











# List of Tables

Participating first responder "patrol" to car accident in Victoria.	Page 12
VACAR inclusion criteria.	Page 12
VACAR exclusion criteria.	Page 12
Number and proportion of missing data for "elect registration" 2013-2014.	Page 13

# List of Figure

Cru! e inci! ence o6 a! ult an! pae! iatric E&; atten! e! OACA in Victoria Binclu! e" E&; 2itne""e! e0ent"t.	Page 1\$
Dear!# cru! e inci! ence o6 E&; atten! e! e0ent" acro"" metropolitan an! rural region" o6 Victoria Binclu! e" E&; 2itne""e! e0ent"t.	Page 1*
Cru! e inci! ence o6 E&; atten! e! e0ent" acro"" (eapartment o6 Aealt' region"§2013-2014.	Page 1*
Age ! i"tri ution o6 E&; atten! e! OACA e0ent"§2013-2014.	Page 13
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# Victorian Ambulance Carliac Arrest Registr#



# Ao2 ! oe" VACAR operateL

## Eligi ilit#

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3. Communit# Emergenc# Re"pon"e Team"

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3. Patient" 2' o are pul"ele"" on arri0al o6 E&; B  
Patient" 2' o ecome pul"ele"" in t' e pre"ence o6

## Quality

The VACAR unit ergo "rigorous" quality control to ensure the accuracy of data collected. Using automated quality assurance methods are essential into the VACAR data to capture erroneous "value" or "influence". Quality control activities are conducted monthly on a random sample of 10% of cases to quality assurance of data collection. The VACAR research team. Verification of data entry unit ergo "routine" activities to identify inconsistencies. The data collection. The analysis is performed on a quarterly basis to ensure consistency of case numbers patient outcome and response time. Comparison of the results are made to national and international data. VACAR data undergoes independent external audit by Victorian Auditor-General Office. Carriage arrangements for clinical auditing. The AV clinical support officer (C/O). All cases are a patient rehire. Evaluation or results are reported occur in AV care unit. The C/O.

The data in the register is updated to ongoing activities. Quality control is necessary to ensure incorporation into the register. Quality assurance measures are conducted routinely leading to improvement in the integrity of data. The "update" data pre-emptively in the report matter. The "lig" from previous publication. The "ear" data is updated to the most current data in the report. Data on "urinal to hospital" "c"arge" information continuing to update and "ence" "oul" e treat and interpret data caution.

## Electronic

The register maintain electronic data quality assurance initiatives from the Department of Health Human Resources. The VACAR information support. The most 100 electronic approval from Victorian Health for the needs of medical research.

The National Health and Medical Research Council National Statement on Electronic Human Resources. The paper and electronic data are secure. The Victorian Health data is strictly accessible to authorized personnel.

# Accountability Report

The American Heart Association is committed to monitoring the treatment of out-of-hospital cardiac arrest patients and ensuring the highest quality of care in our communities.

1. The hospital's annual mortality rate for out-of-hospital cardiac arrest patients is 100%.







# Incidence of OACA in Victoria

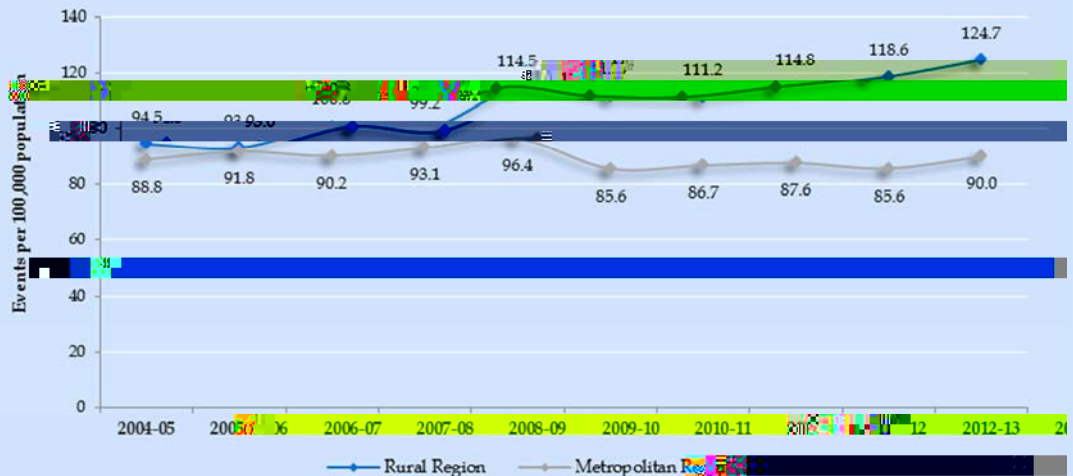
Crude incidence of OACA in Victoria  
per 100,000 population  
in 2013-2014

