

Welcome to the CPR quality assessment survey!

Research Participant Information and Consent Form - please take your time to review this form.

Purpose of Study: You are invited to participate in a research study conducted by Natasha Wright, under the supervision of Dr. Adam Cheng Department of Pediatric emergency medicine of the University of Calgary, Canada. The objectives this survey are to determine how Canadian emergency and critical care physicians are assessing the quality of CPR during resuscitations and if they are utilizing feedback devices in clinical practice. We would also like to identify barriers to implementing this type of technology into our Canadian institutions.

Study procedures: If you take part in this study, you will be required to:

1) Complete the consent form. 2) Complete a 3-minute survey on CPR quality assessment and feedback devices.

Risks and Discomforts: There are no associated risks to participating in this survey.

Confidentiality: All completed surveys will be kept strictly confidential. All surveys will be made anonymous and will not contain identifying information. No individual data will be made public at any time, unless release is required by law. Data from this study will be kept on a password protected computer database and will be kept for 10 years, and then will be destroyed. The University of Calgary Human Research Ethics Board has approved this research study.

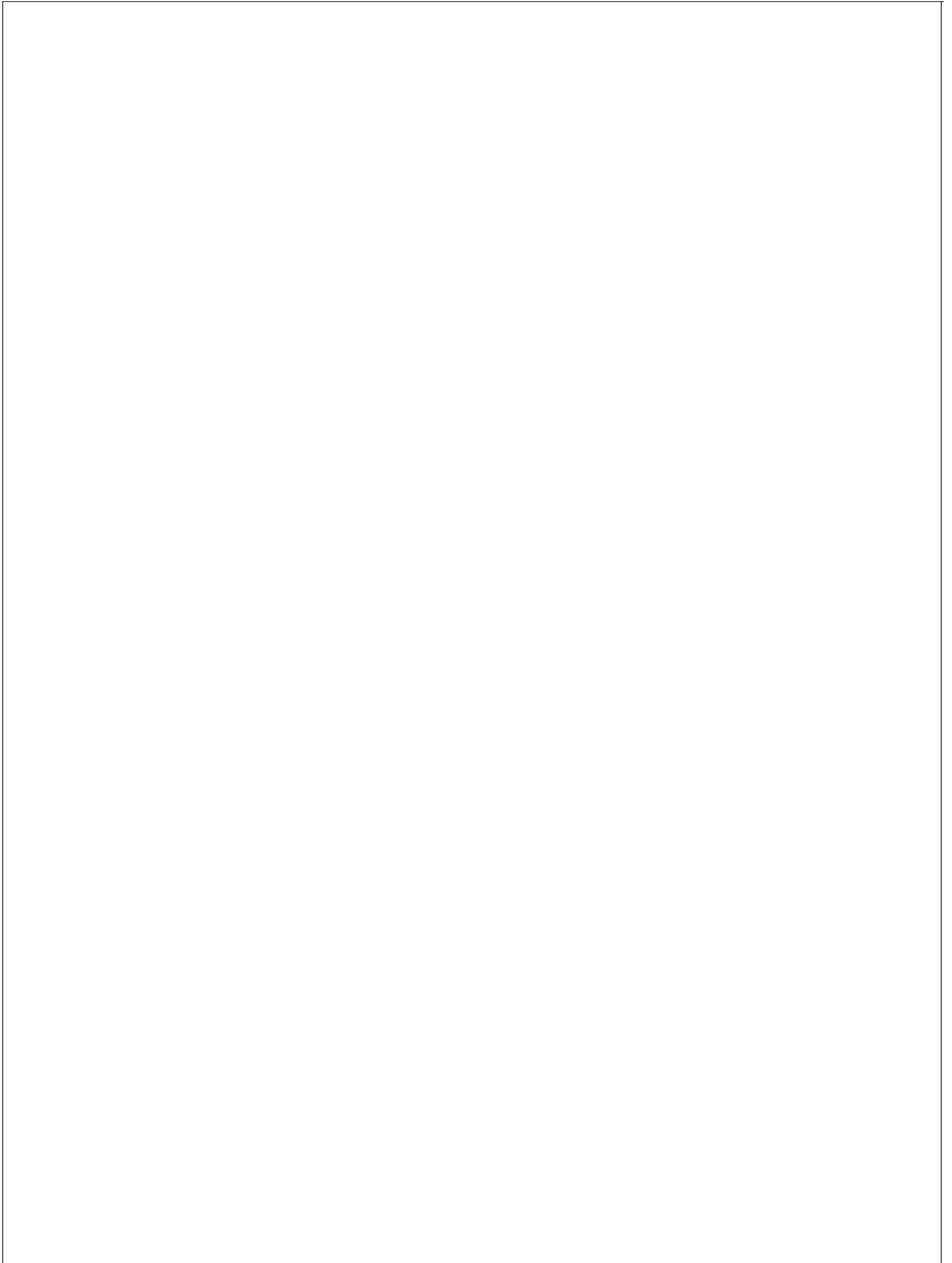
This survey uses Survey Monkey™ which is an American company. Consequently, USA authorities under provisions of the Patriot Act may access this survey data. Individuals that prefer to participate using an alternative method will have the option to contact the primary investigator for an email or paper copy. This option however will decrease the anonymity but the principal of confidentiality will be followed.

