



# City of Richmond

## Report to Committee

**To:** Community Safety Committee

**Date:** January 24, 2011

**From:** Tim Wilkinson  
Acting Fire Chief

**File:**

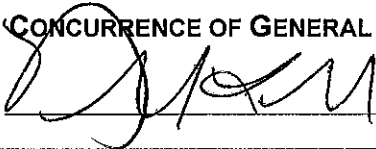
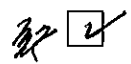
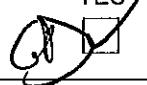
**Re:** Resuscitation Outcomes Consortium Initiative

### Staff Recommendation

That Council support Richmond Fire-Rescue's continued participation in the Resuscitation Outcomes Consortium initiative for a further six year period.



Tim Wilkinson  
Acting Fire Chief  
(604-303-2734)

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REVIEWED BY CAO	YES	NO
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## **Staff Report**

### **Origin**

Richmond Fire-Rescue has for the last five years participated in a collaborative international, cardiac arrest study called Resuscitation Outcomes Consortium (ROC).

Funding for the ROC initiative is secure for a further six years with Richmond Fire-Rescue, other metro Vancouver Fire Departments and agencies being asked to continue their participation.

This report provides Council with information in consideration of Richmond Fire-Rescue's continued participation in the ROC initiative.

### **Findings Of Fact**

The ROC represents a formal partnership of researchers, regulators, the Emergency & Health Services Commission, BC Ambulance Service and its Paramedics, and Fire Agencies and their First Responders. The ROC's goal is to improve the survival of cardiac arrest and trauma patients by focussing on the quality of CPR.

The ROC consists of 10 Regional Clinical Centres located across Canada and the USA with a Data and Coordinating Centre (DCC) that provides the necessary infrastructure to conduct multiple collaborative trials. The role of the DCC is to determine the effectiveness of promising interventions in the pre-hospital and emergency phases of care to improve resuscitation outcomes.

The Provinces of British Columbia and Ontario are in the ROC initiative with participation from the major metropolitan areas of Toronto, Ottawa and Vancouver. In Metro Vancouver there are 21 participating Fire Departments.

The ROC initiative is funded by the: National Heart, Lung and Blood Institute; National Institute of Neurological Disorders and Stroke; Institute of Circulatory and Respiratory Health of the Canadian Institutes of Health Research; US Army Medical Research and Material Command; American Heart Association; Defence Research and Development Canada; Heart and Stroke Foundation of Canada.

As a participant in the Consortium, Richmond Fire-Rescue submitted its First Responder cardiac arrest CPR and AED activity and response data to Fire's Medical Director. Locally, clinical trials are coordinated by St. Paul's Hospital Emergency Research Department and in Canada are approved by the: BC Provincial Medical Leadership Council of the Emergency Health Commission, a Protocol Review Committee of the National Institutes of Health (NIH) and the Data Safety Monitoring Board set up by the NIH prior to implementation.

## Analysis

The ROC has reported:

*“Although the ROC has not yet proven a revolutionary new therapy, the focus on the quality of CPR has resulted in a measurable improvement in the survival from sudden cardiac arrest from 6% to over 10%. This represents approximately 80 more British Columbians who are alive each year due to this attention on the best care.”*

The ROC initiative reports are unable at this time to provide more refined geographical data, such as to identify those saved by City. However in 2009, Richmond Fire-Rescue responded to 67 cardiac arrests and applied the use of AED first on 31 occasions.

As a continued ROC participant, Richmond Fire-Rescue and others would implement approved cardiac intervention trials appropriate to their services and agency. Richmond Fire-Rescue would be guided and directed by its Medical Director. An example of an upcoming trial would see, on a random basis, First Responders trialing the use of continuous compression vs. interrupted compression (pausing for ventilation).

## Financial Impact

None.

## Conclusion

The ROC initiative is an example of how many different agencies can work together for an improved patient outcome. The consortium has the ability to focus on a single health area, evaluate the care given, and investigate new therapies for cardiac arrest and major trauma care in the field. The responders are able to trial alternative methods of delivering CPR or defibrillation for improved outcome. For these reasons, staff are recommending that Council support Richmond Fire-Rescue's continued participation in the ROC initiative.



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