## Incidence of OACA in Victoria per 100,000 population

In 2013-2014, the crude incidence of OACA in Victoria was 6.56 per 100,000 population, which is significantly higher than the 3.95 per 100,000 population in 2012-2013. The incidence of OACA in Victoria is significantly higher than the incidence of OACA in other jurisdictions.

The crude incidence of OACA in Victoria is significantly higher than the incidence of OACA in other jurisdictions. In 2013-2014, the crude incidence of OACA in Victoria was 6.56 per 100,000 population, which is significantly higher than the 3.95 per 100,000 population in 2012-2013. The incidence of OACA in Victoria is significantly higher than the incidence of OACA in other jurisdictions.

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)n 2013-2014 Am ulance Victoria atten! e! %8%\*1 a! ult OACA eOent"8 repre"enting t' e ' ig' e"t num er  
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 per 100000 population in 2013-2014 p00.001t.  
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Regional Oaria ilit# in OACA inci! ence 2a" o "erOe!  
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- ' 58 Cru! e inci! ence o6 E&; atten! e! eOent" acro"" (eartment o6  
 Aealt' region"8 2013-2014.

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(e"pite t' e increa"e! proportion o6 eOent" occurring in t' e  
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(All results in this section inclu%e) \* + &itnesse%e, ents.

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## Demographic profile of adult

The demographic profile of adult patients being included in E&A; 2013-2014 remains consistent with the 2013-2014 E&A; adult patient demographic profile. The age distribution of adult patients is similar to the 2013-2014 E&A; adult patient demographic profile. The proportion of adult patients occurring in a public location is similar to the 2013-2014 E&A; adult patient demographic profile. The proportion of adult patients occurring in a public location is similar to the 2013-2014 E&A; adult patient demographic profile.

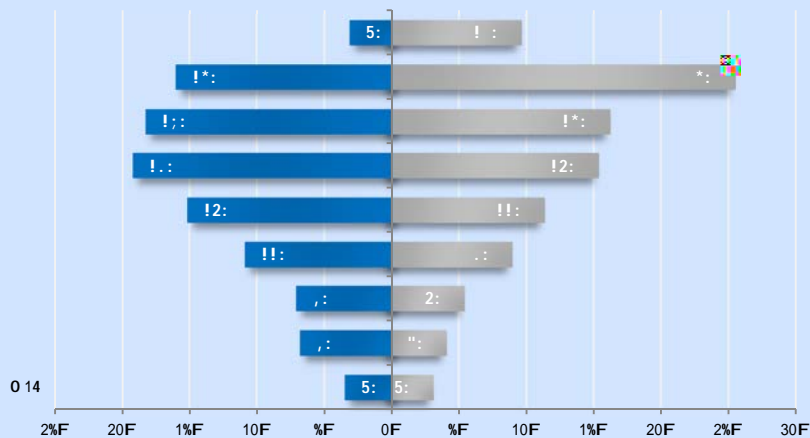
Parametric attempt re-identification in 44% of all E&A; adult patients. The demographic profile of patient receiving an attempt re-identification is similar to the overall population. The age distribution of adult patients occurring in a public place is similar to the 2013-2014 E&A; adult patient demographic profile. The proportion of adult patients occurring in a public place is similar to the 2013-2014 E&A; adult patient demographic profile.

## Demographic profile of pediatric

The demographic profile of E&A; pediatric patients being included in E&A; 2013-2014 remains consistent with the 2013-2014 E&A; pediatric patient demographic profile. The age distribution of pediatric patients is similar to the 2013-2014 E&A; pediatric patient demographic profile. The proportion of pediatric patients occurring in a public location is similar to the 2013-2014 E&A; pediatric patient demographic profile. The proportion of pediatric patients occurring in a public location is similar to the 2013-2014 E&A; pediatric patient demographic profile.

