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## Clinical paper

# Adult in-hospital cardiac arrest in Denmark



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## Abstract

**Aim:** The aim of this study was to describe patient characteristics, event characteristics, and outcomes for patients with in-hospital cardiac arrest in Denmark.

**Methods:** Data was obtained from DANARREST. DANARREST is a nationwide registry that covers all in-hospital cardiac arrests in Denmark with a clinical indication for cardiopulmonary resuscitation (i.e. without a prior “do-not-resuscitate” order).

**Results:** A total of 4069 adult in-hospital cardiac arrests were registered between January 1st, 2017 and December 31st, 2018. The median age was 74 years (quartiles: 65, 81) and 37% were female. 71% had a non-shockable rhythm and the presumed etiology was primarily non-cardiac (57%). A total of 2180 patients (53.8%) achieved ROSC, with an additional 36 patients (0.9%) receiving extracorporeal cardiopulmonary resuscitation. At 30-days 1124 patients (27.8%) were alive. Of cardiac arrests from 2017, 404 patients (20.0%) survived to 1 year after the cardiac arrest. The incidence of adult in-hospital cardiac arrest in Denmark was estimated at 1.8 per 1000 admissions or 0.6 per 1000 in-patient days.

**Conclusion:** In-hospital cardiac arrest occurs in at least 2000 patients each year in Denmark with a 30-day survival of approximately 28%. The establishment of a national registry for in-hospital cardiac arrest in Denmark will allow for quality improvement and research projects.

**Keywords:** In-hospital cardiac arrest, Registry, Outcomes, Incidence, Denmark

## Introduction

In-hospital cardiac arrest is a relatively common condition with a high mortality.<sup>1–3</sup> In-hospital cardiac arrest has been a somewhat neglected condition, however the establishment of national in-hospital cardiac arrest registries and audits, and increasing survival rates may generate increased awareness. Despite the societal burden of cardiac arrest, the incidence and outcomes of in-hospital cardiac arrest are not well-described globally. While the incidence and outcomes of out-of-hospital cardiac arrest are well-described in Denmark,<sup>4,5</sup> there are very limited

studies on in-hospital cardiac arrest in Denmark and none of these previous studies provide nationwide data on patient characteristics and outcomes.<sup>6–12</sup> Additional data on in-hospital cardiac arrest in Denmark is crucial in order to increase clinical awareness, allow for international comparisons, track and guide quality-improvement initiatives, and facilitate future research projects. The Danish In-Hospital Cardiac Arrest Registry (DANARREST) was therefore established.

The objective of this study was to describe patient characteristics, event characteristics, and outcomes for patients with in-hospital cardiac arrest in Denmark and provide an estimate of the incidence of in-hospital cardiac arrest.

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**Table 1 – Characteristics of in-hospital cardiac arrest patients in Denmark.**

	All (n = 4049)	Non-shockable (n = 2891)	Shockable (n = 703)
<b>Demographics</b>			
Age (years)	74 (65, 81)	74 (65, 82)	71 (61, 79)
<b>Sex</b>			
Female	1511 (37)	1116 (39)	216 (31)
Male	2538 (63)	1775 (61)	487 (69)
<b>Charlson comorbidity index</b>			
Median	2 (1, 4)	2 (1, 4)	2 (0, 3)
0	934 (23)	627 (22)	215 (31)
1	717 (18)	516 (18)	119 (17)
2	716 (18)	513 (18)	127 (18)
3	547 (14)	398 (14)	75 (11)
4–5	655 (16)	472 (16)	105 (15)
≥6	480 (12)	365 (13)	62 (9)
<b>Time</b>			
<b>Year</b>			
2017	2025 (50)	1420 (49)	358 (51)
2018	2024 (50)	1471 (51)	345 (49)
<b>Weekend</b>			
Yes	1042 (26)	760 (26)	170 (24)
No	3007 (74)	2131 (74)	533 (76)
<b>Time of day</b>			
7:00–14:59	1534 (38)	1039 (36)	287 (41)
15:00–22:59	1235 (31)	863 (30)	236 (34)
23:00–06:59	1252 (31)	972 (34)	172 (25)
<b>Location</b>			
Ward	2495 (62)	1844 (64)	375 (53)
Emergency department	572 (14)	403 (14)	98 (14)
Intensive care unit	439 (11)	316 (11)	102 (15)
Catheterization laboratory	207 (5)	110 (4)	83 (12)
Operating room	92 (2)	69 (2)	18 (3)
Outpatient clinic	44 (1)	25 (1)	6 (1)
Peri-operative area	33 (1)	23 (1)	3 (<1)
Other	166 (4)	100 (3)	18 (3)
<b>Cardiac arrest characteristic</b>			
<b>Presumed etiology</b>			
Cardiac	1713 (43)	1027 (36)	570 (82)
Non-cardiac	2289 (57)	1836 (64)	124 (18)
Monitored	1782 (45)	1140 (40)	527 (76)
<b>Witnessed</b>			
Yes, by healthcare personnel	3124 (77)	2102 (73)	629 (90)
Yes, by lay person	93 (2)	65 (2)	16 (2)
No	827 (20)	720 (25)	57 (8)
Cardiac arrest team activated	3924 (97)	2830 (98)	645 (92)
<b>Initial rhythm</b>			
Pulseless electrical activity	1562 (39)	1562 (54)	–
Asystole	1329 (33)	1329 (46)	–
Ventricular fibrillation	477 (12)	–	477 (68)
Pulseless ventricular tachycardia	226 (6)	–	226 (32)
No rhythm analysis during cardiac arrest <sup>a</sup>	435 (11)	–	–
<b>Interventions</b>			
Intubated prior to cardiac arrest	391 (10)	279 (10)	92 (13)
Intubated during cardiac arrest	1674 (42)	1401 (49)	176 (25)
Use of capnography <sup>b</sup>	858 (21)	723 (25)	96 (14)
Mechanical chest compressions	258 (6)	209 (7)	41 (6)

