What is the National Cardiac Arrest Audit?
NCAA is the ongoing national clinical audit of in-hospital cardiac arrest with the aim of improving resuscitation care and outcomes for the UK and Ireland. It is a joint initiative between the Resuscitation Council (UK) and ICNARC (Intensive Care National Audit & Research Centre) and commenced data collection in October 2009.

What does NCAA do?
The audit monitors and reports on the incidence of, and outcome from, in-hospital cardiac arrests in order to inform practice and policy. It aims to identify and foster improvements in the prevention, care delivery and outcomes from cardiac arrest.

Why should your hospital join?
NCAA is included as a recognised national clinical audit in the Department of Health's Quality Accounts 2012/2013. For further details, visit the website for the Healthcare Quality Improvement Partnership (HQIP). For further information about the Quality Accounts, please visit the website of the Department of Heath.

Participation
NCAA is open to all acute hospitals in England, Wales, Northern Ireland, Scotland and the Republic of Ireland.

As of April 2012, the total number of hospitals currently participating in NCAA is 135 and the recruitment of hospitals in Northern Ireland has now started! View a list of hospitals currently participating on the ICNARC website (www.icnarc.org) by clicking on the 'National Cardiac Arrest Audit (NCAA)' logo on the Home page.

To take part, or if your hospital would like more information, contact the NCAA Team by email **ncaa@icnarc.org** or by telephone; 020 7554 9779.

Scope of NCAA data collection
The current scope of data collection is: *All individuals (excluding neonates) receiving chest compressions and/or defibrillation and attended by the hospital-based resuscitation team (or equivalent) in response to the 2222 call*.

The dataset and how it works
Participating hospitals collect data on a standardised dataset. The current dataset module consists of just 22 fields covering patient data and short-term outcomes. Future modules will increase in complexity and are likely to focus on interventions and longer-term outcomes.

NCAA data are collected according to standardised definitions, entered directly onto the NCAA secure web-based system and validated both at the point of entry and centrally, to improve quality.

Reports
Participating hospitals receive NCAA Reports which provide the hospital with grouped comparisons (i.e. outcomes in your hospital by, for example, presenting rhythm, age, etc.) against all NCAA data for the reporting period. Models predicting outcomes following a team visit have yet to be developed.

NCAA Reports can only be provided on validated data and are quarterly (based on a financial year i.e. April to March) and cumulative i.e. Q1, Q1+2, Q1+2+3 and Q1+2+3+4.

With increasing numbers of hospitals participating, it is hoped that the work can soon be undertaken to both develop and validate a multivariable statistical model on which fair outcome comparisons can be based, for inclusion in NCAA Comparative Reports.

Subscription Fee
The NCAA subscription fee is based on a 'cost recovery only' principle meaning that these funds will be used to run NCAA on a day to day basis and will further its development over time. Each NHS Trust is charged £750 per annum (plus VAT), and £250 per annum (plus VAT) for each hospital that joins.

Contact NCAA
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