The demographic profile of pediatric OACA patients is similar to the 2013-2014 E&A; pediatric patient demographic profile. The proportion of pediatric patients occurring in a public location is similar to the 2013-2014 E&A; pediatric patient demographic profile. The proportion of pediatric patients occurring in a public location is similar to the 2013-2014 E&A; pediatric patient demographic profile. The proportion of pediatric patients occurring in a public location is similar to the 2013-2014 E&A; pediatric patient demographic profile.

Age distribution of E&A; adult patients 2013-2014.



- ' 28 A! ult precipitating e0ent" acro"" age group" 6or E&; atten! e! e0ent"8 2013-2014.

## Precipitating e0ent" 6or a! ult"

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T' e precipitating cau"e" o6 OACA e0ent" are !e6ine! # parame! ic"8an! recor! e! !irectl# 6rom t' e patient care recor! . Unle"" t' e cau"e o6 arre"t i" clear! # !e"cri e! Be.g. trauma8"u mer"ion8 o0er! o"e9poi"oning8 ' angng etc.8 t' e aetiolog# o6

Road traffic accidents remain a significant cause of death and disability in Australia. It is of all OACA from a traumatic cause being attributable to road trauma.

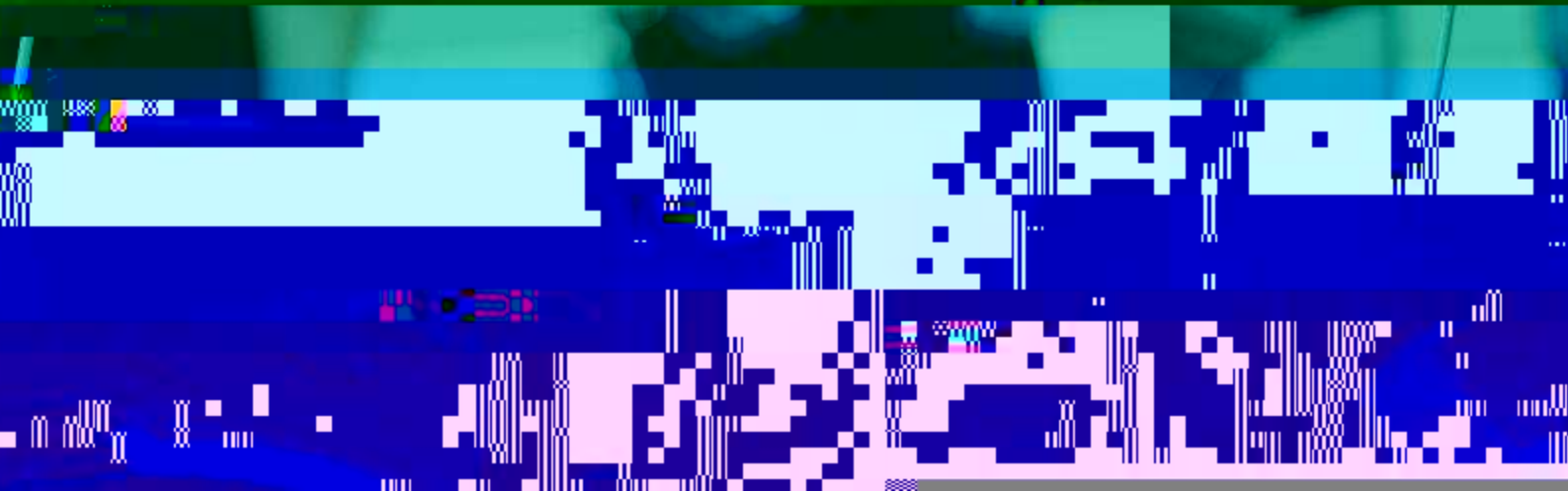
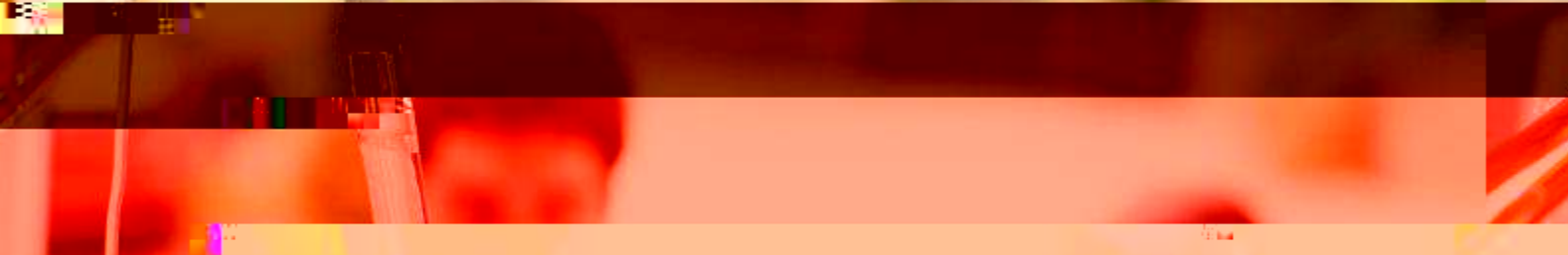
## Precipitating event for paediatric