**Table 1 (continued)**

	All (n = 4049)	Non-shockable (n = 2891)	Shockable (n = 703)
Epinephrine	2928 (72)	2525 (87)	299 (43)
Amiodarone	407 (10)	147 (5)	241 (34)
Time to . . .			
Chest compressions (min)	0 (0, 0)	0 (0, 0)	0 (0, 0)
First rhythm analysis (min)	2 (0, 4)	2 (1, 4)	1 (0, 2)
Arrival of the cardiac arrest team <sup>c</sup> (min)	3 (2, 4)	3 (2, 4)	2 (1, 4)

<sup>a</sup> Patients who had cardiopulmonary resuscitation terminated or who had return of spontaneous circulation prior to any manual rhythm analysis.  
<sup>b</sup> Only including those intubated during the cardiac arrest.  
<sup>c</sup> Only including cardiac arrests where the cardiac arrest team was called.

## Methods

### Setting

In 2017, the adult population in Denmark constituted approximately 4,600,000 persons which is served by 43 public hospitals with a dedicated cardiac arrest team. The composition of the cardiac arrest team and the experience of individual members of the team vary between hospitals and have been described previously.<sup>9,12</sup>

### Data source

Data was obtained from DANARREST. DANARREST is a clinical quality database that has been nationwide since 2017. All in-hospital cardiac arrests in Denmark with a clinical indication for cardiopulmonary resuscitation (CPR) (i.e. without a prior “do-not-resuscitate” order) should be included. Cardiac arrest is defined as unconsciousness, abnormal breathing, and pulselessness. “In-hospital” is defined locally and generally includes all cardiac arrests on hospital grounds (including in the emergency department). Cardiac arrests that start in the pre-hospital setting are not included. All hospitals with a cardiac arrest team should report data. The majority of Danish hospitals have a cardiac arrest team. Those that do not are generally very small and/or are rehabilitation or psychiatric facilities. If there is a cardiac arrest in those facilities, the pre-hospital system is activated and the cardiac arrest is included in the Danish cardiac arrest registry which includes all out-of-hospital cardiac arrests.

The majority of data is collected immediately after the cardiac arrest by a designated member of the cardiac arrest team. Reporting

of data to the registry is mandatory. Additional details are provided elsewhere.<sup>13</sup>

Additional data was obtained from the Danish National Patient Register (comorbidities)<sup>14</sup> and the Danish Civil Registration System (survival).<sup>15</sup> Data is linked using a unique personal identification number. The Charlson comorbidity index was calculated based on ICD10 codes within the 10 years prior to the cardiac arrest (see Table 1).

Data on the number of admissions and in-patient days in 2017 throughout Denmark according to age and sex were obtained from Statistics Denmark.<sup>16</sup> The numbers reflect admissions at non-psychiatric, public hospitals in Denmark and does not include emergency department visits without admission. If a patient is moved from one department to another, it counts as two admissions. Admission data was only available for patients 20 years or older.

