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Letter to the Editor

Reply to: Management of cardiac arrest in specialist centres



Dear Editor,

Thank you for the opportunity to reply to Dr Fadhlillah and Dr Jia letter in response to our published review ‘Does care at a cardiac arrest centre improve outcome after out-of-hospital cardiac arrest?’¹

Our systematic review formed part of continuous evidence evaluation by the International Liaison Committee on Resuscitation (ILCOR).² Our systematic review protocol was written and peer reviewed by a panel of expert clinicians in the field of resuscitation science in order to provide a comprehensive systematic review and assessment of available evidence using GRADE methodology.³

We have considered carefully the definition of cardiac arrest centres.⁴ Due to variation in international terminology of healthcare institutions, we accepted the definitions and descriptions of cardiac arrest centres provided by study authors. Study authors were contacted for clarification of services if the description was not clear. Whilst not all patients would be suitable to receive all post-resuscitation treatments, the availability of such treatments and clinical expertise form the core of cardiac arrest centres definition.^{5–7} The impact of care bundles and adherence is difficult to assess, and was not the focus of this systematic review.⁸ Defining the complex interactions of hospital and patient factors will require high quality data to inform future research.

The goal of systematic review is to inform its reader with the best available evidence.⁹ When the evidence is found wanting, systematic review must also highlight areas of uncertainty, knowledge gaps and potential areas for future research. Our systematic review found post-cardiac arrest care at cardiac arrest centres is associated with improved patient survival. We acknowledge that local circumstances will greatly influence the implementation of cardiac centres in different jurisdictions. Whilst our findings are generally supportive of transporting out of hospital cardiac arrest patients to cardiac arrest centres based on low quality of evidence, the results have been thoughtfully interpreted by ILCOR in the Consensus on Science and Treatment Recommendations.¹⁰

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Conflicts of interest

The authors declare no conflict of interest.

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