## percentage of arrest in the traumatic subgroup

Figure 1. Paediatric precipitating event for E&A attendances 2013-2014.

Figure 2. Source of trauma in E&A attendances

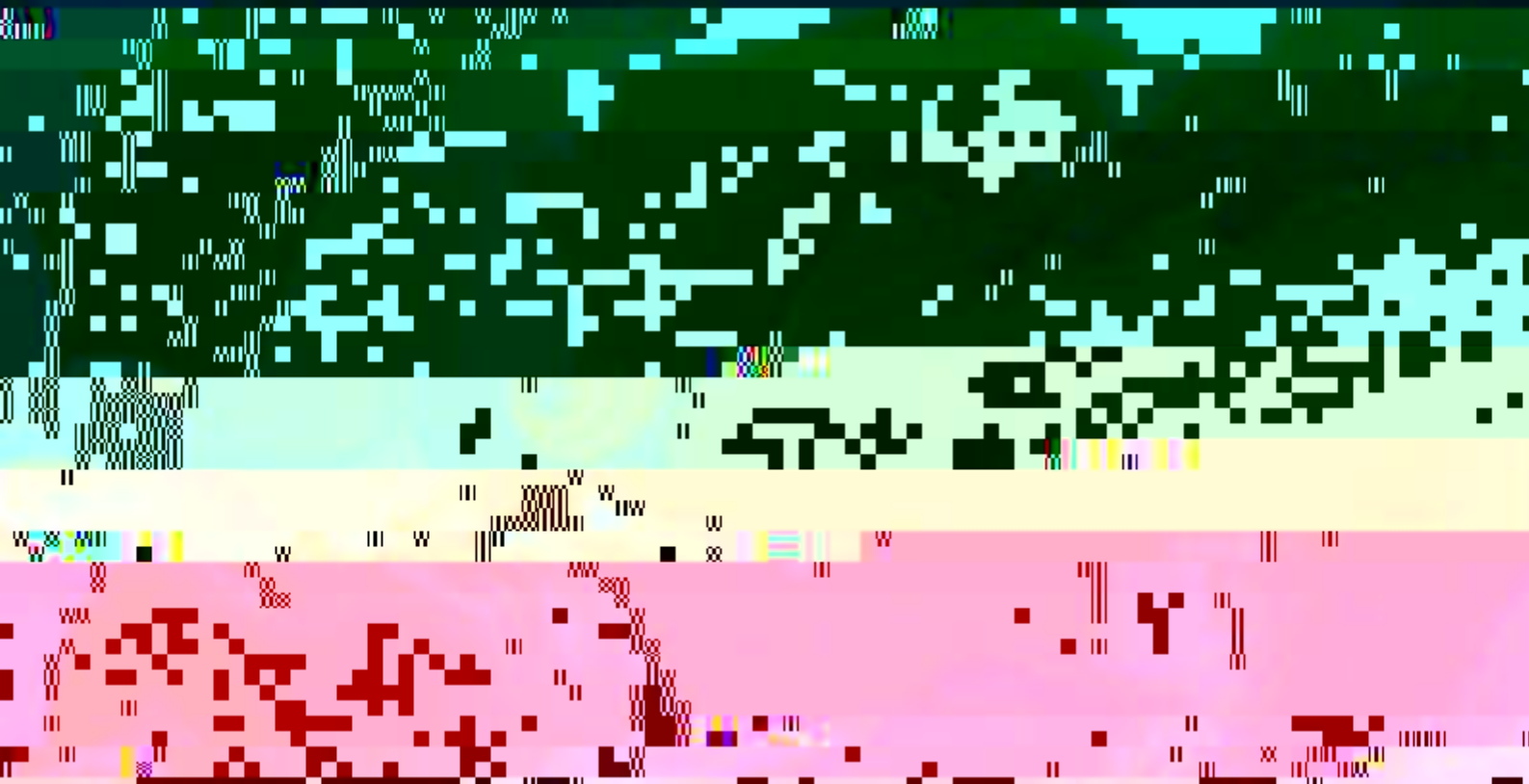
Precipitating event for paediatric road traffic accidents (RTAs) compared to all OACA are shown in comparison to all OACA. It is of all OACA from a traumatic cause being attributable to road trauma. Another common cause of OACA in paediatric is pre-emptive to the emergency department (ED). Trauma is a significant role in the aetiology of arrest in paediatric and contributes to the prognostic information in the population. (Bass et al. 2012). The distribution of precipitating event in the E&A treated paediatric population mirror that of the overall paediatric population.