In Denmark, ethical approval for observational register-based studies is not required.

### Patients

We included adult ( $\geq 18$  years) patients with an index in-hospital cardiac arrest from January 1st, 2017 to December 31st, 2018. We excluded patients with a missing or incorrect personal identification number and with missing data on return of spontaneous circulation (ROSC).

### Data variables

Data is collected on a number of variables in DANARREST as described previously.<sup>13</sup> All times are collected in whole minutes. As

**Table 2 – Outcomes of in-hospital cardiac arrest patients in Denmark.**

	All (n = 4049) n (% [95%CI])	Non-shockable (n = 2891) n (% [95%CI])	Shockable (n = 703) n (% [95%CI])
Return of spontaneous circulation			
Yes	2180 (53.8 [52.3, 55.4])	1207 (41.8 [39.9, 43.6])	574 (81.7 [78.6, 84.4])
ECPR	36 (0.9 [0.6, 1.2])	28 (1.0 [0.6, 1.4])	7 (1.0 [0.4, 2.0])
30-day survival	1124 (27.8 [26.4, 29.2])	466 (16.1 [14.8, 17.5])	405 (57.6 [53.9, 61.3])
1-year survival <sup>a</sup>	404 (20.0 [18.2, 21.8])	151 (10.6 [9.1, 12.4])	153 (42.7 [37.6, 48.0])

ECPR denotes extracorporeal cardiopulmonary resuscitation.

<sup>a</sup> Only including the 2015 cardiac arrests from 2017 (358 shockable and 1420 non-shockable).

such, a time to a given intervention of 0 min indicates that the intervention was performed within the same whole minute that pulses were lost, a time of 1 min indicates that intervention was performed within the next whole minute, etc.

**Outcomes**

Outcomes included ROSC, 30-day survival, and 1-year survival. ROSC is defined as a palpable pulse (or other clear signs of circulation) sustained for at least 20 min without the need for chest compressions. One-year survival was only evaluated for patients with an in-hospital cardiac arrest in 2017.

**Statistical analysis plan**

Continuous data are presented as medians (with first and third quartiles). Categorical data are presented as counts with percentages. Survival until 1 year for patients with a cardiac arrest in 2017 was illustrated with Kaplan-Meier curves. Characteristics are presented for all patients and according to the first recorded rhythm (shockable vs. non-shockable).

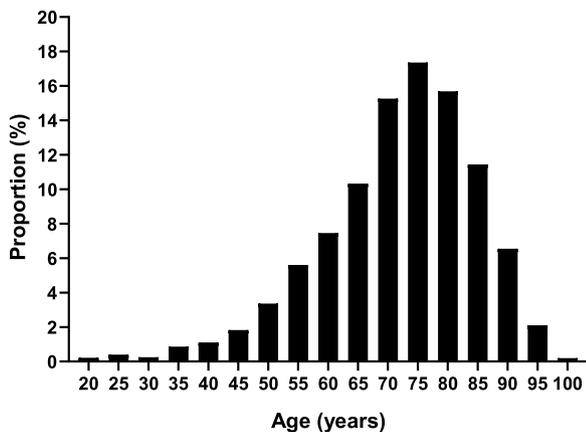
**Results**

**Overview**

A total of 4269 adult in-hospital cardiac arrests were registered between January 1st, 2017 and December 31st, 2018. We excluded 151 (4%) recurrent cardiac arrests, 51 patients (1%) based on a missing or incorrect personal identification number, and 18 patients (<1%) based on missing data on ROSC. The final cohort therefore included 4049 patients. There were 2025 patients (50%) registered in 2017 and 2024 patients (50%) in 2018.

