST**.

10 patients were recruited in April.

Recruitment Update



Graph showing distribution of patients. Purple represents patients recruited in April, and grey represents previously recruited patients.

ARREST continues to recruit above target with 10 patients enrolled in April. In April, 6 sites received patients from London Ambulance Service (LAS). Many thanks to our local collaborators and LAS for their continued support.

We are currently working to open the North London sites to recruitment by the end of May 2018. We have held the Site Initiation Visit for the Royal Free Hospital and Barnet Hospital, and are scheduling the remaining SIVs now. We look forward to having the trial live across all of London.

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Q&A

Last month we spoke with Jon Breeze at KCL to get a sense of how the trial was running at the hospital sites. This month, we spoke with Helen Werts, one of the research paramedics at LAS, to see how it has been going for them.

Jo Hughes and Helen Werts, LAS Research Paramedics

How has your experience receiving notification from the paramedics that a patient has been enrolled been?

The Sealed Envelope randomisation system notifies us that a patient has been recruited to the trial, which is brilliant! As part of the randomisation process, the date and a unique ID given to every 999 call is documented so that we are able to look up more details about the patient, including where and when they were recruited and which hospital they were taken to.

After the resuscitation attempt and patient handover paramedics ring a 24-hour service to leave a more detailed referral including the patient's name and date of birth (if known). This information is vital for tracking the patient through hospital. For the most part, this second step is completed successfully but this has been forgotten on one or two occasions making it a little harder to track the patient initially.

How has the initial contact with the hospitals gone when informing them that a patient has been delivered? Were you able to successfully identify and start tracking the patient?

Our hospital local collaborators have been fantastic! We have an nhs.net account which we use to securely send patient identifiable information to our contacts in hospital to notify them about the ARREST patient. In situations where we don't know the patient's name or date of birth, our local collaborators have been wonderful detectives and have been able to identify patients based upon their rough age, gender and time of arrival at hospital. Together, we have been able to identify and start tracking all of our ARREST patients so far.

Do you have any tips or suggestions for sites to make the process of patient tracking more smooth?

Not really! From our perspective it's been great. One thing that is important is to have someone we can check with frequently about the patient's health. As such it's key to have a backup local collaborator to cover leave and other absences. A patient's health can change quickly in the initial few days after admission and some patients are well enough to be discharged home. There is an ethical obligation to approach patients or a consultee as soon as they leave intensive care and the initial emergency has passed. If this initial approach does not happen there is a risk the patient will be discharged home before we have a chance to speak to them. We hope this goes some way to explaining to our hospital contacts why we send you quite so many emails!

Have you had any issues finding an appropriate time to attend the hospitals to take patient or consultee consent?

Again, our local collaborators have been great and we have always managed to find a good time to approach with their help. In some instances, we have not had time to make it to a hospital before the patient is discharged home and our hospital contacts have been wonderful at stepping in to take consent instead.

LAS headquarters on Waterloo Road

How would you describe the general feelings of patients and their consultees towards the trial?

The patients and consultees we have approached have fully understood the need for the trial and have been keen to consent to follow up. They have been very grateful for the care they have received from both the ambulance service and the hospital. A number of patients have commented that they want to take part in the follow-up not just for themselves but because they want to help future patients receive the care that this trial identifies to be the best for post-cardiac arrest patients.