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( + ) )





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2014c.

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CPR rate".

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## Time to First Intervention

The time from emergency call to first intervention for patients presenting in a tertiary care facility is a performance indicator for E&S. Time to response is







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## Amulance Victoria -e# initiati0e" o0er time

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# Long-term Functional

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6or OACA "ur0i0or" at  
12 mont' " po"t arre"t.

The Victorian Ambulance Car Accident Registry is one of the best out-of-hospital car accident registries in the world to routinely collect health-related quality of life outcome. The registry is a constructed one of the largest cohorts of quality of life outcome for car accident patients.

## Quality of life findings

Of 342 in-hospital deaths between 1 July 2012 and 30 June 2014, there were 113 car accidents from hospital patients. There were 113 car accidents from hospital patients. There were 113 car accidents from hospital patients.



# Research Activities

Our research agenda focuses on several aspects of the clinical burden of stroke from the early detection of transient ischemic attacks (TIA) and the following patient collapse to outcome at the hospital discharge. We continue to prioritize the following important and unmet needs: Education relating to cardiac arrest.

Andrew Smith, VACAR Principal Investigator and Chair

## Outcome following a stroke or pulmonary electrical activity

Historical effort to improve stroke from OACA

# 2013-2014 Peer-review Publication

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# List of Abbreviations

	Amulance Community Officer
	Amulance Life Support
	Automated, External Defibrillator
	Amulance Victoria
	Community Emergency Response Team
-	Country Fire Authority
7	Cardiopulmonary Resuscitation
	Clinical Support Officer
/	Department of Health
	Electrocardiogram
	Emergency Medical Service
A62	EuroEOL % (Immunisation Questionnaire)
6	Emergency Triage Outcome Scale
/ A	Health-related Quality of Life
	Local Government Area
	Mental Component Summary Score; 5-12 Score
-	Metropolitan Fire Brigade
	Mobile Intensive Care Amulance
/	Out-of-Hospital Cardiac Arrest
7	Patient Care Record
7	Physical Component Summary Score; 5-12
7	Pulseless Electrical Activity
	Return of Spontaneous Circulation
	Victorian Amulance Cardiac Arrest Registry
-6!	T2eItem; Short Form Health Score
-	Ventricular Fibrillation
	Pulseless Ventricular Tachycardia



# The VACAR Group

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# Reference

After 2013, the average rate of return on capital for the top 100 public companies increased from 15.1% to 16.1%. This increase is primarily due to the higher return on capital for the top 100 public companies, which is a result of the higher return on capital for the top 100 public companies.





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