**Characteristics**

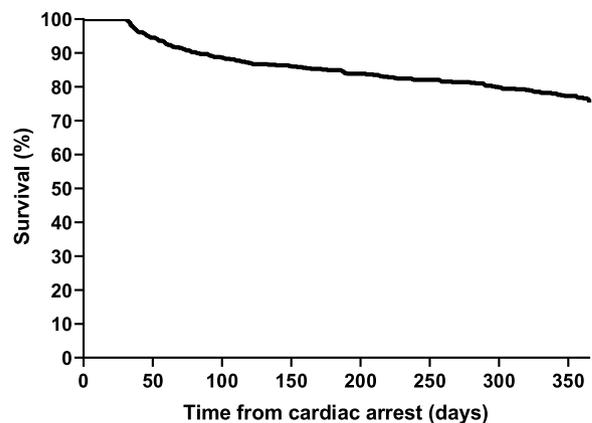
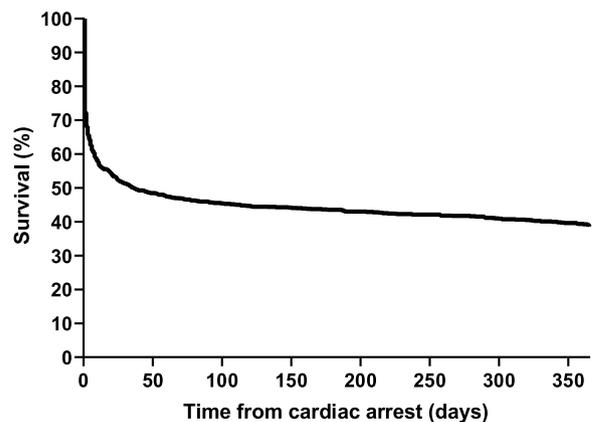
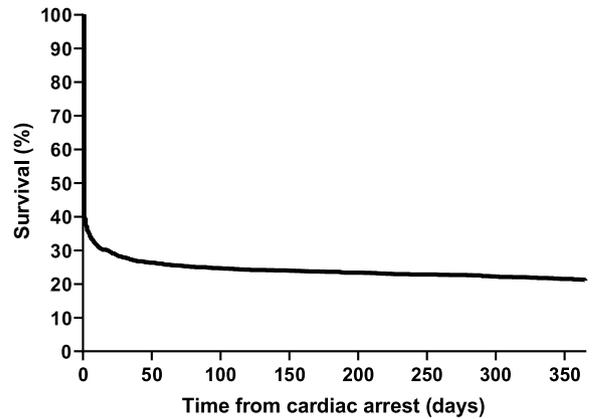
Missing data were rare with no included variable having more than 3% missing data (see Table 2). Characteristics for all patients and according to initial rhythm (shockable vs. non-shockable) are provided in Table 1. A histogram of age is provided in Fig. 1.



**Fig. 1 – Histogram of age of the cardiac arrest patients. Age were categorized in bins of 5 years. The median age was 74 (quartiles: 65, 81) years.**

**Outcomes**

A total of 2180 patients (53.8%) achieved ROSC, with an additional 36 (0.9%) patients receiving extracorporeal cardiopulmonary resuscitation (ECPR). At 30-days, 1124 patients (27.8%) were alive. Of cardiac arrests from 2017, 404 patients (20.0%) survived to 1 year after the



**Fig. 2 – 1-year survival. Kaplan-Meier curves illustrating 1-year survival for all in-hospital cardiac arrests (upper figure, n = 2025), only those with ROSC or ECPR (middle figure, n = 1100), and only those surviving until 30 days (lower figure, n = 564). Only including patients from 2017. No patients were lost to follow-up.**

**Table 3 – Incidence of in-hospital cardiac arrest in Denmark according to age and sex.**

	Overall		Male		Female	
	IHCA per 1000 admissions	IHCA per 1000 in-patient days	IHCA per 1000 admissions	IHCA per 1000 in-patient days	IHCA per 1000 admissions	IHCA per 1000 in-patient days
Overall	1.8	0.6	2.4	0.7	1.2	0.4
Age (years):						
20–60 <sup>a</sup>	0.7	0.3	1.2	0.5	0.4	0.2
60–69	2.3	0.7	2.9	0.9	1.5	0.5
70–79	2.5	0.7	2.8	0.8	2.1	0.6
≥80	2.5	0.7	3.2	0.9	2.0	0.5

IHCA denotes in-hospital cardiac arrest.  
<sup>a</sup> Only six patients were younger than 20 years. These were not included in the calculation of the incidence.

cardiac arrest. Survival curves are presented in Fig. 2. Outcome data overall and according to the initial rhythm is presented in Table 2.

### Incidence of cardiac arrest

In 2017, there were a total of 1,147,729 admissions and 3,500,714 in-patient days in Denmark. This corresponds to an incidence of 1.8 in-hospital cardiac arrests per 1000 admissions or 0.6 in-hospital cardiac arrests per 1000 in-patient days. Incidences according to age and sex are provided in Table 3.

