National Cardiac Arrest Audit
Testimonials

Peter Rabey, Deputy Medical Director
University Hospitals of Leicester NHS Trust (Glenfield General Hospital, Leicester General Hospital, and Leicester Royal Infirmary)

“Taking part in the NCAA allows us to benchmark the incidence and outcomes of cardiac arrest in our hospitals. It has also driven up our standard of reporting. We can now focus our efforts where the data leads us.”

Gill Haskett, Senior Resuscitation Officer
North Bristol NHS Trust (Southmead Hospital, Bristol)

“North Bristol Trust has been part of NCAA since 2010. NCAA has always been valuable for monitoring cardiac arrest rates and particularly highlighting increased incidents on particular days and times of day. This has helped with planning medical cover at those times.

Last year we moved from two hospitals to one big new hospital serving the same population. With all staff working in unfamiliar surroundings and 75% single rooms we were concerned that the cardiac arrest rate may increase. NCAA has helped us keep track of trends and we are pleased to report that the number of cardiac arrests continues to fall.

Being able to promptly feedback this information [via the quarterly NCAA Report] to all staff groups in the hospital is encouraging for everyone in a time of change when everyone has worked under enormous pressure.”

Louise Turvey, Senior Resuscitation Officer
Lancashire Teaching Hospitals NHS Foundation Trust (Royal Preston Hospital and Chorley and South Ribble District General Hospital)

“Lancashire Teaching Hospitals NHS Foundation Trust has been participating in NCAA since October 2010. This has aided us (the Resuscitation Service) to raise the profile of cardiac arrests and collection of these data for audit within the organisation.

Common ‘Hotspot’ locations and specific cardiac arrest rhythms have been identified and through this, training has been targeted to appropriate areas. A new training course has also been developed to meet the needs of specific Nursing and Allied Health Professionals.

The quarterly NCAA Report facilitates effective reporting to Executive and Governance bodies and provides insight into benchmarking with other hospitals throughout the country.”
Jane Carnall, Resuscitation Training Officer
St Helens and Knowsley Hospitals NHS Trust (Whiston Hospital)

“We joined NCAA on launch back in 2010 and saw benefits straight away. It re-focused both our definition of what constituted a ‘cardiac arrest’ and our data collection. The NCAA dataset is straightforward and with the NCAA secure online data entry system, data entry and validation is easy. We are able to stay on top of our data inputting and quarterly validation deadlines definitely focus the mind!

Collecting resuscitation event data has always been somewhat difficult at our hospital; incomplete and inaccurate forms are the bane of most Resuscitation Officers lives. When presenting NCAA reports at our Resuscitation Committee meetings and other clinical councils, the data is more credible having been collected for submission to a national database. This has had a positive impact on the drive to achieve full audit form compliance - you find new and inventive ways to obtain/collect your data!

It’s been very useful to compare year on year our NCAA results as we have just launched a Medical Emergency Team (MET). Having that wealth of previous year’s data has allowed us to assess the impact of that change on cardiac arrest rates.

Unexpected benefits:
- gaining lots of new resuscitation contacts at other participating hospitals from attending NCAA Annual Meetings. This is useful to compare any issues and share solutions;
- Online Data Validation alerting us to any incorrect/unusual data that we might usually overlook; and
- learning from the process of following survivors’ journey to discharge. This has frequently been a positive and educational experience!”

Richard Young, Senior Resuscitation Officer
Isle of Wight NHS Trust (St Mary’s Hospital, IOW)

“Isle of Wight NHS Trust was fortunate to be one of the early subscribers to NCAA. Prior to joining NCAA, the two part-time Resuscitation Officers struggled to follow-up and enter cardiac arrest data onto a locally produced electronic spreadsheet and then spend more time attempting to produce reports. The time and lack of expertise enabled only very simple reports to be produced. Therefore on joining NCAA, the advantages were immediately clear. The web based secure data entry system is clear and easy to navigate, with data validation an important feature which adds rigor to our data collection and reporting.

The data reports are created automatically by NCAA and sent out at set quarterly intervals which we timely feed into our Resuscitation Committee meetings. The quality of these NCAA Reports greatly exceeds our own. They also provide an array of data comparisons, all of which are not only very interesting but more importantly essential in further developing our clinical resuscitation services to enhance the quality and safety of patient care.”
“Our organisation has been participating in NCAA since April 2010. We are a relatively large NHS organisation with 11,000 staff over 3 acute hospitals with 1200+ beds serving a population of over a million.

There were a number of drivers to our participation not least of which were the health service circular 2000/028; The NCEPOD Report on in-hospital cardiac arrest procedures: ‘Time to Intervene?’; NICE CG 50 ‘Acutely Ill Patients in Hospital’; and the joint publication from RC(UK), RCN and GMC Standards for clinical practice and training.

We rapidly realised that we could only provide high quality resuscitation care by measuring what we do and comparing this with other hospitals. Accurate data is crucial to this process; NCAA gave us both a tool for standardised data collection and submission, but also the leverage required locally to identify and obtain the necessary resources to gather the data for submission.

NCAA Reports are particularly useful because they benchmark our hospital data compared with the ‘national’ picture. This means we can put the information to use in a number of ways all of which are aimed at improving outcomes:

Quality assurance
- Report outcomes quarterly at Resuscitation Committee and every six months to safety and Trust board
- Monitor outcomes over longer periods of time for sustained changes (rather than quarterly)
- Contribution to mortality meetings

Education
- Information for clinicians to give to patient when discussing decisions around DNAR
- Specialty education sessions

In terms of research and service development, because we know about every patient’s outcome (ROSC, STD, CPC) we can include this data in on-going research projects or to potentially detect increases/decreases in survival associated with process change.

The NCAA team is responsive to our needs as a user and have, following consultation, amended or clarified definitions to ensure that we are able to collect complete sets of data as easily as possible.

Collecting data for the current Level A dataset has its own, not insurmountable challenges; therefore participating at this stage will help in collecting data for the next level of the dataset.”