Voluntary Participation/Withdrawal from the Study: Your participation in this study is voluntary. You may refuse to participate or withdraw at any time. Once you have submitted the survey however, we cannot withdraw your data, as it will have been anonymized.

Questions: Should you have any questions about the study please contact the study author: Natasha Wright at (403)690-8274 or wright.tash@gmail.com. For questions about your research participant rights, you may contact The U of C REB Office at (403) ___ - ___

Statement of Consent: I have read this consent form. By completing this survey, I have given my consent for my answers to be used for research purposes.

The survey should take only 2-3 minutes to complete. Please Click 'Next' to continue



Cardiopulmonary Resuscitation Quality Assessment

1. Please indicate your primary method of assessing CPR quality (select one only)

- Real time pulse check
- Visual observation and verbal feedback from team member
- End Tidal CO₂
- Arterial line tracing
- Coronary Perfusion Pressure
- CPR feedback device (ie. defibrillator with verbal/visual feedback)
- Other (please specify)

2. Please indicate your other preferred methods of assessing CPR quality (may select multiple)

- Real time pulse check
- Visual observation and verbal feedback from team member
- End tidal CO₂
- Arterial line tracing
- Coronary perfusion pressure
- CPR feedback device (ie. defibrillator with audio/visual feedback)
- Other (please specify)

3. If you selected visual observation, please indicate what you observe for (may select multiple)

- Not Applicable (I do not use visual observation)
- CPR board present under patient
- Rate of chest compressions
- Full recoil of chest
- Depth of compressions
- Switching of compressors
- No-flow time (time during cardiac arrest when no CPR is being provided)
- Ventilation rate and volume
- Other (please specify)

4. What methods do you typically use to monitor ventilation rate and volume? (check all that apply)

- Respiratory therapy takes care of this
- Cardiorespiratory monitor
- Direct observation of the patient by team leader
- I don't typically monitor ventilation
- Other (please specify)

5. Which individual is typically responsible for assessing CPR quality? (You may select multiple)

- Team Leader (ED MD, resident)
- Assistant physician (MD present that is not team leader)
- Bedside nurse
- Respiratory therapist
- Other (please specify)

6. Where does the team leader/member stand in relation to the patient when assessing CPR most of the time?

- Foot of bed
- Side of bed
- Head of bed
- Other (please specify)

7. How is CPR usually performed?

- Manual chest compressions
- Mechanical devices
- Other (please specify)

8. Who typically performs manual chest compressions?

- Nursing Staff (including nursing aids/assistants)
- Residents
- Medical students
- Other (please specify)

CPR Feedback devices

CPR feedback devices are defined as any technology that gives verbal or visual feedback on quantitative measures of CPR such as adequate rate, chest compression depth or recoil. Examples may include CPR cards, defibrillators with visual/audio feedback capabilities etc. They do not include utilization of ETCO₂, arterial line tracings or coronary perfusion pressure

9. Do you think feedback devices are needed in the emergency department?

- Yes
- No

10. Do you currently use CPR feedback devices in your clinical practice?

- Yes
- No

11. How often do you use feedback devices during resuscitations?

- Less than 25% of the time
- 25-50% of the time
- 50-75% of the time
- Greater than 75% of the time
- Not applicable. I do not use feedback devices

12. If you do not use feedback devices, please identify your main reasons (select all that apply)

- Personal preference
- Unavailable in department
- Unfamiliarity and/or experience with this technology
- No clear guidelines/evidence for their use
- Too costly
- Too busy
- Not applicable, I use feedback devices
- Other (please specify)

13. If the resources were available, would you utilize CPR feedback devices in your practice?

Yes

No

14. If No to question 11, please explain why

15. In your department, are there guidelines in place to assess CPR quality?

Yes

No

Unsure

16. Does your emergency department have a cardiac arrest committee or a group of individuals that oversee resuscitation quality improvement?

Yes

No

Unsure

17. Does your emergency department regularly conduct debriefings after cardiac arrest events?

Yes

No

Unsure

18. If your answer to question 17 was yes, are these debriefings informed by CPR data from the defibrillator?

Not Applicable (debriefings do not regularly occur)

Yes

No

Other (please specify)

Demographics

19. Gender

- Male
- Female

20. Province/Territory of employment

21. What type of setting do you practice in? (Select all that apply)

- Tertiary Care Emergency Department
- Community Emergency Department with an annual patient volume >30,000
- Community Emergency Department with an annual patient volume <30,000

22. What is your training background?

- CCFP
- CCFP (EM)
- FRCPC
- Other (please specify)

23. If you are a resident, what is your PGY status?

24. How long have you worked in the emergency department?

- Less than 1 year
- 1-5 years
- 6-10 years
- 11-20 years
- Greater than 20 years

25. What is your percent of clinical practice?

- Less than 25%
- 25-50%
- 50-75%
- >75%

26. On average, how many cardiac arrests do you care for every month?

- 1 or less
- 2-5
- Greater than 5

27. Does your department mandate/subsidize ACLS training?

- Yes
- No
- Unsure

28. Is your ACLS certification up to date?

- Yes
- No