## Discussion

This is the first comprehensive description of the Danish national registry of in-hospital cardiac arrest, DANARREST. We found that the incidence of in-hospital cardiac arrest is approximately 1.8 per 1000 admission or 0.6 per 1000 in-patient days and that 30-day and 1-year survival were 28% and 20%, respectively.

The establishment of a national in-hospital cardiac arrest registry in Denmark has widespread implications for future research projects. In Denmark, residents are assigned a personal and permanent personal identification number<sup>17</sup> that can be used to link information from the Danish population-based registries on an individual level. As described in the current study, the Danish Civil Registration System contains information on migration and vital status which can be used to describe long terms outcomes such as 1-year survival. The Danish National Patient Registry, contains information on all hospitalizations in Denmark since 1977 and all outpatient visits and emergency department contacts since 1995<sup>18</sup> while the National Prescription Register can be used to obtain information on prescriptions dispensed at all Danish pharmacies.<sup>19</sup> The potential usefulness of linking information from different registries has already been demonstrated in a number of projects on out-of-hospital cardiac arrest in Denmark.<sup>4,20</sup> As such, the establishment of the registry also have implications for cardiac arrest science outside of Denmark.

In the current study, we report an incidence of 1.8 in-hospital cardiac arrests per 1000 admissions. Data from the National Cardiac Arrest Audit (NCAA) in the United Kingdom demonstrated a lower incidence of 1.2 in-hospital cardiac arrests per 1000 admissions between 2017 and 2018.<sup>21</sup> In contrast, data from the Get With The Guidelines-Resuscitation (GWTG-R) registry showed an annual incidence of 292,000 cardiac arrests annually, or 9–10 cardiac arrests per 1000 admissions, in the period from 2008 to 2017.<sup>22</sup> The varying incidence likely depends on the underlying population, healthcare

system, and data source.<sup>3</sup> For example, only about 400 out of 6300 adult US hospitals reported in-hospital cardiac arrest data to the GWTG-R registry from 2008 to 2017 and accurate estimation is challenging in the absence of a national surveillance system. Similar variations in incidence estimates has also been shown for the out-of-hospital cardiac arrest population with a 10-fold difference in incidence globally.<sup>23</sup>

We report a 28% survival to 30 days after in-hospital cardiac arrest in Denmark. For comparison, survival to hospital discharge was reported at 22% for the NCAA registry in the United Kingdom,<sup>21</sup> 25% for the GWTG-R registry in the United States,<sup>3</sup> and 30-day survival was 32% in the Swedish Registry of Cardiopulmonary Resuscitation.<sup>24</sup> The international variation in the reported outcome may be explained by differences in patient, cardiac arrest, and treatment characteristics, as well as cultural expectations surrounding resuscitation and withdrawal of care.<sup>3</sup> On average, Danish patients were older (74 vs 66 years), less likely to present with an initial non-shockable rhythm (71% vs 81%), and less likely to arrest in intensive care units, emergency departments, and operating rooms (27% vs 54%) compared to patients in the United States.<sup>3,1</sup>

Our findings should be interpreted in the context of some limitations. Although reporting to DANARREST is mandatory for all hospitals in Denmark, capture is not 100%. Based on estimates from the participating hospitals, it is estimated that the coverage is approximately 80%.<sup>13</sup> Anecdotally, those not captured are primarily in-hospital cardiac arrests where the cardiac arrest team is not called e.g. cardiac arrest in the catheterization laboratory or the intensive care unit. Ongoing efforts are aimed at improving capture. We were limited by the available data on hospital admissions in Denmark. If a patient is moved from one department to another, it counts as two admissions. This could artificially inflate the number of admissions and therefore lower the incidence of in-hospital cardiac arrest per 1000 admissions. However, based on extrapolations from other data sources,<sup>25</sup> we estimate that this only inflate the number of admission by 20–25% thereby limiting its influence on the overall incidence. Similarly, underreporting of cardiac arrests will underestimate the incidence. Since outcome data was obtained from national registries, we were unable to ascertain neurological/functional status at 30 days or 1 year.

## Conclusion

In-hospital cardiac arrest occurs in at least 2000 patients each year in Denmark with a 30-day survival of approximately 28%. The

establishment of a national registry for in-hospital cardiac arrest in Denmark will allow for quality improvement and research projects.

### Funding

None.

### Conflict of interest

None.

### Acknowledgements

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### Appendix A. Supplementary data

Supplementary material related to this article can be found, in the online version, at doi:<https://doi.org/10.1016/j.resuscitation.2019.04.046>.

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