

A study on behalf of the Canadian COVID-19 Emergency Department Registry Rapid Response Network (CCEDRRN)



Development of the Canadian COVID-19 Emergency Department Rapid Response Network population-base registry: a methodology study

C.M. Hohl et al., CMAJ Open 9(1):E261-270

- Particularly in a pandemic, emergency doctors need to make quick decisions.
- Currently, there is a lack of high quality evidence for many diagnostic and treatment decisions for patients with suspected or confirmed COVID-19.
- To collect the information we need, this paper aims to describe the methods of a new multicentre COVID-19 observational registry, called the Canadian COVID-19 ED Rapid Response network (CCEDRRN, pronounced "sedrin" for simplicity).



DATA COLLECTION



CCEDRRN has been enrolling consecutive patients to the ED with suspected or confirmed COVID-19 since March 2020.



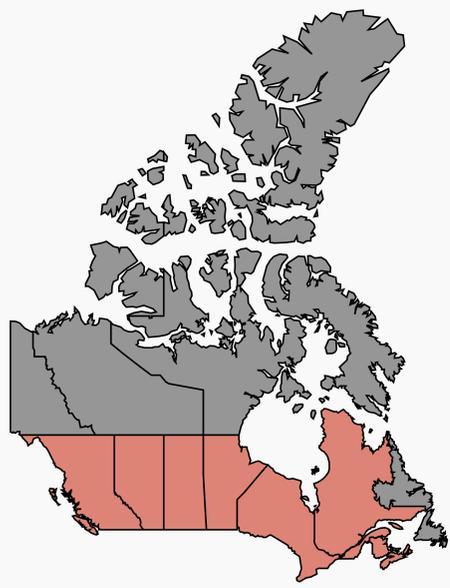
Data is collected via retrospective chart review and phone follow up.



The registry has enrolled >85,000 patients including >15,000 COVID-19 positive patients.

FACT

Of the 117 observational COVID-19 studies listed with the World Health Organization (WHO), CCEDRRN is the third largest in the world.



CCEDRRN

CCEDRRN involves 50 Emergency Departments across **8 provinces**. The sites include academic, community, and rural sites.

This allows for the accrual of population-based, high quality data from a geographically distributed sample.

This means we collect data from patients **commonly excluded** from clinical trials (e.g., Indigenous, pregnant, children)



RESEARCH GOALS



Description of the natural history of COVID-19.



Creation of clinical decision rules (predicting COVID-19 test positivity, futility of intubation).



Evaluation of diagnostic tests (screening asymptomatic admissions).

AND

Real world effectiveness of treatments and/or vaccines.



KEY POINTS



CONCLUSION 1: CCEDRRN is a multicentre registry based in Canada. It is now one of the **largest observational COVID-19 registries** in the world.



CONCLUSION 2: We can generate robust scientific evidence to **inform the pandemic response**, and act as a model for collaborative research in future public health emergencies.



CONCLUSION 3: The network adheres to an Open Science Framework that invites the use of our data, including by external investigators - if interested, **contact joe.larkin@ubc.ca**.

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